A PUBLIC HEALTH APPROACH TO ALZHEIMER’S AND OTHER DEMENTIAS

DEMENTIA CAPABLE SYSTEMS AND DEMENTIA FRIENDLY COMMUNITIES
LEARNING OBJECTIVES

- Define “dementia capable”
- Explain how public health can contribute to dementia capable systems through: research and translation, support services/programs, workforce training, and dementia-friendly communities
- List at least 3 services that may benefit someone with Alzheimer’s/dementia
- List at least 2 services that may benefit a caregiver
- Identify at least 3 professions that would benefit from workforce training
- Describe at least 2 components of a dementia friendly community
COMPETENCIES

Association of Schools and Programs of Public Health:

• Domain 1: Appreciate the role of community collaborations in promoting population health.

• Domain 2: Discuss the interconnectedness among the physical, social, and environmental aspects of community health.

Council on Linkages Between Academia and Public Health Practice:

• 1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)

• 1A11. Describes assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)

• 8A3. Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community
COMPETENCIES CONT.

Council on Linkages Between Academia and Public Health Practice (cont.):

• 8A4. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)

• 8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)

National Association of Chronic Disease Directors (NACDD):

• Domain 7: Articulate evidence-based approaches to chronic disease prevention and control.

National Commission for Health Education Credentialing, Inc. (NCHEC):

• 1.7.4 Identify emerging health education needs.

• 3.3.2 Identify training needs.
INTRODUCTION: DEMENTIA & ALZHEIMER’S DISEASE

- Dementia is a decline in mental ability severe enough to interfere with daily life
  - Caused by damage to brain cells, primarily affects older adults
- Alzheimer’s disease is the most common type of dementia
  - Progressive loss of memory and brain function, behavior and personality changes
  - No cure and limited treatment options
  - Caregivers provide increasing assistance
- Huge impact on individuals, families, caregivers, and the health care system
- Public health plays important role in addressing Alzheimer’s disease through surveillance, prevention, detection, and support of dementia-capable systems

States/communities play significant role

- Assessing burden
- Risk reduction
- Care services: health care, support services, government agencies
- Public and private resources: transportation, grocery stores, places of worship, financial institutions, law enforcement
DEMENITIA CAPABLE SYSTEMS

- Accommodate needs of population with:
  - Memory loss
  - Physical, cognitive, behavioral symptoms
  - Co-morbidities

- Knowledgeable workforce/residents:
  - Identify people with dementia
  - Work effectively with them
  - Inform/refer to services

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DEMENTIA CAPABLE: PUBLIC HEALTH

- Public health research and translation
- Support services and programs
- Workforce training
- Dementia friendly communities
PUBLIC HEALTH RESEARCH

DEMENTIA CAPABLE SYSTEMS AND DEMENTIA FRIENDLY COMMUNITIES
DISCUSSION QUESTION

What is public health research?
What does it mean to translate findings?
PUBLIC HEALTH RESEARCH & TRANSLATION

- Public health research: generalizable knowledge to improve practice
- Translation: evidence-based practice
- Sources:
  - Published peer-reviewed articles
  - Authoritative guidelines, recommendations
  - Surveillance systems
How can public health research and translation be used to reduce the burden of Alzheimer’s disease?
PUBLIC HEALTH RESEARCH & TRANSLATION

- Measure burden
- Create policies
- Identify/design practices and interventions
- Promote risk reduction and cognitive health

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SUPPORT SERVICES & PROGRAMS

DEMENTIA CAPABLE SYSTEMS AND DEMENTIA FRIENDLY COMMUNITIES
DISCUSSION QUESTION

What kinds of support services might people with Alzheimer’s and their caregivers need?
SUPPORT SERVICES: ALZHEIMER’S

- Support groups
- Wellness programs
- Care services
- Legal, financial services
- Residential care
- Transportation
- Adult day care

SUPPORT SERVICES: CAREGIVERS

- Education/information/training
  - Alzheimer’s/dementia
  - Behavioral management
  - Available resources
  - Self-care
- Counseling/support groups
- Care management
- Respite services

EVIDENCE-BASED PRACTICE

- Reducing Disability in Alzheimer’s Disease (RDAD) – University of Washington
  - Focus on teaching family caregivers strategies

- Minds in Motion (MIM)
  - Focus on improving function in early stages with mild cognitive impairment

- Skills2Care – Thomas Jefferson University
  - Focus on occupational therapy based strategies for caregivers

DISCUSSION QUESTION

What is the role of public health in connecting people to the services they need?
SUPPORT SERVICES: PUBLIC HEALTH

- Evidence-based programs and interventions
- Information and referrals
- Identifying service needs
- Funding, space, expertise
SUPPORT SERVICES: PARTNERSHIPS

- Offices on Aging / Aging and Disability Resource Centers / Area Agencies on Aging
  - Education
  - Cognitive assessments
  - Support programs
  - Resources
- Non-profit organizations
- Residential care facilities

WORKFORCE TRAINING
DEMENTIA CAPABLE SYSTEMS AND DEMENTIA FRIENDLY COMMUNITIES
WORKFORCE TRAINING

- Health care
- Direct care
- Public health
- First responders
- Other support services: transportation, customer service, faith-based organizations
DISCUSSION QUESTION

What training should health care and direct care professionals receive?
WORKFORCE TRAINING: HEALTH CARE & DIRECT CARE CARE

- Basics of dementia
- Benefits of early diagnosis
- How to address physical, cognitive, emotional, behavioral symptoms
- Assisting caregivers
- Managing co-morbidities
- Use of validated assessment tools (health care)
DISCUSSION QUESTION

What training should public health professionals receive?
WORKFORCE TRAINING: PUBLIC HEALTH

- Alzheimer’s as a public health priority
- Importance of early detection
- Cognitive health and risk reduction
- Caregiver needs and burden
- Surveillance
- Health disparities
- Unique issues (stigma, abuse, advance planning)
DISCUSSION QUESTION

What training should first responders receive?
WORKFORCE TRAINING: FIRST RESPONDERS

- Situations involving stress or fear

- Training needs:
  - Identifying Alzheimer’s and dementia
  - Interaction/communication
  - Resources
  - Registries, technologies
WORKFORCE TRAINING: OTHER PROFESSIONS

- Public transportation, customer service, faith or spiritual communities, etc.
  - Awareness
  - Recognizing need for help
  - Resources
  - Communication
  - Ways to assist and support
DEMENTIA FRIENDLY COMMUNITIES

DEMENTIA CAPABLE SYSTEMS AND DEMENTIA FRIENDLY COMMUNITIES
DISCUSSION QUESTIONS

Imagine you or someone you care about has Alzheimer’s or dementia.

What might be some of your concerns or fears about going out in your community?

How could those be addressed at a community level?
DEMENTIA FRIENDLY COMMUNITIES

- Health care, community services, resources
- Safety and accessibility
  - Transportation
  - Mobility
- Respectful and supportive
- Public education and workforce training
- Technology
  - GPS, GIS
  - Registry

DEMENTIA FRIENDLY COMMUNITIES

- Health care that promotes early diagnosis and uses dementia care best practices along the care continuum
- Residential settings that offer memory loss services and supports
- Dementia-aware and responsive legal and financial planning
- Welcoming and supportive faith communities
- Businesses with dementia-informed services and environments for customers and employee caregivers
- Dementia-friendly public environments and accessible transportation
- Dementia-aware local government services, planning and emergency responses
- Supportive options for independent living and meaningful community engagement

Reproduced from ACT on Alzheimer’s® developed tools and resources.
DEMENTIA FRIENDLY: MIDDLETON, WI

- Business trainings
- Business promotions
- Memory trail/park
- Evaluation criteria

24 Wisconsin Healthy Brain Initiative. A Tool Kit for Building Dementia-Friendly Communities
DEMENTIA FRIENDLY: ACT ON ALZHEIMER’S

- Minnesota’s statewide, volunteer-driven collaboration

- Community toolkit
  - Form action team
  - Assess community strengths and gaps
  - Analyze needs and develop action plan
  - Pursue priority goals

26 ACT on Alzheimer’s. (2013). Is Your Community Prepared?
DEMENTIA FRIENDLY AMERICA (DFA)

- Raising awareness about dementia
- Supportive options that foster quality of life
- Supporting caregivers and families
- Meaningful participation in community life
- Reaching the underserved

27 Dementia Friendly America press release, *Dementia Friendly America Initiative Launches in Communities Across the U.S., from Maryland to California*, July 13, 2015.
DEMENTIA FRIENDLY TEMPE

- Arizona’s first dementia friendly city
- Formed Action Team led by Chamber of Commerce
- Weekly Memory Café at library where people with dementia and caregivers can meet others
- “Dementia Friends” training to educate community on how to support dementia friendly efforts

28 Dementia Friendly America press release, Dementia Friendly America Initiative Launches in Communities Across the U.S., from Maryland to California, July 13, 2015.
CONCLUSION: DEMENTIA CAPABLE AND DEMENTIA FRIENDLY

- States/communities play significant role
- Dementia capable systems
  - Public health research and translation
  - Support services and programs
  - Workforce training
- Dementia friendly communities
For more information, please visit the Alzheimer’s Association website at: http://www.alz.org