

Alzheimer's Disease and Related Disorders Advisory Committee Meeting



Meeting Logistics



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- **Live captioning** streamed through webinar (Zoom)
 - **American Sign Language Interpretation** via webinar (Zoom)
 - **Recording, Slides, and Transcripts** will be posted to the [CalHHS Community Living webpage](#) post webinar

Public Comment

Time is reserved on the meeting agenda for public comment.



Attendees joining by webinar (Zoom), use the **Q&A function to ask a questions or select the **raise hand icon**.** The moderator will announce your name and will unmute your line.



Attendees joining by phone, **press *9 on your dial pad to “raise your hand”.** The moderator will announce the last 4 digits of your phone number and will unmute your line.

Welcome & Introductions

Catherine Blakemore

Committee Chair

Family Member Representative

Today's Agenda

- I. Fiscal Year 2022-2023 Committee Priorities Recap
- II. Dementia Standards of Care Presentation & Discussion
- III. Legislative & Budget Updates
- IV. Break
- V. Healthy Brain Initiative Updates & Discussion
- VI. Master Plan for Aging Updates & CA for ALL Ages & Abilities Day of Action Presentation & Discussion
- VII. Public Comment
- VIII. Finalization of Recommendations & Items for CalHHS Secretary
- IX. Closing Comments & Next Steps

Committee Member Introductions

Committee Chairs

- **Catherine Blakemore**, *Family Member Representative (Chair)*
- **Darrick Lam**, *ACC Senior Services, Family Member Rep (Vice Chair)*

Stakeholder Committee Members

- **Meg Barron**, *Alzheimer's Association, Consumer Organization Rep*
- **Julie Souliere**, *CA Health & Human Services Agency*
- **Dr. Sarah Tomaszewski Farias**, *UC-Davis, Alzheimer's Disease Diagnostic & Treatment Centers Rep*
- **Pam Montana**, *Consumer Rep*
- **Andrea Robert**, *Consumer Rep*

Committee Member Introductions

Stakeholder Committee Members (Cont.)

- **Dr. Dolores Gallagher Thompson**, *Stanford University, Social Research Rep*
- **Dr. William Mobley**, *UC San Diego, Academic Medical Research Rep*
- **Todd Shetter**, *ActivCare Living, Service Provider Rep*
- **Celine Regalia**, *Collabria Care, Alz. Day Care Resource Center Rep*
- **Dr. Wynnelena Canlas Canio**, *Kaiser Permanente, Mental Health Field Rep*
- **Barbara McClendon**, *Alzheimer's Los Angeles, Service Provider Representative (joining in Sept.)*

Vacancy:

- *Elder Law Representative*

**Fiscal Year
2023-2023
Committee
Priorities
Recap**

Catherine Blakemore

Committee Chair

Family Member Representative

Dementia Standards of Care

Dr. Karen Mark

*California Department of Health Care
Services (DHCS)*

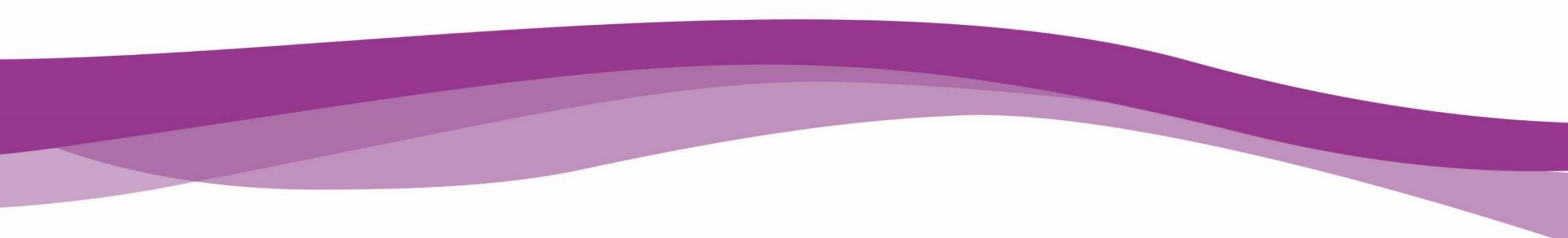
Lauren Groves

*California Department of Public Health
(CDPH)*

Meg Barron

Alzheimer's Association

Dementia Care Aware Update

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Karen E. Mark, MD, PhD
Medical Director
California Department of Health Care Services

Dementia Care Aware Updates

- Updated name to Dementia Care Aware—focus on providing care
- CMS announced HCBS Spending Plan funds can now be spent through March 31, 2025, a year longer than previously approved (March 31, 2024). Total amount of Dementia Care Aware funding, \$25 million, remains unchanged
- On track to launch training by July 2022 on DementiaCareAware.org

Dementia Care Aware Phases

Phase 1

(April 1, 2022 – Aug 31, 2022)

- Screening Tool Recommendations
- Training Development
- Continuing Medical Education (CME) Accreditation and Maintenance

Phase 2

(Sep 1, 2022 – Mar 31, 2024)

- Practice-level Implementation Support
- Training Evaluation and Updating
- Training Outreach and Engagement Strategy

Clinical Advisory Board (CAB)

- UCSF and DHCS established the CAB to inform Dementia Care Aware activities (e.g., cognitive health assessment toolkit, screening tools)
- Comprised of key stakeholders including members from:
 - Primary care provider organizations
 - Community based organizations
 - Dementia experts from UC campuses, the ten California Alzheimer's Disease Centers, the CDPH Alzheimer's Disease Program, and the CalHHS Alzheimer's Disease & Related Disorders Advisory Committee

SB 48: Medi-Cal: Annual cognitive health assessment

- SB 48 establishes an annual cognitive health assessment as a Medi-Cal benefit for beneficiaries age 65 and older if they are otherwise ineligible for a similar assessment as part of the Medicare Annual Wellness Visit.
- Pending legislative appropriation, Medi-Cal providers will be eligible to receive payment for this Medi-Cal benefit, for Medi-Cal-only beneficiaries, if they:
 - Complete cognitive health assessment training, as approved DHCS (Dementia Care Aware training)
 - Use one of the validated tools recommended by DHCS

Cognitive Health Assessment is designed for PCPs

- Includes initial assessments that are
 - Free to use
 - Quick to administer
 - Easy to score
 - Validated in primary care
 - Available in multiple languages
- Assessments can be done by different members of the health care team
- Assessments can be done longitudinally over multiple visits

The Cognitive Health Assessment: annual assessment for patients 65+

For all patients 65+ without a dementia diagnosis already

CHA allows you

1) to have **improved awareness of cognitive and functional symptoms** that could be dementia and

2) to **start a brain health plan** for all older adults.

The CHA is:
3 steps,
head to toe

1. **Head** (Cognition)
2. **Arms** (Function)
3. **Legs** (Support System)

in 15 min
in any language*



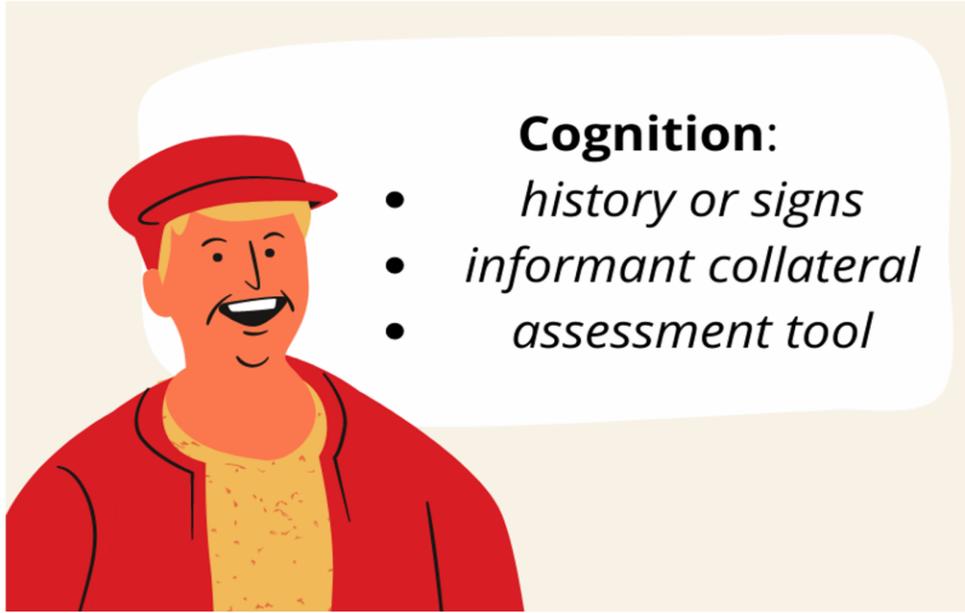
- Cognition:**
- history or signs
 - informant collateral assessment tool

- Function:**
- history or signs
 - informant collateral assessment tool

- Support system:**
- Is there a caregiver or support person?

**You should be able to find a combination of tools to do an assessment for patients in any language.*

The Cognitive Health Assessment: Start with the head



History or signs can come in many forms. You should move forward with an assessment tool if:

- 1) Patient or informant discloses a new cognitive symptom, including behavior and motor symptoms.
- 2) You notice a sign of cognitive decline, *e.g. the 10 warning signs*.
- 3) A question:
 - 1) The Medi-Cal Staying Healthy Assessment for Seniors #20. *Do you or others think that you are having trouble remembering things?* **OR**
 - 2) Screen all 65+: *During the past few years, have you noticed any changes in your mental abilities? (analogous to AWW)*

Collateral can come from a caregiver, friend, or other person (like community social service provider) who would have knowledge of the person's abilities. Consider one of the steps:

- 1) Ask the informant: *During the past few years, have you noticed {PATIENT} has had any changes in their mental abilities?*
- 2) Have them do an AD-8 or IQCODE

If there is NO informant, it is worth doing a cognitive assessment tool.

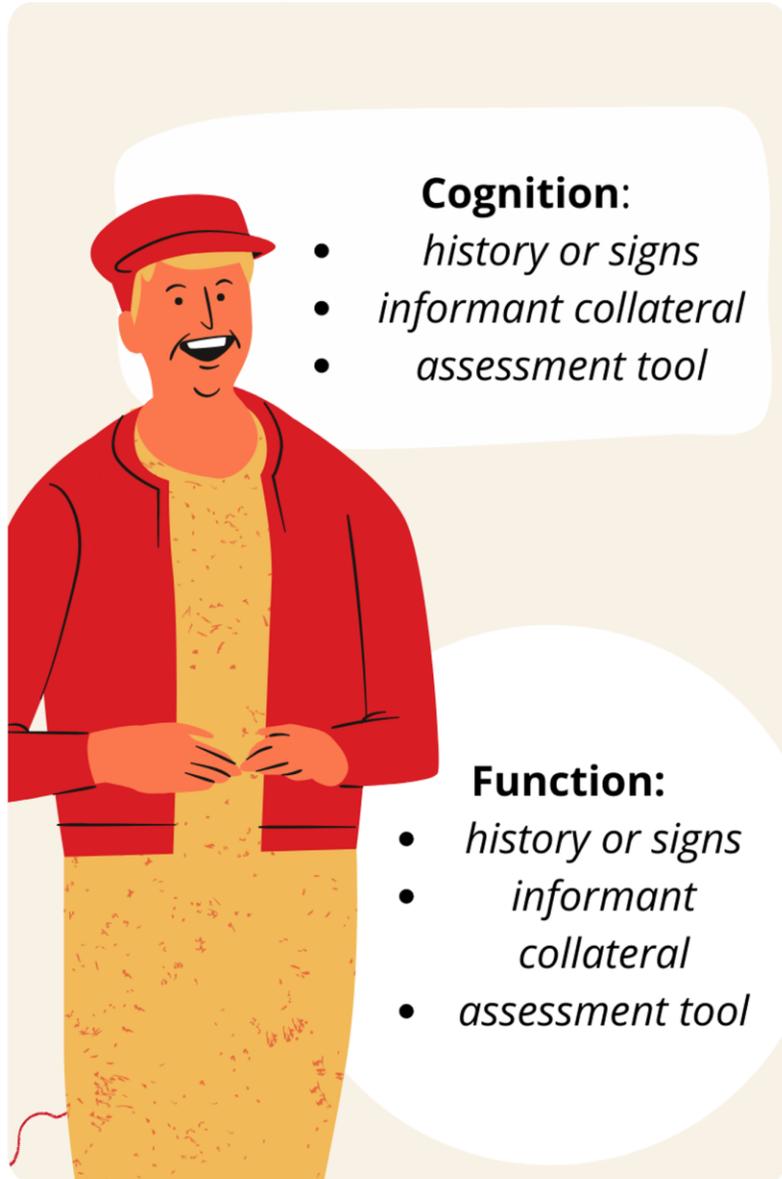
**If any concern or sign
OR NO INFORMANT**

If any concern or sign

Assessment tool: Tools that are useful for all educational backgrounds and languages.

- Mini-cog
- GP-Cog

The Cognitive Health Assessment: Move down to the arms

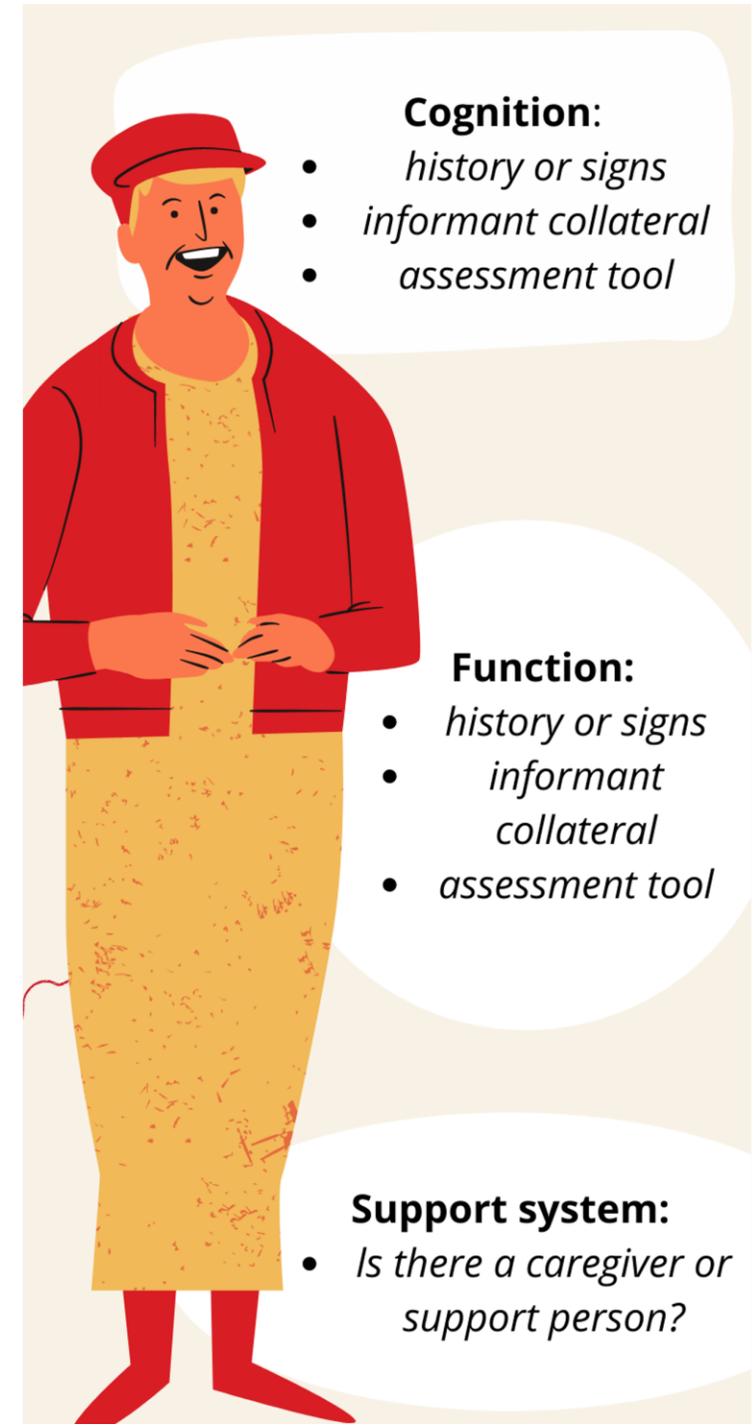


Functional decline, when present with cognitive decline, may indicate the person has dementia. You need to verify with an informant if available.

- **History or signs:**
 - History examples: Patient asks for more help with daily tasks, reports difficulty paying bills
 - You notice they have difficulty with self-care, unexplained weight loss, or poor hygiene
- **Informant collateral: Need to get if available.**
 - How does the patient perform their daily tasks and has this changed in the last few years? Who assists?
 - Use the FAQ
- **Assessment Tool: Use one of these.**
 - Use the informant part of the GP-COG
 - Use an ADL, IADL questionnaire
 - Katz IADLs
 - Lawton ADLs

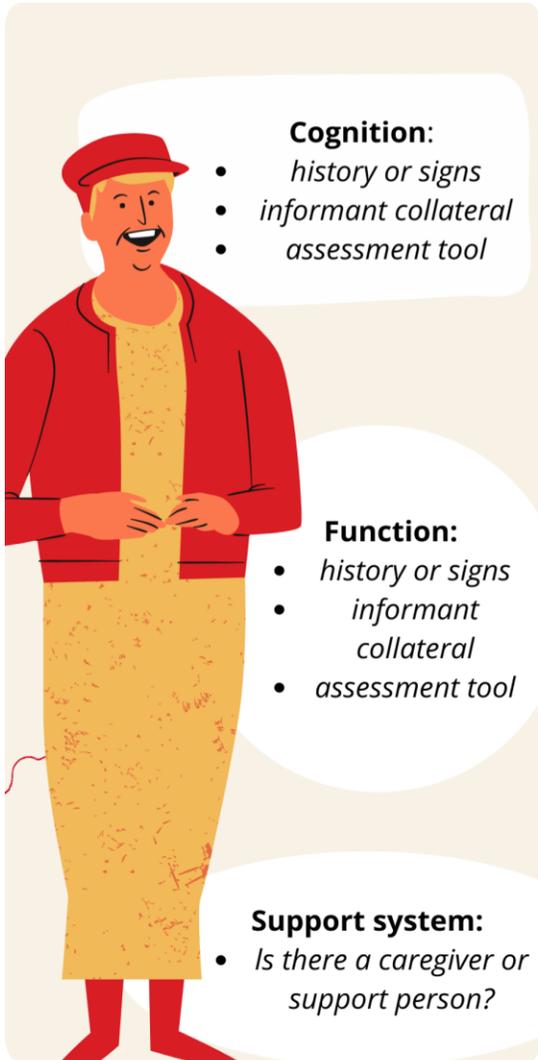
The Cognitive Health Assessment: The legs are the support

- Ascertain if the person has a support system:
 - Do they have a regular caregiver/care partner that is informal or formal?
 - Does someone help them regularly with tasks?
 - Do they have someone they are in regular contact with that they can rely on if something comes up?
- Document the care partner/caregiver's information.



Now what?

Tip: Addressing cognitive and functional symptoms or findings that may be dementia should be a reason to schedule visits to focus on this. Diagnosis takes time.



+screen

NEXT →

1. Screen for mental health conditions and substance use.
2. Schedule a more in-depth assessment of symptoms and next steps in evaluation (sleep apnea, meds, etc).
3. Order labs (HIV, RPR, b12, TSH) and head imaging if <6 months of symptoms, etc.
4. Arrange for referral soon if motor findings or concerning behavioral symptoms.

+screen

NEXT →

Refer for support.

1. Referral for caregiver support, e.g. In Home Supportive Services, if not in place or inadequate support.
2. Referral for money management services, meal delivery, safety, etc.

NEXT →

1. Document the caregiver or care partner's information.
2. If known, document a surrogate decision maker.
3. Arrange for a future visit with time to assess the caregiver's health and make referrals to caregiver resources.

This is a starting place...

The CHA will start a longitudinal assessment of the patient and their caregivers and start a care plan.

We can start a brain health plan before a diagnosis is made.

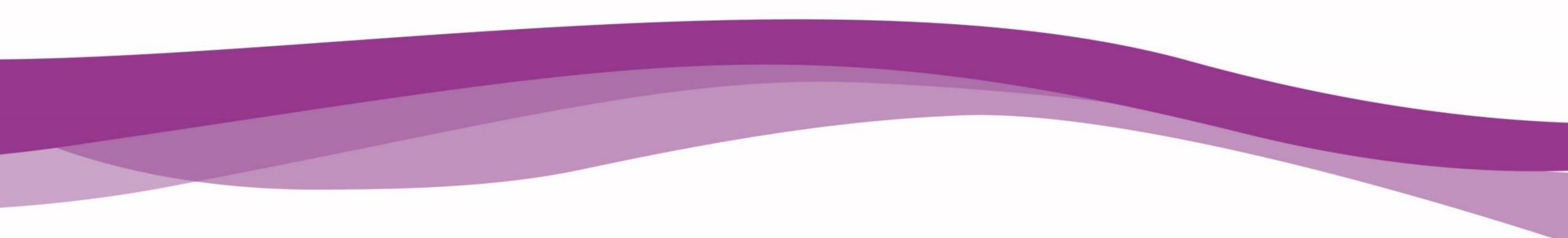
More resources, such as toolkits, for the next steps in the assessment and care planning will be available through Dementia Care Aware.



Dementia Care Aware Training

- Case based and interactive
- Addresses key populations
 - Non-English speaking
 - Co-morbid substance use disorder
 - Co-morbid serious mental illness
 - People with disabilities
 - Older adults experiencing homelessness
- Addresses how to do the assessment over the phone, asynchronously, and by other team members
- Aiming for 90 minute training; will have quizzes

**Many thanks to Dr. Anna Chodos
and the entire UCSF team!**

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Questions?

Standards of Dementia Care

LAUREN GROVES, MPH
CHIEF, ALZHEIMER'S DISEASE SECTION
CENTER FOR HEALTHY COMMUNITIES
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH



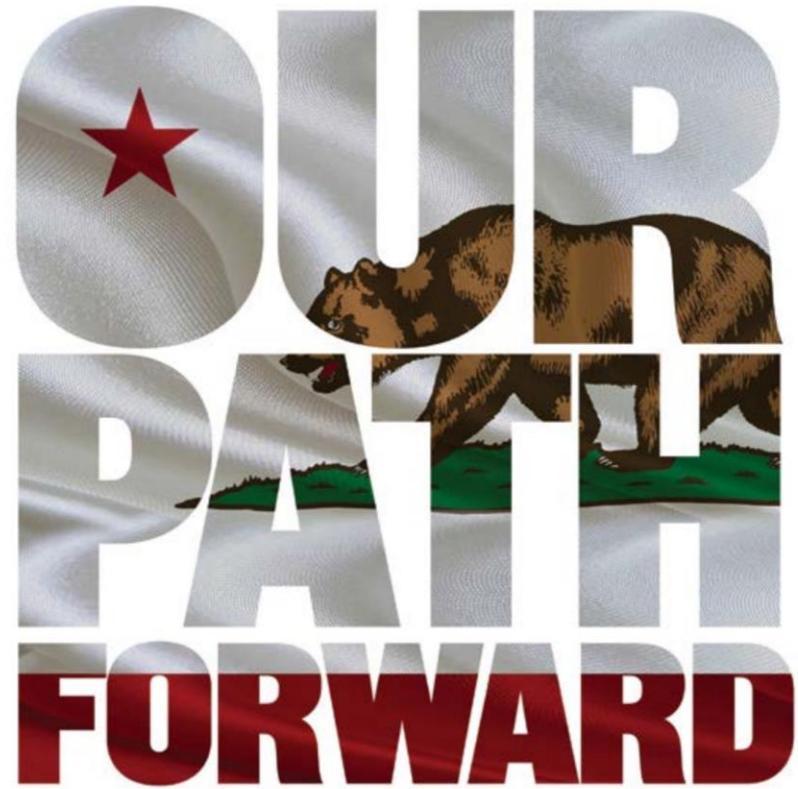
CA State 2021-22 Budget Act (Funding through June 2024)



Standards of Dementia Care

- \$1.7 Million – Statewide Standards of Dementia Care Model
- \$2.12 Million – Predictive Analytics

https://esd.dof.ca.gov/Documents/bcp/2122/FY2122_ORG4265_BCP4236.pdf



*Alzheimer's
Prevention & Preparedness*

*November 2020
In Collaboration with the California Master Plan for Aging*

Standards of Dementia Care Recommendations*

Statewide Standards of Dementia Care Model - Provider Focused (\$1.7 Million)

- Evidence-derived cognitive screening questions (*Dementia Care Aware*)
- Hub and Spoke Model (*Dementia Care Aware*)
- How to Integrate Caregivers into Care Planning

Predictive Analytics (\$2.12 Million)

Optimize Primary Care Practices to Identify High-Risk Individuals

*Governor's Task Force on Alzheimer's Disease Prevention, Preparedness - Final Recommendations <http://caalztaskforce.org/>



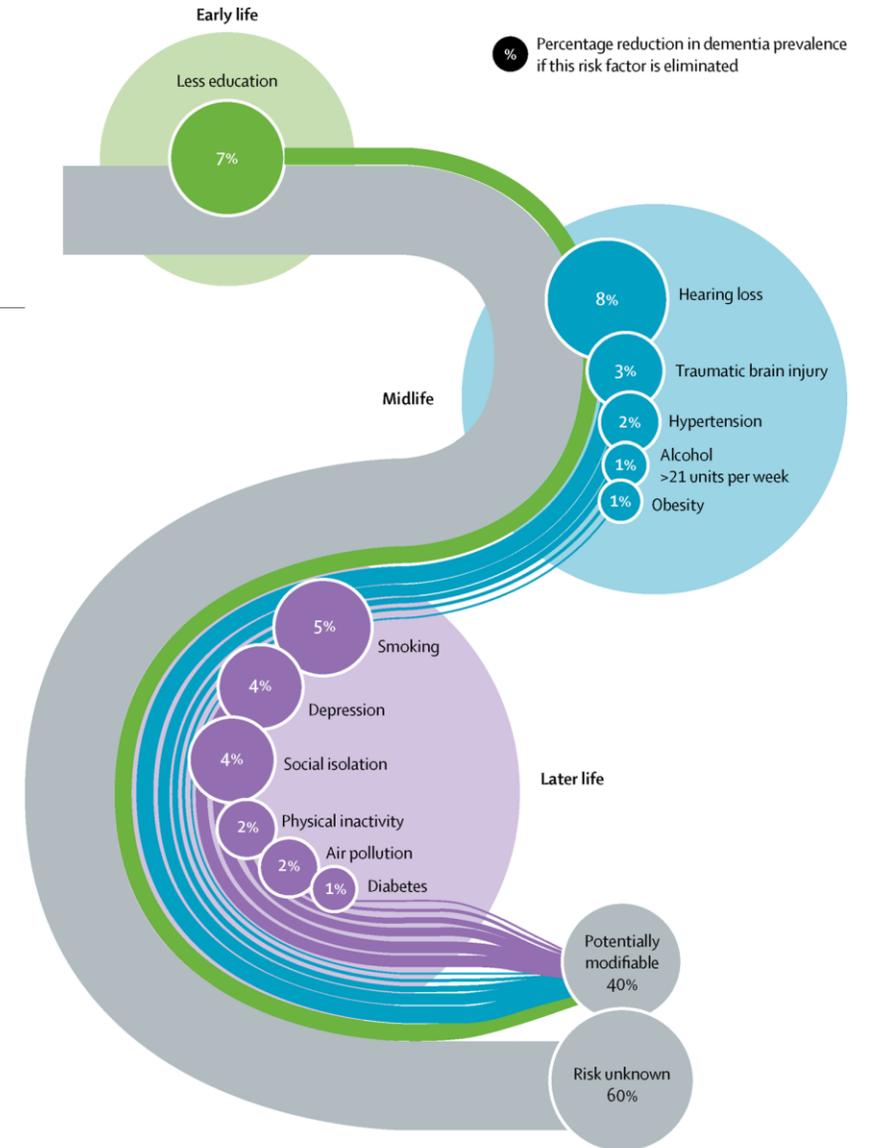
Key Informant Interviews

- California Alzheimer's Disease Centers (10)
- California Department of Aging
- California Department of Health Care Services
- Alzheimer's Association
- Dementia Care Aware
- Blue Zones
- Predictive Analytics Experts (5)

Statewide Standards of Dementia Care Model Direction (\$1.7 Million)

INTEGRATING CAREGIVERS INTO CARE PLANNING

- Public Health Prevention/Risk Workgroup
- Expansion of Peer-Peer Community Programs (i.e., HBI)



Statewide Standards of Dementia Care Model Direction (\$1.7 Million)

INTEGRATING CAREGIVERS INTO CARE PLANNING

Update Resource for Integrating Caregivers into Patient Care Planning

Alzheimer's Disease and Its Impact

Alzheimer's Disease is the Most Common Form of Dementia and it Disproportionately Impacts Many. Dementia is a general term for memory loss and other impairments serious enough to interfere with daily life. Alzheimer's accounts for 60 to 80 percent of dementia cases and currently impacts an estimated 610,000 Californians, projected to grow to 840,000 by 2025. Alzheimer's is the 5th leading cause of death in California and a condition in the top 10 without a known cause, cure, or prevention.

More women than men have Alzheimer's disease and other dementias such as vascular dementia and Lewy bodies, among others. Almost two-thirds of Americans with Alzheimer's are women, as are the majority of caregivers. Older African Americans and Hispanics are more likely than older whites to have Alzheimer's and other dementias with African Americans at twice the prevalence rate and Hispanics one and one-half times as likely.

This 2017 Update Reflects New Evidence, Improved Practice and Changes in Law — This is the 4th California Alzheimer's Clinical Care Guideline, first published in 1998 and revised in 2002 and 2008. The 2017 update is in statute (SB 613, Chapter 577, 2016) addresses changes in scientific evidence, clinical practice, and federal law. Changes include:

NEW GOVERNMENT POLICIES

Medicare Reimbursement — The Centers for Medicare & Medicaid Services (CMS) now reimburses physicians for annual wellness visits every 12 months and includes payment for a Health Risk Assessment, including reimbursement for a cognitive screen. Medicare will pay for cognitive and functional assessments and care planning for patients with Alzheimer's disease and other cognitive impairments.

Adoption of Physician Order for Life Sustaining Treatment (POLST) — The POLST form gives patients more control over their end-of-life care, including medical treatment extraordinary measures (such as a ventilator or feeding tube) and Cardiopulmonary resuscitation. POLST can prevent unwanted treatments, reduce patient and family suffering, and ensure a patient's wishes are honored.

Social Security Grants Compassionate Allowance Benefit for Early-Onset Individuals — Individuals under age 65 diagnosed with Alzheimer's disease are eligible for the Social Security Administration's compassionate allowance benefit, with minimal objective medical information provided by a physician.

Healthy Brain Initiative — The Centers for Disease Control and Prevention has mapped out a strategy for state and national partnerships through [The Healthy Brain Initiative](#), emphasizing proven public health strategies such as monitoring and evaluation, education and training, policy development, and workforce competencies.

EMERGING PRACTICE TRENDS

Emphasis on Early Detection, Early Diagnosis and Mild Cognitive Impairment — Mild cognitive impairment can cause serious cognitive changes noticed by those individuals who experience changes or by other people, but not severe enough to interfere with daily life or independent function. As with other chronic diseases, public health experts are focusing on possible early interventions to delay the onset and slow the progression of Alzheimer's disease.

New Evidence About Antipsychotic and FDA Black Box Warning Labels — In 2005, the U.S. Food and Drug Administration notified health care professionals that conventional and atypical antipsychotics associated with an increased risk of mortality in patients treated for dementia-related psychosis. FDA notified health care professionals that with dementia-related psychosis treated antipsychotic drugs are at an increased risk of mortality. Since issuing that notification, the FDA has additional information that indicates the risk associated with conventional antipsychotic drugs.

Gaps in Disclosure and Documental Scientists who studied patient surveys a claims data discovered only 45 percent of Alzheimer's-related care were told by of their disease. Overlooking or avoiding impedes care and denies access to new In an era of electronic health records, diagnosis is critically important in order to person-centered care.

Lifestyle Modifications — Some risk factors for dementia, such as age and genetics, can't be changed, but the brain can be protected through the same strategies that guard against cardiovascular risk, including smoking cessation, keeping blood pressure, cholesterol and blood sugar within recommended limits, and maintaining a Regular physical exercise may help lower risk. Diet may impact brain health through heart health. Evidence suggests heart-healthy patterns, such as the Mediterranean diet emphasizes eating foods like fish, fruits, beans, high-fiber breads and whole grain olive oil may help protect the brain.

Alzheimer's Clinical Care Guideline

ASSESSMENT	Understand (or Know) the Patient
<p>Address the Patient Directly</p> <ul style="list-style-type: none"> Confirm, disclose and document the diagnosis in the patient record. Identify the patient's culture, values, primary language, literacy level, and decision-making process. Identify the primary caregiver and assess the adequacy of family and other support systems, paying attention to the caregiver's own mental and physical health. 	<p>Monitor and Reassess Changes Upon sudden changes or significant decline, and at least annually, conduct and document the following:</p> <ul style="list-style-type: none"> Ability to manage finances and medications, as well as daily functions, including feeding, bathing, dressing, mobility, toileting and continence. Cognitive status, using a valid and reliable instrument, e.g., MDS-CG (Montreal Cognitive Assessment), AD8 (Acutarian Dementia 8) or other tool. <p>Document Goals of Care</p> <ul style="list-style-type: none"> Explore preferred intensity of care to include palliative care and end-of-life options such as hospice. Provide information and education on advance health care directives, Do Not Resuscitate Orders, Physician Orders for Life Sustaining Treatment, Durable Power of Attorney and other documents. Promote Healthy Living Discuss evidence in support of modifiable risk factors, e.g., regular physical activity and diet/nutrition. Refer to Clinical Studies If interested, advise patient and family of opportunities to participate in research. <p>For statewide patient and family resources, link to California Department of Public Health, Alzheimer's Disease Program (916) 552-9900 Alzheimer's Disease Program Check for local services in your area.</p>
CARE PLAN	Beneficial Interventions
<p>Disease Management</p> <ul style="list-style-type: none"> Discuss the progression and stages of the disease. Evaluate and manage comorbidities in context of dementia and prognosis. Consider use of cholinesterase inhibitors, N-Methyl-D-aspartate antagonist, and other medications, if clinically indicated, to slow cognitive decline. Promote and refer to social services and community support. <p>Treat Emotional, Behavioral and/or Mood Symptoms</p> <ul style="list-style-type: none"> First consider non-pharmacologic approaches such as counseling, environmental modification, task simplification, activities, etc. 	<ul style="list-style-type: none"> Consult with or refer to mental health professionals as needed. If non-pharmacologic approaches prove unsuccessful, THEN use medications targeted to specific emotions, behaviors or moods, if clinically indicated. Note, many medications carry an FDA black box warning and side effects may be serious, significant or fatal. Evaluate Safety Issues Discuss driving, wandering, firearms, fire hazards, etc. Recommend medical identification for patients who wander.
EDUCATION AND SUPPORT	Engage with the Community
<p>Connect with Social and Community Support</p> <ul style="list-style-type: none"> Involve the patient directly in care planning, treatment decisions and referrals to community resources. As the disease progresses, suggest appropriate home and community-based programs and services. Link the patient and caregiver to support organizations for culturally appropriate educational materials and referrals to community and government resources. 	<p>IMPORTANT CONSIDERATIONS</p> <p>Advance Planning</p> <ul style="list-style-type: none"> Monitor for evidence of and report all suspicions of abuse (physical, financial, sexual, neglect, isolation, abandonment and/or abduction) to Adult Protective Services, Long-Term Care Ombudsman or the local police department, as required by law. <p>Capacity Evaluations</p> <ul style="list-style-type: none"> Assess the patient's decision-making capacity and determine whether a legal surrogate has been or can be identified. Consider literacy, language and culture in assessing capacity. <p>Elder Abuse</p> <ul style="list-style-type: none"> Monitor for evidence of and report all suspicions of abuse (physical, financial, sexual, neglect, isolation, abandonment and/or abduction) to Adult Protective Services, Long-Term Care Ombudsman or the local police department, as required by law. <p>Driving</p> <ul style="list-style-type: none"> Report the diagnosis of Alzheimer's disease in accordance with California law. <p>Eligibility for Benefits</p> <ul style="list-style-type: none"> Patients diagnosed with early-onset Alzheimer's disease may be eligible for Social Security compassionate allowances. Other benefits may include Department of Veterans Affairs or long-term care insurance coverage under existing policies.

Predictive Analytics (\$2.12 Million)



INTEGRATING PREDICTIVE ALGORITHM INTO PROVIDER PRACTICES

Alzheimer's Predictive Algorithm

- Study to validate and identify sensitivity in Underserved/Underrepresented Populations
- Integrate into Primary Care Provider Practices



Questions

Dementia Standards of Care Introduction

- *Excited to partner with DHCS on Dementia Aware Grant*
- *Continuing the work to help all Californian's receive a timely and accurate diagnosis*
 - *Based on Association research, less than half of individuals living with dementia have been given a diagnosis*
- *We've Hired a Dementia Care Aware Director to coordinate our participation*

Dementia Care Aware Director - Ron Spingarn

- *Nearly 30 years of Experience in Policy, Public Health, Project Management with*
 - *Transform Health - Supporting Sacramento's Whole Person Care pilot*
 - *Department of Managed Health Care*
 - *Office of Statewide Health Planning and Development (Now HCAI)*
 - *California Senate Committee Consultant*
- *Ron comes to this role from the Spingarn Group where he is founder and CEO which advises nonprofit organizations on policy engagement and program development*

Dementia Standards of Care Introduction

- ***Our Goals for Dementia Aware/SB 48***
 - *To support and encourage providers to conduct more cognitive screenings/assessments*
 - *Can work in tandem with Governor's investments on standards of care (FY 21/22)*
 - *To build the first ever evidence based consensus guidelines that can be used to show better outcomes for dementia patients.*
 - *We believe Dementia Aware is a first step to “model a statewide standard of care to the nation”*

Legislative & Budget Updates

Jared Giarrusso
Alzheimer's Association
& All

Legislative & Budget Update

State Legislative Update

- **Diverse Bills Introduced in Both Houses**
 - **Currently Tracking 29 Bills**
 - **5 - Alzheimer's Specific Bills**
- **All bills either in their second houses or have been held for this session**

State Legislative Update

- **In Addition to Alzheimer's, Tracked Bills Focused On:**
 - *Long-Term Services & Supports/Affordability*
 - *Conservatorship*
 - *Law Enforcement Training*
 - *Housing*
 - *Home & Community Based Services*

Budget Update

- **January Proposal & May Revise Included**
 - *\$10 million - Healthy Brain Initiative*
 - *\$350 million - Community Health Workers - Climate, Homelessness, **Dementia***
 - *\$36.3 million - Master Plan for Aging Implementation*
- **Legislative Budget Agreement**
 - *\$20 million - Alzheimer's and Dementia Caregiver pilot program*

ALZHEIMER'S SPECIFIC BILLS

AB 2175 (Rubio) - California Wandering Taskforce - Held in Appropriations

- Sponsored by ALZ LA/Orange County/San Diego
- Convened Under the Department of Justice
- Focused on Statewide Recommendations to Address Wandering
- 20 Members
- To Meet 4 to 6 Times
- *Representatives Include*
 - *Department of Aging*
 - *Law Enforcement*
 - *Counties*
 - *Service Providers*
 - *Hospital Systems*
 - *Regional Centers*

AB 1684 (Voepel) - Alzheimer's Public Awareness Campaign

- **Author Drafted**
- **Requires Department of Aging to Implement a Public Awareness Campaign**
- **Amended to include a focus on unpaid caregivers**

SB 861 (Limón)

Dementia Care Navigation

- Provide dementia care navigation
- Tools for community health workers (CHWs), promotores and health navigators



- *Governor's proposal:* \$350M for Community Health Workers in dementia & other areas
- *Our request:* \$25M in one-time grant funding for local organizations
- Dept. of Aging would administer

AB 2583 (Mullin) - Held in Appropriations

Dementia Training for Law Enforcement

- Dementia competency included in crisis intervention training for Police Training Officers
- Alzheimer's and dementia specific training required for all officers by 2030
- Funding request coming soon
- Similar efforts cost \$2-10M for development training & backfill for officers during training



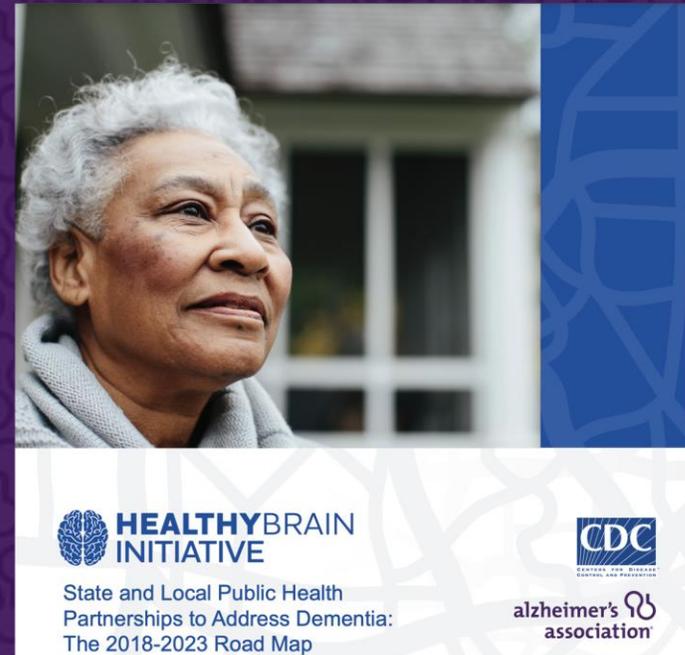
AB 1618 (Aguiar-Curry)

Healthy Brain Initiative & Advisory Committee

Updates

- Expands HBI grant program
- Updates Advisory Committee membership
- Establishes HBI Office in CA Dept. of Public Health

- *Governor's proposal:* \$10M one-time funds
- *Our request:* \$11M in annual funding



AB 1618 (Aguiar-Curry)

Advisory Committee Updates

- Removing Stigmatizing Language & Conforming Language
- Currently 14 Members by Statute
- AB 1618 grows the Membership to 20 Members
- Removes Term Limits For Members Living With Alzheimer's
- Additional Include
 - First Responders
 - A Commissioner for the Commission on Aging
 - Primary Care Physicians
 - An Additional Consumer Organization Representative
 - Two Representatives from the Legislature

AB 1618 (Aguiar-Curry)

New Amendments

- Continuing to Remove Stigmatizing Language
- Adding Local Health Representatives
- Modifying Language Regarding Caregivers - Formal/ Family and Paid/ Unpaid
- Term Limits - Removal for Those Living with Alzheimer's
- Language Uplifting Diversity
- Allows the Secretary of CHHS General Authority to Appoint Additional Members (Limited to 25 Total) - Senate Health Committee Staff Request

Healthy Brain Initiative Updates

Lauren Groves

*California Department of Public Health
(CDPH)*



CALIFORNIA HEALTHY BRAIN INITIATIVE

LAUREN GROVES, MPH

CHIEF, ALZHEIMER'S DISEASE SECTION
CENTER FOR HEALTHY COMMUNITIES

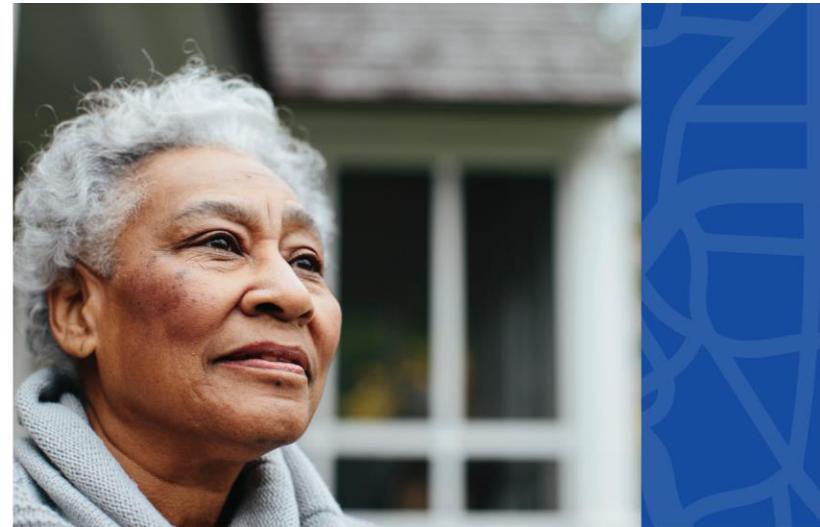
CALIFORNIA DEPARTMENT OF PUBLIC
HEALTH



CALIFORNIA HEALTHY BRAIN INITIATIVE

Agenda

- Initiative Update
- Pilot Project Successes
- Next Steps



State and Local Public Health
Partnerships to Address Dementia:
The 2018-2023 Road Map



alzheimer's
association



<https://www.cdc.gov/aging/pdf/2018-2023-Road-Map-508.pdf>

Purpose:

- Advance cognitive health as an integral component of public health
- Implement the CDC Healthy Brain Initiative 2018-2023 Road Map

Funded California Public Health Departments

- \$750K/year
- 2 Years - Ending June 2022

Conceptual Framework for the Healthy Brain Initiative Road Map

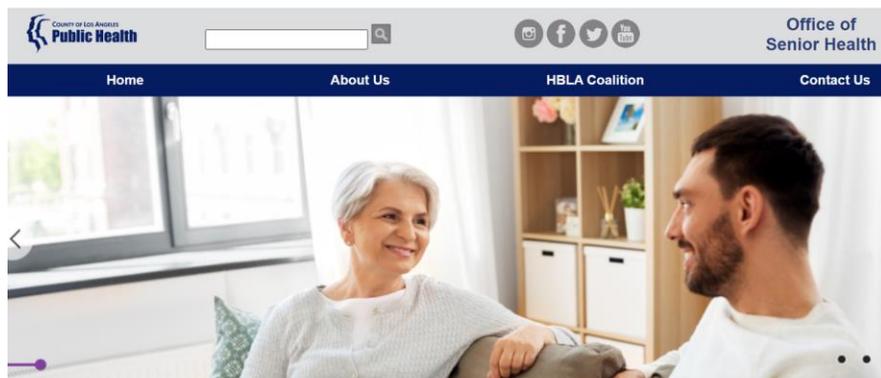


The four traditional domains of public health

- Educate and Empower
- Develop Policies and Mobilize Partnerships
- Assure a Competent Workforce
- Monitor and Evaluate

<https://www.cdc.gov/aging/healthybrain/roadmap.htm>

LOS ANGELES COUNTY



Healthy Brain LA Menu

- Brain Health
- Mild Cognitive Impairment
- Alzheimer's and Related Dementias
- Caregiving
- Living with Dementia
- Resources for Professionals
- Surveillance and Research
- Resource Library

Healthy Brain LA

Alzheimer's disease and related dementias have a profound impact across all sectors of our society. As population ages, this impact will only continue to grow. An estimated 166,857 Los Angeles County residents age 65 and older are currently living with Alzheimer's disease alone and this number is expected to more than double by 2040.¹ The Healthy Brain LA project aims to address the impact of Alzheimer's disease and related dementias as a public health issue in Los Angeles County.

For more information about Healthy Brain LA and its activities, visit About Us.

Latest News

New Report – Alzheimer's Disease and Dementia Facts and Figure in CA Report, 2021

This California Department of Public Health report serves as an update to the Alzheimer's Disease and Related Dementias Facts and Figures in California: Current Status and Future Projections report published in 2009. This update report illustrates the burden of Alzheimer's disease and related dementias across California and calls upon the need to mitigate the future impact of these conditions.

<http://publichealth.lacounty.gov/seniorhealth/hblaindex.htm>

En apoyo del Día Mundial de
Concientización sobre el Abuso de Ancianos

Concientización Sobre El Maltrato a Ancianos y La Demencia

El Programa de Servicios de Protección para Adultos del Condado de Los Ángeles le invita a este seminario web en vivo para aprender sobre el abuso de ancianos y la demencia.

16 DE JUNIO | 11AM PT

Lugar: Zoom y Facebook Livestream



Brain Health Tips

Good brain health is essential at every stage of life. It is never too early or too late to build healthy brain habits. You might already engage in healthy brain habits without knowing it. Reduce your risk of Alzheimer's disease and related dementias by taking care of your brain. Here are 6 healthy brain tips to explore:



Get moving – Find fun exercises that get your heart rate up.



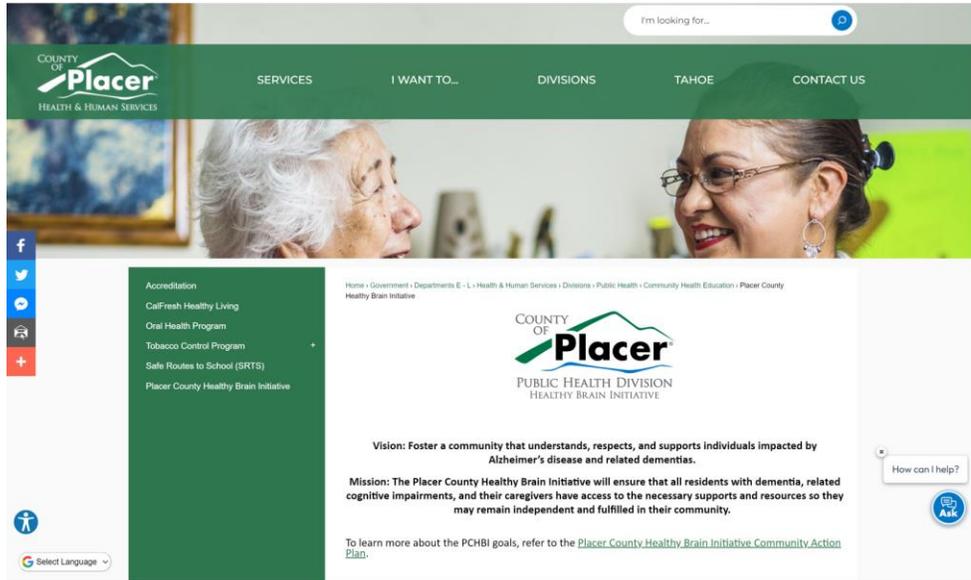
Keep learning – Practice a new language or learn a new skill.



Eat a balanced diet – Minimize processed foods and add more fruit, vegetables, and grains.



Take care of your heart – Manage chronic conditions like high blood pressure.



<https://www.placer.ca.gov/7199/Placer-County-Healthy-Brain-Initiative>



Know Where Alzheimer's Hides in Placer County

**DAD IS TRAILING OFF
IN HIS SENTENCES.**

Know where Alzheimer's and all dementia hide.

[▶ Learn the signs](#)

PLACER COUNTY

SACRAMENTO COUNTY

Healthy Habits for Your Brain in Sacramento County



5 tips for brain health

▶ Get more tips

SACRAMENTO COUNTY Tips for moving through the Alzheimer's Journey

PREPARE

If you suspect you or your loved one may have Alzheimer's disease or related dementia the links below can provide a place to start learning more.

[Alzheimer's Association](#)
[Agency on Aging Area 4](#)

DIAGNOSIS

Set a time to learn about the diseases and schedule a time to talk to your primary care provider. This is the time to begin to understand the disease progression. You can use the links below to do that.

[Talk to Your Doctor, AARP,](#)
[Family Caregiver Alliance](#)

MIDDLE STAGE

In this stage, there will be more noticeable changes to your care recipient. To find local community resources use the links below.

[Community Resource Finder,](#)
[Eldercare Resource Finder](#)

SELF CARE AND SUPPORT

The screenshot shows the Sacramento County Department of Health Services website. The page title is "Alzheimer's Disease Program". The navigation bar includes "LIVE / VISIT", "BUSINESS", and "GOVERNMENT". The page content includes a "Description" section with the following text: "The goal of the Sacramento County Alzheimer's Disease Program is to increase access and use of existing resources for those providing care for older adults with Alzheimer's disease and related dementias (ADRD). The program focuses on promoting and providing support to: > Educate on brain health and cognitive aging > Increase access to community resources > Conduct a community needs assessment > Increase capacity for primary care practitioners to engage patients with ADRD". Below this, it states: "This program is partnered with various local organizations to effect change at an individual, community, and policy level. The program includes training, resource guides, collaborative efforts, and community input. Sacramento County Alzheimer's Disease Program is currently funded by the California Department of Public Health (CDPH) Healthy Brain Initiative (HBI). Funding is allocated through June 2022."

Introduction to The Alzheimer's Project (Video-1)



<https://www.sdalzheimersproject.org/>

**The Alzheimer's Project
2021 Annual Report
is now available!**

[Click here to read and download The Alzheimer's Project 2021 Annual Report.](#)

The devastating impact of Alzheimer's disease is expected to escalate as the region's elderly population surges. In 2014 the San Diego County Board of Supervisors established The Alzheimer's Project, an unprecedented regional initiative to address the toll of the disease on families, communities and our health care systems.

The Alzheimer's Project has brought together an unparalleled team of experts and decision-makers. This team includes local leaders in the fields of health care, research, caregiving, law enforcement and County and City government. Also involved are San Diego philanthropists and representatives of private residential and home care providers and community organizations serving caregivers and older adults.

SAN DIEGO COUNTY

SANTA CLARA COUNTY

Know Where Alzheimer's and All Dementia Hide in Santa Clara County

MOM IS TRAILING OFF IN THE MIDDLE OF HER SENTENCES.



Know where Alzheimer's and all dementia hide.

[▶ Learn the signs](#)

Services ▾ Health and Safety Alerts Health Information ▾ Disease Information ▾ How Do I...?



[Home](#) ▶ [Health Information](#) ▶ [Healthy Aging](#) ▶ Healthy Habits, Healthy Brain

Healthy Habits, Healthy Brain

Quick Links

<https://publichealth.sccgov.org/health-information/healthy-aging/healthy-habits-healthy-brain>

INSIDE:
HIGHLIGHTS FROM
2021 SCCMA AWARDS
CEREMONY

SCCMA
Awards

This issue:

BRAIN HEALTH: STRATEGIES FOR HEALTHY AGING AND REDUCING RISKS

Over 4,300 Shasta County residents are living with Alzheimer's or dementia.

.....

By 2030, there will be 7,250 Shasta County residents living with Alzheimer's or dementia.

.....

Alzheimer's is the 3rd leading cause of death in California.

Shasta County Health & Human Services Agency

Search the website

Home > Health and Human Services Agency > Mental Wellness > Healthy Brain Initiative

Healthy Brain Initiative

For More Resources Explore the Following Pages

- Caregiver Resources
- Healthy Brain Tips
- Screening Resources
- Senior Support
- Disaster Preparedness

Alzheimer's in Shasta County

Need Help Fast?

- Child Abuse Hotline:** 530-225-5144
- 24-hr mental health:** 530-225-5252 or 888-385-5201
- Suicide help:** 800-273-TALK
- Elder Abuse Hotline:** 530-225-6798
- Report Communicable Disease**

SHASTA READY
Shasta County's Response to Local Emergencies

- COVID-19
- PSPS
- Wildfire

HSA

- About Us
- Alcohol, Tobacco & Other

<https://www.co.shasta.ca.us/ShastaHealthyBrain>

40% of Dementia and Alzheimer's caregivers suffer from depression.

.....

59% of caregivers rated the emotional stress of caregiving as high or very high.

.....

35% report that their health has gotten worse due to care responsibilities.

SHASTA COUNTY

OVERALL HEALTHY BRAIN INITIATIVE OUTCOMES

- Integrated Cognitive Health into Countywide Public Health Initiatives
- Assessed and Tailored Programs to meet specific community needs
- Built Cognitive Health Partners throughout the County

HEALTHY BRAIN INITIATIVE: WHAT'S NEXT?



Governor's January Budget General Fund Proposal 2022-23

- \$10 Million – One Time Funding
- Potential Continued Support for current local public health departments
- Potential New Funding for local public health departments

AREAS OF FOCUS FOR FUTURE OF HBI 2.0



- Sustainability
- Rural
- HBI Train the Trainer Program
- HBI Best Practice Toolkit



QUESTIONS

**CA for ALL Ages
& Abilities:
Day of Action**

Amanda Lawrence

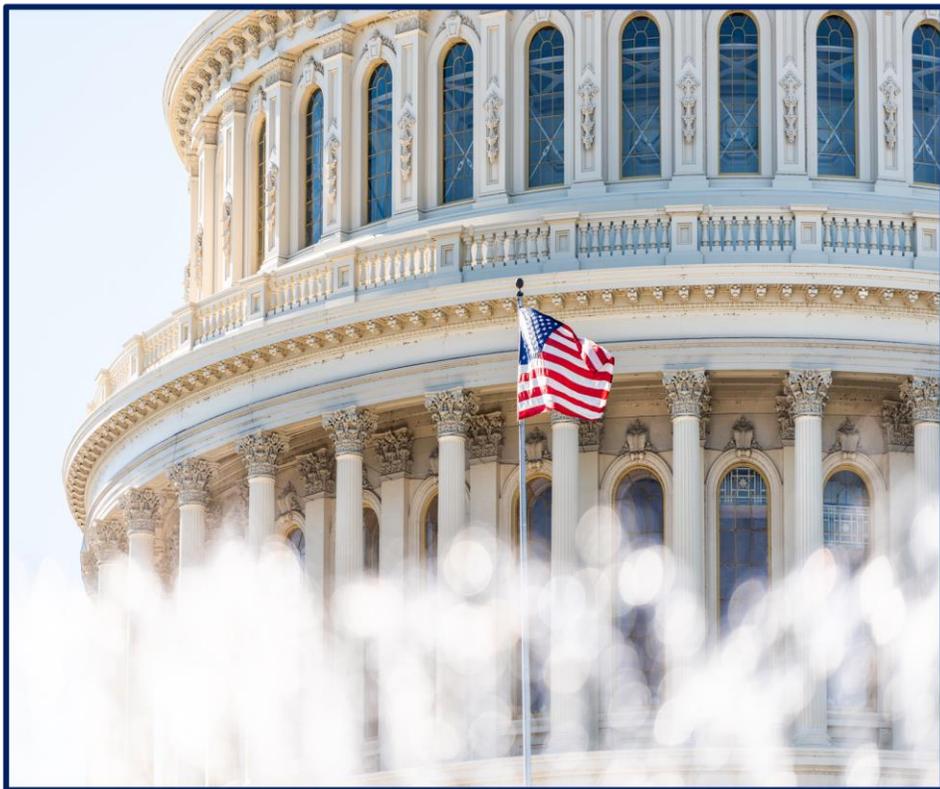
California Department of Aging (CDA)

Nancy McPherson

AARP California

SAVE THE DATE!

CA for ALL Ages & Abilities Day of Action
September 20th, 2022



Are you **READY?**

We are **R**eimagining **E**quity,
Aging, **D**isability & **Y**ou as
part of it all.

CA Aging & Disability Committees

Alzheimer's Disease & Related Disorders Advisory Committee: Provides ongoing advice and assistance on program needs and priorities of persons impacted by ADRD

CA Aging & Disability Research Partnership: Advances age- and disability-focused research

CA Elder & Disability Justice Coordinating Council: Increases coordination and develops recommendations to prevent and address abuse, neglect, exploitation, and fraud perpetrated against older adults and adults with disabilities.

Disability & Aging Community Living Advisory Committee: Advises CalHHS on advancing community living, inclusion, and integration across California.

Equity in Aging Advisory Committee: Advises on the implementation of the MPA and CDA on aging and disability programs, services, data collection, and staff development.

IMPACT Stakeholder Committee: Advises CalHHS on the implementation of the MPA: accountability, outcomes, and continuous improvement.

Public Comment



Attendees joining by webinar (Zoom), use the **Q&A function to ask a questions or select the **raise hand icon**.** The moderator will announce your name and will unmute your line.



Attendees joining by phone, **press *9 on your dial pad to “**raise your hand**”.** The moderator will announce the last 4 digits of your phone number and will unmute your line.

**Finalization of
Recommendations
&
Items for CalHSS
Secretary**

Catherine Blakemore

Committee Chair

Family Member Representative

Closing Comments & Next Steps

Catherine Blakemore

Committee Chair

Family Member Representative

Thank you!

Visit the [CalHHS Alzheimer's Disease & Related Disorders Advisory Committee webpage](#) for:

- More information about the Committee
- Upcoming meeting dates
- Presentations, recordings, and transcripts of past meetings

