

What makes Alzheimer's Unique from other Chronic diseases?

- Prevention Though research is still evolving, evidence is strong that people can reduce their risk by making key lifestyle changes, including participating in regular activity and maintaining good heart health.
- Diagnosis There is no single diagnostic test that can determine if a person has Alzheimer's disease.
- Treatment There's no cure for Alzheimer's, but there are treatments that may change disease progression, and drug and non-drug options that may help treat symptoms.
- The Era of Treatments As treatments become available, it is essential we continue to create equitable access for patients regardless of payer type

What makes Alzheimer's Unique from other Chronic diseases?

- Impact on Comorbid conditions BRFSS indicates many with other chronic conditions also have subjective cognitive decline.
- Age of those impacted -
 - Most are over age 65.
 - Younger Onset limits access to services.
- Lack of federal funding for states BOLD funds some programs, but it does not provide a dedicated funding source to all states like other chronic disease programs

NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

YEAR

TOTAL

2020

58,000

2025

67,000

ESTIMATED % INCREASE

15.5%

PREVALENCE

Arkansas Prevalence

OF DEATHS FROM ALZHEIMER'S DISEASE (2019)

1,507 250.5%
INCREASE IN ALZHEIMER'S DEATHS 2000-2019

MORTALITY

UNPAID CAREGIVERS (2022)	CAREGIVER HEALTH (2021)			
154,000 # OF CAREGIVERS	72.8% OF CAREGIVERS WITH CHRONIC HEALTH CONDITIONS			
268,000,000 TOTAL HOURS OF UNPAID CARE	38.0% OF CAREGIVERS WITH DEPRESSION			
\$4,423,000,000 TOTAL VALUE OF UNPAID CARE	25.0% OF CAREGIVERS IN POOR PHYSICAL HEALTH			
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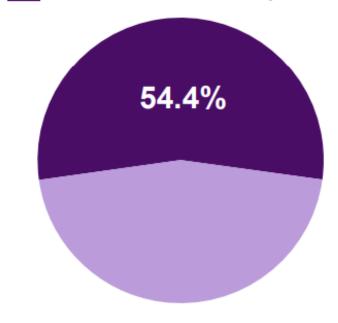
CAREGIVING

Source: 2023 Facts and Figures Report

Subjective Cognitive Decline in Arkansas

- In Arkansas, 11.5% of those aged 45 and over report they are experiencing confusion or memory loss that is happening more often or is getting worse
- For those with worsening memory problems, 60% say it has created "functional difficulties" — that is, caused them to give up day-to-day activities and/or interfered with work or social activities.

Percent with memory problems who have not talked to a health care provider



Profile of a Dementia Caregiver

Over 60% of caregivers are women.

26% are 65 or older, and two-thirds are over the age of 50.

More than half have been providing care for at least four years.

41% have a household income of \$50,000 or less.

Impact of Alzheimer's on Families



Caring for someone living with Alzheimer's can take a physical, emotional, social and financial toll on families.



Approximately two-thirds of caregivers are women; more specifically, over one-third of dementia caregivers are daughters.



Of the total lifetime cost of caring for someone with dementia, 70% is borne by families — either through out-of-pocket health and long-term care expenses or from the value of unpaid care.

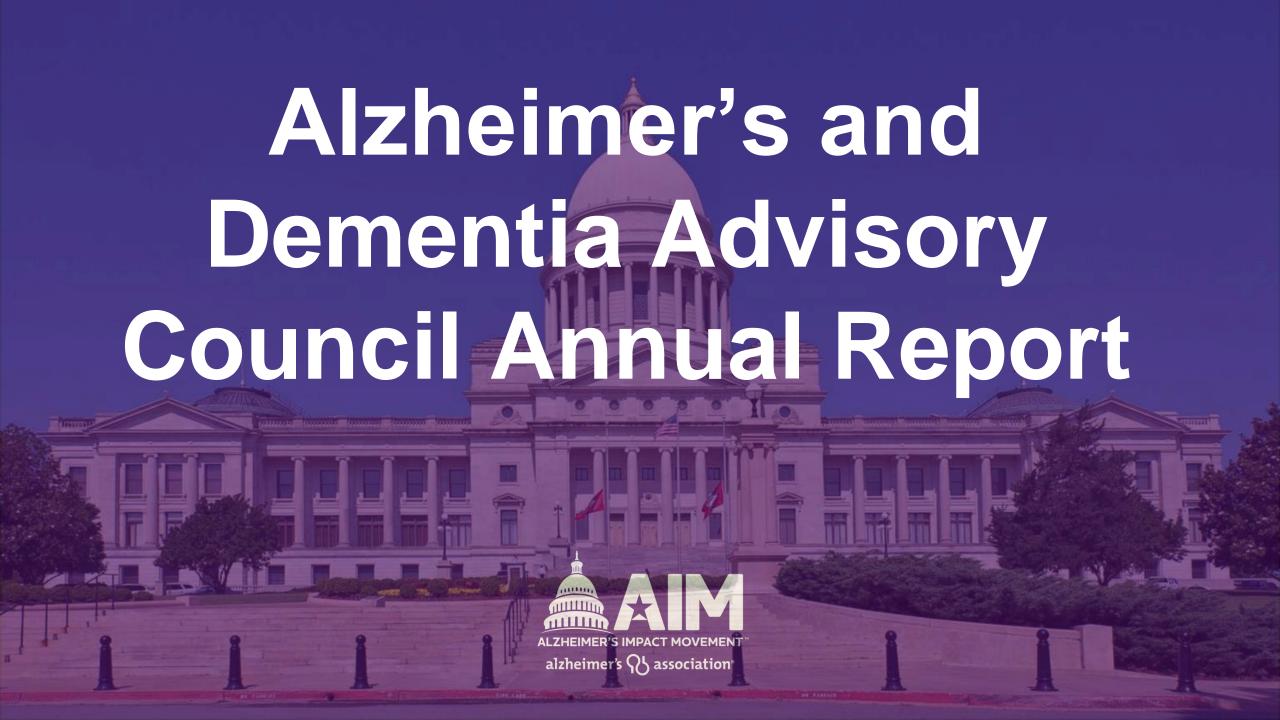


Eighty-three percent of the help provided to older adults in the United States comes from family members, friends or other unpaid caregivers.

This care is valued at over \$271 billion.



Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties.



Alzheimer's and Dementia Advisory Council



Sen. Clint Penzo Co-Chair ADAC



Rep. Julie Mayberry
Co-Chair ADAC

State Agency Partners

AR. Department of Health

AR. Department of Human Services

AR. Minority Health Commission

Alzheimer's and Dementia Advisory Council

- AARP
- Alzheimer's Association
- Alzheimer's Arkansas
- Arkansas HealthCare Association
- Arkansas Hospital Association
- Broyles Foundation
- Arkansas Residential Assisted Living Assoc.

- Arkansas Home-based
 Services Association
- Hospice and Palliative Care Association of Arkansas
- The University of Arkansas for Medical Sciences Centers on Aging
- Arkansas Medical Society

Alzheimer's State Plan

- Public Awareness and Education Educating providers and general public on the importance of early detection, diagnosis, risk reduction, and support services.
- Access and Quality of Care Enhancing quality of care across care settings and ensuring access to support services for Arkansas families.
- Family Caregiver Support Increasing support services for family caregivers
- Dementia Training and Workforce Development Ensuring the workforce is adequately trained and prepared to meet the unique needs of patients with Alzheimer's or other dementia

2023 Arkansas Legislative Priorities



HB 1166/ ACT 102 - Strengthens the Advisory Council by adding two members from under-represented healthcare providers

- 1. Arkansas Home-based Services Association
- 2. The Arkansas Residential Assisted Living Association (ARALA)

Alzheimer's and Dementia Services Coordinator (S. 345 ACT 682) - Establishes the position of Dementia Coordinator within the Division of Aging at the Department of Human Services

Support for Family Caregivers

Alzheimer's and Dementia Caregiver Respite Grant Progr

- DHS include \$200,000 in the Division of Provider Services and Quality Assurance Budget (Funded by a Federal Block Grant)

The Program:

- Provides dementia caregivers with \$500 grant to secure respite services
- Eligibility:
 - Caregiver of someone with Alzheimer's or dementia
 - Must hire someone living outside of the home
 - Caregivers are eligible for two grants during the FY, must wait 6 months between award.

2023 Dementia Training Legislation



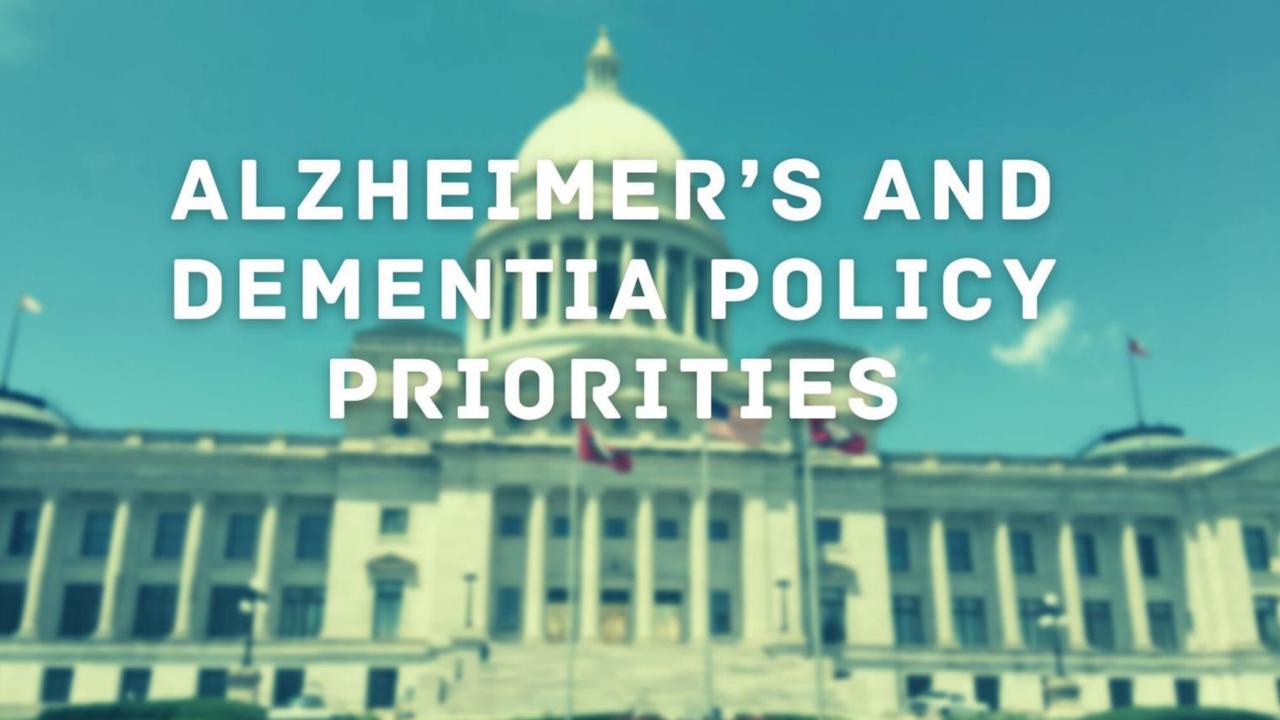
THE PRIORITY:

Strengthen the current workforce with the tools they need to meet the unique needs of persons with dementia

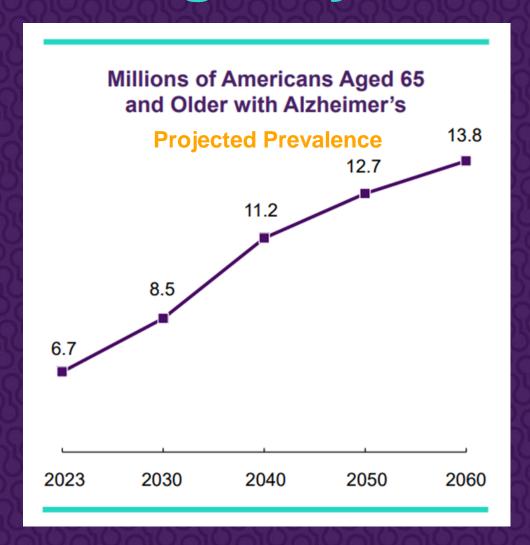
2023 Policy Initiatives:

Establish Dementia-Specific Training Standards for the following:

- Home health and Home-Care Providers
 - ACT 70 Requires (2) hours of dementia training for home care providers
 - ACT 202 Requires a minimum of (2) hours of dementia training for law enforcement and first responders
 - ACT 335 Require (4) hours of dementia training and (2) hours of annual continuing education for all direct care staff in Assisted Living Facilities



The Urgency of Risk Reduction



- Projected prevalence is based on studies of current/recent older Americans – a group that lived through a time of lower rates of obesity and diabetes.
- What happens to actual prevalence when a future cohort has higher rates of risk factors?

First Ever Nationwide Estimates of CorAAI() 23 Level Data

The first-ever nationwide estimates of the county-level prevalence of people with Alzheimer's dementia — in all 3,142 United States counties — were revealed at AAIC 2023.

Researchers from Rush University Medical Center in Chicago found that the eastern and southeastern U.S. have the highest prevalence of Alzheimer's dementia.

Arkansas County Level Data



Counties with the Highest Prevalence

Counties with the Lowest Prevalence

	65+ Alz	<u>Prev</u> .		<u>65+</u>	Alz	Prev.
Chicot	1,800 300 2,200 400 3,500 500	15.8%	Newton Marion Caroll	4,900	500	9.7%

Policy Implications

- Informed Public Health Strategy
 - Driving Risk Reduction
 - Early Detection and Diagnosis
- Improve Access to Diagnostics
- Improve Access to Education, Care and Support Services by strengthening existing infrastructure



Public Awareness

NEEDS:

- Increased public health messaging about the importance of risk reduction, early detection and diagnosis, Ten Warning Signs.
- Ensure that the State Health Improvement and Aging Plan address risk reduction and early detection and diagnosis.
- Policy Ask: Funding for a public awareness campaign about early detection and diagnosis.

Access and Quality of Care

NEEDS:

- Ensure equitable access to FDA-Approved treatments for patients in the early stages of Alzheimer's or MCI
 - Monitor public/private payers coverage of these drugs.
 - Improve access and coverage of cognitive screening, diagnostics, and care planning services
 - Coordination of these services and resources. (IE: Dementia Services Coordinator)

★ Provide Medicaid Coverage for Cognitive Assessment Screening



THE PRIORITY:

Increase access to cognitive assessments and care planning services for the Medicaid population

THE EFFORT:

 Authorize the State Medicaid Program to provide reimbursement for the cognitive assessment and care planning services benefits covered by Medicare.

THE ASK:

Provide reimbursement for Medicaid providers for the cog. Assessment and care planning services. (CPT 99483)



The Public Health Impact of Alzheimer's and Dementia Family Caregivers

Over 154 thousand Arkansans provide unpaid care to people with Alzheimer's or other dementias. These caregivers provided more than 268 million hours valued at over \$4.4 BILLION.



The Impact of Caregiving on the Workforce

57%

had to go in late/leave early/take time off

8% turned down a promotion

18%

had to go from full-time to part-time work

9% had to quit work entirely

16%

had to take a leave of absence

7% lost job benefits

Work-Related changes experienced by Dementia Caregivers

Support Services for Family Caregivers

Dementia Caregiver Respite Grant Program:

Current Funding Level: \$200,000

- Year One 2022-2023
 - Families Served: 400
 - Rural Threshold: 32%
 - Funds expired in March of 2023

Year Two 2023-2024 (as of 10/20/23)

- Families Served: 228
- Rural Threshold: 39%
- Remaining funds available: \$86 Thousand

Recommendation Summary

Public Awareness and Clinician Education

 Funding for Public Health Interventions to educate providers and consumers on brain health, early detection and diagnosis and risk mitigation. ASK: \$300,000

Establish Medicaid Coverage for Care Planning and Cognitive Screening

• CPT Billing Code 99483

Increase funding for Dementia Caregiver Respite Program

• Funding recommendation: \$400,000



David Cook

Director of Government Affairs and Public Policy Alzheimer's Association - Arkansas Chapter

501-253-1931 DMCOOK@ALZ.ORG



