

Nevada's New Public Health Program

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Michelle Harden, MPA, Coordinator, BOLD Public Health Program, Population Health and Wellness, Nevada Division of Public and Behavioral Health (DPBH), Chronic Disease Prevention and Health Promotion (CDPHP)



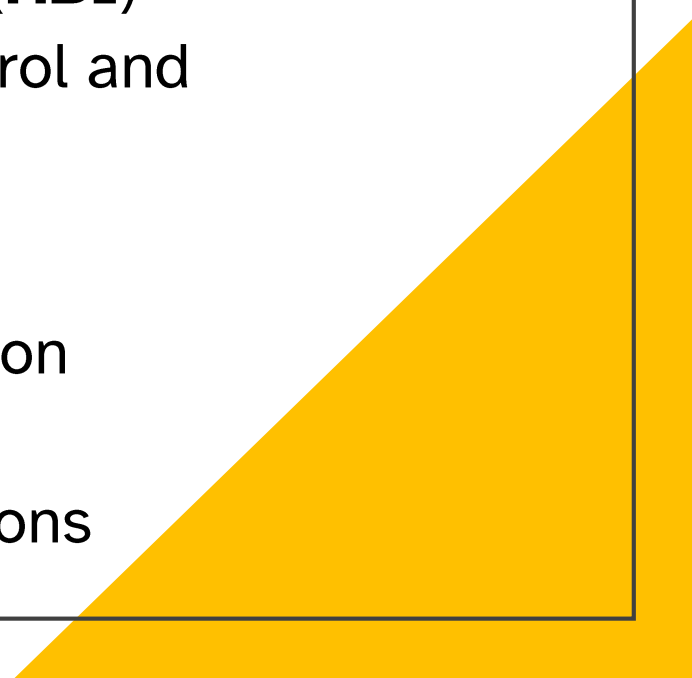
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Today's Objectives

- Raise awareness about Nevada's new CDC-funded BOLD Public Health Program to address Alzheimer's disease and related dementias (**ADRD**)
 - Provide a *brief* overview of the Healthy Brain Initiative (**HBI**) Road Maps, developed by the Centers for Disease Control and Prevention (**CDC**) in partnership with the Alzheimer's Association
 - Share pdf versions of both Road Maps with Task Force on Alzheimer's Disease (**TFAD**) members for review in consideration of future TFAD State Plan recommendations
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Nevada's New Public Health Program

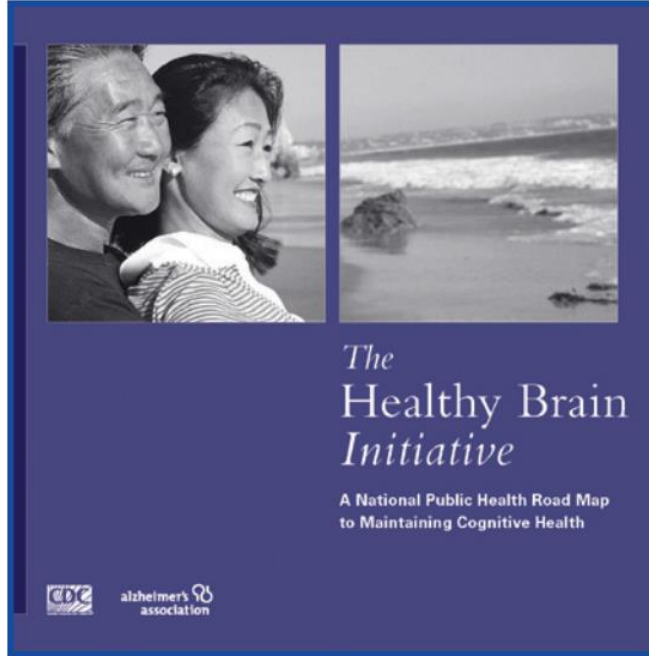
- Created to fulfill the aims of the **BOLD Infrastructure for Alzheimer's Act** (Public Law 115-406), which directs the CDC to:
 - Establish ADRD Public Health Centers of Excellence
 - Provide Funds to **Support Public Health Departments**
 - Increase Data Analysis and Timely Reporting
- Nevada DPBH (CDPHP) was awarded one of now 23 CDC-funded BOLD Public Health Program grants in October 2020 to promote a strong ***public health approach*** to addressing ADRD.

Nevada's New Public Health Program

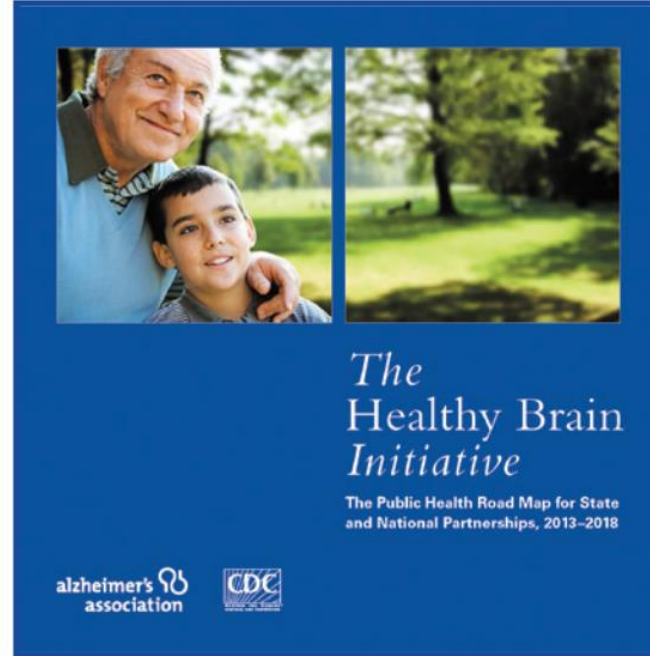
- Two types of BOLD Public Health Programs: Core Capacity and Enhanced
 - “Core Capacity recipients will be **creating statewide dementia coalitions** and **developing or updating ADRD strategic plans** for their jurisdictions using the Road Maps as a guide. Enhanced recipients already have these things in place and will be implementing ADRD activities in line with their strategic plan and the Road Map actions.”
- DPBH's BOLD Program is considered a **Core Capacity** program.

Nevada's New Public Health Program

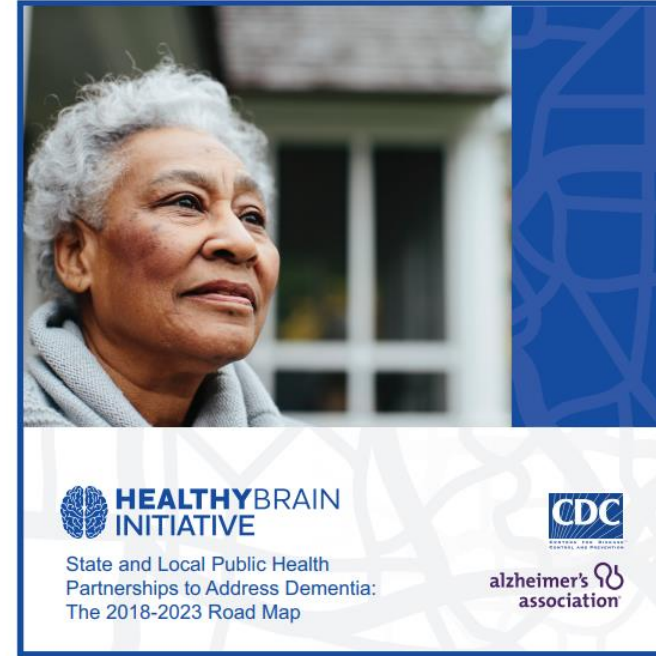
- “Recipients are focused on changing systems, environments and policies to promote **risk reduction**, to improve **early diagnosis**, to **prevent and manage comorbidities**, and to **avoid hospitalizations... using data** to set priorities, to develop **public health actions**, to **address social determinants of health**, and to provide **support for [family] caregivers...**”
- Activities will align with the **HBI Road Maps** to address dementia.
 - Brief overview



(2007; PI: Peter Reed)



(2013 – 2018)



(2018 - 2023)

CDC Healthy Brain Initiative (HBI) Road Maps prepare communities to act quickly and strategically to the rise of dementia by stimulating changes in policies, systems, and environments.



- First-ever public health guide focused on dementia in American Indian/Alaska Native (AI/AN) communities
- Features a ‘Communities in Action’ profile on the Pesa Sooname Advisory Group, Pyramid Lake Paiute Tribe’s dementia friendly effort (p. 26)

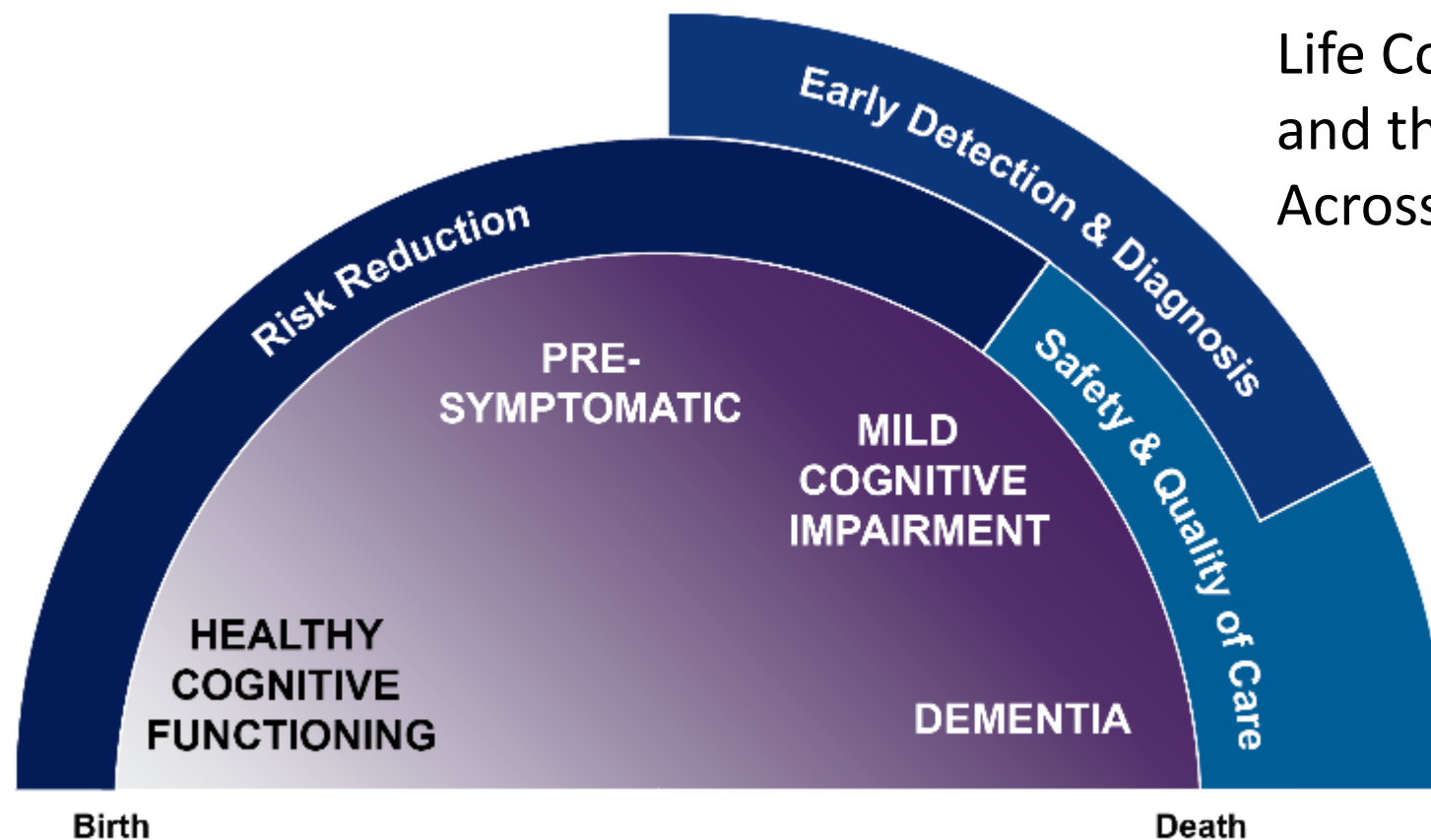


Road Map for Indian Country

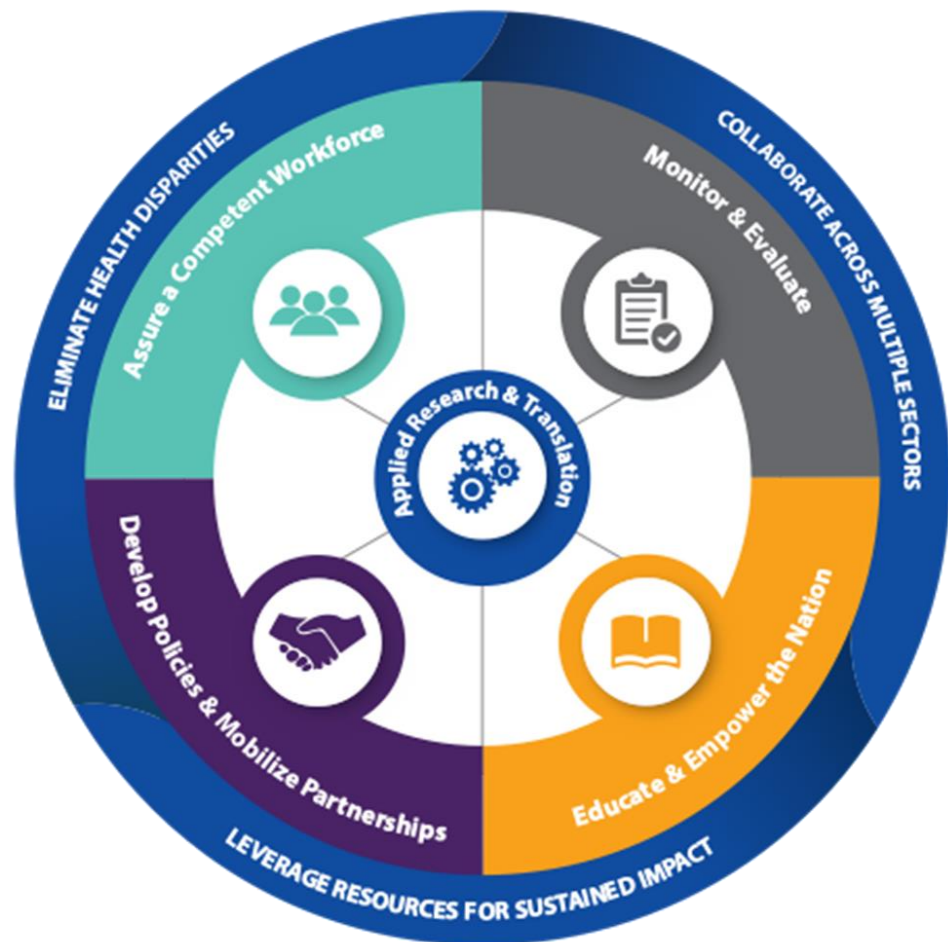
alzheimer's
association



Public health has a vital role to play in keeping people healthy across the life course for as long as possible, including protecting brain health and supporting the needs of people affected by dementia.



Life Course Perspective on ADRD
and the Role of Public Health
Across the Entire Population (p. 7)



The HBI Road Maps are informed by four **Essential Services of Public Health**: monitor and evaluate; educate and empower the nation; develop policies and mobilize partnerships; and assure a competent workforce.

Let's look at two Road Map actions (*i.e., recommendations*) in each domain. There are **25 actions** in the general Road Map and **8 actions** in the Road Map for Indian County.

ACTION AGENDA

EDUCATE & EMPOWER

E-1 Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis.

E-2 Integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic condition management for people across the life span.

E-3 Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being.

E-4 Promote prevention of abuse, neglect, and exploitation of people with dementia.

E-5 Provide information and tools to help people with dementia and caregivers anticipate, avert, and respond to challenges that typically arise during the course of dementia.

E-6 Strengthen knowledge about, and greater use of, care planning and related tools for people in all stages of dementia.

E-7 Improve access to and use of evidence-informed interventions, services, and supports for people with dementia and their caregivers to enhance their health, well-being, and independence.

DEVELOP POLICIES & MOBILIZE PARTNERSHIPS

P-1 Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.

P-2 Assure academic programs, professional associations, and accreditation and certification entities incorporate the best available science about brain health, cognitive impairment, and dementia caregiving into training for the current and future public health workforces.

P-3 Support better informed decisions by educating policymakers on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health in addressing this priority problem.

P-4 Improve inclusion of healthcare quality measures that address cognitive assessments, the delivery of care planning to people with diagnosed dementia, and improved outcomes.

P-5 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-6 Assure public health plans that guide emergency preparedness and emergency response address the special needs of people with dementia and their caregivers, support access to critical health information during crises, and prepare emergency professionals for situations involving people with dementia.

ASSURE A COMPETENT WORKFORCE

W-1 Educate public health and healthcare professionals on sources of reliable information about brain health and ways to use the information to inform those they serve.

W-2 Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being.

W-3 Educate public health professionals about the best available evidence on dementia (including detection) and dementia caregiving, the role of public health, and sources of information, tools, and assistance to support public health action.

W-4 Foster continuing education to improve healthcare professionals' ability and willingness to support early diagnoses and disclosure of dementia, provide effective care planning at all stages of dementia, offer counseling and referral, and engage caregivers, as appropriate, in care management.

W-5 Strengthen the competencies of professionals who deliver healthcare and other care services to people with dementia through interprofessional training and other strategies.

W-6 Educate healthcare professionals about the importance of treating co-morbidities, addressing injury risks, and attending to behavioral health needs among people at all stages of dementia.

W-7 Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services.

MONITOR & EVALUATE

M-1 Implement the Behavioral Risk Factor Surveillance System (BRFSS) optional module for Cognitive Decline in 2019 or 2020, and the BRFSS optional module for Caregiving in 2021 or 2022.

M-2 Support national data collection on dementia and caregiving.

M-3 Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving.

M-4 Embed evaluation into training and caregiving support programs to determine program accessibility, effectiveness, and impact.

M-5 Estimate the gap between workforce capacity and anticipated demand for services to support people with dementia and their caregivers.

This action agenda provides 25 ways that state and local public health agencies and their partners can pursue goals of the Healthy Brain Initiative.



MONITOR & EVALUATE

Road Map action (M-1): Implement the Behavioral Risk Factor Surveillance System (BRFSS) optional module for (Subjective) Cognitive Decline in 2019 or 2020, and the BRFSS optional module for Caregiving in 2021 or 2022. *(NV BOLD YR 2 Plan)*

<https://www.cdc.gov/brfss/index.html>

Subjective Cognitive Decline

Data from the 2015 Behavioral Risk Factor Surveillance System

in Nevada

1 in 6 people aged 45 and older are experiencing **Subjective Cognitive Decline**.

SCD is self-reported **MEMORY PROBLEMS** that have been getting worse over the past year.



Only **HALF** with SCD have talked to a health care provider about it.



Over 75% with SCD have at least one chronic condition.

Among those with SCD...



26.5% needed help with household chores.



30.1% had to give up day-to-day activities.

TWO in FIVE



say SCD interfered with social activities, work, or volunteering.

NEVADA CAREGIVING



2016 Behavioral Risk Factor Surveillance System (BRFSS) Data



1 in 6 adults are caregivers

CAREGIVERS provide regular care or assistance to a FRIEND or FAMILY member with a health problem or disability

WHO ARE CAREGIVERS?

55% are women

21% are 65 years old or older

33% are caring for a parent or parent-in-law

5% of caregivers are providing care to someone with dementia



CAREGIVING CAN BE

LENGTHY
Nearly **50%** have provided care for at least two years



INTENSE
Almost **1/3** have provided care for at least 20 hours per week



HOW DO CAREGIVERS HELP?



Nearly **80%** manage household tasks

Over **50%** assist with personal care



FUTURE CAREGIVERS

1 in 7 NON-CAREGIVERS expect to **BECOME CAREGIVERS** within 2 years



for more information: www.alz.org/publichealth

www.cdc.gov/aging

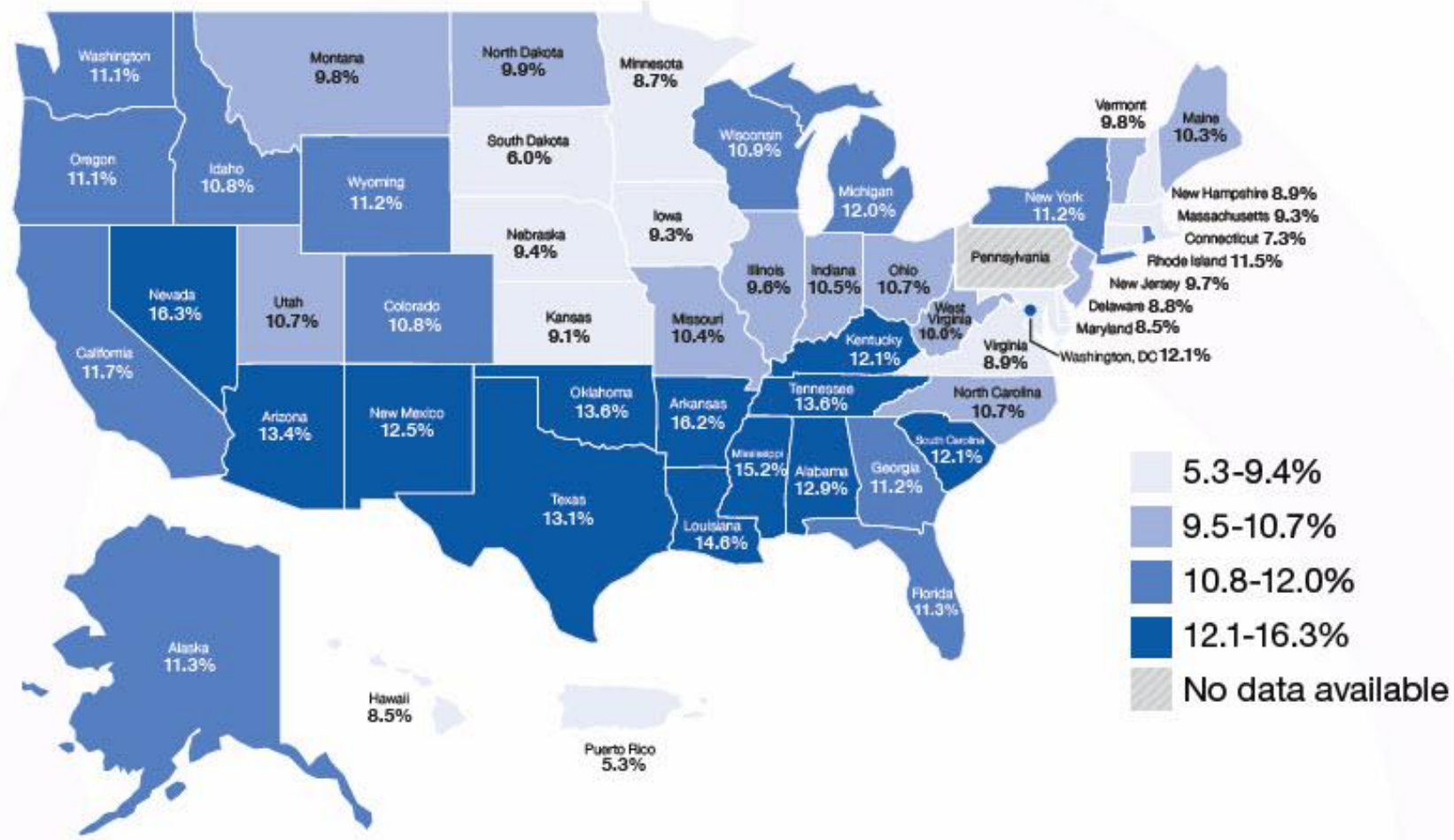


U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

cdc.gov/aging

Prevalence of Subjective Cognitive Decline in the U.S.

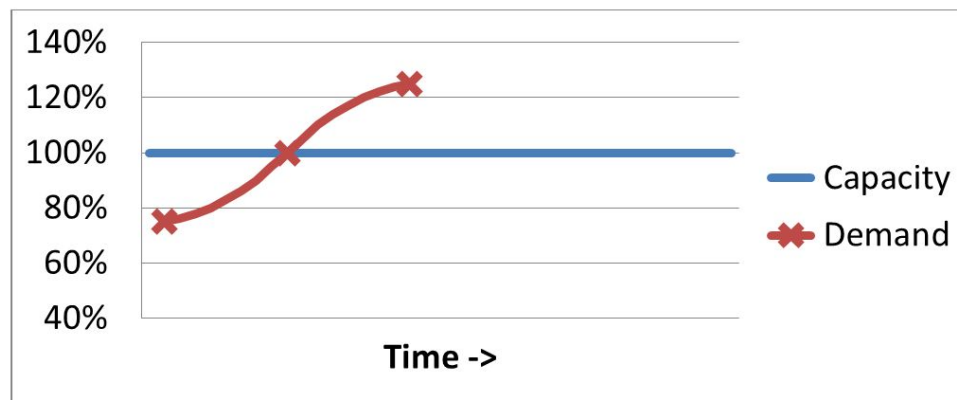
Figure 1: Adults 45 years of age and older with Subjective Cognitive Decline





MONITOR & EVALUATE

Road Map recommendation (M-5): Estimate the gap between workforce capacity and anticipated demand for services to support people living with dementia and their care partners.





EDUCATE & EMPOWER

Road Map action (E-1): Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis.



EDUCATE & EMPOWER

Road Map action (E-3): Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being.



EDUCATE & EMPOWER



- Working with DPBH to develop Nevada-specific toolkits of ADRD messaging materials for the public, providers, people living with dementia, and family care partners.
- Improving accessibility and breadth of DFNV website.
 - New pages focused on brain health, dementia self-management, and family care partner health
 - Spanish translations



EDUCATE & EMPOWER



- Providing brain health and dementia education to new and targeted audiences.
- Expanding the DFNV effort by convening and launching a new DFNV community group (“coalition”) in Douglas County (first meeting on September 23rd from 9 – 11 AM).



DEVELOP POLICIES & MOBILIZE PARTNERSHIPS

Road Map action (P-1): Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.



DEVELOP POLICIES & MOBILIZE PARTNERSHIPS

Road Map action (P-3): Support better informed decisions by educating policymakers on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health in addressing this priority problem.



ASSURE A COMPETENT WORKFORCE

Road Map action (W-1): Educate public health and healthcare professionals on sources of reliable information about brain health and ways to use the information to inform those they serve.



ASSURE A COMPETENT WORKFORCE

Road Map action (W-1): Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being.

- DPBH is encouraging the integration of information into existing health promotion and chronic disease prevention programs



ASSURE A COMPETENT WORKFORCE



- Working with DPBH to develop a Nevada-specific toolkit of ADRD messaging materials for providers.
- Improving accessibility and breadth of DFNV website.
- Developing new online, self-directed provider education opportunities.

Future TFAD Presentation(s) Offered

- More *in-depth* look at DPBH's role as a new CDC-funded BOLD Public Health Program and their current and future objectives
- More *in-depth* look at DFNV's role as a DPBH-funded BOLD Public Health Program partner and its current and future objectives
- **Consider and discuss opportunities to incorporate HBI Road Map priorities as recommendations within TFAD's State Plan (develop a HBI TFAD workgroup)**