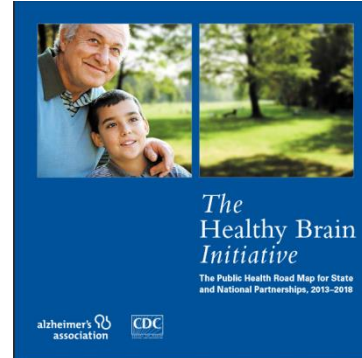


## Developing Policy and Mobilizing Partnerships

The Centers for Disease Control and Prevention’s (CDC) Healthy Aging Program, the Alzheimer’s Association and other partners, including the Association of State and Territorial Health Officials (ASTHO) created the [Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013 – 2018](#). The [document](#) outlines how public health agencies and their partners can promote cognitive functioning, address cognitive impairment for individuals living in the community, and help meet the need of care partners. Specific action items are addressed in four public health domains: 1) monitor and evaluate; 2) educate and empower the nation; 3) develop policy and mobilize partnerships; 4) and assure a competent workforce. Public health agencies and private, non-profit, and governmental partners at the national, state, and local levels are encouraged to work together on those actions that best first their mission, needs, interests, and capabilities.



This issue brief focuses on actions items within the **“develop policy and mobilize partnerships”** domain in the road map. ASTHO conducted eight hour-long interviews between February and April 2014 with state agencies and community-based organizations to identify ways in which public health can support healthy aging overall. The interviews provided information to help identify emerging trends, best practices, and lessons learned to be considered when approaching healthy aging among various populations.

### Action Items

The policy and partnership domain is committed to integrating cognitive health needs as a major consideration in strategic planning for public health efforts, chronic disease, and issues related to aging and caregiving. The domain identifies five action items for states to consider in enhancing their work around cognitive health. The following sections highlight the following action items through state examples:

- P-01: Collaborate in the development, implementation, and maintenance of state Alzheimer’s disease plans.
- P-02: Integrate cognitive health and impairment into state and local government’s plans (e.g., aging, coordinated chronic disease, preparedness, falls, and transportation plans).
- P-05: Engage national and state organizations and agencies to examine policies that may differentially impact persons with dementia, including Alzheimer’s disease.

Each state is required to develop a state plan on aging as part of the Older Americans Act, Section 307(a).<sup>1</sup> The aim is to ensure a seamless, comprehensive service system for older adults that are responsive to their needs and preferences. The following links include the state plans on aging for states covered in this issue brief: [California](#), [Georgia](#), [Louisiana](#), and [North Carolina](#). In addition to their state plans on aging, several states have developed specific state plans on Alzheimer’s disease and

**Healthy Brain Initiative Road Map P-01:** Collaborate in the development, implementation, and maintenance of state Alzheimer’s disease plans

other dementia. The [Alzheimer's Association](#) houses copies of all state plans published to date as well as state-by-state comparisons of the plans' recommendations.

## Georgia

The [Georgia Alzheimer's Disease and Related Dementias State Plan](#) serves as Georgia's first line of defense against Alzheimer's disease and related dementias and works to ensure the needs of this population are met. The plan was developed through a broad and transparent process as the task force gathered together a large stakeholder group to help inform components of the plan (a full list can be seen within their plan). Some stakeholder groups included representatives from aging network services, state government, academia, community based organizations, associations, and non-profit organizations. The advisory committee consisted of state government officials and agencies including the Chairman of the Senate Health and Human Services, Chairman of the House Health and Human Services, Chairman of the House of Human Relations and Aging, Department of Public Health Commissioner, Department of Community Health Commissioner, and the Director of the Department of Human Services Division of Aging and Services (Chairman of the State Plan Task Force). The task force broke into committees of experts, which developed separate components of the plan, including topics of marketing and public safety. The plan was recently passed by the legislature and highlights improvement of dementia prevention and treatment, community services, family support, and family awareness.

### Healthy Brain Initiative Road Map P-02:

Integrate cognitive health and impairment into state and local government's plans (e.g., aging, coordinated chronic disease, preparedness, falls, and transportation plans).

## California

The [California Wellness Plan 2014](#) (Plan) development was led by the California Department of Public Health (CDPH) with the intention of serving as an inclusive compilation of strategies and commitments from across the state focusing on: creating healthy communities, improving the quality of care, increasing access to health information, health equity, and empowering communities to create healthier environments. The existing partnership between CDPH, Alzheimer's Association, and the Department of Aging in California was vital to developing the Plan. The CDPH invited the Alzheimer's Association to nominate members to participate in the stakeholder group and provide input on what activities would be specific to older adults and their cognitive health.

Some key recommendations from CDPH in developing the Plan include: bringing together statewide stakeholders with diverse representation early on, providing information form feedback forms, assessing the current work within the state to avoid duplication, offering CMEs at meetings, utilizing electronic polling devices (to allow for quick turn-around time on ideas and immediate feedback) and allowing participants to self-select which goals their entities would be focusing and committing to.

## Louisiana

The Office of Aging and Adult Services (OAAS), part of the Louisiana Department of Health and Hospitals, is responsible for the State Alzheimer's Plan. Since the plan has been disseminated, the OAAS has overhauled primary home and community-based waivers with an expanded menu of services.

Louisiana introduced a new and improved Medicaid waiver called the [Community Choices Waiver \(CCW\)](#). The previous Elderly and Disabled (EDA) Waiver included support coordination (case management), transition intensive support coordination, transition services, personal assistance services, adult day health care service, and environmental accessibility adaptations, but was not meeting the needs of the growing older adult population in Louisiana. The CCW includes all of the services within the EDA Waiver but adds assistive devices and medical supplies, skilled maintenance therapy services (physical, occupational, and speech), nursing services, home-delivered meal services, caregiver temporary support services (respite care for family caregivers), housing stabilization services, and housing transition/crisis intervention services. Eligibility for the Community Choices Waiver includes those who meet Medicaid eligibility, are 21 years of age or older, and meet nursing facility level of care. Developing and implementing this waiver redesign brought together a group of stakeholders representing consumer groups and advocates providing input on service designations and budget limits. Louisiana’s waiver redesign serves as a model for change in helping older adult populations age in place and maintain a higher quality of life. This 1914 (c) waiver was approved in 2010 and went into effect in 2014 – 2019.

## California

The California Department of Public Health and the Alzheimer’s Association developed evidence-based quality improvement guidelines for primary care providers focused on delivering high-quality care to those diagnosed with dementia. The initial development brought together stakeholders to form the California Workgroup, a coalition representing a wide array of experts, practitioners, consumers, and researchers to review evidence about quality care. Throughout the guidelines development, dissemination, and implementation phases, the CDPH engaged stakeholders who would be integrating the guidelines in their practice. The [Guideline for Alzheimer’s Disease Management](#) was published in 2008, and is updated every five years. All the guidelines fall within one of three categories of assessment, treatment, and patient and family education and support.

**Healthy Brain Initiative Road Map P-05:**  
Engage national and state organizations and agencies to examine policies that may differentially impact persons with dementia, including Alzheimer’s disease

To improve dissemination and physician uptake, the guidelines were summarized in a [one-page](#) reference sheet that could be easily distributed and reviewed. CDPH also required that each California Alzheimer’s Disease Center use the guidelines for one year and evaluate utilization. A randomized controlled study concluded that implementation of the dementia-based guidelines lead to better health outcomes for people with dementia. The study <sup>2</sup> indicated a 30.1 percent difference in adherence of dementia care guidelines, as well as receiving higher care quality on 21 of 23 guidelines-based recommendations when comparing the intervention group to those with the usual delivery of care. Furthermore, patient health-related quality of life, overall quality of patient care, caregiving quality, social support, and level of unmet caregiving assistance needs were better for participants in the intervention group than those in the usual care group.

## Conclusion

Sustainability is highly dependent on fostering initiatives and programs in which community organizations and agencies develop ownership, and building a strong foundation is key to developing

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engaging and mutually beneficial partnerships. The broad scope of healthy aging provides public health the opportunity to leverage its multidisciplinary approach to improve population health and quality of life. Additionally, promoting healthy aging presents the opportunity for public health to assist in convening diverse stakeholders to collaborate and transform the systems of prevention and care. Working together these groups can implement the policies necessary for older adults to live and age well in their communities.

## Acknowledgements

*This brief was made possible through funding from the Centers for Disease Control and Prevention's Healthy Aging Program. ASTHO is grateful for their support. ASTHO also thanks the following organizations for their support of this initiative.*

### California

Alzheimer's Association, California Southland  
California Department of Public Health

### Louisiana

Louisiana Department of  
Health and Hospitals

### Georgia

Area Agency on Aging  
Atlanta Regional Commission

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<sup>1</sup> Older Americans Act (2006). Sec. 307 State Plan. *National Association of States United for Aging and Disabilities*. Available at [http://www.nasuad.org/documentation/tasc/Section307a\\_OAA.pdf](http://www.nasuad.org/documentation/tasc/Section307a_OAA.pdf)

<sup>2</sup> Vickrey, B et al. "The Effect of A Disease Management Intervention on Quality and Outcomes of Dementia Care." 2006. *Annals of Intern Med.* 145 (713-726).