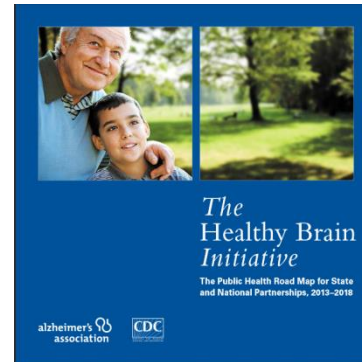


Utilizing the Healthy Brain Initiative Road Map to Improve Population Health through Monitoring and Evaluation

In 2013, CDC's Healthy Aging Program and the Alzheimer's Association published the [Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013 – 2018 \(Road Map\)](#). The Road Map outlines how public health agencies and their partners can promote optimal 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; and (4) ensure a competent workforce. Public health agencies and private, nonprofit, and governmental partners at the national, state, and local levels are encouraged to work together on the actions that best fit their mission, needs, interests, and capabilities.



ASTHO is working with states across the country with funding from CDC's Healthy Aging Program to convene partners to address the issues influencing the health of older adults. From 2014-2016, five demonstration states participated in an ASTHO Healthy Aging and Public Health Learning Community. Using the Road Map, the participating states developed action plans, identified key stakeholders, defined public health's role in healthy aging, and leveraged the strengths of public health and healthy aging to promote the health of older adults. The Georgia, Oregon, and New Mexico learning community case studies included within highlight strategies around the monitor and evaluate domain, as well as additional action items needed to support these efforts. Collecting, analyzing, and interpreting data is one of the fundamental functions of public health, and is necessary for any state working to improve the health of older adults.

GEORGIA

In 2014, the Georgia Legislature pass a [bill](#) calling for the establishment of an Alzheimer's Disease and Related Dementias (ADRD) Registry within the state Department of Public Health (GADPH). GADPH's goals for the registry include: (1) ensuring the data is usable in planning for the aging population, (2) identifying epidemiological trends, (3) bringing awareness at the state level to issues that affect healthy aging, (4) informing stakeholders for planning and future implementation needs, and (5) improving urban and rural parity.

GADPH convened external and internal stakeholder meetings to obtain feedback on potential data sources and methodology for creating an ADRD registry, timelines, and legislative expectations. Through their meetings, GADPH, the Georgia Department of Human Services' Division of Aging Services, and others in its stakeholder group worked to advance the registry.

Road Map Action Item M-02: Use surveillance data to enhance awareness and action in public health programming.

The Georgia ADRD Registry consists of data sources from hospital discharge and emergency room records and vital records. Recently, the team obtained a data sharing agreement with CMS through the Research Data Assistance Center. The ADRD registry is also accumulating data through its physician web portal, where physicians submit patient and diagnosis data. The rapid uptake of physician use of the portal was a result of large-scale physician outreach driven by stakeholder support systems. Georgia’s chapter of the Alzheimer’s Association was a key GADPH partner in this work as it worked to promote the training program [A Roadmap for Cognitive Screening for Primary Care Doctors](#), which helps physicians identify and diagnose ADRDs.

The Georgia ADRD Registry is one of three in existence, with the other two in South Carolina and West Virginia. The registry provides accessible, current information on ADRDs. GADPH will continue seeking additional funding opportunities and data sources, as well as conduct physician outreach to further enhance the registry. The first [report](#) with data from the registry is available online and is providing essential information for GADPH and other stakeholders aiming to improve the lives of older adults in Georgia.

OREGON

Recognizing the growing number of older adults living in Oregon, the Oregon Public Health Division (ORPHD) successfully integrated healthy aging within its 2015-2019 Strategic Plan. The goal is to “improve quality of life and increase years of healthy life.” The ORPHD strategic plan healthy aging objective includes four strategies:

1. Establish an Oregon index for healthy aging based on national standards and measures.
2. Research and identify possible BRFSS questions that can inform a broader healthy aging index.
3. Coordinate and collaborate with the Oregon Department of Human Services’ Services for Seniors and People with Disabilities’ and other partners working on healthy aging.
4. Address the entire population across the lifespan in grants to communities. For example, include language in grants that encourages local collaboration among area agencies on aging and local public health departments.

Road Map Action Item 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).

Road Map Action Item W-03:

Support continuing education efforts that improve healthcare providers’ ability to recognize early signs of dementia, including Alzheimer’s disease, and to offer counseling to individuals and their care partners.

The Oregon Health Index aims to accumulate measures that can be compared across all counties to establish consistent and actionable health data. Within the four strategies outlined within the healthy aging objective, ORPHD identified the following measures to help evaluate the state’s success in improving the lives of older adults: Decrease number of falls; Decrease number of poor health days; and Increase flu immunization rates. These performance measures will be tracked using BRFSS (including the caregiver and cognitive decline modules)

data; hospitalization discharge data; the state Healthy Aging Index; ORPHD job descriptions; and immunization information system data.

Due to their cross-disciplinary nature, developing and implementing the index and plan requires collaboration across sectors, including the state Services for Seniors and People with Disabilities, Department of Transportation, local public health departments, area agencies on aging, academia (e.g., Oregon Health and Science University, Portland State University, National Institute on Aging), and community partners (e.g., AARP, Alzheimer’s Association, coordinated care organizations). Next steps include continuing to develop concrete action items across programs within the strategic plan, reconvening partners, and enhancing engagement with community partners.

NEW MEXICO

As an ASTHO Healthy Aging Public Health Learning Community state, the New Mexico Department of Health (NMDOH) and the state Aging and Long Term Services Department (ALTSD) convened a stakeholder meeting at which over 40 state, local, community, and academic partners discussed implementing evidence-based programs serving older adults and their caregivers in support of the indicators highlighted in the [New Mexico State Health Improvement Plan](#). The state health improvement plan indicators to support aging well are: access to care; adult immunizations (e.g., flu, pneumococcal); adult smoking; alcohol-related deaths; diabetes; drug overdose deaths; elder falls and related deaths; and oral health.

The meeting attendees identified the evidence-based practice they planned to implement, and NMDOH is providing follow-up technical assistance for their chosen programs. The array of evidence-based programming they discussed at the meeting include CDSMP, Diabetes Self-Management Program, National Diabetes Prevention Program, Savvy Caregiver, tobacco cessation, Tai Ji Qua: Moving for Better Balance, Stopping Elderly Accidents, Deaths, and Injuries, Steady As You Go, and EnhanceFitness.

Since the meeting, NMDOH has also partnered with the National Indian Council on Aging, an area health education center, ALTSD, Indian Area Agency on Aging, and the New Mexico chapter of the Alzheimer’s Association to increase available trainings on Savvy Caregiver for Indian country. NMDOH will continue to increase the availability of evidence-based programs across the state and measure its impact in influencing the indicators and measures outlined in its state health improvement plan in an effort to support the health of older adults and their caregivers.

Road Map Action Item M-11:
Examine Chronic Disease Self-Management Program (CDSMP) and other evidence-based programs to determine their ability to include persons with dementia and their care partners.

Road Map Action Item E-04:
Coordinate national and state efforts to disseminate evidence-based messaging about risk reduction for preserving cognitive health.

CONCLUSION

Public health and healthy aging network collaboration is essential in addressing ADRDs among adults and their caregivers. Ways in which public health can contribute include:

- Convening a cross-section of stakeholders.
- Elevating aging as an issue to state and national leadership.
- Championing evidence-based interventions.
- Providing data to establish metrics to assess progress.

Using data to target interventions for older adults and their caregivers and measure those efforts' impact requires collaboration across sectors. As the number of older adults in the United States continues to rise, examples such as those highlighted above may serve as models for other states addressing these important issues.