

Alzheimer's Advisory Council



**Executive Office of Elder Affairs
Elizabeth Chen, Secretary**

**February 9, 2021
2:30-5:00 pm
Video Conference**



Agenda



- 1. Welcome, Logistics, Introductions (10 min)**
- 2. Diagnosis and Services Navigation Workgroup (30 min)**
 - Presentation (10 min)
 - Discussion (20 min)
- 3. Equitable Access and Care Workgroup (30 min)**
 - Presentation (10 min)
 - Discussion (20 min)
- 4. Draft Annual Report (20 min)**
 - Presentation (10 min)
 - Discussion (10 min)
- 5. Draft State Plan on ADRD (30 min)**
 - Presentation (15 min)
 - Discussion (15 min)
- 6. Moving from Planning to Implementation (25 min)**
 - Presentation (5 min)
 - Discussion (20 min)

Alzheimer's Advisory Council



Diagnosis and Services Navigation

2/9/21

Workgroup Leads

Representative Tricia Farley-Bouvier

Jim Wessler



Workgroup Members



**Representative Tricia Farley-Bouvier
(Workgroup Co-lead)**

Council Member

Vice Chair, Joint Committee on Elder Affairs

Jim Wessler (Workgroup Co-lead)

Council Member

Chief Executive Officer, Alzheimer's Association,
Massachusetts/New Hampshire Chapter
and New England Regional Leader

Kathryn C. Burns, MHA

Chief Executive Officer

Greater Lynn Senior Services, Inc.

Robin Callahan

Council Member

MassHealth (Retired)

Ellen M McDonough

Former Director of Clinical Services

Elder Services of Cape Cod & the Islands

Nicole McGurin, MS, CDP

Family Services Director

Alzheimer's Association,
Massachusetts/New Hampshire Chapter

Caitlin Roy

Options Counselor

Montachusett Home Care Corporation

Rebecca Starr, MD, AGSF

Medical Director, Geriatrics

Cooley Dickinson Health Care



Goal, Recommendations, Challenges

Goal

Increase the number of people living with dementia who are diagnosed, informed of their diagnosis, and able to effectively attain helpful information, services and care planning

Recommendations

1. Diagnosis - Significantly increase the numbers of undiagnosed or cognitively impaired residents who are diagnosed with dementia and informed of their diagnosis
2. Services Navigation - Ensure that after a dementia diagnosis, individuals and their families have access to comprehensive information and care planning services

Challenges

1. About 50% of people living with dementia have not received a diagnosis
2. After diagnosis, many people don't know where to turn for services and supports



Recommendation #1

Implementation Strategies



RECOMMENDATION #1: Significantly increase numbers of undiagnosed or cognitively impaired residents who are diagnosed with dementia and informed of their diagnosis

Beginning in 2021:

- 1.1 Alzheimer's Association will lead a collaboration with organizations representing primary care providers **to develop and distribute a dementia screening toolkit** that:
 - fits into primary care workflow and improves the screening and diagnosis of Alzheimer's/dementia
 - leverages, evidence-based protocols, existing resources and ensures equity
 - includes protective service protocols
- 1.2 **Identify and seek recommendations from executive branch leaders on:**
 - **engaging appropriate boards and medical societies** in informing primary care MDs of importance of screening and diagnosing; distributing the dementia screening toolkit; and informing all MDs that treat adults to comply with state law requirements around diagnosis
 - **working with DPH** around supporting implementation of acute care dementia operational plans, including the training of DPH Surveyors on how to review the plans
- 1.3 Identify partners to **work with largest primary care practices and hospital affiliated Physician Health Organizations** to:
 - inform providers of importance and benefits of dementia screening and diagnosis



Recommendation #1

Organizations, Costs, Resources



Responsible Organizations (no incremental costs)

- **Alzheimer's Association will help refine/develop screening toolkit and can provide support to specific hospitals in crafting their dementia operational plans**
- **Will seek collaborative support and commitment from:**
 - Health insurance companies that may be interested in joining this effort
 - MA Department of Public Health and MA Health and Hospital Association
 - Betsy Lehman Center
 - Mass. Medical Society and other physician trade organizations
 - Coalition for the Prevention of Medical Errors
- **Will reach out to organizations that may be willing to be models for the state:**
 - Hospitals that are taking a lead in developing dementia operational plans
 - Atrius Health, Reliant Medical Group, and major hospital affiliated Physician Health Organizations

Resources

- [Cognitive Assessment Guidance and Tools](#)
- [Medicare Annual Wellness Visit Algorithm for Assessment of Cognition](#)
- [Operationalizing the Detection of Cognitive Impairment during Medicare Annual Wellness Visit in a Primary Care Setting](#)
- [Cognitive Impairment Care Planning Toolkit](#)
- [Criteria and Guidelines to Diagnosing Alzheimer's Disease](#)



Recommendation #2 Implementation Strategies



RECOMMENDATION #2: Ensure that after a dementia diagnosis, individuals and their families have access to comprehensive information and care planning services

Beginning in 2021:

- 2.1 **Create and distribute a road map** for MDs and primary care providers directing patients and care partners to services and supports
- 2.2 **Seek funding** for the printing and delivery of hard copies of the road map and if necessary, any IT resources needed for website-related work
- 2.3 **Develop and implement a plan** on providing primary care providers with support and strategies **for interacting with unaccompanied/unsupported individuals** who are diagnosed
- 2.4 In 2021, develop a **plan to expand the Dementia Care Coordination (DCC) program** of the Alzheimer's Association
- 2.5 In 2022, **begin expansion of DCC program** with goal of adding 3 new providers per year



Recommendation #2 Organizations, Costs, Resources



Responsible Organizations

- This workgroup is responsible for implementing the strategies listed on the previous slide

Costs

- No incremental cost to develop deliverables
- Printing and delivery costs to distribute hard copies of road map
- IT resources for website-related work may or may not be required; to be determined in Year 1

Resources

- Contact/Call Centers in Massachusetts
 - Alzheimer's Association: 800-272-3900
 - MassOptions: 800-243-4636
- Websites for Massachusetts Residents
 - [Alzheimer's Association, MA/NH](#)
 - [MassOptions](#)

Alzheimer's Advisory Council



Equitable Access and Care
2/9/21

Workgroup Lead
Jonathan Jackson, PhD



Workgroup Members



Jonathan Jackson, PhD

Council Member & Workgroup Co-lead

Founder and Executive Director
Community Access, Recruitment & Engagement
(CARE) Research Center Massachusetts General
Hospital Instructor in Neurology at Harvard Medical
School

Patty Blake

President of Senior Products
Tufts Health Plan

Leonore Buitrago

Diversity Outreach Manager
Alzheimer's Association MA/NH Chapter

Michael P. Kincade

Communications and Outreach Coordinator
Center for Alzheimer's Research and
Treatment, Brigham and Women's Hospital
Massachusetts Alzheimer's Disease Research
Center, Massachusetts General Hospital

Beth Soltzberg, LICSW, MBA

Director, ADRD Family Support Program
Jewish Family & Children's Service



Goal, Recommendation, Challenges



Goal

Close gaps in equitable access to information, supports, services, and care

Recommendation

Close gaps in equitable access to information and address fragmentation of care access, care planning, and dementia services

Challenges

- Fragmented access to care, care planning, and dementia services
- Inequitable access to information and knowledge about dementia and services



Implementation Strategies



RECOMMENDATION: Close gaps in equitable access to information and address fragmentation of care access, care planning and dementia services

1. In March and April of 2021, expand the workgroup to 20-25 members to reflect a diversity of interests; include individuals of underserved groups and with lived experience
2. While the workgroups implement recommendations, the **Equitable Access and Care Workgroup** will provide **all workgroups** with:
 - a brief guide around diversity, equity, and inclusion;
 - collaborative consultation to ensure solid foundations of equity and inclusion; and
 - a review of workgroup activities and outcomes, holding them accountable for equitable and inclusive outcomes.



Responsible Organizations and Costs



Responsible Organizations

1. The Equitable Access and Care Workgroup

- Will implement the strategies indicated on the previous slide in 2021 and 2022
- Already provided all workgroups with a list of approaches to consider as they build sustainable foundations of equity and inclusion into their activities

2. All parties responsible for implementing Council recommendations

(Includes all Council workgroups and their affiliated organizations/partners)

- Will conduct activities to close gaps in equitable access to information and address fragmentation of care access, care planning and dementia services

Costs

1. No incremental costs associated with this workgroup's specific implementation strategies in 2021-2022
2. Costs associated with ensuring equity and inclusion are dependent upon activities conducted by the workgroups and their affiliated organizations/partners

Alzheimer's Advisory Council



Review of Draft Annual Report



Introduction and Council Members

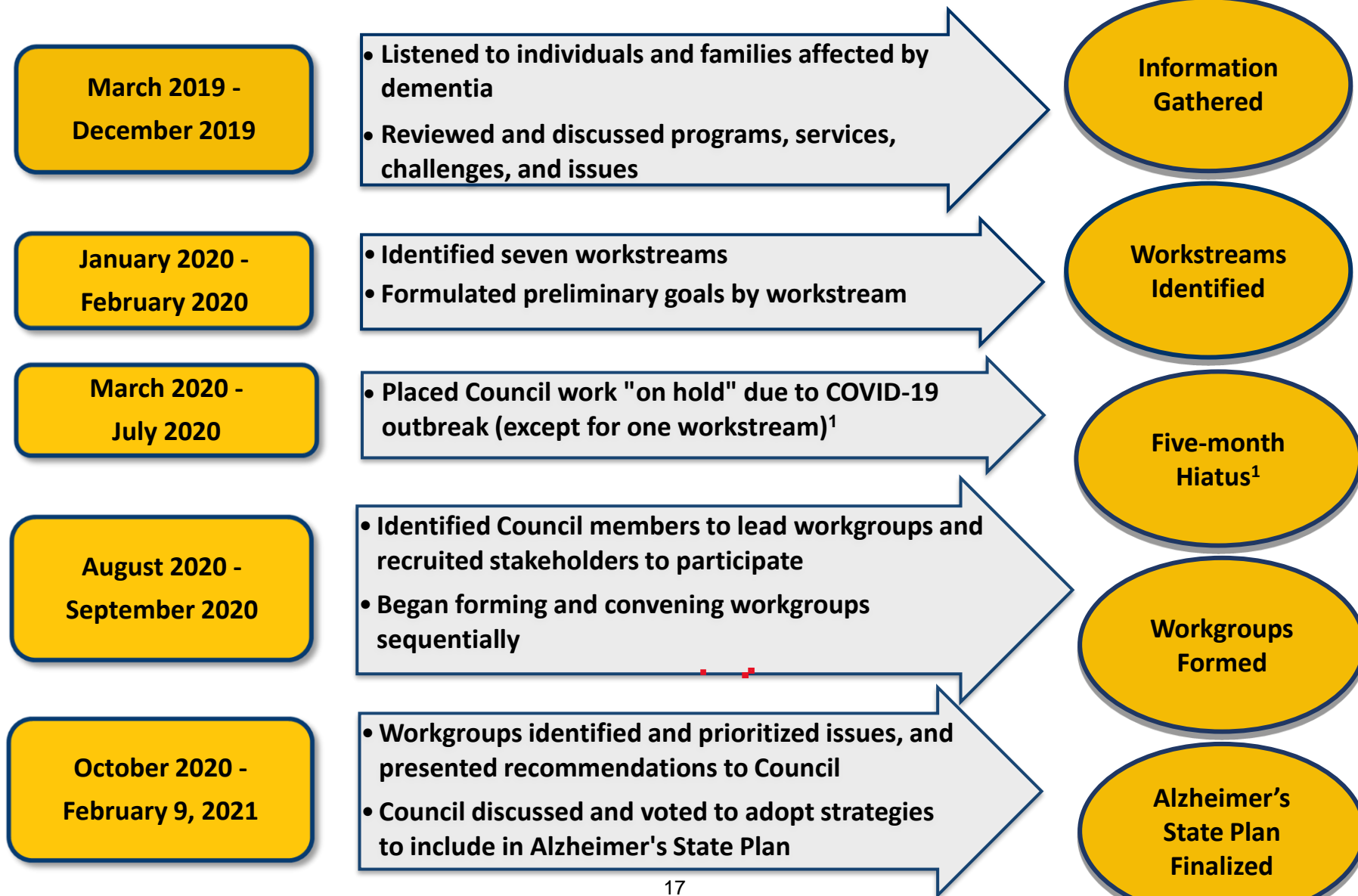


Introduces the annual report; includes the following information:

1. Explains that this report is in response to MGL, Chapter 6A, Section 16AA to submit by no later than 3/1/2021:
 - the Council's first annual report; and
 - a state plan on ADRD
2. Defines "dementia" and provides statistics about MA residents living with dementia
3. Explains that this Council:
 - provides opportunities for policymakers to work with wide range of stakeholders
 - will continue to strive to ensure that residents affected by dementia receive the support, services, and care they need to live healthy and meaningful lives
4. Introduces the Council and refers to Appendix A, which lists the Council's members



Alzheimer's Advisory Council Process



(1) The "Public Health Infrastructure Workgroup" responded to CDC funding opportunity in May 2020



Summary of Goals and Recommendations 2021-2022



Workgroup	Goals	Recommendations
Quality of Care	<ul style="list-style-type: none"> Identify gaps in quality of care for people living with dementia in Massachusetts and strategies to close those gaps 	<ul style="list-style-type: none"> Develop a person-directed care plan framework and template Develop a plan that ensures that staff in primary care, long-term care and home-care settings across the state receive the training and support needed to build and retain interprofessional dementia care teams
Research	<ul style="list-style-type: none"> Advance dementia research in Massachusetts 	<ul style="list-style-type: none"> Increase diversity of dementia research and researchers
Physical Infrastructure	<ul style="list-style-type: none"> Identify and incorporate dementia friendly physical infrastructure into age friendly physical infrastructure work 	<ul style="list-style-type: none"> Raise awareness of the importance of age and dementia friendly design Incorporate age- and dementia-friendly scoring into all state-funded physical infrastructure projects
Caregiver Support and Public Awareness	<ul style="list-style-type: none"> Identify short-term approaches to improve awareness of the pathways to available supports and services for dementia caregivers and their care partners Compare and evaluate the experiences of three caregivers of people living with dementia as they navigate the Commonwealth's system of supports and services 	<ul style="list-style-type: none"> Make and distribute three videos (English, Portuguese, Spanish,) of caregivers talking about the help they got and how they got it Place on the Massachusetts Executive Office of Elder Affairs (EOEA) website an overview of statewide pathways, services, and supports for people living with dementia and their caregivers Implement changes at the Aging Services Access Points (ASAPs) to ensure that stressed caregivers get what they need in an effective and consistent manner
Equitable Access and Care	<ul style="list-style-type: none"> Close gaps in equitable access to information, supports, services and care 	<ul style="list-style-type: none"> Close informational gap and address fragmentation of care access, care planning, and dementia services
Diagnosis and Services Navigation	<ul style="list-style-type: none"> Increase the number of people living with dementia who are diagnosed, informed of their diagnosis, and able to effectively attain helpful information, services, and care planning 	<ul style="list-style-type: none"> Significantly increase the numbers of undiagnosed or cognitively impaired residents who are diagnosed with dementia and informed of their diagnosis Ensure that after a dementia diagnosis, individuals and their families have access to comprehensive information and care planning services
Public Health Infrastructure	<ul style="list-style-type: none"> Respond to the CDC's Notice of Funding Opportunity (NOFO) around implementing BOLD (Building Our Largest Dementia) Infrastructure 	<ul style="list-style-type: none"> Seek CDC funding to form a Public Health Workgroup to review the CDC's Healthy Brain Initiative's Road Map; engage stakeholders, review information; and present recommendations to the Alzheimer's Advisory Council



Progress Made on Requirements of Chapter 220 of the Acts of 2018



Requirement	Status
Creates permanent statewide advisory council and an integrated state plan to effectively address Alzheimer's disease	The Advisory Council has been established and as required, provided the state legislature with the Alzheimer's State Plan on March 1, 2021
Requires content about Alzheimer's and related dementias be incorporated into physicians, physician's assistants, registered nurses and practical nurses continuing education programs that are required for the granting or renewal of licensure	All licensees will have until November 6, 2022 to complete this one-time requirement. Approximately 51,000 licensees have completed the required training as of August 2020. Several organizations are offering CME courses that fulfill this requirement including Mass. Medical Society, Mass. Health Mass. Health & Hospital Association, Mass. Nurses Association and the Alzheimer's Association
Requires doctors to share an Alzheimer's diagnosis and treatment plan to a family member or legal personal representative within the existing framework of federal and state privacy laws	In 2021, the Alzheimer's Association, MA/NH will work with leadership of the executive branch and the Board of Registration in Medicine to issue guidance
Requires hospitals that serve an adult population to have an operational plan in place for recognizing and managing individuals with dementia within three years of the laws' enactment	This requirement is due October 1, 2021. Much of this work has been delayed due to hospitals responding to COVID-19. Mass Health & Hospital Association (MHA) led a workgroup to develop an action plan document including tools and resources. Their report was published in 2018
Requires Elder Protective Services (EPS) caseworkers to be trained on dementia	EOEA has developed and delivered comprehensive dementia training for EPS workers. All EPS workers in MA have completed the dementia training and new workers take the online training within their first month



Assessment of Services and Care for People Living with Dementia



This section responds to the requirement in MGL, Chapter 6A, Section 16AA(b)(3), that the Council **evaluate state supported services** for people living with dementia

It describes that the Council:

- reviewed availability of and access to state supported services;
- convened discussions with people living with dementia and caregivers; and
- established workgroups to develop goals and recommendations to close gaps around information, services, and care.

It explains that the Council's workgroups:

- identified gaps; prioritized areas of concern; and
- developed implementation plans for 2021-2022, voted on by the Council and included in the state plan.



Younger-Onset ADRD



This section responds to the requirement in MGL, Chapter 6A, Section 16AA(b)(2) that the Council:

- determine the **number of people diagnosed** with younger-onset ADRD each year; and
- identify **resources available** for this population, **services needed**, and **associated costs**

This section includes the following information:

- An estimate that there are about 6,500 people living with younger-onset ADRD in MA (based on national average of 5% of the total number)
- Quotes from a panel of individuals with younger-onset ADRD describing the challenges they and their families face
- A note that panel members expressed concern that essential services and information are difficult to find and may not be available to them due to their age
- References to Appendix B – *State Supported Services for Individuals Living with Dementia*, which lists services along with age-related eligibility criteria and Appendices C-E, which contain further information about state supported services



Younger-Onset ADRD (Continued)



In response to the statutory requirement and a need to define inclusive and equitable access to information, care, and services for younger adults with ADRD, the following is included in this annual report (for the Council's approval)

1. Council would convene a small **"Younger-Onset Workgroup"** to answer these questions:
 - a) What essential services and supports are unavailable to individuals living with younger-onset dementia because of their age?
 - b) What dementia-related information and resources are available to older adults, but unavailable, or not as easily accessible to individuals living with younger-onset dementia? What are the reasons?
 - c) Are there unique services, supports or information that individuals living with younger-onset dementia and their families need that would ensure that they have similar opportunities around health and well-being as older adults with dementia?
2. Workgroup would review pertinent information; identify issues and costs associated with addressing these questions; and present findings/recommendations to the Council



Unforeseen Positive Outcomes from the Council's Work



Although the Council focused on developing a state plan with “expected outcomes” in 2021-2022, there were a few unforeseen positive outcomes in 2020 inspired by Council discussions

- EOEa, the Massachusetts Councils on Aging, and the Alzheimer's Association, MA/NH **developed a tip sheet on COVID-19 testing** for caregivers
- At a meeting of the Massachusetts Association of Regional Planning Agencies, EOEa **educated planners of the importance of incorporating age- and dementia-friendly design into physical infrastructure**
- Working with EOEa, Aging Services Access Points (ASAPs) **implemented improvements to potentially confusing automated telephone messages** after receiving feedback about the messages from caregivers
- DPH has **included the caregiver module in the 2021 implementation of Behavioral Risk Factor Surveillance System (BRFSS)** in Massachusetts
- To ease caregiver stress, EOEa **rolled out Alternate Site Day Program services** with ASAP executive directors



Appendices



This annual report includes four appendices:

- Appendix A: Alzheimer's Advisory Council Members
- Appendix B: State Supported Services for Individuals Living with Dementia
- Appendix C: Additional Services Available by Insurance Type
- Appendix D: MassHealth Community-Based Long Term Services and Supports
- Appendix E: Executive Office of Elder Affairs Home Care Program

Alzheimer's Advisory Council



**Review of Draft State Plan on
Alzheimer's Disease and Related Dementias, March 2021**



A Public Health Crisis: Overview of Alzheimer's Disease and Related Dementias



1. Defines “dementia” and includes statistics around dementia in MA and nationally
2. Briefly describes and refers to research on challenges that drive recommendations in this state plan around:
 - Diagnosis
 - Comprehensive and ongoing care planning and care
 - ADRD’s affect on caregivers and families
 - Awareness of available supports and services
 - Age- and dementia-friendly physical infrastructure
 - Equitable access and care, and diversity in research
3. Describes information on why we developed a state plan on ADRD
 - Establishes accountability
 - Helps ensure policymakers create the infrastructure necessary to address the needs of individuals and families affected by ADRD



Introduction



1. Introduces the document as the work of the Council established under Chapter 220 of the Acts of 2018
2. Lists the seven focus areas and workgroups:
 - Caregiver Support and Public Awareness
 - Diagnosis and Services Navigation
 - Equitable Access and Care
 - Physical Infrastructure
 - Public Health Infrastructure
 - Quality of Care
 - Research
3. Describes the plan as a working document to be refined on an ongoing basis



A Thoughtful, Caring, and Fiscally Responsible Response: Summary of Goals and Recommendations



Workgroup	Goals	Recommendations
Quality of Care	<ul style="list-style-type: none"> Identify gaps in quality of care for people living with dementia in Massachusetts and strategies to close those gaps 	<ul style="list-style-type: none"> Develop a person-directed care plan framework and template Develop a plan that ensures that staff in primary care, long-term care and home-care settings across the state receive the training and support needed to build and retain interprofessional dementia care teams
Research	<ul style="list-style-type: none"> Advance dementia research in Massachusetts 	<ul style="list-style-type: none"> Increase diversity of dementia research and researchers
Physical Infrastructure	<ul style="list-style-type: none"> Identify and incorporate dementia friendly physical infrastructure into age friendly physical infrastructure work 	<ul style="list-style-type: none"> Raise awareness of the importance of age and dementia friendly design Incorporate age- and dementia-friendly scoring into all state-funded physical infrastructure projects
Caregiver Support and Public Awareness	<ul style="list-style-type: none"> Identify short-term approaches to improve awareness of the pathways to available supports and services for dementia caregivers and their care partners Compare and evaluate the experiences of three caregivers of people living with dementia as they navigate the Commonwealth's system of supports and services 	<ul style="list-style-type: none"> Make and distribute three videos (English, Portuguese, Spanish,) of caregivers talking about the help they got and how they got it Place on the Massachusetts Executive Office of Elder Affairs (EOEA) website an overview of statewide pathways, services, and supports for people living with dementia and their caregivers Implement changes at the Aging Services Access Points (ASAPs) to ensure that stressed caregivers get what they need in an effective and consistent manner
Equitable Access and Care	<ul style="list-style-type: none"> Close gaps in equitable access to information, supports, services and care 	<ul style="list-style-type: none"> Close informational gap and address fragmentation of care access, care planning, and dementia services
Diagnosis and Services Navigation	<ul style="list-style-type: none"> Increase the number of people living with dementia who are diagnosed, informed of their diagnosis, and able to effectively attain helpful information, services, and care planning 	<ul style="list-style-type: none"> Significantly increase the numbers of undiagnosed or cognitively impaired residents who are diagnosed with dementia and informed of their diagnosis Ensure that after a dementia diagnosis, individuals and their families have access to comprehensive information and care planning services
Public Health Infrastructure	<ul style="list-style-type: none"> Respond to the CDC's Notice of Funding Opportunity (NOFO) around implementing BOLD (Building Our Largest Dementia) Infrastructure 	<ul style="list-style-type: none"> Seek CDC funding to form a Public Health Workgroup to review the CDC's Healthy Brain Initiative's Road Map; engage stakeholders, review information; and present recommendations to the Alzheimer's Advisory Council



Implementing Effective and Sustainable Solutions: Action Plan for Calendar Years 2021 - 2022



1. Presents an Action Plan for 2021-2022 with the following items for each of six workgroups:
 - goals, challenges, recommendations
 - implementation strategies
 - risks and risk response strategies
 - responsible organizations, costs, resources

2. Describes the work of the seventh workgroup (Public Health Infrastructure) as part of the next section in the state plan: *Viewing Dementia through a Public Health Lens* (next slide)



Viewing Dementia Through a Public Health Lens



Includes section on:

I. Enhancing the Commonwealth's Public Health Infrastructure to Address Dementia

1. Describes the “Public Health Infrastructure” Workgroup’s proposal for CDC funding (BOLD Infrastructure Act)
2. Describes benefits derived from this work; Council became familiar with:
 - ***Healthy Brain Initiative’s Public Health Road Map***
 - Provides guidance for reducing the risk of cognitive decline, while optimizing the well-being of people living with dementia and their caregivers
 - ***Caregiver module of Behavioral Risk Factor Surveillance System (BRFSS)***
 - Incorporated in BRFSS in MA in 2021, which will provide Council with improved information on the scope of caregiving and its impact
3. Indicates that the Council will continue to seek funding and other opportunities to support Commonwealth’s public health infrastructure to address ADRD



Viewing Dementia Through a Public Health Lens



Includes chart discussed in earlier Council meetings: *“Prevention and Intervention Framework for ADRD”*

Primary Prevention	Secondary Prevention	Tertiary Prevention
Prevent or Delay Occurrence of ADRD	Reduce Short-Term (<12 months) Impact on Individuals Living with Dementia and their Families, Including Early Diagnosis of ADRD	Reduce ADRD’s Long-term (>12 months) and Broad Impact on Families and Communities
Audience		
<ul style="list-style-type: none"> • The public • Primary care providers 	<ul style="list-style-type: none"> • Health care providers who diagnose and encounter patients and families affected by ADRD • Supportive care providers in the community for individuals and families affected by ADRD • Recently diagnosed individuals with ADRD and their families 	<ul style="list-style-type: none"> • Individuals engaged in informal or formal social supports for individuals and families affected by ADRD • Healthcare providers who encounter individuals and families affected by ADRD • Individuals and families living with the chronic impact of ADRD
Objectives		
<ul style="list-style-type: none"> • Improve awareness of risk factors • Communicate prevention strategies • Encourage screening to improve early detection 	<ul style="list-style-type: none"> • Ensure access and availability of diagnostic capacity • Connect individuals and families to social and financial supports • Inform patients and families about disease course, treatments available, and treatments in research 	<ul style="list-style-type: none"> • Improve dementia friendly fixed infrastructure (housing, hospitals, restaurants, transportation, etc.) • Inform and develop policies to protect caregivers from long-term negative impacts to health, employment, and financial security • Ensure coordination across the care continuum to reduce costs due to acute or long-term consequences of ADRD (Prevent Emergency Department readmissions; and ensure available supply of supportive care professionals)



Viewing Dementia Through a Public Health Lens



Includes a section on risk reduction, recently provided by the Research Workgroup:

III. Reducing the Risk of ADRD

Describes 12 Modifiable Risk Factors

1. Less education
2. Social isolation
3. Depression
4. Obesity
5. Physical inactivity
6. Excessive alcohol consumption
7. Smoking
8. High blood pressure
9. Diabetes
10. Traumatic brain injury (including concussion)
11. Untreated hearing loss
12. Air pollution



Viewing Dementia Through a Public Health Lens



III. Reducing the Risk of ADRD (Continued) - Briefly describes steps to consider:

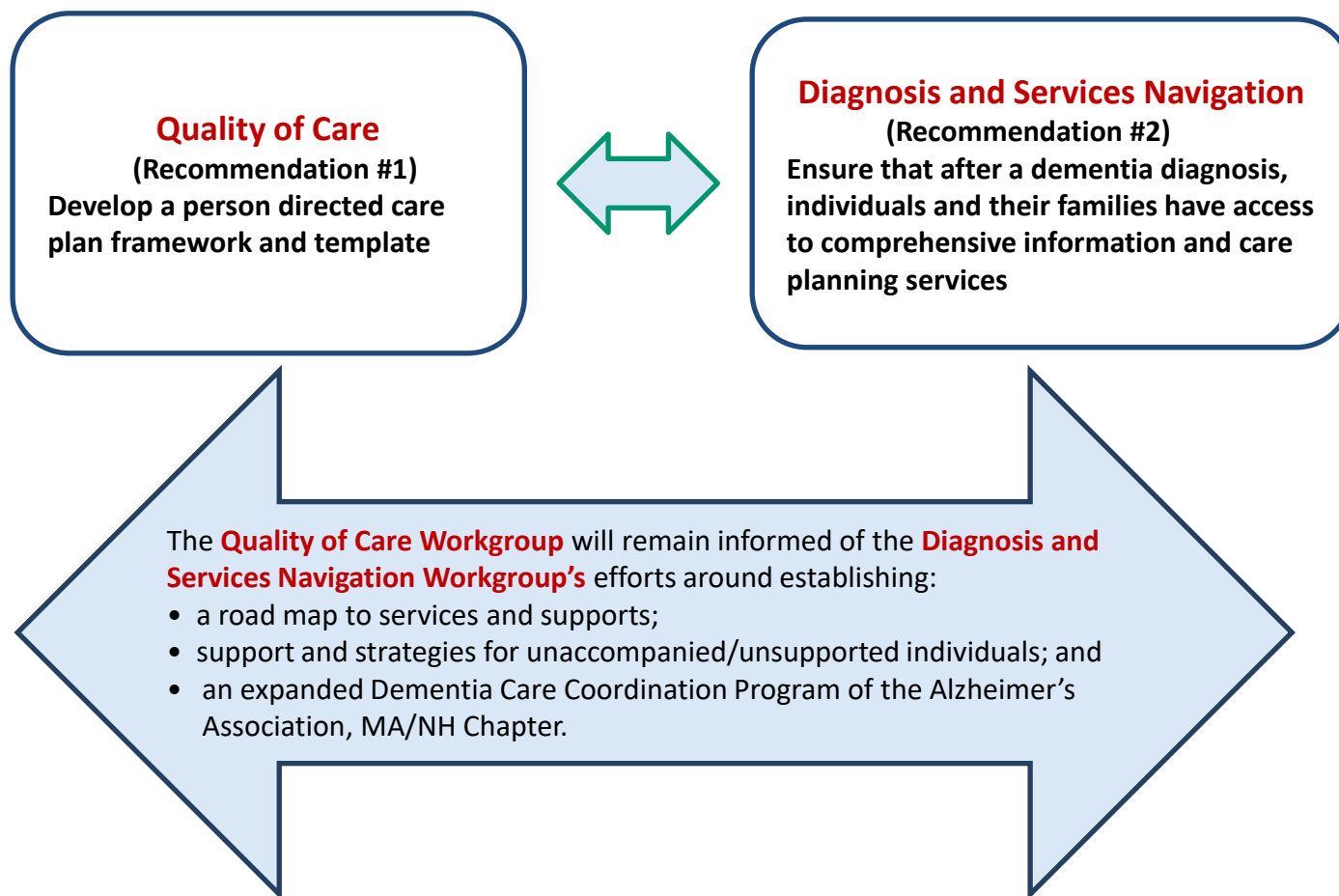
1a - Encourage high school completion	5c - Assure that opportunities are available for physical activity year-round, even during pandemics and other unanticipated events.
1b - Enable college education	6 - Assure that annual wellness visits address alcohol consumption in moderation
2 - Work with the COAs to establish programs to prevent social isolation	7 - Assure that annual wellness visits address smoking cessation
3 - Screen for depression and assure resources are available to treat	8 - Assure that individuals and physicians are informed of the benefits of detecting and treating high blood pressure
4a - Screen for obesity at any age and assure resources are available to treat	9 - Encourage a reduction of diabetes by targeting obesity
4b - Assure that restaurants and other food-service industries enable customers to make healthy choices	10 - Encourage people of all ages to reduce their risk of head injuries by wearing helmets for relevant sports
4c - Assure that restaurants and other food-service industries do not package multi-serving foods and beverages in single-serving containers	11 - Assure that all individuals have access to hearing screening, earwax removal, and hearing aids
5a - Encourage physical activity in students at least 3 times per week	12 - Establish measures to reduce air pollution
5b - Encourage physical activity and availability at any age including older adults	13 - Establish programs to target low income and underserved populations who are at greatest risk of dementia



Linkages Within the Alzheimer's State Plan



Describes Linkages Between the *Quality of Care* Workgroup and the *Diagnosis and Services Navigation* Workgroup, 2021-2022





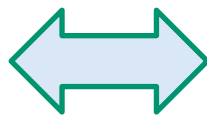
Linkages Within the Alzheimer's State Plan

Describes Linkages Between the *Diagnosis and Services Navigation* Workgroup and the *Caregiver Support and Public Awareness* Workgroup, 2021-2022

Diagnosis and Services Navigation

(Recommendation #2)

Ensure that after a dementia diagnosis, individuals and their families have access to comprehensive information and care planning services



Caregiver Support and Public Awareness

(Recommendation #2)

Place on the [Massachusetts Executive Office of Elder Affairs \(EOEA\)](#) website, an overview of statewide services, supports, and pathways for people living with dementia and their caregivers

While developing its road map to services and supports, the **Diagnosis and Services Navigation Workgroup** will remain informed of the **Caregiver Support and Public Awareness Workgroup's** efforts and progress (via [EOEA](#)) around placing on EOEA's website:

- an overview of statewide services, supports, and pathways for people living with dementia and their caregivers.



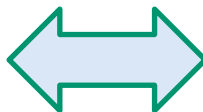
Linkages Within the Alzheimer's State Plan



Describes Linkages Between the *Equitable Access and Care* Workgroup and *All Workgroups*

Equitable Access and Care

Close gaps in equitable access to information and address fragmentation of care access, care planning and dementia services



All Workgroups

All recommendations and implementation strategies across all workgroups

As workgroups implement their recommendations, the **Equitable Access and Care Workgroup** will provide **all workgroups** with:

- 1) a brief guide around diversity, equity, and inclusion;
- 2) collaborative consultation to ensure solid foundations of equity and inclusion; and
- 3) a review of workgroup activities and outcomes, holding them accountable for equitable and inclusive outcomes.



Linkages Between the Alzheimer's State Plan and Other Statewide Efforts



Describes Linkages Between the **Massachusetts State Plan on Aging** and the Alzheimer's State Plan

Goals of the Massachusetts State Plan on Aging	Alzheimer's Advisory Council Workgroups			
	Caregiver Support and Public Awareness	Diagnosis and Services Navigation	Physical Infrastructure	Quality of Care
Support aging in community	✓	✓	✓	✓
Support caregivers and make Massachusetts dementia capable	✓	✓	✓	✓
Empower healthy aging	✓	✓	✓	✓
Prevent injury, violence, and exploitation of older adults	✓	✓	✓	✓
Strengthen "no wrong door" access to aging and disability services	✓	✓		
Ensure quality, value, and person-centered community based care through evidence-informed method		✓		✓



Linkages Between the Alzheimer's State Plan and Other Statewide Efforts



Lists Linkages Between the **Governor's Council to Address Aging in Massachusetts** and the Alzheimer's State Plan

Concepts Embedded within Recommendations of the Governor's Council to Address Aging	Alzheimer's Advisory Council Workgroups			
	Caregiver Support and Public Awareness	Diagnosis and Services Navigation	Physical Infrastructure	Quality of Care
Support both caregivers and individuals living with dementia in the workplace	✓			
Ensure programs and resources are known, inclusive, and affordable	✓	✓	✓	✓
Develop accessible and supportive housing and transportation options			✓	
Promote dementia friendly communities and connection and engagement to decrease isolation and loneliness	✓	✓	✓	✓
Increase access to healthcare and trained direct care workforce		✓		✓
Address stigma and reframe aging	✓			



Linkages Between the Alzheimer's State Plan and Other Statewide Efforts



Lists Linkages Between the **Age-Friendly Massachusetts Action Plan** and the Alzheimer's State Plan

Goals of the Age-Friendly Massachusetts Action Plan	Alzheimer's Advisory Council Workgroups			
	Caregiver Support and Public Awareness	Diagnosis and Services Navigation	Physical Infrastructure	Quality of Care
Deepen and strengthen age- and dementia-friendly efforts to be inclusive of all communities and populations	✓		✓	✓
Communicate information in an accessible and user-friendly manner to residents, organizations, and municipalities	✓	✓		
Change the conversation about aging from a "challenge" to an "asset", increase literacy about issues related to aging, and eliminate ageist images and expressions in language across social, print, and other media	✓	✓		✓
Encourage the adoption of age-friendly policies and practices in all sectors			✓	✓
Take specific actions to improve economic security of older adults and caregivers				
Leverage existing structures to sustainably guide and support the work of Age-Friendly Massachusetts and partner initiatives			✓	✓



Appendices, Acronyms, Acknowledgements



The following sections are included at the end of the document:

- Appendix A: Members of the Alzheimer's Advisory Council and Workgroups
- Appendix B: Resources on Care Planning and Training Programs
- Acronyms Used in this Report
- Acknowledgements

Alzheimer's Advisory Council



Moving from Planning to Action



Moving from Planning to Action



1. **Council staff will work with workgroup leads to plan next steps for each of their recommendations:**
 - Restructure workgroup membership where needed
 - Reach out to identified responsible organizations and organizational resources
 - Where needed, rethink/articulate role of workgroup lead(s)
 - Prepare timelines/ work plans; begin implementation
2. **Convene one new workgroup: “Younger-Onset ADRD”**
3. **Every workgroup lead will regularly monitor and report progress to Council staff**
(staff will provide a tracking template)
 - Report updates and accomplishments
 - Indicate issues, challenges, proposed solutions
 - Summarize next steps
3. **When designated, present progress at Council meeting**
 - Focus on discussion of issues and challenges