

Georgia Alzheimer's and Related Dementias State Plan

2014 Annual Report

The State Plan was signed by the Governor of Georgia in June 2014.

**The Georgia Alzheimer's and Related Dementias Advisory Council
launched official State Plan activities in mid-year.**

Inside Cover

Georgia Alzheimer's and Related Dementias State Plan

Acknowledgments

The following 2014 progress report is respectfully submitted by members of the Georgia Alzheimer's and Related Dementias Council:

Senator Renee Unterman

Chairman, Senate Health and Human Services

Representative Sharon Cooper

Chairman, House Health and Human Services

Representative Tommy Benton

Chairman, House Human Relations and Aging

Commissioner Brenda Fitzgerald, MD

Department of Public Health

Commissioner Clyde Reese III, Esq.

Department of Community Health

James J. Bulot, Ph.D.

Director, Department of Human Services Division of Aging Services

Chairman, State Plan Task Force

Council members acknowledge the contributions of 80 outstanding advisors and their colleagues who helped develop recommendations for the Georgia State Plan on Alzheimer's and Related Dementias.

Members extend deep respect to the more than 130,000 Georgians who live with dementia, their care partners, and those who form webs of support in service organizations, workplaces, congregations, and communities.

Georgia Alzheimer's and Related Dementias State Plan

Progress Report Introduction

Today, over 130,000 Georgians live with Alzheimer's disease, and tens of thousands more experience other forms of dementia. Like many states, Georgia is answering the call set forth by the National Plan to Address Alzheimer's -- crafting a unique blueprint to address the growing challenge of dementia.

The Plan's Beginnings

During the 2013 session of the Georgia General Assembly, legislators created the [Georgia Alzheimer's and Related Dementias State Plan Task Force](#), a multidisciplinary group convened to improve dementia research, awareness, training, and care. Starting in June of that year, the six task force members and dozens of experts in diverse fields formed committees, conducted research, and made detailed recommendations.

The recommendations formed the core of the Georgia Alzheimer's and Related Dementias State Plan. The document described current demographics, prevalence statistics, and existing resources; analyzed the state's capacity to meet growing needs; and presented a roadmap to create a more dementia-capable Georgia.

Council Establishment

In June 2014, Governor Nathan Deal signed the [Georgia Alzheimer's and Related Dementias State Plan](#) into action, and the Task Force became an Advisory Council. With a plan in force, the Advisory Council is

- ready to call for the early, accurate detection of dementia,
- willing to battle stigma and misinformation, and
- able to provide an incomparable web of support to families that need it.

Georgia's recommendations cover a range of topics, including research, services, policy, public safety, workforce development, and public education. And undergirding all of these areas is the importance of partnerships – creating a deeply coordinated statewide team of agencies, nonprofits, businesses, and organizations.

Creating Conversations

The Georgia Alzheimer's and Related Dementias Advisory Council serves as a hub for cultivating new initiatives and improving communication about what Georgia is doing to address dementia needs. This report is the first of many annual progress updates designed to inform, empower, and inspire Georgians to become more dementia capable and dementia inclusive at home, at work, and throughout the community.

The report is divided into five sections:

- Recommendation Summary
- 2014 Accomplishments Summary
- Progress Highlights
- Plan Recommendations
- Report Supplement: Georgia Alzheimer's Disease Registry

A Living Document

The Georgia Alzheimer's and Related Dementias State Plan will undergo regular review to ensure that it reflects emerging priorities, shifts in resources, and evolving public- and private-sector roles. As noted in the Plan, "much of the work that needs to be done now and in future assessment and updates of the Plan will require legislation and corresponding funding to develop and implement that specific item of the Plan. The Advisory Council commits to work with partner stakeholders, state agencies, and legislators to develop and have filed appropriate legislation and corresponding appropriation requests throughout the life of this Plan."

Georgia Alzheimer's and Related Dementias State Plan

Recommendation Summary

- Healthcare, Research, and Data Collection *(detailed recommendations on pp. 16-17)*
 1. Promotion of Early and Accurate Diagnosis
 2. Development and Usage of Surveillance Data
 3. Public Awareness of Dementia as a Chronic Disease
 4. Support for People with Dementia and their Caregivers

- Workforce Development *(detailed recommendations on pp. 17-20)*
 1. Assessment of Existing Workforce Status – Size, Competency, Capacity
 2. Workforce Training on Dementia and Related Resources
 3. Dementia Curricula for Workforce, Students, Consumers, Advocates, and Volunteers
 4. Dementia-Specific Training for Emergency Personnel and Second Responders
 5. Workforce Retention Planning for Direct-Care Workers and Geriatric Healthcare Providers

- Service Delivery *(detailed recommendations on pp. 20-23)*
 1. Assessment of Statewide Capacity, including Urban-Rural Parity
 2. Person-Centered Care Training for Professionals, Caregivers, and Volunteers
 3. Adoption of Person-Centered Practices in Long-Term Care Facilities
 4. Promotion of Person-Centered Facility Design, using Incentives, Training, and Regulations
 5. Improvement of Consumers' Access to Key Services and Information (example: respite)
 6. Provision of Tools and Guidance to Discharge Planners to Improve Care Transitions
 7. Improvement of Transportation Access and Services
 8. Strengthened Licensure Requirements and Quality-Care Practices for Service Providers

- Public Safety *(detailed recommendations on pp. 23-24)*
 1. Dementia Training for Law Enforcement and Others that Address Abuse, Neglect, and Exploitation
 2. Tools and Assistance to Reduce Injuries Related to Wandering, Emergencies, and Driving Safety

- Outreach and Partnerships *(detailed recommendations on pp. 24-26)*
 1. Heightened Awareness and Coordinated Statewide Information Campaigns
 2. Promotion of the “Dementia Friendly” Concept and Provision of Community Training
 3. Partnerships to Maximize Resources and Access New Funding

- Resources *(detailed recommendations on pp. 26)*
 1. Establishment of Dedicated Funding for Dementia-Related Activities
 2. Monitoring of State and Federal Expenditures on Supports and Services for People with Dementia

Georgia Alzheimer's and Related Dementias State Plan

2014 Progress Highlights

■ Healthcare, Research, and Data Collection *(detailed highlights on pp. 8-9)*

Promotion of Early and Accurate Diagnosis

- ✓ \$7.2 million NIH Grant to Improve Diagnosis and Treatment
- ✓ Proposed Screening for Mental Illness and Dementia
- ✓ CME-Credit Physician Training through DPH Telemedicine/Telehealth and online physician access to training

Development and Usage of Surveillance Data

- ✓ Alzheimer's Disease Registry Development
- ✓ Request for BRFSS Cognitive Impairment Data
- ✓ Co-Morbidities on Georgia Death Certificate

Support for People with Dementia and their Caregivers

- ✓ Use of Evidence-Based Screening, Education, and Support Programs for Informal Caregivers
- ✓ Grant Award for Evidence-Based Training for Family Caregivers and Direct-Care Workers
- ✓ Caregiver Workshops about Dementia

■ Workforce Development *(detailed highlights on p. 10)*

Workforce Training on Dementia and Related Resources

- ✓ Virtual Dementia Tour Training
- ✓ Cross-Training on Older Adults and Behavioral Health
- ✓ CME-Credit Physician Training through DPH Telemedicine/Telehealth and online physician access to training

Workforce Retention Planning for Direct-Care Workers and Geriatric Healthcare Providers

- ✓ Direct-Care Workforce Development Coalition
- ✓ Online Training in Nursing Homes

■ Service Delivery *(detailed highlights on p. 11)*

Adoption of Person-Centered Practices in Long-Term Care Facilities

- ✓ Training in Reducing Antipsychotic Medication Usage

Strengthened Licensure Requirements and Quality-Care Practices for Service Providers

- ✓ Addressing Unlicensed Personal Care Homes
- ✓ Quality-Improvement Tools for Nursing Homes
- ✓ Quality-Improvement Monitoring for Nursing Homes
- ✓ Funding and Oversight for Licensing Adult Day Care

See Public Safety, Outreach and Partnership, and Resources on the page that follows.

2014 Progress Highlights, continued

■ Public Safety *(detailed highlights on p. 12)*

Dementia Training for Law Enforcement and Others who Address Abuse, Neglect, and Exploitation

- ✓ Emergency Relocation of Abused Adults
- ✓ Georgia Abuse, Neglect, and Exploitation Model Protocol
- ✓ Dementia-Specific Law Enforcement Training

Tools and Assistance to Reduce Injuries Related to Wandering, Emergencies, and Auto Accidents

- ✓ Abuse, Neglect, and Exploitation (ANE) App for Healthcare Professionals
- ✓ Professional Driving Assessments for People with Early-Stage Dementia

■ Outreach & Partnerships *(detailed highlights on p. 13)*

Heightened Awareness and Coordinated Statewide Information Campaigns

- ✓ New Online Dementia Resources
- ✓ Community Conversations Series on Alzheimer's Disease
- ✓ Conference Presentations about the State Plan Goals
- ✓ *Also see Caregiver Workshops about Dementia under "Healthcare, Research, and Data Collection."*

Promotion of the "Dementia Friendly" Concept and Provision of Community Training

- ✓ Interfaith Education on Creating Dementia-Friendly Congregations
- ✓ Dementia Training for United Methodist Clergy
- ✓ Congregational Education on African Americans and Alzheimer's Disease

■ Resources *(detailed highlights on p. 14)*

Monitoring of State and Federal Expenditures on Supports and Services for People with Dementia

- ✓ Establishment of Baselines to Track state Spending on Dementia

Georgia Alzheimer's and Related Dementias State Plan

2014 Progress Highlights

Healthcare, Research, and Data Collection

2014 Progress Highlights

Promotion of Early and Accurate Diagnosis

■ **\$7.2 million NIH Grant to Improve Diagnosis and Treatment**

“The Alzheimer’s Disease Research Center at Emory University has been awarded a five year, \$7.2 million grant from the National Institute on Aging, part of the National Institutes of Health, to discover proteins altered by Alzheimer’s, in an effort to identify new therapeutic targets. The project is part of research driven by the National Alzheimer’s Project Act, which called for accelerating research efforts to identify the earliest stages of Alzheimer’s disease and to develop and test targets for intervention.” (NIH Press Release Excerpt)

■ **Proposed Screening for Mental Illness and Dementia**

The Fuqua Center for Late-Life Depression at Emory University and the Atlanta Alzheimer’s Disease Research Center are proposing screening for mental illness and dementia. They will collaborate on the Access to Care project with the Georgia DHS Division of Aging Services.

■ **Physician Training through DPH Telemedicine/Telehealth**

The Georgia Department of Public Health and the Alzheimer’s Association are collaborating on the use of distance-learning tools to educate physicians about dementia diagnoses. The partners will distribute information through the Medical Association of Georgia, the Academy of Family Physicians, the Composite Medical Board, and other physicians groups throughout Georgia. CMEs will be available.

Development and Usage of Surveillance Data

■ **Alzheimer’s Disease Registry Development**

The Georgia Department of Public Health is working with state and national experts to establish an Alzheimer’s Disease Registry, as authorized in Senate Bill 292. The registry will feature anonymous data that will help researchers, state planners, and others identify trends, geographic distribution, and other factors that describe dementia’s impact on Georgia. The resulting information will enable state leaders to conduct more targeted research and strategically channel funds to areas that are most in need of services.

■ **Request for BRFSS Cognitive Impairment Data**

The Georgia DHS Division of Aging Services requested cognitive impairment data from the Centers for Disease Control’s Behavioral Risk Factor Surveillance System (BRFSS), the world’s largest, on-going telephone health survey system” (CDC). The Division of Aging Services requested the data in collaboration with the Georgia Department of Public Health and the Alzheimer’s Association, Georgia Chapter. BRFSS data helps states develop more effective, targeted health education campaigns. Georgia is currently using BRFSS 2011 and 2012 Cognitive Data made available through funding provided by the Alzheimer’s Association, Georgia Chapter.

■ **Co-Morbidities on Georgia Death Certificate**

The Georgia Department of Public Health added co-morbidities to Georgia death certificate and is training physicians to complete additional required fields. The certificates enable physicians to list, not only a cause of death, but also other conditions that a deceased individual may have at the time of death.

Support for People with Dementia and their Caregivers

■ **Use of Evidence-Based Screening, Education, and Support Programs for Informal Caregivers**

Support for People with Dementia and their Caregivers, continued

Use of Evidence-Based Screening, Education, and Support Programs for Informal Caregivers, continued

- The Rosalynn Carter Institute launched Care Consultation, the REACH (Resources for Enhancing Alzheimer's Caregivers' Health) program, and other initiatives to address the needs of persons with dementia and their caregivers.
- The Emory Alzheimer's Disease and Research Center developed and continues to administer the Savvy Caregiver program, which is exclusively for caregivers of persons with dementia, with a federal grant supporting a Tele-Savvy Caregiver adaptation of the program to reach rural Georgians and others remotely to extend the net.
- The Legacy Link in the Georgia Mountains region and other Georgia Area Agencies on Aging are successfully using the Tailored Caregiver Assessment and Referral tool (TCARE) to identify the services needed by community caregivers. Developed by the University of Wisconsin-Milwaukee, TCARE helps healthcare workers gather information to effectively serve caregivers' needs.

■ Grant Award for Evidence-Based Training for Family Caregivers and Direct-Care Workers

- The U.S. Administration on Community Living (ACL) awarded Georgia Southwestern's Rosalynn Carter Institute for Caregiving (RCI) a \$962,000 grant to help close gaps and strengthen services in Georgia's dementia-capable system. RCI will use the grant to provide evidence-based training for paid and informal caregivers. Components include the development of a "Dealing with Dementia Behaviors" manual and training curriculum, family-centered training for Area Agency on Aging and home health care staff, and training for informal caregivers through CARENET and other avenues.

■ Caregiver Workshops about Dementia

- The Alzheimer's Association presented community workshops and support group meetings across the state through its network of Georgia Chapter offices.
- Have a Good Life presented a "Family Caregiver Crash Course" with Dementia 101.

Workforce Development

2014 Progress Highlights

Workforce Training on Dementia and Related Resources

■ **Virtual Dementia Tour Training**

“The nonprofit Second Wind Dreams trained an additional 40 facilitators to conduct the Virtual Dementia Tour in Georgia this year. This has resulted in thousands of Health Care professionals and hundreds of people in the general public receiving sensitivity training on dementia.” Second Wind Dreams conducted follow-up to ensure that participants experienced a lasting change in attitudes toward people with dementia and that they had learned to develop programs that would be more sensitive to those needs. Research results are available.

■ **Cross-Training on Older Adults and Behavioral Health**

Emory University’s Fuqua Center for Late-Life Depression launched collaborations with two state agencies to cross-train staff, a move that creates a more seamless system of care for older adults with behavioral health conditions. The Fuqua Center, the Georgia Division of Aging Services, and the Georgia Department of Behavioral Health and Developmental Disabilities are training aging and mental health practitioners about the unique needs of the population, services available, and promising practices.

■ **Physician Training through DPH Telemedicine/Telehealth**

See the entry under “Healthcare, Research, and Data Collection.”

Workforce Retention Planning for Direct-Care Workers and Geriatric Healthcare Providers

■ **Direct-Care Workforce Development Coalition**

The Georgia Gerontology Society (GGS) featured a session called “Envisioning the Future of the Direct Care Workforce,” at its July 2014 conference. Panelists from Georgia State University, Emory University, the Rosalynn Carter Institute for Caregiving, and the Division of Aging Services plan to form a coalition with other stakeholders and will collaborate closely with the Georgia Alzheimer’s and Related Dementias Council on workforce development initiatives.

■ **Online Training in Nursing Homes**

The Georgia Medical Care Foundation (GMCF) applied for a grant to provide online training to nursing home staff on a variety of key topics.

Service Delivery

2014 Progress Highlights

■ Adoption of Person-Centered Practices in Long-Term Care Facilities

■ Training in Reducing Antipsychotic Medication Usage

The Alliant Georgia Medical Care Foundation (GMCF) assisted with the Georgia Health Care Association's (GHCA) Direct Caregiver Antipsychotic Reduction Training Program to provide Georgia's nursing facilities with best practices for reducing antipsychotic medication usage and promoting alternative approaches to medications. Specific training was provided regarding CMS' Hand-in-Hand Toolkit. This "train-the-trainer" program was provided to any interdisciplinary direct caregiver, including RNs, LPNs, CNAs, Social and Activity Professionals, and Education Directors. The three-hour training was held in eight different locations throughout the state, for a total of 20 different sessions. Sessions were initially led by Karen Stoebe and Sonja Barsness, developers of the product. This was the first time the writers had provided training focused on a train-the-trainer platform to be rolled out across an entire state.

The nursing homes that participated in the pilot experienced a 34% decrease in antipsychotic usage, and Georgia's nursing homes overall experienced a 26% reduction, making this state one of the nation's most notable success stories in antipsychotics reduction.

■ Strengthened Licensure Requirements and Quality-Care Practices for Service Providers

■ Addressing Unlicensed Care Homes

The Georgia Department of Community Health's Healthcare Facility Regulation (HFR) division is working with Georgia Division of Aging Services, the Georgia Bureau of Investigation, and other partners to address the problem of unlicensed personal care homes and to move residents into safe environments. The group has developed protocol for managing At-Risk Adults Response Teams. See the Public Safety section for additional updates related to the emergency relocation of abused adults.

■ Quality-Improvement Tools for Nursing Homes

The Alliant Georgia Medical Care Foundation and the Georgia Health Care Association are co-conveners of Georgia's LANE (a Local Area Network for Excellence). As one of 53 LANES in the U.S., Georgia's coalition encourages nursing homes to use the free tools and resources available on the website for Advancing Excellence in America's Nursing Homes. The website's quality-improvement tools relate to nine specific goals, including consistent assignment, person-centered care, staff stability, hospitalizations, and medications.

■ Quality-Improvement Monitoring for Nursing Homes

As Georgia's Quality Improvement Organization for Georgia's nursing homes, Alliant Georgia Medical Care Foundation will continue to work with nursing homes on quality improvement, with a focus on reducing healthcare-acquired conditions (HAC) among residents. Areas for improvement include increasing mobility among long-stay nursing home residents, decreasing the use of unnecessary antipsychotic medication, and developing community-specific measures to reduce avoidable hospital admissions and readmissions. Composite scores used to measure nursing home improvement are composed of 11 quality measures and two vaccine measures.

■ Funding and Oversight for Licensing Adult Day Care

Enabling legislation for the licensure of Georgia adult day centers first appeared in 2003; however, lack of funding prevented the State from providing full oversight and licensure activities. In 2014, the Georgia General Assembly appropriated funds that will enable the Georgia Department of Community Health to fill this role.

Public Safety

2014 Progress Highlights

■ Dementia Training for Law Enforcement and Others who Address Abuse, Neglect, and Exploitation

■ Emergency Relocation of Abused Adults

Senate Resolution 828 created the Joint Study Committee for the Emergency Relocation of Abused Adults. The group's purpose is to examine the resources, protocols, and multidisciplinary staffing needed to relocate residents moved from residential facilities that are closed due to substandard and abuse situations. The Committee, which is co-chaired by Senator Renee Underman and Representative Tommy Benton, receives administrative staff support from the Georgia Division of Aging Services.

■ Georgia Abuse, Neglect, and Exploitation Model Protocol

State agencies and bureaus finalized a Georgia Abuse, Neglect, and Exploitation Model Protocol to address how Georgia's law enforcement agencies, the legal community, and other stakeholders can most effectively meet the needs of at-risk adults. The protocol includes information and language related to adults with cognitive impairments.

■ Dementia-Specific Law Enforcement Training

- The Alzheimer's Association continued to provide ongoing dementia-specific training to law enforcement. It continues to work hand-in-hand with law enforcement on the resolution of Mattie's Call cases across the state.
- The DHS Division of Aging Services provided additional At-Risk Adult Crime Tactics (ACT) training to law enforcement, with a focus on the needs of older adults and people with disabilities.

■ Tools and Assistance to Reduce Injuries Related to Wandering, Emergencies, and Auto Accidents

■ Abuse, Neglect, and Exploitation (ANE) App for Healthcare Professionals

The Georgia Division of Aging Services is developing an Abuse, Neglect, and Exploitation (ANE) App that will improve efforts to locate missing vulnerable adults; stay abreast of scam warnings; more accurately identify and respond to abuse, neglect, and exploitation; and relocate vulnerable adults in emergencies. The app makes basic information available to the general public, such as contact numbers for related agencies and an overview of ANE laws. Healthcare professionals will have password-protected access to sets of screening questions, Mattie's Call alerts for missing vulnerable adults, and more.

■ Professional Driving Assessments for People with Early-Stage Dementia

The Georgia Division of Aging Services is seeking sponsors and grants to make professional driving assessments available at a greatly reduced rate to a limited number of individuals with early-stage dementia. Georgia State University evaluated an earlier pilot and determined that the program promoted road safety. The Alzheimer's Association is a collaborative partner.

Outreach & Partnerships

2014 Progress Highlights

■ Heightened Awareness and Coordinated Statewide Information Campaigns

■ **New Online Dementia Resources**

The Georgia Division of Aging Services, the Georgia Department of Public Health, and the Georgia Department of Community Health established and expanded web pages featuring dementia resources.

■ **Community Conversations Series on Alzheimer's Disease**

Stakeholders held a series of three meetings to discuss how to improve outcomes for people with Alzheimer's Disease, with a focus on advancing early detection and diagnosis. In Georgia, the Community Conversations series is a collaboration of the Georgia Gerontology Society, the Alzheimer's Association, and the Georgia Division of Aging Services. The national program is made possible through the Eli Lilly Company.

■ **Conference Presentations about State Plan Goals**

Members and advisors of the Georgia Alzheimer's and Related Dementias Council made presentations about the state plan at many 2014 national and state conferences, including the 2nd Annual Dementia Action Alliance Thought Leaders' Summit and the Georgia Gerontology Society Conference.

■ **Caregiver Workshops about Dementia**

- The Alzheimer's Association presented community workshops and support group meetings across the state through its network of Georgia Chapter offices.
- Have a Good Life presented a "Family Caregiver Crash Course" with Dementia 101.

■ Promotion of the "Dementia Friendly" Concept and Provision of Community Training

■ **Interfaith Education on Creating Dementia-Friendly Congregations**

A coalition of Georgia organizations hosted "Creating Dementia-Friendly Congregations: How Faith-Based Communities Can Be Champions of Change," the first of many training and discussion events on how clergy, staff, and volunteers of faith-based organizations can become more dementia-inclusive. The organizers include Have a Good Life, Inc., Jewish Family and Career Services and Avive Older Adult Services, LeadingAge Georgia, and other partners.

■ **Dementia Training for United Methodist Clergy**

The North Georgia Conference of the United Methodist Church hosted its first Clergy Dementia training, led by the director of Grace Arbor, a faith-based congregational respite program developed by Lawrenceville First United Methodist Church.

■ **Congregational Education on African Americans and Alzheimer's Disease**

The Emory Alzheimer's Disease Research Center raises awareness about dementia among congregations in Southwest Atlanta. As noted by the Alzheimer's Association, African-Americans are "two times more likely to develop late-onset disease than whites and are less likely to have a diagnosis of their condition."

Resources

2014 Progress Highlights

■ Monitoring of State and Federal Expenditures on Supports and Services for People with Dementia

■ Establishment of Baselines to Track State Spending on Dementia

The Georgia Department of Community Health and the Georgia DHS Division of Aging Services identified expenditures and established 2014 baseline data to track spending levels on an annual statewide basis. Baseline data is listed below.

Georgia Department of Human Services, Division of Aging Services

Cost by Service for Clients with Alzheimer's Diagnosis

Represents Non-Medicaid Home- and Community-Based Services (HCBS)

SFY 2014 Expenditures - Total Cost: \$2,295,948.17

Georgia Department of Community Health

Medicaid Members with a Dementia-Related Diagnosis by Category of Service

Utilization & Expenditures, SFY 2014

Represents Long-Term Care/Nursing Facility, HCBS Waivers, and Acute Medical Care

SFY 2014 Expenditures - Grand Total Net Payment: \$229,043,577.81

Georgia Alzheimer's and Related Dementias State Plan

Plan Recommendations

Healthcare, Research, and Data Collection

Plan Recommendations

(HRD 1) GOAL: Ensure the early and accurate diagnosis of dementia. Early diagnosis improves accuracy and treatment effectiveness while also enabling individuals to plan for care needs and financial considerations in advance.

STRATEGIES TO ACHIEVE THIS GOAL:

- De-stigmatize dementia and encourage individuals to explore concerns about memory problems with their physicians.
- Identify and promote culturally appropriate strategies designed to increase public awareness about dementia.
- Educate physicians and other healthcare providers about the importance of early, accurate diagnosis and provide appropriate tools and training.
- Recognize cognition as a "vital sign" and assess all Medicare patients during the Annual Wellness Visit under Medicare.
- Promote the NIA-designated Emory University Alzheimer's Disease Research Centers as the key referral source for community physicians to support diagnosis and management of complex cases.

(HRD 2) GOAL: Use surveillance data to enhance awareness and action in public health programming and state planning. Surveillance is the ongoing analysis and interpretation of health data. Incorporating cognitive impairment and caregiver surveillance data into all State agency work, particularly state planning for public health, aging services and community health, will aid in the development of research, policy, and regional service plans for individuals with ADRD.

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop a plan to have the diagnosis of dementia routinely recorded in medical records.
- Develop a plan for high-risk populations such as persons with mental illness and developmental disabilities to be screened for dementia and, when diagnosed, to have the diagnosis is routinely recorded in medical records.
- Implement a State Alzheimer's Disease and Related Disorders Registry to be housed in the Department of Public health.
- In alternating years, utilize the Behavioral Risk Factor Surveillance System's (BRFSS) Cognitive Impairment and Caregiver Modules.
- Link BRFSS data with health related outcome and/or quality measures.
- Provide surveillance data to state agencies, regional commissions and other planning agencies to encourage communities and agencies to adequately plan on ADRD growth.
- Add comorbidities to the death certificate to better enable tracking of dementia incidence.

(HRD 3) GOAL: Recognize Alzheimer's as a chronic disease, and develop a public awareness and education campaign that will promote a healthy lifestyle which may reduce the risk of Alzheimer's and related dementias as well as promote early, accurate diagnosis.

STRATEGIES TO ACHIEVE THIS GOAL:

- Provide public health awareness, education and resource information through the Georgia Department of Public Health and other agencies, with website information and media releases.
- Pursue public, private, corporate and philanthropic funding for broad-based statewide educational campaigns.
- Promote positive images of people living with dementia and their caregivers to combat stigma
- Partner with secondary and post-secondary educational institutions to infuse ADRD throughout health-related curricula.
- Identify and promote strategies designed to increase awareness about dementia, reduce conflicting messages, decrease stigma, and promote early diagnosis.
- Coordinate efforts to disseminate evidence-based messages about risk reduction for preserving cognitive health.

- Ensure that local Aging and Disability Resource Centers as well as Area Agencies on Aging are aware of and promote existing training and informational materials available to family caregivers, especially those located in rural areas.
- Integrate Alzheimer's and related dementias awareness training into existing heart, stroke, and diabetes education programs as the risk factors are interconnected – via managing the numbers (blood pressure, pulse, cholesterol, and blood sugar) Integrate into the training that what is good for the heart is good for the brain.
- Adopt the 16 action items from *The Healthy Brain Initiative Road Map* that are relevant to immediate implementation to assist states in becoming dementia-capable.

(HRD 4) GOAL: Improve the care and health outcomes of people with Alzheimer's disease and related dementia and their families. Families currently provide the majority of care for people with dementia. Ensuring that both the person with dementia and the caregiver are adequately supported is essential to ensure adequate resources are in place statewide to meet the growing needs.

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop protocols and a corresponding training module to help ensure professionals recognize the role of care partners in the care coordination of persons with dementia.
- Increase awareness among healthcare professionals about care partner health and its importance in maintaining the health and safety of the person with dementia.
- Develop and implement quality standards for dementia care in state-funded services such as Medicaid State Plan services, HCBS waivers, personal care, and nursing homes.
- Require that all State contracts providing services to older adults, including those with developmental disabilities and/or mental illness and comorbid dementia, include quality measures specific to dementia-capable care.
- Review HCBS Waivers and modify as necessary to provide person-centered care to people with dementia as well as to expand caregiver support services to family members providing care to people with dementia.
- Evaluate the cost and feasibility of developing state and/or federally funded caregiver support programs for caregivers who do not currently qualify for Medicaid services.
- Provide care coordination to people with dementia and their caregivers upon diagnosis to improve access to information on options and resources.
- Establish Quality Care measures with system benchmarks for facility- and community-based care for persons with Alzheimer's disease and other dementias.
- Identify and promote wide use of evidence-based practices through the development of an Evidence-Based Practice Guide specific to Alzheimer's care.

Workforce Development Plan Recommendations

(WD 1) GOAL: Determine the size, competency, and capacity of the existing workforce. The Georgia Alzheimer's and Related Dementias Advisory Council shall request and analyze workforce data to make recommendations to the Office of Workforce Development, the Departments of Public Health and Community Health, the Department of Behavioral Health and Developmental Disabilities, the Division of Aging Services, and the legislature regarding workforce policies to attract and train qualified individuals.

STRATEGIES TO ACHIEVE THIS GOAL:

- The Chair of the GARD Advisory Council shall convene a Healthcare Workforce Work group which shall:
 - Survey professionals, utilizing information on licensed professionals from the Secretary of State's office, the Georgia Board for Physician Workforce, and other entities as necessary.
 - Coordinate with the Georgia Alliance of Direct Support Professionals (or another direct-care worker association) to assist in assessing the size of the direct-care workforce.
 - Collaborate with professional associations related to the non-licensed professional workforce to determine the prevalence of this workforce in Georgia (i.e. the American Geriatric Society).

- Explore and initiate recruitment plans for the direct-care and healthcare provider workforce focused on geriatric care.
- Determine the geographic distribution of the workforce, focusing on rural and urban and other aspects of distribution.
- Determine the demographics of this workforce, looking at age, sex, national origin/ethnicity, languages spoken, and other relevant demographics.
- Project the future supply of the workforce and estimate future shortages or surpluses.

(WD 2) GOAL: Develop a dementia-capable, culturally competent workforce. In becoming a dementia capable state, the existing and future long-term services and supports workforce, as well as individuals across the health care continuum, would benefit from education and training in Alzheimer’s disease and related disorders. As Georgia continues to develop a no-wrong-door entry into long-term supports and services, agencies must ensure that the staff are competent in dementia-care skills and knowledgeable about the resources and services necessary to help support people with Alzheimer’s disease and related disorders.

STRATEGIES TO ACHIEVE THIS GOAL:

- Encourage state agencies to develop hiring strategies to ensure they have the appropriate expertise in cognitive health and impairment related to research and best practices.
- Develop and implement an evidence-based training curriculum and implementation strategies for targeted audiences (e.g., Department of Behavioral Health and Developmental Disabilities, Office of the State Inspector General, Georgia Bureau of Investigation).
- Require training for all state staff associated with any of the Medicaid and Non-Medicaid home and community based waivers, as well as training for primary and secondary contract staff who have a primary role of interacting with older adults, their family or caregivers.
- Support voluntary certification, licensure, and degree programs that encourage working with older adults and persons with Alzheimer’s disease and related dementias.
- Infuse a basic level of information on older adults, aging and dementia in all health-related fields that require licensing and certification.
- Partner with licensing boards to cultivate continuing education on aging and chronic disease topics including Alzheimer’s disease and related dementias for health and allied healthcare providers.
- In partnership with the State Plan Task Force member agencies and academic institutions, create an open-source web-based basic training curriculum for entities and individuals desiring to provide dementia-capable services (skilled nursing, adult day health, home care, hospital, personal care home). Create electronic system of verifying and tracking basic certification.
- Create and/or support continuing education efforts that improve healthcare providers’ ability to recognize early signs of dementia.
- Dementia care management competencies must be developed and taught in medical schools, academic health centers and allied health professional education and also extended to the full range of helping professions, include those working in the aging services network.

(WD 3) GOAL: Develop a direct-care workforce education and training curriculum. Develop and implement a career and training model for Georgia’s direct-care workforce. Use the input of a broad-based partner team which should include representatives from, but not be limited to: aging and adult services; healthcare facility regulation; community/technical colleges; career, technical and agricultural education in high schools; disability advocates; consumer direction groups; aging advocates; provider associations (e.g., home and hospice care, assisted living, affordable and public housing, healthcare facilities); Department of Labor; universities, the Alzheimer’s Association, faith-based groups, and consumers.

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop 30-60 hour competency-based, dementia-specific core training or standardized training across the direct-care workforce, regardless of setting.
- Provide an introduction to direct-care work and “on-ramping” for new entrants, unemployed workers and individuals receiving unemployment or other state assistance. The use of resources embedded into community colleges can leverage State or Workforce Investment Act funds or unemployment-related dollars. Provide tuition waivers for low-income new entrants.
- Develop sustainable delivery systems, including community/technical colleges and high school allied health career/technical programs.

- Collaborate with the Office of Workforce Development to identify resources potentially available to provide support for vulnerable workers through the provision of services such as case management, career counseling and/or educational planning services, and partnerships with Head Start or other support services for transportation and childcare.
- Recognize agencies and/or organizations which work toward enhancing the wages of the direct-care work force, the professionalization of direct-care workers; effective coaching; the promotion of direct-care workers' vital role in interdisciplinary teams; and the effective engagement of direct-care workers in care transitions and health IT.
- Develop residencies or fellowships for the training of geriatric psychiatrists, geriatricians, and other geriatric specialists.
- Develop a specific track on dementia and dementia-related diseases for medical students and residents.
- Evaluate the feasibility of a "Bucks for Brains" program to recruit and train geriatric psychiatrists, geriatricians, and other geriatric specialists.
- Universities and colleges throughout Georgia, including public entities governed by the Board of Regents and the Technical College System of Georgia, should evaluate existing social, health and allied health curriculums to ensure adequate basic information is provided on an aging population and Alzheimer's disease and related dementias.

(WD 4) GOAL: Encourage dementia-specific training for ER, first responders, and Protective Services. Encourage dementia-specific training as part of yearly in-service training for emergency personnel (e.g., firefighters, emergency medical technicians, behavioral health crisis and access telephone line and mobile assessment personnel, and police officers) as well as support personnel, including Public Guardianship and Adult Protective Services.

STRATEGIES TO ACHIEVE THIS GOAL:

- Work with affiliated statewide associations on the development of dementia-specific training for emergency room staff, including nurses, physicians and related professionals such as radiologists.
- Increase training for state Adult Protective Services workers on Alzheimer's disease and related dementias.
- Partner with the Georgia Hospital Association and the Medical Association of Georgia to develop protocols for emergency care of persons with dementia.
- Develop emergency-room specific protocols on appropriate treatment of those with dementia – including behavior management strategies.
- Ensure that these emergency providers understand the role and partnership of the care partner in the emergency care of the person with dementia.

(WD 5) GOAL: Develop a workforce retention group. In collaboration with the Office of Workforce Development, convene a Geriatric Workforce Retention Group to explore and initiate retention plans for the direct-care and healthcare provider workforce focused on geriatric care.

STRATEGIES TO ACHIEVE THIS GOAL:

- Potential members for the primary group and sub-groups include:
 - Care Facilities: representatives of nursing homes and assisted living facilities
 - Direct Care Workers: representatives of nurses, certified nursing assistants, and home care organization staff members
 - Medical Professions: physicians, medical assistants, allied health providers
 - Government: the Department of Labor, the Governor's Office of Workforce Development, the DHS Division of Aging Services, Area Agencies on Aging, Centers for Medicare and Medicaid Services, etc.
 - Patients and Caregivers: patient advocates, family caregivers, and community-based or faith-based organizations
 - Recruiters: Staffing agencies and others that recruit workers.
- Evaluate opportunities for advanced training in geriatrics, dementia, behavioral health, and related topics.

- Evaluate the feasibility of private/public payers' provision of enhanced reimbursement for practitioners (direct and professional) who have advanced training in relevant subject matter.
- Examine the current work environment (respect of other employees and supervisors, hours, patient load, pay, benefits, and safety measures).
- Develop strategies to improve care and communication among workers, patients, and family caregivers.

Service Delivery

Plan Recommendations

(SD 1) GOAL: Assess statewide capacity on a regional basis. Evaluate access and capacity in regions throughout the state, especially in regard to issues of proximity and parity in urban versus rural areas. Develop a person-centered system that provides dependable, high-quality, and affordable services for individuals with Alzheimer's and related dementias throughout the entire state of Georgia.

STRATEGIES TO ACHIEVE THIS GOAL:

- Establish criteria which define an effective Alzheimer's/related dementias service delivery system, using other state plans as models, and compile a comprehensive statewide catalogue and assessment of Georgia's current service delivery which measures the current system against the proposed established criteria. Funding is necessary to conduct the assessment.
- Make specific recommendations to address gaps in service delivery based on findings.
- Assign/procure dedicated staff persons or consultants to develop and conduct the assessment.
- Analyze the assessment of gaps in service.
- Identify potential recommendations from other states' plans for consideration (including recommendations that could be implemented prior to completion of the assessment). Resources needed include technical and financial resources to analyze the assessment and implement recommendations. Note that recommendations cannot be made until baseline criteria are established and an assessment of current service delivery system is completed.
- Identify best practices for the care of persons with serious mental illness (SMI) and developmental disabilities and comorbid dementia.
- Raise awareness that individuals with younger-onset Alzheimer's need services targeted to their specific needs.
- Recognize self-determination. Distinguish between younger-onset and early-stage Alzheimer's and recognize that early-stage individuals still have much that they can contribute and control in their lives and should be allowed to be as independent as possible until the disease robs them of their ability to do so.

(SD 2) GOAL: Train professionals, caregivers, and volunteers in person-centered care. Provide training to family caregivers, proxy caregivers, nursing home staff, assisted living staff, and others who interact with individuals who have dementia. Train those who provide care for people with dementia to use person-centered practices to interact with them in ways that honor and support their individual personhood, recognizing that each person has his or her own preferences, needs, interests, personality, and history.

STRATEGIES TO ACHIEVE THIS GOAL:

- Work with professional licensing and certification entities to require dementia-specific training* in relevant licensing, certification, and continuing education initiatives for health care providers, including, but not limited to, nurses, certified nursing assistants, physicians not specializing in geriatrics, emergency room staff, emergency medical technicians, rehabilitation therapists, dentists, clergy and chaplains, etc.

** Dementia-specific training should include the diagnostic process, progression of the disease, communication skills, understanding and guiding behaviors, (non-pharmacological management interventions and medication management), the importance of understanding person-centered care as it pertains to nutrition and dining information, activities, and daily life skills. This model will also include the effective communication with and understanding of the stress of the family caregiver.*

- Train facility staff to view behavioral “problems” as *behavioral expressions* that are a way for a person with dementia to communicate. Train care providers to identify the root cause of behavioral expression and then address the cause through an individualized approach focusing on the strengths and preferences of the individual, one that may incorporate social interaction, music, pets, solitude, spiritual practices, beneficial touch such as massage, and awareness of lighting and noise.

Reference:

Dementia Initiative “Dementia Care: The Quality Chasm” (2013), Kitwood, 1997

- For the family caregiver, offer accessible training* to include an understanding of the disease, its progression, and how it affects thinking and behavior; strategies for effective communication and behavior guidance; information about available resources and services; treatment; strategies for self-care; and the management of caregiver stress.

**Accessible Training should take advantage of a variety of available delivery mechanisms such as free or low-cost online e-learning modules and local group training available through the Alzheimer’s Association, the Emory Alzheimer’s Disease Research Center, Area Agencies on Aging, health departments, and the Rosalyn Carter Institute for Caregiving. Training includes specific programs such as Savvy Caregiver and Powerful Tools for Caregivers classes.*

- For volunteers working in settings that involve interaction with people with dementia, appropriate training* should be readily available and promoted. These volunteers could include those involved with Meals on Wheels, day centers, senior centers, faith-based programs, long-term care facilities, or hospitals.

**Appropriate training should include an understanding of the disease, its progression and how it affects thinking and behavior; strategies for effective communication and behavior guidance; the recognition of caregiver stress; and alterations in behavior that may require expert attention. A model volunteer training curriculum may be developed by the Alzheimer’s Association.*

(SD 3) GOAL: Research and adopt person-centered best practices in facility type and scale. Provide person-centered service at home and in small home-like facilities that are integrated into the community.

STRATEGIES TO ACHIEVE THIS GOAL:

- Allow for state dollars to fund long-term care options other than skilled nursing homes.
- Create incentives for providing services to those with dementia that increase access and improve quality, according to national best practices. Use innovative “aging in place” homes/housing such as naturally occurring retirement communities (NORC), villages, and livable communities.
- Develop and make small-scale adult day programs more accessible by offering them through existing service providers.
- Fund a pilot to demonstrate expanded person-centered evidence-based best practices in long-term care and community-based facilities caring for individuals with dementia, specifically focused on creating small units (6 -10 residents) based on The Netherlands model.
- Explore the development of a model program for residents with severe dementia, such as De Hodeweyk, an innovative dementia-care village in the Netherlands.
- Utilize approaches used by the disability community in their approach to person-first / person-centered care.

(SD 4) GOAL: Promote the use of person-centered facility design. Use incentives, training, and regulations to ensure that environments that serve individuals with dementia will incorporate the best evidence-based practices and design features.

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop regulations, grants, waiver protocols or other financial incentives to invite the development of new approaches to facility design. Such approaches should reflect evidence-based practices which support person-centered care and show promise for improving the quality of life.
- Create policy within facilities that serve people with dementia to enforce best practice in design, color, texture, lighting, air change ratio, and sound, thereby promoting the safety, security, and management of persons with dementia.
- Educate architects and engineers about the impact of architecture and engineering, reflected through design, color, texture, lighting, air change ratio, and sound, on the safety, security, and management of persons with dementia. Educate these professionals through pre-service and in-service training.

(SD 5) GOAL: Improve consumers' access to needed services and information. Address information and key services such as respite. Facilitate the use of technology.

STRATEGIES TO ACHIEVE THIS GOAL:

- Determine what resources are available and what barriers exist to accessing the resources.
- Develop a service delivery directory, electronic or otherwise. Enhance the existing directory available through the Georgia Association of Area Agencies on Aging. Allocate funding for the creation and ongoing management and maintenance of this database.
- Provide funding and implement innovative models to increase caregivers' access to respite that is provided through in-home respite providers, adult day services organizations, volunteer-based respite programs, and other sources. Respite relieves the caregivers of care duties for a specified period of time and may include support services such as home-delivered meals.
- Use assistive technology to provide services and training in care and safety to help both persons with dementia and their caregivers.
 - Research current and upcoming technology options being utilized for dementia.
 - Create a Resource Guide for Adaptive Technology. The guide should be available electronically.
 - Provide increased access to safety monitoring and support for caregivers.

(SD 6) GOAL: Improve care transitions of persons with dementia by providing guidance and tools for discharge planners.

STRATEGIES TO ACHIEVE THIS GOAL:

- Assure that an appropriate discharge plan is developed for each patient being discharged from a hospital, skilled nursing facility or emergency room. The plan should be made in collaboration with the individual and family, the physician, and the provider.
- Assure that all discharge planners in hospitals, skilled nursing facilities, and emergency rooms have access to region-specific resources, including websites and written literature.
- Ensure that discharge planners provide families with access to resource information before discharge occurs. Information should include the number for the regional Aging and Disability Resource Connection (ADRC) and the Alzheimer's Association, Georgia Chapter to assist with long-term care planning.
- Support care transitioning programs that help patients move from one healthcare setting to another.
- Identify means (payor sources, administrative policies) for obtaining neuropsychological, psychiatric, and occupational therapy evaluations needed to plan adequately for an individual's transition from an institution (hospital, skilled nursing facility) to the community.
- Conduct an evidence-based review of transitions of care models for people with Alzheimer's disease, and then pilot.

(SD 7) GOAL: Examine and respond to transportation challenges. Lack of transportation leads to social isolation and the underutilization of available services.

STRATEGIES TO ACHIEVE THIS GOAL:

- Identify agencies and organizations currently working on statewide, regional, and local transportation "best practice" plans for transportation throughout the state.

- Explore additional funding options for accessible and affordable transportation services that are dementia-capable, and improve the integration and coordination of public and social service transportation.
- Partner with the Georgia Department of Transportation to develop a plan that encompasses travel training, door-through-door services, and assisted transportation, all of which serve to foster the independence of persons with early-stage Alzheimer's and other forms of dementia.
- Explore public and private sources of funding for such supplemental transportation efforts.
- Offer incentives and training to local nonprofit providers to launch volunteer transportation programs in their communities. Give priority to providers that are familiar with this population, such as senior centers, faith-based respite programs, and adult day programs.

(SD 8) GOAL: Ensure that providers offer high-quality services to persons with dementia. Maintain effective practices for licensure and quality care measurement.

STRATEGIES TO ACHIEVE THIS GOAL:

- Fund, implement and enforce adult day services licensure in order to ensure the quality of providers. Legislation must be passed to secure funding for enforcement of licensure.
- Establish and enforce quality care measures related to personalized practices (person-centered care) for facility- and community-based care for persons with Alzheimer's disease and other dementias.

Public Safety

Plan Recommendations

(PS 1) GOAL: Ensure the safety of persons with dementia who are at risk of abuse, neglect, and/or exploitation. Provide tools and training to law enforcement and partnering community professionals and provide resources to address emergency needs.

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop a website for law enforcement and first responders which contains training modules related to dementia.
- Develop specialized regional multi-disciplinary teams to 1) respond to and investigate crimes against at-risk adults, including those with dementia, and 2) relocate victims when needed.
- Create an at-risk adult subject matter expert in each Georgia Bureau of Investigation region to focus on combating crime and providing technical assistance to local law enforcement.
- Create a network of housing options, personal support services and other needed services for at-risk adults in need of safe emergency housing due to dangerous situations, such as the absence of a caregiver, wandering, or exposure to potential abuse, neglect, and/or exploitation. The system should have an infrastructure to facilitate access to resources 24/7.
- Provide state-approved forms such as the Georgia Advance Directive for Healthcare, Physician Orders for Life Sustaining Treatment (POLST), and other documents at no cost to the consumer via public libraries, resource centers, and easily accessible websites.
- Evaluate state laws, specifically with respect to powers of attorney and Guardianship, and make recommendations which will decrease fraud, abuse, neglect, and self-neglect of persons with Alzheimer's disease and other dementias.
- Collaborate with the 12 Area Agencies on Aging, the Governor's Office of Consumer Protection, the Georgia Bureau of Investigation, the Medicaid Fraud Control Unit, the United States Department of Health and Human Services, the United States Office of the Inspector General, and the Division of Aging Services, Adult Protective Services and Senior Medicare Patrol project to educate consumers and financial professionals regarding risks, prevention, and mitigation of abuse and fraud specific to consumers with dementia.
- Partner with Adult Protective Services (APS), law enforcement, the banking and financial industry, and the court system to recognize ongoing or potential financial abuse of people with dementia, protect those at risk, and curb ongoing exploitation.

- Create a 24/7 emergency access line to APS so that law enforcement and other key community safety net agencies/organizations can reach them during the evening, weekends, and holidays.

(PS 2) GOAL: Reduce rates of injury among persons with dementia. Increase the usage of voluntary alert systems, technical assistance, tools, and regulations to prevent and avoid injury due to wandering public emergencies, auto accidents, and other occurrences that put persons with dementia at risk.

STRATEGIES TO ACHIEVE THIS GOAL:

- Encourage law enforcement to use Mattie’s Call when a person with dementia is reported missing. The public alert system is currently voluntary and is not used to its full potential.
- Engage partners to develop guidance for local emergency management agencies. Guidance should help to ensure that the needs of individuals with dementia will be met during evacuation, transportation, and sheltering during a disaster.
- Implement an educational program for medical providers to increase the use of the STEADI screening tool - Stopping Elderly Accidents, Deaths, and Injuries in medical practices. This evidence-based practice developed by the Centers for Disease Control reduces falls, driving injuries, and other accidents experienced by persons with dementia and other at-risk individuals.
- Through the Department of Public Health, engage partners to 1) determine the public safety impact of implementing gradual restrictions in driving privileges based on demonstrated driving ability and 2) determine infrastructure needed to implement the practice.
- Increase awareness of driving assessment programs in Georgia – to both physicians and families.
- Because visual acuity is not an appropriate measure of the driving ability of a person with Alzheimer’s or a related dementia, it is recommended that the Short Blessed Test * and the Rapid Paced Walk Test * be administered by the Department of Driver Services as a first screening of drivers who are diagnosed with Alzheimer’s or a related dementia.
 - The **Short Blessed Test** is a paper test from which the tester asks the driver questions. If the individual scores 6 or more on the Short Blessed Test, he or she should be referred for a full evaluation. A copy of the test can be found in the Appendix.
 - The **Rapid Paced Walk** is a timed 20-foot walk in which the participant walks 10 feet and returns as fast as possible without falling. A return walk of seven seconds or more is an indicator of greater crash risk and should prompt a referral for a full driver evaluation.
- Promote programs that (a) ensure home safety through falls prevention programs, home safety assessments, and home monitoring devices; (b) help people with dementia and their families prepare for care and services in the event of a disaster or emergency; and (c) develop employer-supported dementia caregiver training and other employer-supported programs.
- Increase safety in the community by improving the visibility and utilization of locator devices and programs such as the MedicAlert + Alzheimer’s Association Safe Return program.
- Educate caregivers on the importance of home modifications to prevent injury. (*Recommendation also noted in Outreach and Partnerships section.*)

Outreach & Partnerships

Plan Recommendations

(OP 1) GOAL: Raise public awareness about dementia. Encourage persons presenting with symptoms or whose family indicate potential cognitive impairment to seek diagnosis and treatment from a healthcare professional and to plan ahead for needed resources and care. Increase availability of information for people with dementia and their families, caregivers and professionals. Leverage the various national association and state campaigns and related materials to allow greater access to trusted public information.

STRATEGIES TO ACHIEVE THIS GOAL:

- Identify and implement culturally appropriate strategies designed to increase public awareness about dementia. Use materials developed by AARP, Area Agencies on Aging, the Alzheimer’s

Association, the Centers for Disease Control, the Georgia DHS Division of Aging Services, the Rosalynn Carter Institute and other organizations.

- Develop a marketing and media plan with a message that helps reduce stigma and fear related to dementia. Include the developmental disability community in the target population. Determine branding and implement the plan statewide.
- Promote advance care planning and advance financial planning to care partners, families, and individuals with dementia in the early stages before function declines. This population includes those with younger-onset Alzheimer's and developmental disabilities.
- Create an electronic clearinghouse of information, forms and resources for public consumption related to AD/DRD and provide appropriate linkages between all of the state health agencies to ensure citizens have access to the most up-to-date information.
- Work with national organizations, state chapters and other outreach partners to identify and disseminate culturally appropriate information through statewide promotional campaigns.
- Develop a dementia-capable website and portal to allow family members and those with early onset dementia to navigate and make healthcare decisions related to all services and care.
- Provide public health awareness, education and resource information through the Georgia Department of Public Health with website information and media releases.
- Educate caregivers on the importance of home modifications to prevent injury. (*Recommendation also noted in Public Safety section.*)

(OP 2) GOAL: Educate the public and organizations to become more “dementia-friendly.” Increase the knowledge and sensitivity levels of those in the surrounding community through training programs, resources, and volunteer-based initiatives.

STRATEGIES TO ACHIEVE THIS GOAL:

- Provide training modeled after the “Dementia Friends” program in Japan and the United Kingdom. Over four million people have been trained to be dementia friendly in Japan. Using a one-hour education program on dementia similar to Red Cross training on first aid and CPR, organizers prepare individuals, organizations, and businesses to be dementia friendly.
- Explore and create ways to make culturally sensitive, evidenced-based information and education available through existing and new programs. Incorporate education into wellness and employee assistance programs and through partnerships with organizations such as the Society for Human Resource Management.
- Develop a strategic plan that supports faith- and community-based organizations in their efforts to provide early detection, education and resources for individuals and families experiencing symptoms of memory loss and dementia. Make training programs available for all faith- and community-based organizations. Work through health ministries to identify persons in need of an assessment and to support those with dementia and their caregivers. (Note: Only physicians can make a diagnosis. “Detection” tools often available at health fairs and other events are accompanied by the caveat that the test is not definitive. If a reason for possible concern is detected, individuals are strongly encouraged to see a physician who specializes in the diagnosis of Alzheimer's and related dementias.)
- Train the community on person-centered concepts and practices in planning and service delivery.

(OP 3) GOAL: Expand Georgia's capacity to address the needs of persons with dementia through strategic partnerships and resource sharing, the leveraging of existing funding, and accessing new sources. Potential funding sources include VA benefits, Medicaid waivers, long-term care insurance, and other options.

STRATEGIES TO ACHIEVE THIS GOAL:

- Promote appropriate public and private partnerships and determine strategies to increase awareness, promote early detection and diagnosis, decrease fear and stigma, refer individuals to assistance organizations, promote brain health, leverage resources, provide education, and promote research. (Private and public partners may include, but are not limited to, major employers, the healthcare industry, chambers of commerce, state and federal government, organizations, agencies, business associations, educational institutions and non-traditional partners.)

- Develop an ongoing repository of culturally sensitive resources for use by partners. Engage organizations as repositories that are currently serving in this capacity (such as the Rosalynn Carter Institute).
- Explore funding from diverse sources to support carrying out the State Plan. Invite partners to contribute funding to support the State Plan. Seek funding through foundations and corporations.
- Create funding mechanisms to support family caregivers to keep their family member with dementia at home longer by providing reimbursement for personal care services, specialized medical supplies, and respite, for example.
- Leverage enhanced funding available through the Balancing Incentive Program to increase access to home and community based services.

Resources

Plan Recommendations

(R 1) GOAL: Establish dedicated Alzheimer’s and related dementia private funding. The Division of Aging Services is one of the few state agencies that receive a high level of public support. Each year, for every \$1 received in state and or federal funding, the Aging Services Network generates an additional \$2 in local contributions to expand services. Additionally, each year, through the Georgia Fund for Children and Elderly alone, the Division of Aging Services receives over \$150,000 in public contributions which is used to expand services for older adults. Earmarking and dedicating funds for Alzheimer’s and dementia-related activities will provide needed resources across Georgia to meet the growing demand.

STRATEGIES TO ACHIEVE THIS GOAL:

- Revise existing “tax check-off” legislation allowing the public to earmark specific, tax deductible funds to be targeted to for dementia-specific purposes (ie: research, expansion of services, advocacy, education, etc.).
- Evaluate the feasibility of a statewide healthcare tax that would be utilized to expand Medicaid services for people with dementia to provide for long-term care supports and services; the fund would be split between home and community based services and long-term care services, particularly novel, innovative services for people with ARD.

(R 2) GOAL: Monitor State and Federal Fund expenditures for long-term supports and services for people with dementia - including Medicaid, Older Americans Act and State Funds. The GARD Advisory Council shall evaluate the use of state and federal funds and make findings available to the Governor, the Legislature, the Department of Community Health, the Department of Public Health, and the Division of Aging Services. The GARD Advisory Council shall evaluate the availability and proportion of funds and make budget requests to the Governor based upon surveillance data and past expenditures.

STRATEGIES TO ACHIEVE THIS GOAL:

- The Department of Community Health and the Division of Aging Services shall submit, upon request, to the GARD Advisory Council an accounting of the funding spent on long-term care and community based care services for people with dementia by fund source and the number of people served.
- The Department of Community Health should explore various methodologies to expand home and community based waivers for people with dementia.
- The Department of Community Health should consider nursing home reimbursement and personal care home reimbursement for facilities which provide for person-centered dementia-specific services.
- The Department of Community Health should explore the expansion of provider fees for community based programs in order to draw down more federal funding.
- The Department of Community Health should facilitate the use of civil monetary penalties for improving quality care for nursing home residents with dementia.

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