A PUBLIC HEALTH APPROACH TO ALZHEIMER’S AND OTHER DEMENTIAS

ALZHEIMER’S DISEASE – A PUBLIC HEALTH CRISIS
LEARNING OBJECTIVES

- Provide a general description of dementia and Alzheimer’s disease
- Explain the current and projected scope of the epidemic
- Discuss the cost burden of Alzheimer’s for federal/state governments and individuals/caregivers
- Describe the care burden of Alzheimer’s, including caregivers and the health care system
- Identify health disparities related to Alzheimer’s and other dementias
- Explain why public health must play a role in addressing the Alzheimer’s epidemic
COMPETENCIES

- **Association for Gerontology in Higher Education (AGHE):**
  - 1.3.3 Demonstrate knowledge of signs, symptoms, and impact of common cognitive and mental health problems in late life (e.g., dementia, depression, grief, anxiety).

- **Association of Schools and Programs of Public Health (ASPPH):**
  - Domain 1: Discuss major local, national, and global health challenges.

- **Council on Linkages Between Academia and Public Health Practice:**
  - 2A. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community.

- **National Association of Chronic Disease Directors (NACDD):**
  - Domain 7: Articulate key chronic disease issues.

- **National Commission for Health Education Credentialing, Inc. (NCHEC):**
  - 7.1.1 Identify current and emerging issues that may influence health and health education.
ALZHEIMER’S – PUBLIC HEALTH CRISIS

- Historically viewed as aging or medical issue
- Impact at national, state, and local level
- Multi-faceted approach needed

WHAT IS DEMENTIA?

- General term for decline in mental ability severe enough to interfere with daily life
- Affects memory, thinking ability, social ability
- Many dementias are progressive

WHAT IS ALZHEIMER’S DISEASE?

- Most common type of dementia
- Accounts for 60%-80% of cases
- Irreversible, progressive brain disorder
- Slowly destroys memory, thinking skills, and ability to carry out basic functions

SCOPE OF THE EPIDEMIC (U.S.)

- Over 5 million adults
- 1 in 9 adults age ≥65
- 1 in 3 adults age ≥85
- 2/3 are women

Health Disparities

- African-Americans and Hispanics have higher rates:
  - African-Americans 2 times more likely
  - Hispanics 1.5 times more likely

ALZHEIMER’S DEATHS

- 6th leading cause of death
- 5th leading cause among adults age ≥65
- Deaths increased 71% from 2000-2013
- Only cause of death among top 10 that cannot be prevented, cured, or slowed

CHANGES IN SELECTED CAUSES OF DEATH (ALL AGES) BETWEEN 2000-2013

By 2030, population age ≥65 expected to double

By 2050, 13.8 million with Alzheimer’s

Today, one new case every 67 seconds

By 2050, every 33 seconds
WORLDWIDE EPIDEMIC

- Over 47 million with dementia (including Alzheimer’s) in 2015
- Projected to double every 20 years:
  - 76 million in 2030
  - 145 million in 2050
- New case of dementia every 4 seconds

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12World Health Organization. (2016). Report by the Secretariat. EB139/3
FINANCIAL BURDEN
ALZHEIMER’S DISEASE – A PUBLIC HEALTH CRISIS
Alzheimer’s is the most expensive disease in US

Annual cost of direct care over $200 billion

Worldwide annual costs exceed $818 billion (2015)


What are Medicare and Medicaid?
MEDICARE & MEDICAID

- Medicare: federally-funded health insurance
  - Any U.S. citizen or legal permanent resident age ≥65
  - People under age 65 with certain disabilities or End-Stage Renal Disease

- Medicaid: funded by federal and state governments
  - Helps with medical costs for some people with limited income and resources

ALZHEIMER’S: MEDICARE & MEDICAID

- Programs pay 70% of health and long-term costs of Alzheimer’s disease
- Nearly 1 in 5 Medicare dollars
- Per-person spending for those with Alzheimer’s:
  - Medicare: 3 times higher than average
  - Medicaid: 19 times higher than average

ALZHEIMER’S: PROJECTED COSTS (2050)

- Annual costs (US): over $1.1 trillion
- Annual costs to Medicare: $589 billion (over 400% increase)
- Out-of-pocket costs: $198 billion (350% increase)
- Cumulative costs between 2015 and 2050: $20.8 trillion

CARE BURDEN
ALZHEIMER’S DISEASE – A PUBLIC HEALTH CRISIS
CARE WORKFORCE

- Caregivers (family or friends)
- Health care providers
- Paid care providers
ALZHEIMER’S & DEMENTIA CAREGIVERS

- 83% of the care provided to older adults come from family members, friends or other unpaid caregivers
- 60% of people with Alzheimer’s live in home settings
- Over 15 million caregivers (family and friends)
- 18 billion hours of unpaid care annually
- Unpaid care valued at $221 billion (2015)

20Alzheimer’s Association. 2016 Alzheimer’s Disease Facts and Figures
What might be the roles and responsibilities of a caregiver for someone with Alzheimer’s disease?
ALZHEIMER’S & DEMENTIA CAREGIVERS

- Caregiving responsibilities:
  - Help with dressing, bathing, toileting, feeding
  - Shopping, meal preparation, transportation
  - Medication management, financial management
  - Emotional support
- Requires increasing levels of care
- Results in complete dependence

CAREGIVERS: CHALLENGES

- Physical, psychological, social challenges
  - $10.2 billion additional health care costs (2015)
  - 60% rate emotional stress as high or very high
  - 40% suffer from depression

CAREGIVERS: IMPACT ON WORK

- Went in late/ left early / took time off: 54%
- Took leave of absence: 15%
- Went from full-time to part-time work: 13%
- Took a less demanding job: 13%
- Quit work: 9%
- Lost benefits: 8%

CAREGIVERS: LENGTH OF CARE

- 75% had provided care at least one year
- 33% had provided care for five or more years
- Average length of time: 4.6 years
- May range from 4 - 20 years

CAREGIVERS: CRITICAL ROLE

- Health care system could not sustain costs of care
- Support for caregivers is a public health issue
HEALTH PROFESSIONALS: SHORTAGE

- Shortage of health care professionals trained to treat older adults
  - Need additional 3.5 million by 2030
  - Currently have half the number of certified geriatricians needed
  - Less than 1% of RNs, PAs, and pharmacists identify as geriatric
- Many not adequately trained for Alzheimer’s and dementia

DIRECT CARE WORKFORCE

- Provide majority of care for Alzheimer’s (after caregivers)
- Include nurse aides, home health aides, personal-care aides and home-care aides
- Help with daily activities: bathing, dressing, eating
- Typically cost $20/hour or $160/day

DIRECT CARE WORKFORCE: CHALLENGES

- Workforce shortage
  - Over 1 million additional needed by 2018
  - High turnover
  - Recruitment difficult
- Limited training on Alzheimer’s and dementia

PUBLIC HEALTH APPROACH

ALZHEIMER’S DISEASE – A PUBLIC HEALTH CRISIS
HEALTHY PEOPLE 2020

- Alzheimer’s and other dementias included in *Healthy People 2020*
  - Increasing diagnosis and awareness
  - Reducing preventable hospitalizations

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ROLE OF PUBLIC HEALTH

- 3 key public health intervention tools:
  - Surveillance/monitoring
  - Primary prevention (risk reduction)
  - Early detection and diagnosis
DEMENTIA CAPABLE SYSTEMS AND DEMENTIA FRIENDLY COMMUNITIES

- Dementia capable systems
  - Public health research and translation
  - Support services
  - Workforce training

- Dementia friendly communities
For more information, please visit the Alzheimer’s Association website at: http://www.alz.org