Healthy Brain Initiative

Road Map: State and Local Public Health Partnerships to Address Dementia

Lisa C. McGuire, PhD
Susan Engels, CPM

Part of the National Alzheimer’s and Dementia Resource Center webinar series sponsored by the Administration for Community Living.
HEALTHY BRAIN INITIATIVE

STRENGTHENING THE PUBLIC HEALTH RESPONSE TO ALZHEIMER’S DISEASE AND DEMENTIA

LISA C. MCGUIRE, PHD

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health
# Leading Causes of Death, US Adults 65+ Years, 2016

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart disease</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
</tr>
<tr>
<td>3</td>
<td>Chronic lower respiratory diseases</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular diseases</td>
</tr>
<tr>
<td>5</td>
<td><strong>Alzheimer’s disease</strong></td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
</tr>
<tr>
<td>7</td>
<td>Unintentional injuries</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and pneumonia</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
</tr>
<tr>
<td>10</td>
<td>Septicemia</td>
</tr>
</tbody>
</table>

SOURCE: National Center for Health Statistics. Health, United States, 2017
New Estimates of Americans with Alzheimer’s Disease and Related Dementias Show Racial and Ethnic Disparities

Percentage of Adults Aged 65 and Older with Alzheimer’s Disease by Race and Ethnicity

- **14%** African American
- **12%** Hispanics
- **10%** Non-Hispanic Whites

Alzheimer’s Disease Projected to Nearly Triple by 2060

- **2014**: 5 million
- **2060**: 14 million

A Few More Facts

• 35% of people diagnosed with dementias, or their caregivers, aware of diagnosis

• About 25% of hospitalizations were preventable among older adults diagnosed with dementia

• 95% of Medicare beneficiaries with dementia have 1 or more chronic conditions

• About 70% of people with dementia live in community settings

• 1 in 3 caregivers for people with Alzheimer’s report worsening health
What *Is* the Public Health Approach?

One at a time

Many at a time
“Alzheimer’s is the most under-recognized threat to public health in the 21st century.”

--Dr. David Satcher

Former Director, CDC
Former U.S. Surgeon General

Satcher, The Hill (Nov. 14, 2014)
Purpose

• Advance cognitive health as a central part of public health practice

2005: Originating Partners

• Centers for Disease Control and Prevention
• Alzheimer’s Association
History: Healthy Brain Initiative (HBI)

Healthy Brain Initiative
Established with Congressional Support

2005

A National Public Health Road Map to Maintaining Cognitive Health
Published

2007

Healthy People 2020
Includes “Dementia” Objectives

2010

Healthy Brain Initiative

National Alzheimer’s Project Act (NAPA)
Signed into Law (Public Law 111-375)

2011

State and Local Public Health Partnerships to Address Dementia, the 2018-2023 Road Map

2013

The Public Health Road Map for State and National Partnerships, 2013-2018
Published

2018

National Plan to Address Alzheimer’s Disease
Published
HBI Road Maps

Practical and expert-guided actions for state and local public health leaders

• Flexible agenda
• Grounded in public health approaches
Time for an Update!

Road Map Leadership Committee

- Examine progress with current Road Map
- Identify leading public health issues for 2018-2023
- Propose and review actions for next Road Map

Expert and Stakeholder Involvement

- 143 practitioners, subject matter experts, and researchers
- 5 virtual consultations with stakeholders
- 5 workgroups established by Leadership Committee
Key Decisions

• Two Road Maps are needed:
  – State and local public health agencies
  – Tribal and native health leaders

• Adopt a life-course perspective

• Expand actions on dementia caregiving and risk reduction

• Heighten attention on health disparities and policy, system, and environmental changes
Life-Course Perspective and Public Health Roles
Framework: Essential Services of Public Health
Priority Actions

• Educate the public about talking to health professionals about memory problems. (E-1)

• Build public knowledge about brain health across the life span. (E-2)

• Increase public awareness about the role of caregivers and their health needs. (E-3)

• Expand people’s use of interventions that enhance health, wellbeing, and independence. (E-7)
Priority Actions

• Integrate effective interventions and best practices into policies and practices. (P-1)
• Educate policy makers about cognitive health and impairment and the role of public health. (P-3)
• Engage public and private partners in ongoing planning efforts to establish services and policies that promote supportive communities and workplaces for people with dementia and their caregivers. (P-5)
Priority Actions

• Prepare public health and healthcare professionals to inform people about brain health. (W-1)

• Inform public health professionals about their role in addressing dementia. (W-3)

• Educate healthcare professionals about their role in addressing dementia. (W-4)
Priority Actions

• Implement the Behavioral Risk Factor Surveillance System (BRFSS) modules for Cognitive Decline and Caregiving. (M-1)

• Use data to inform public health programs and policies. (M-3)
Subjective Cognitive Decline (SCD) Surveillance

- Worsening memory problems
- Potential difficulties with daily living associated with memory problems
- Any discussions with healthcare professionals
- Adults 45 years or older
KNOw SOMEONE WITH MEMORY LOSS?

SUBJECTIVE COGNITIVE DECLINE IN ADULTS

1 IN 9 ADULTS AGE 45 OR OLDER REPORT CONFUSION OR MEMORY LOSS

50% REPORT ACTIVITY LIMITATIONS:

- COOKING
- CLEANING
- TAKING MEDICATION

MEMORY LOSS IS NOT A NORMAL PART OF AGING

MORE THAN 1/2 OF PEOPLE WITH MEMORY LOSS HAVE NOT TALKED TO A HEALTHCARE PROVIDER

TALK TO A HEALTHCARE PROVIDER ABOUT

- POSSIBLE TREATMENT
- CARE PLANNING
- MANAGEMENT OF CHRONIC CONDITIONS
- CAREGIVING NEEDS

Behavioral Risk Factor Surveillance System data as published in Taylor, MMWR July 2018
https://go.usa.gov/xUZT3

WWW.CDC.GOV
Caregiving Surveillance

- Characteristics of caregivers
  - Adults 18 years or older
- Problems they face
- Greatest care needs
- Anticipate being a caregiver in next 2 years
Data for Action: National Infographics

CAREGIVING


1 in 5 adults are caregivers

WHO ARE CAREGIVERS?

58% are women

20% are 65 years old or older

37% are caring for a parent or parent-in-law

Nearly 10% are providing care to someone with dementia

HOW DO CAREGIVERS HELP?

4 in 5 manage household tasks

Over half assist with personal care

FUTURE CAREGIVERS

1 in 6 non-caregivers expect to become caregivers within 2 years

CDC.gov/aging

CDC

Subjective Cognitive Decline

2015–2016 Behavioral Risk Factor Surveillance System (BRFSS) Data from 48 States, Puerto Rico, and the District of Columbia; People Aged 45 Years and Older

1 in 9 people aged 45 years and older are experiencing subjective cognitive decline

40% of people with SCD had to give up day-to-day activities

81% of people with SCD have at least one chronic condition. SCD might make the condition more difficult to manage

over a third of people with SCD say it interfered with social activities, work, or volunteering

less than half of people with SCD have discussed their symptoms with a healthcare provider

41% of people with SCD need help with household tasks

CDC

alzheimer's association

cdc.gov/alktr

Healthy Brain Initiative

State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map
What You Can Do – Aging Network

National Organizations
• Raise awareness
• Educate your members, constituents

State and Local Aging and Disability
• Share Road Map with public health
• Establish shared goals
• Partner to implement
Road Map for Indian Country

American Indians and Alaska Natives: gains in longevity, but Elders with higher risks for dementia and heart disease

• Available in Spring 2019
• Tailored for Tribal and Native health leaders to engage their communities on Alzheimer’s and other dementias
• Suggest public health responses to
  – Reduce risk for cognitive decline
  – Advance early detection
  – Support caregivers
  – Monitor and evaluate
Summary

• Alzheimer’s and other dementias affect millions of people, is costly, and is growing

• Public health community must act now to stimulate strategic changes in policy, systems, and environments

• New Road Map will help public health and its partners chart a course for a dementia-prepared future

• State-specific SCD and Caregiving data for action are available
For More Information

Centers for Disease Control and Prevention (CDC)
Alzheimer’s Disease and Healthy Aging Program

https://www.cdc.gov/aging/index.html
THANK YOU

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 Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Washington: Partnering to Address Dementia

SUSAN ENGELS, CPM
Office Chief, State Unit on Aging
Aging & Long-Term Support Administration
Department of Social and Health Services
Percentage Changes in Selected Causes of Death (All Ages) Between 2000 and 2014

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Percentage Change</th>
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<tbody>
<tr>
<td>Breast cancer</td>
<td>-1%</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>-9%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>-14%</td>
</tr>
<tr>
<td>Stroke</td>
<td>-21%</td>
</tr>
<tr>
<td>HIV</td>
<td>-54%</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>89%</td>
</tr>
</tbody>
</table>

Created from data from the National Center for Health Statistics.²⁰⁸,²¹⁹

Lancet Commission
Dementia Prevention, Intervention, and Care, Livingston et al., 2017
Transforming Culture around Dementia

**CURRENTLY**
- Misbeliefs that “there’s no reason to get a diagnosis”
  - Just getting older
  - Nothing can be done
  - Nowhere I can send my patients for help
- Stigma and fear
- Isolation of person and family
- Lack of disease knowledge and of planning for future

**IN THE FUTURE**
- Recognize benefits of diagnosis, and that early detection is key
- Create acceptance, hope and empowerment
- Greater connection with others
- Increase understanding of disease and services available
- Increase engagement in legal, financial and advance care planning

WE make the change...
Model of a comprehensive, coordinated system to address dementia through the life cycle.
Adapted from model developed by Michael Splaine of Splaine Consulting
Washington State Plan to Address Alzheimer’s Disease and Other Dementias
The Plan’s 7 goals

1. Increase public awareness, engagement and education
2. Prepare communities for increases in dementia
3. Ensure well-being & safety
4. Ensure access to family caregiver supports
5. Identify dementia early & provide evidence-based health care
6. Ensure long-term services & supports in setting of choice
7. Promote innovation and research related to causes and care

The number of people with dementia will increase 181% by 2040
2016 – 2018 Activities

• Next generation group formed - Dementia Action Collaborative (DAC)

• Focus on what we can do
  – Through heightened collaboration
  – Within existing resources

• Three DAC subcommittees
  – Health – Medical Care
  – Long Term Services and Supports
  – Public Awareness – Community Readiness
<table>
<thead>
<tr>
<th>2016</th>
<th>2017/2018</th>
</tr>
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</table>
| Convene expert panel to identify and endorse evidence-based standards for diagnosis, treatment, supportive care and advance planning (5A1, 5E3) | Completed – formed expert panel. Partnering with Bree Collaborative to identify dementia care standards:  
  • Work began in January 2017  
  • Completed in November 2017  
  • Ongoing dissemination continues |
| Identify/recommend validated cognitive screening tools (5B2)         | Completed – DAC position paper targeted to primary care practitioners is posted and disseminated as possible |
Identify and endorse evidence-based standards

ACCOMPLISHMENT – Recommendations 5A1/5E3

BREE’s *Alzheimer’s Disease and Other Dementias Report and Recommendations* address 6 categories for primary care practitioners

- Diagnosis
- Ongoing Care and Support/Management
- Advance Care Planning and Palliative Care
- Transitions to Higher Levels of Care
- Transitions between community and hospital
- Screening for Delirium Risk

Clinical provider practice tools

Brief Cognitive Screening Tools for Primary Care Practice

Abstract
Early detection and diagnosis of Alzheimer’s disease and other cognitive impairment presents as a critical issue facing primary and specialty care providers in Washington State. In order to address the gaps and challenges faced by providers, the Dementia Action Collaborative offers the current paper to provide information and guidance around early detection and diagnosis. At the conclusion of this paper, providers should be able to identify indications and opportunities for detection, appropriate tools, and care pathways for individuals and families with memory loss and dementia.

Introduction
Alzheimer’s disease (AD) is a neurodegenerative disorder that poses one of the most formidable healthcare challenges of the 21st century. Of the 5.3 million Americans currently diagnosed with AD, 5.1M are over the age of 65, a population expanding by 10,000 people every day (1). The financial burden of AD on the U.S. economy in 2015 alone is estimated to be $226 billion, a cost predicted to significantly swell in upcoming decades (2). A recent study by Kelley and colleagues (3) indicates the average total cost per descendent with dementia exceeds that of all other conditions, including heart disease and cancer. Emerging evidence also highlights the importance of early detection and accurate diagnosis in terms of improving management of comorbid conditions, reducing preventable hospitalizations and emergency room visits (4).

Early detection is a critical issue for treating Mild Cognitive Impairment (MCI) and dementia, including AD. Emerging research suggests that MCI may be slowed or reversed via modifying cardiovascular and other risk factors through interventions addressing diet, exercise, sleep and alcohol consumption (5-7). Additionally, treating depression and monitoring and treating metabolic, vitamin and endocrine abnormalities (i.e., preventing hyperhomocysteinemia) has also been shown to decrease risk of developing AD as well as cerebrovascular disease (9-11). The Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER), a two year randomized controlled trial, found a positive effect of the multicomponent intervention on change in cognitive function reinforcing the importance of a shift towards holistic, multimodal

View both at - https://www.dshs.wa.gov/altsa/dementia-action-collaborative
## DAC Long Term Supports and Services

<table>
<thead>
<tr>
<th>2016</th>
<th>2017/2018</th>
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<tbody>
<tr>
<td>Develop a WA-specific road map for family caregivers (4A1)</td>
<td>Completed – e-version/PDF; Print version</td>
</tr>
<tr>
<td>Expand and promote early-stage groups (4C2)</td>
<td>Ongoing - Disseminated Staying Connected (early stage memory loss group), and created webinars and guidance documents for developing Alzheimer’s Cafes and Dementia-Friendly Walking Programs.</td>
</tr>
<tr>
<td>Identify and engage leaders of diverse/tribal populations to explore needs (4F1/4G1)</td>
<td>Ongoing, initiated outreach with tribal communities</td>
</tr>
</tbody>
</table>
Dementia Road Map: A Guide for Family and Care Partners

• Families want to know:
  – What to expect over time
  – How to help
  – Steps they should take
  – Resources and services available

• Available online PDF

• Print version
  – Distributed more than 40,000 copies
  – Through health care systems, home care, palliative/hospice care, military centers, social services organizations, AAAs

https://www.dshs.wa.gov/altsa/dementia-action-collaborative
Dementia Road Map: A Guide for Family and Care Partners

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Dementia Quick Reference ............... pg. 21
Communication Tips ........................ pg. 23
Resources ...................................... pg. 25
Action Steps Summary ..................... pg. 27

Dementia Road Map Overview

Wondering & Worried

- Is everything OK?
- Should my loved one be checked by a health care professional?
- What if my loved one won’t go to a health care professional?

Mild Cognitive Impairment (MCI)

- Where do we go to get memory loss checked out?
- How can I help my loved one with their memory and thinking?
- What can we do to promote our loved one’s well-being?
What you can do:

- Learn about normal changes with aging and those that indicate a need to get a check up. See the "10 Warning Signs" on page 21.
- Keep track of changes you notice. If your loved one doesn’t bring it up, find the right time and a sensitive way to discuss these changes with them—get it out in the open.
- Ask your loved one to have a complete medical check-up. It’s important to know if memory and thinking changes may be caused by something that could be treated or reversed. Even if not, it’s best to know what you’re dealing with.
- If your loved one is resistant to a medical check-up, enlist the help of trusted family or friends who may be able to encourage this.
- Call and ask your loved one’s health care professional for the Medicare Annual Wellness exam (if they are on Medicare) that includes detection of cognitive impairment along with other screenings. Feel free to share with the professional what you’ve noticed either in person or in a letter.
- If you don’t feel comfortable with your loved one’s current health care professional, try to find a new one. Most primary care professionals can diagnose dementia. But if you're looking for a specialist, contact the Alzheimer’s Association to help identify providers in your area.
- If you know or suspect your loved one has hearing loss, get it checked and addressed—hearing loss makes it harder for a person with memory loss or confusion to communicate. This can lead to misunderstandings and social isolation.
- Make sure both you and your loved one are making healthy lifestyle choices:
  - Stay active and engaged in social groups, arts, and other activities of interest.
  - Eat fresh fruits and vegetables.
  - Be physically active.
- Make it a priority to begin and/or complete legal, financial and advance care planning, including essential planning documents. While all adults should have a plan in place in the event of one’s disability or death, such planning is even more important for anyone beginning to experience changes in memory or thinking abilities. While such changes may or may not end up being dementia, it is critical to complete this planning while your loved one has the ability to do so.

Action Steps

The following steps are important at this point:

- Obtain a medical assessment to find out what may be causing the problems.
- Complete health care planning documents. Your loved one should have:
  - A Health Care Directive (also called a “living will” or “advance directive” regarding treatment preferences); and
  - A Durable Power of Attorney for Health Care, appointing a health care “agent.”
- Complete a General Durable Power of Attorney document. In this document, your loved one appoints an “agent” to assist with financial and related matters.
- Complete an estate plan. Your loved one’s estate plan may include legal documents such as a will or a trust that direct the disposition of their estate upon death.
- Have a family meeting to discuss what’s happening, and necessary next steps.
Alzheimer’s/Memory Café model

- Identified models with potential for impact and replication
- This year, DAC partners conducted 4 webinars on starting Alzheimer’s Cafes and Dementia Friendly Walking Programs to foster interest and uptake in communities across the state
- Created guidance documents to support potential partners
  - Alzheimer’s/Memory Cafes
  - Walking Programs
# DAC Public Awareness-Community Readiness

<table>
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<tr>
<th>2016</th>
<th>2017/2018</th>
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<tbody>
<tr>
<td>Inform/educate about healthy aging and brain health (1F1)</td>
<td>Ongoing – Alzheimer’s Association-ASTHO grant funded AAPI and African American projects</td>
</tr>
<tr>
<td>Identify elements of dementia-friendly communities (2C1)</td>
<td>Completed – Dementia Friendly Fact Sheets <a href="mailto:dementiafriendlywa@gmail.com">dementiafriendlywa@gmail.com</a></td>
</tr>
<tr>
<td>Incorporate content about dementia (warning signs, the importance of early detection and diagnosis), the risk of abuse, neglect, and exploitation; and about community resources into the Community Health Worker training (3A1)</td>
<td>Completed – “Memory Loss and Dementia Basics: How to Help” training. A self-paced, online module offered through Washington’s Community Health Worker optional continuing education options.</td>
</tr>
<tr>
<td>Compile educational materials about safety (3B1)</td>
<td>Completed – Dementia Safety Information Kit <a href="https://www.dshs.wa.gov/altsa/stakeholders/alzheimers-state-plan">https://www.dshs.wa.gov/altsa/stakeholders/alzheimers-state-plan</a></td>
</tr>
</tbody>
</table>
ACCOMPLISHMENTS – Recommendation 1F1/2D2

- Increase awareness of brain health in the African American community
- DOH reviewed evidence-based, brain health messages
- Partnered with nonprofit Center for MultiCultural Health to tailor and disseminate brain health messages to African American audience
- Identified 4 African American churches; sponsored “Memory Sundays” in June - brief presentation + Resource Table
Brain Health Messaging

ACCOMPLISHMENTS – Recommendations 1F1/2D2

• Encourage cognitive assessment among Asian Americans and Pacific Islanders

• National Asian Pacific Center on Aging and the UW Healthy Brain Research Network partnered

• Conducted six focus groups with Chinese and Japanese adults with older relatives - considered acceptability of messages concerned about cognitive health

• Created 2 Action Guides – one for providers, one for policy-makers

http://napca.org/impact-areas/dementia/
Dementia-Friendly Communities

- Create/disseminate fact sheets
- Made available on DAC webpage
- Survey - exploring opportunities for statewide resource sharing and networking – led to webinars
- Linking with statewide associations through conference presentations, e.g. state library association, recreation association, YMCAs
- Integration of age-friendly/dementia-friendly initiatives

Dementia-Friendly Communities
An Introduction for Washington State

Over 100,000 people in Washington state live with Alzheimer’s disease or other dementias, and that number continues to grow. For many people with memory loss, social stigma and barriers to inclusion can lead to shame, fear, and isolation. However, it doesn’t have to be this way. We recognize that people with memory loss are a vital part of our communities, retain remarkable strengths and stories, and deserve the right to fully participate. Here in Washington state, we’re joining the worldwide movement to build dementia-friendly communities.

Do you want to get involved? This introduction will help! Read on to learn more about the key elements of a dementia-friendly community, examples from our state and beyond, sample action steps, and additional resources.

What is a dementia-friendly community?
Put simply, a dementia-friendly community is one in which people with memory loss fully belong. People with memory loss remain actively involved in community life, knowing that whether riding the bus, going to the store, or volunteering at the elementary school, they and their loved ones will be met with respect, understanding, kindness and support. Community members are informed about dementia, equipped to be helpful as needed, and committed to inclusion. As a result, everyone enjoys a vibrant, connected community in which nobody is left out, everyone can fully participate and contribute, and everyone can fully belong.

As experts on their own experience, your family, friends and neighbors with memory loss are the ones who can best define what would make your own community more dementia-friendly. If you want to learn more, try asking: “What kinds of things help you feel you belong and can stay actively involved here in this community?” Let what you hear be your guide!

Below, two Washington state advocates describe their own perspectives on dementia-friendly communities:

- "Awareness and respect of persons with dementia and their caregivers help us feel comfortable. There are people in the community where I go routinely (like Denny’s, or volunteering at the golf course) who are aware of my dementia. I am treated with acceptance, patience and respect. I feel good about it."
  - Bob, Tacoma

- "A dementia-friendly community is where people care for people with dementia. The point is respect - caring about people. I live alone, but I have many, many friends in my apartment building. I tell everyone at some point that I have Alzheimer’s, and they watch out for me."
  - Myrna, Seattle
Community Health Worker Training

- Develop content for module on memory loss/dementia for Community Health Workers (CHWs)
- Self-paced module available for all CHWs after their core training
- Increase awareness of brain health, warning signs, and community resources (Area Agencies on Aging, Alzheimer’s Association)
Dementia Safety Info Kit

- Families struggle with issues like wandering, falls and driving ... which can be a barrier for people to staying independent and in their own homes.
- People with dementia are vulnerable to financial exploitation and abuse.
- Curated an Info Kit in PDF format.
End of Life Planning

• Need to encourage discussion and manage the basics of end of life care
  – Feeding tubes in advanced dementia
  – Advanced directives
    • Issue of capacity
  – Physician Orders for Life Sustaining Treatment (POLST)
  – Do Not Hospitalize (DNH)
  – Living will
  – Durable Power of Attorney
  – Estate issues
  – Elder law referrals

• Weave messages about Advance Care Planning into materials for professionals and consumers
Caregiving: Impacts on family

• In Washington State, approximately 80% of the care statewide is provided by family members and other unpaid caregivers.

• Unpaid caregiving has an economic impact on families:
  – Loss of earning potential
  – Decreased savings for retirement
  – Impacts on ability to provide for their own children’s needs
  – Increased health care costs due to stress and burden

• If just one-fifth of unpaid caregivers stopped providing care, it would double the cost of long-term services and supports in Washington.
Washington’s History of Caregiver Support

- **1989** - State Respite Care Services
- **2000** - State Family Caregiver Support Program (FCSP)
- **2001** - Title IIIE OAA, National FCSP
- **2007/2008** - Increased funding, mandate for evidence-based caregiver assessment, statewide survey (BRFSS)
- **2009** - Family Caregiver-TCARE® Assessment
- **2010** - Rosalynn Carter Leadership in Caregiving Award
- **2012-13** - FCSP expansion
- **2017** – 1115 Medicaid Waiver – Caregiver Initiative
FCSP Improves Outcomes for Family Caregivers

Majority of caregivers (84%) show significant improvements on key outcomes

Over a 6-month period, caregivers who receive ongoing support show statistically significant improvements in:

- Stress burden
- Relationship burden
- Objective burden
- Depression
- Comfort with caregiving role

Spousal caregivers also show a decreased “intention to place”
1115 Demonstration: Services designed to delay & divert need for more intensive interventions

• Medicaid Alternative Care (MAC)
  – A new choice designed to support unpaid caregivers in continuing to provide quality care

• Tailored Supports for Older Adults (TSOA)
  – A new eligibility group to support individuals who need Long-term Services and Supports and are at risk of spending down to impoverishment
Key Takeaways

• Systems, like Public Health, Aging and Long-term Services and Supports, and Health Care must work in synergy to address the increasing Alzheimer’s/Dementia crisis

• Public education, supportive services for families and individuals, and well informed medical practitioners are key components

• Data and messaging will be vital to tell the story, increase funding, and reverse stigma
Thank you

Susan Engels
susan.engels@dshs.wa.gov
(360)725-2527

Dementia Resources, including WA State Dementia Road Map:
https://waclc.org/consumer/explore/alzheimers_and_dementia/caregiving.php