



MASSACHUSETTS ALZHEIMER'S DISEASE AND RELATED DISORDERS STATE PLAN



*Prepared by the
Statewide Alzheimer's Disease
and Related Disorder
State Plan Workgroup*

February 2012



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The following document presents recommendations, goals and strategies that comprise a framework for a Massachusetts Alzheimer's Disease and Related Disorders State Plan (“*State Plan*”). It was developed at the request of Governor Deval Patrick by the Massachusetts Executive Office of Elder Affairs (“*Elder Affairs*”), in partnership with the Alzheimer's Association, Massachusetts/New Hampshire Chapter (“*Alzheimer's Association*”) with a statewide Advisory Committee over the last two years.

The recommendations, goals and strategies are the result of research and deliberation by the statewide Advisory Committee convened by Elder Affairs/The Alzheimer's Association of Massachusetts/New Hampshire and consisting of people with Alzheimer's, family members, and representatives from state and local health and human service agencies, councils on aging, universities, hospitals, public safety agencies, and professional caregiver associations. The Advisory Committee's work reflects the concerns and priorities conveyed to the Committee during four listening sessions and seven focus groups held at locations throughout the state, involving more than four hundred (400) individuals with Alzheimer's, family members, professional caregivers, and representatives of state and local government.

The recommendations are intended to be implemented over the next 5 years by the Executive Office of Health & Human Services (EOHHS), Elder Affairs and the Alzheimer's Association of Massachusetts/New Hampshire in conjunction with other stakeholders through the establishment of an Alzheimer's Team. As a public/private partnership, this Team will utilize existing resources within Elder Affairs and the Alzheimer's Association while marshalling other funding as necessary. The Alzheimer's Team, convened by Undersecretary of Elder Affairs Sandra Albright and Clinical Director of the Office of Long Term Services and Supports Mary Grant, will establish and oversee taskforces to address the recommendations and strategies. The taskforces will be convened using current members of the State Plan Advisory Committee, as well as other state, local, private and public health reform stakeholders identified by EOHHS, Elder Affairs, the Alzheimer's Association, and taskforce members.

The Advisory Committee began work on a draft work plan, which includes specific action steps and timelines on various aspects of the report that will be used as the basis for future taskforce work. The Alzheimer's Team will review that work plan with the taskforces and revise it accordingly. Wherever possible, Elder Affairs, the Alzheimer's Association, and other stakeholders will integrate the recommended action steps into their standard scope of services and activities. When necessary, Elder Affairs and the Alzheimer's Association will work with stakeholders to identify and secure additional private and public funding in order to implement recommended action steps.

These recommendations represent a road map to help Massachusetts improve the quality of life for the thousands of families affected by Alzheimer's, and to minimize the public and private costs of this devastating disease.

INTRODUCTION

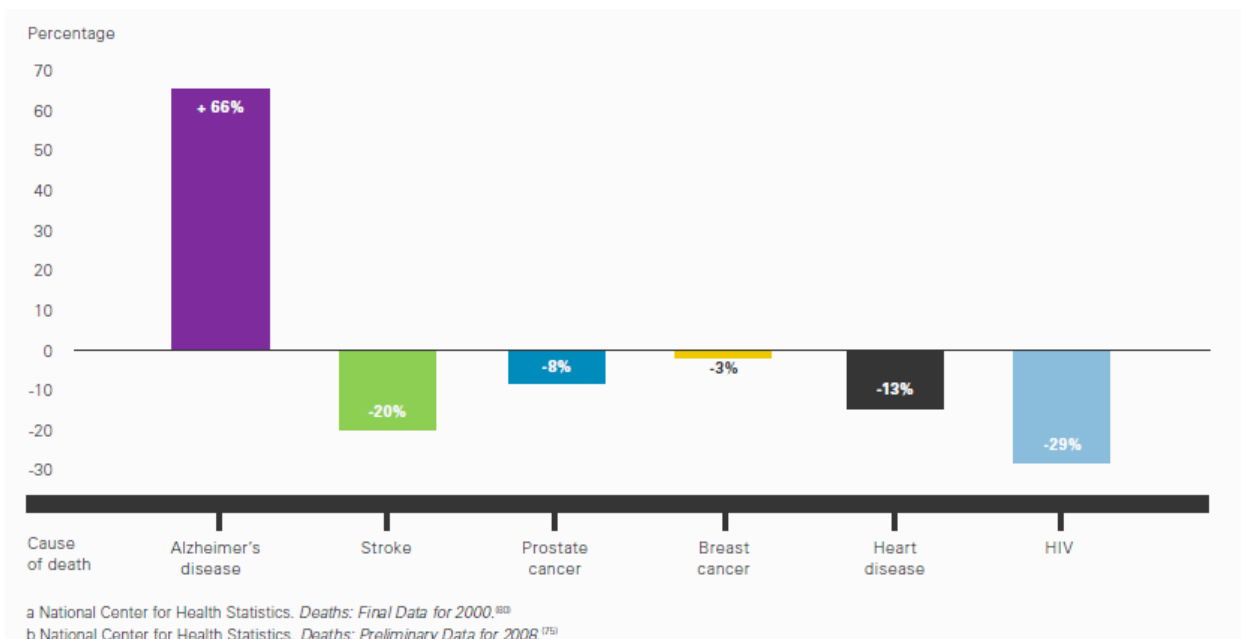
Alzheimer's disease is a fatal, degenerative disease of the brain that slowly diminishes a person's ability to reason, remember, respond to her environment and, eventually, carry out even the most basic tasks. There is currently no cure.

An estimated 5.4 million Americans of all ages have Alzheimer's disease. This figure includes 5.2 million people aged 65 and older¹ and 200,000 individuals under age 65 who have younger-onset Alzheimer's.²

Alzheimer's disease is the most common type of dementia-causing illness, accounting for sixty to eighty percent of incidents.* Other types of dementia account for at least 1 million additional cases nationwide. Studies also indicate that as many as ten to twenty percent of people aged 65 and older have Mild Cognitive Impairment (MCI),^{3, 4, 5} which may in some cases represent a transitional state between normal aging and the earliest symptoms of Alzheimer's. Nearly half of all people who have visited a physician about MCI symptoms will develop dementia in three or four years.⁶

Every sixty-nine seconds, another American develops Alzheimer's disease. It is the sixth leading cause of death in the United States and the fifth leading cause of death for those aged sixty-five and older. Between 2000 and 2008, deaths attributed to Alzheimer's disease increased sixty-six percent, while those attributed to other major chronic illness—stroke, heart disease, breast cancer, prostate cancer and HIV—have all declined.^{7, 8}

Percentage Changes in Selected Causes of Death (All Ages) Between 2000^a and 2008^b



**For the purposes of this document, the word "Alzheimer's," unless otherwise noted, will indicate Alzheimer's disease and related dementia-causing illnesses.*

In Massachusetts, one hundred and twenty thousand (120,000) individuals age 65 and older have Alzheimer's disease.⁹ This number does not include the many thousands more with younger-onset (under age 65) Alzheimer's or those with related dementias.

There are now more than three hundred and nineteen thousand (319,000) unpaid caregivers in Massachusetts caring for someone with Alzheimer's. Some sixty percent of these caregivers report high levels of stress, while one-third report symptoms of depression.^{10, 11} Numbers of Massachusetts residents affected by Alzheimer's disease are expected to increase seventeen percent by 2025 if no cure is found.¹²

In response to this impending crisis, Governor Deval Patrick has directed Elder Affairs (*Elder Affairs*), in partnership with the Alzheimer's Association, Massachusetts/New Hampshire Chapter (*Alzheimer's Association*), to oversee the development of a Massachusetts Alzheimer's Disease and Related Disorders State Plan. In response, these two agencies have convened a statewide Advisory Committee, consisting of people with Alzheimer's, family members, and representatives from state and local health and human service agencies, councils on aging, universities, hospitals, public safety agencies, and professional caregiver associations.

Elder Affairs and the Alzheimer's Association sought to gather first-hand the concerns and needs of Massachusetts citizens affected by Alzheimer's disease. Four listening sessions and seven focus groups were held at locations throughout the state, involving more than four hundred (400) people representing a wide variety of personal experiences, skills, professions and expertise. From these sessions, five major areas of concern were identified:

1. Access to Services
2. Caregiver Support
3. Diagnosis, Treatment and Care Coordination
4. Public Health Safety and Awareness
5. Quality of Care

The Advisory Committee convened five work groups, one on each of these topics. In all, over seventy experts and advocates contributed to this report through these work groups (*See Appendix for names and affiliation of work group members*). Each work group met a minimum of three times between August and December 2010, and identified areas of expertise in the field and gaps in the delivery of training and services in Massachusetts.

Access to Services

A diagnosis of Alzheimer's or a related dementia thrusts both the person with the disease and his loved ones into a stressful and confusing new world. While families provide the vast majority of supportive care and services to people with Alzheimer's disease and related disorders, they often must seek community or residential supportive services.

Unfortunately, people with Alzheimer's and their families often do not know where to turn for the information necessary to make critical decisions about the legal, medical and support services they need. Even when such programs exist and information is readily available, it is not easily found by families or known by those to whom they turn for help, such as primary care physicians, local councils on aging, home care nurses and community cultural centers. For families living with a loved one with younger-onset (under age 65) Alzheimer's, the challenges of finding services and support are magnified.

Physicians, nurses, allied health professionals, lawyers, bankers, financial planners, emergency first responders, and community, homecare and long term care providers could more effectively help consumers by better understanding Alzheimer's disease, the services available, and reliable sources of advice and support. In a 2010 survey of primary care physicians conducted by the Massachusetts Medical Society in collaboration with the Alzheimer's Association, a majority indicated that they are not knowledgeable about resources available for people with Alzheimer's and their families.

Better access to and knowledge of services can help caregivers to provide a higher quality of care to loved ones as the disease progresses, often postponing the need for more costly long term institutional care. Wider availability of affordable services can help people with Alzheimer's disease and related disorders, both with and without caregiver support, reside in the community for as long as possible.

Encouraging expansion and accessibility of home and community-based services reflects the expressed desire of people with Alzheimer's to age in place. This is consistent with evolving federal and state long term support policies emphasizing community-based care as a potentially cost-effective alternative to institutional care.^{13, 14}

Caregiver Support

Most care for people with Alzheimer's and related disorders in Massachusetts is delivered at home by family members. In 2010, the total number of hours of unpaid Alzheimer's care in Massachusetts was in excess of three hundred and sixty million (360,000,000 hours), with an economic value of over four billion (\$4,000,000,000) dollars.¹⁵ These numbers will continue to rise with the aging of Massachusetts residents.

As Alzheimer's progresses and cognitive decline ensues, individuals with Alzheimer's and related disorders often experience changes in personality and behavior, as well as increased dependence on others to meet their needs. Without guidance, caregivers often wait until

crises occur before reaching out for information, resulting in costly and unnecessary hospitalizations, emergency room visits, and premature placement in nursing homes. Family caregivers often suffer from both physical and mental exhaustion. Thirty-three percent of family caregivers of people with Alzheimer's report symptoms of depression^{16, 17} and 61 percent of dementia caregivers report that the emotional stress of caregiving was high to very high.¹⁸

This hardship can be alleviated when caregivers are given clear, simple information about the disease, steps they should take following diagnosis or onset of symptoms, progression of symptoms and behaviors, and the behavioral interventions and supportive services available in the community. Data suggest that improving access to caregiver interventions can improve caregiver health and, as a result, decrease reliance and financial strain on Massachusetts' health and social service systems.

Respite services also can provide a short-term break from the typical 24/7 care that is required for someone with mid and later-stage Alzheimer's or a related disorder. Access to affordable and appropriate respite options can greatly facilitate aging in place and enhance the health of caregivers. Respite services such as adult day health, supportive day programs and in-home care also provide those with Alzheimer's and related disorders with the therapeutic benefits of social engagement, physical activity and mental stimulation.

Respite services are not affordable or accessible for the majority of families in the Commonwealth. The therapeutic benefits of respite services for the person with Alzheimer's or a related disorder are not defined as "medically necessary" by federal, state or private insurers, and thus most often do not qualify for reimbursement through these programs other than what is offered under the state's respite program managed by the thirty (30) AAA/ASAP agencies.

Diagnosis, Treatment and Care

In an aging population, Alzheimer's can bankrupt any society's medical, insurance and elder care systems.

Alzheimer's diminishes a person's ability to manage medication for any chronic illness, often leading to profoundly negative outcomes, including unnecessary hospitalizations. Early recognition, treatment, and coordination of care for dementia, starting at the primary care point of entry, can mitigate the growing social and financial burdens on our health care systems, and on care partners.

The lack of management of Alzheimer's disease and other dementias due to late recognition reduces quality of life and compounds the costs of medical care. Efficiency and quality of care is further reduced by poor understanding of common medical conditions that elevate risk for dementia, cultural disparities in health care delivery, and lack of communication among consumers, their families, and their providers.

Massachusetts is home to many excellent physicians who are highly experienced in recognizing Alzheimer's and helping consumers manage the physical, emotional and financial risks related to the disease. However, more physicians with this level of expertise are needed, and families need a reliable source of information to help them find qualified physicians.

Medicare now covers an Annual Wellness Visit, which includes a health risk assessment to detect cognitive impairments. Medical centers, community health centers and state agencies should consider leveraging this opportunity to promote early detection and diagnosis by facilitating outreach and education to primary care physicians and to Medicare recipients in the community.

Safety

People with Alzheimer's disease and their families face increased potential for physical, emotional, and financial harm due to several specific risks, including driving, financial fraud and wandering behavior. Alzheimer's disease affects judgment, shortens attention span and reaction time, impairs visual-spatial ability, sequencing and cognitive mapping skills. Even in its early stages, the disease can increase risk of vehicular accidents and risk of becoming lost, either while driving or on foot.

Wandering is one of the most life-threatening risks associated with Alzheimer's disease. Six out of ten people with Alzheimer's will wander from their homes or care facilities and become lost at some point in their illness. If not found within 24 hours, most will suffer serious injury, and nearly half will lose their lives.¹⁹

Impaired judgment and vision can also turn ordinary household items and situations into potential hazards. Rugs, clutter, electrical cords, poor lighting, lack of handrails, and sharp, breakable or flammable materials are all potential sources of major accidents.

Moreover, one of every five citizens over the age of 65 has been defrauded.²⁰ The National Institutes of Health report that people with Alzheimer's are especially at risk for fraud, and that a loss of ability to manage one's finances is one of the first signs of Alzheimer's disease.²¹ Indeed, financial planners, who work closely with clients, often for many years, may be among the first to notice warning signs on bank and credit card statements that suggest a person's financial skills are deteriorating.^{22, 23}

Public Health

While the greatest risk factor of Alzheimer's disease is advancing age, several chronic diseases and health risks—high cholesterol, Type 2 diabetes, high blood pressure, physical inactivity, smoking and obesity, are associated with a higher risk of developing Alzheimer's and other dementias.^{24, 25, 26, 27, 28} Some evidence suggests that exercise may directly benefit brain cells by increasing blood and oxygen flow.²⁹ Diets that include relatively little red

meat and emphasize whole grains, fruits and vegetables, fish, shellfish, nuts, olive oil and other healthy fats, may also improve cardiovascular and brain health.³⁰ A number of studies indicate that maintaining strong social connections and keeping mentally active as we age might lower the rate of cognitive decline and Alzheimer's.³¹ While none of these lifestyle changes will eliminate the possibility of getting Alzheimer's, continued and expanded public education efforts regarding the potential of a healthy, active lifestyle could delay the onset and reduce the severity of symptoms for thousands of individuals.

Quality of Care

The American Medical Association describes quality of care as “care that consistently contributes to the improvement or maintenance of quality and/or duration of life.”³² Quality of care can be maintained and improved by well designed, engaging, interactive dementia education for staff and supervisors in a number of care settings. Staff equipped with the appropriate skills have greater longevity in their positions, have a higher degree of job satisfaction, have better overall morale, an improved sense of teamwork, and a sense of empowerment.^{33, 34} With community based programs, dementia training for staff enables consumers to remain in their homes for longer or avoid institutional care altogether.³⁵

Training of professional caregivers and other staff with direct contact with consumers improves consumer outcomes and reduces challenging symptoms and, often, the need for psychoactive medications to control behavior. Training reduces consumer falls and improves the overall health of clients through better medications compliance, personal hygiene and nutrition.^{36, 37}

Stage-appropriate, purposeful, cognitively stimulating daily activity has also proven effective in helping consumers reduce challenging behavioral symptoms, reduce the need for psychoactive medications, promote better sleep, maintain independence, improve mood and morale, and reduce falls.³⁸

Thoughtful interior design can help a person with dementia compensate for cognitive losses and remain independent longer.³⁹ Ample lighting, elimination of glare and reflective surfaces, clear pathways, handrails, and contrasting colors can all help improve mood, reduce challenging behaviors, reduce falls, promote self care and keep people safe.

Underserved Populations

Less than half of those, across all demographics, who meet the diagnostic criteria for Alzheimer's disease are actually diagnosed.⁴⁰ There is evidence of even greater disparities in diagnosis and provision of care for certain subsections of the population:

African Americans and Hispanics

Older African Americans are about twice as likely to have Alzheimer's and other dementias as older whites,⁴¹ and Hispanics are about one and one-half times as likely

to have Alzheimer's and other dementias as older whites. No known genetic factors can account for these prevalence differences across racial groups. However, health conditions such as high blood pressure and diabetes, lower levels of education and other differences in socioeconomic characteristics that are risk factors for Alzheimer's disease and other dementias are more common in older African-Americans and Hispanics than in older whites.^{42, 43} In the broader community, only about half of those with Alzheimer's disease or other dementia receive a diagnosis, while there is evidence that missed diagnoses are more common among older African-Americans and Hispanics than among older whites.^{44, 45}

Younger-onset Alzheimer's Disease

There are thousands of Massachusetts residents under age 65 who have Alzheimer's disease. Certain genetic forms of the disease can manifest in people as young as 30 years old. Younger people with Alzheimer's face special challenges, such as raising young children, being forced to change jobs or retire in the middle of their careers, and obtaining benefits not normally available to people under age 60. Diagnosis may be missed as a physician might not consider Alzheimer's as a likely possibility for a younger individual.

Mental Illness and Developmental Disabilities

Approximately 25 percent of older adults with Alzheimer's will develop major depression, and 30 percent will develop symptoms of anxiety.⁴⁶ Discerning symptoms of Alzheimer's—depression, irritability, mood swings—can be especially challenging for someone with a mental illness.

Alzheimer's disproportionately affects people with Down syndrome. It can begin as early as 35, and approximately half of those who live into their sixties will develop the disease. As growing numbers of people with Down syndrome are living longer, dual diagnoses of Alzheimer's and Down syndrome present special challenges surrounding acute and long term care.

People with Down syndrome may have varying baseline abilities and skills, making it difficult to establish benchmarks for assessing symptoms of Alzheimer's. Many have had multiple caregivers, leaving no one to attest to their previous ability. Efforts to teach new skills to maintain independence as the disease progresses are often not effective with people with Down syndrome.

Operationalizing the recommendations of the Alzheimer's State Plan must take into account the needs of these populations, and the challenges that their family and professional caregivers face in obtaining diagnosis, obtaining culturally competent educational materials, and obtaining and providing care.

Research

Research was identified as a major area of interest in listening sessions and focus groups. The scientific community in Massachusetts has for many years been at the forefront of research on Alzheimer's disease and other dementias. The Alzheimer's Association and Elder Affairs will continue to support these cutting edge efforts by encouraging increased federal funding for this critical work, and through continued collaboration with Massachusetts' dementia research community.

Massachusetts is home to two National Institute of Aging-funded Alzheimer's Disease Centers. Over the past 10 years, researchers at these and other institutions in Massachusetts have received more than sixteen million dollars through seventy-eight individual grants from the national Alzheimer's Association to develop and continue some of the world's most innovative dementia studies.

Moreover, the Massachusetts Life Sciences Bill promises to be an effective means of attracting private researchers in dementia to Massachusetts. Public and private research efforts are also bolstered by the work of the Massachusetts Biotechnology Council, an association of biotechnology companies, universities and academic institutions dedicated to advancing cutting edge research through public education and advocacy.

The pioneering efforts of the Alzheimer's Association, Massachusetts Chapter to connect consumers to clinical trials has been replicated on a national level through the Alzheimer's Association's TrialMatch program, a free service that makes it easy for people with Alzheimer's, caregivers, families and physicians to locate clinical trials based on diagnosis, stage of disease, and location.

Based on this analysis of the needs of people with Alzheimer's disease and other dementia in Massachusetts, and the considerable capacity of our private, non-profit, and state and local agencies to meet these needs, the Advisory Committee proposes five recommendations which are detailed in the following section of this report. These recommendations will serve as a roadmap for the integration of an Alzheimer's disease strategy into the Commonwealth's health care reform efforts.

Collectively, the recommendations of the state plan will improve the quality of life, to the highest degree possible, for individuals and families affected by Alzheimer's. They will provide the necessary integration with the medical, insurance, and social services networks to address the increasing numbers of affected individuals. Several studies provide strong evidence that early intervention and increased caregiver support can generate significant net savings for affected families as well as for state and federal governments.^{47, 48}

It is the hope of the members of the Alzheimer's Disease and Related Disorders State Plan Advisory Committee that successful preventative strategies, effective treatments, and a cure will soon be found for Alzheimer's disease. In the interim, The Massachusetts Alzheimer's Disease and Related Disorders State Plan represents a timely, directed and effective roadmap for action.

RECOMMENDATIONS



RECOMMENDATION 1: Improve access to services and information for people with Alzheimer's

GOAL: *Reduce barriers that prevent access to existing medical and social services for all affected by Alzheimer's, and encourage access to non-traditional services (e.g. art/music therapy).*

STRATEGIES TO ACHIEVE THIS GOAL:

- Assess barriers to families living with younger-onset Alzheimer's (under age 65) and develop strategies to enhance support for these families.
- Oversee the dissemination of information regarding available services.
- Explore development and provision of new, potentially beneficial services, as funding permits.
- Develop mid and long range goals for the expansion of private and public funding sources for services for people with Alzheimer's disease.
- Assess availability of medical and social services, and increase availability of those services, as funding permits.

GOAL: *Increase availability of information to consumers with Alzheimer's, family caregivers and professional staff about available supportive dementia care services and long term care programs.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Work with private and public partners to produce and disseminate multi-lingual and multicultural information regarding availability and eligibility criteria for all dementia-related state supported and private services and educate the newly diagnosed and their families on next steps and services. Ensure that this information is available for those with sight and hearing impairments.

GOAL: *Increase availability of information on Alzheimer's health and supportive services to professional caregiving communities as well as other types of businesses.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Work with health and supportive care providers including but not limited to home care agencies and hospice agencies as well as elder law attorneys and area businesses to develop dementia-specific trainings for professionals.



GOAL: *Assess and address availability of transportation to services for individuals who are unable to drive.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Work with the Massachusetts Human Service Transportation office to explore private and public opportunities for expansion and reimbursement of transportation services for people with Alzheimer's disease, including expansion of the "arm to arm" model, in which the driver walks the individual to the door and waits for a caregiver to answer and guide the individual inside.

RECOMMENDATION 2: Improve and expand support and education for Family Caregivers

GOAL: *Enhance respite care opportunities for families coping with Alzheimer's disease and related dementias.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Work with community health and activity centers to develop innovative and low cost opportunities for purposeful living activities for individuals with memory impairment that will also provide respite for caregivers.
- Develop and implement strategies for recruitment of volunteer respite providers through a variety of sources: nursing and other allied medical science schools' intern programs, volunteer organizations, AARP, school volunteer placement offices, etc.
- Assess state and private sector ability to offer enhanced financial incentives, including tax credits or paid time off, for those who give up their income to be full-time caregivers for family members with Alzheimer's and related disorders.

GOAL: *Expand methods of education and support for caregivers and persons with memory impairment.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Collaborate with community partners to recruit support group leaders and maintain support groups in their communities.
- Diversify the support group models to include in-person, telephone and online support groups.
- Expand the Alzheimer's Early Detection Alliance of the Alzheimer's Association to reach community business partners, human resources departments, and employee assistance programs to make educational information available to their employees and customers.
- Coordinate widespread dissemination of multilingual information about the disease process, living with Alzheimer's and care giving strategies.
- Work with the Alzheimer's Association and other community partners to deliver community-based and online educational programs for caregivers and people with early stage Alzheimer's.



RECOMMENDATION 3: Develop an infrastructure for enhanced quality of services within the medical community

GOAL: *Enhance quality of life for people with Alzheimer's by coordinating care at the primary care level.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop strategies to coordinate care across health care setting through early recognition and management of Alzheimer's, and awareness of common medical conditions and health disparities that elevate risk for Alzheimer's and exacerbate its effects, including a process to document any cost savings created through implementation of those strategies.
- Support use of emerging health care models (such as the Commonwealth's Medical Homes Initiative and initiatives promoting best use of Electronic Health Records, Accountable Care Organizations, systems, etc.) as a means to integrate and coordinate dementia care within primary care practices and in community health centers with growing populations of older adults.

GOAL: *Utilize the federal mandate for an Annual Wellness Visit for Medicare recipients to improve diagnosis and quality of care for people with Alzheimer's.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop plans for a multilingual, multicultural awareness campaign for consumers and professionals regarding the Annual Wellness Visit.
- Work with governmental agencies, medical associations, medical providers, health and community support providers and insurers to improve screening for dementia, coordination of medical care and referral for community support and services.

GOAL: *Implement a continuing education track for physicians and other clinicians in all appropriate provider settings about Alzheimer's and safety issues.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Continue to work with appropriate state agencies and professional medical associations to develop approaches and curricula surrounding continuing medical education regarding Alzheimer's and management of safety risks.

RECOMMENDATION 4: Improve public awareness surrounding risk factors and risk reduction for Alzheimer's disease

GOAL: *Complete a full statewide rollout of Silver Alert.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Monitor implementation of Silver Alert and develop and implement a plan for training law enforcement and physicians as to protocols and use of Silver Alert, and educate the public regarding the program.

GOAL: *Develop a public awareness campaign to promote a healthy lifestyle in relation to risk reduction for Alzheimer's.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Work with the Alzheimer's Association to create multilingual, multicultural public service announcements and pursue resources for a public relations campaign to promote Alzheimer's awareness. The campaign may work in concert with a broad range of public and private partners to reach targeted demographics, particularly Latinos and African Americans.

GOAL: *Reduce risk and level of harm created by economic abuse of people with Alzheimer's disease.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Collaborate with the Executive Office of Elder Affairs Banking Reporting Project and Money Management Program, the United States Department of Health and Human Services, the United States Office of the Inspector General, and the Massachusetts Senior Medicare Patrol project to educate consumers and financial professionals regarding risks, prevention and mitigation of abuse and fraud specific to consumers with dementia.

GOAL: *Develop an initiative to improve home safety issues for families affected by Alzheimer's disease.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Work with the Alzheimer's Association to expand availability of home safety information, develop key messaging regarding safety, and develop a plan to disseminate safety information through traditional and non-traditional avenues.

RECOMMENDATION 5:**Create a set of statewide recommendations, guidelines and minimum standards surrounding quality of care in all care settings**

GOAL: *Develop and establish required curricula with minimum of hours of training on dementia for all staff in all relevant care settings.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Determine and develop curricula for multiple services areas (skilled nursing, adult day health, home care, hospital, rehabilitation, etc.) and qualifications for trainers.
- Deliver training to staff in all care settings.
- Create a system to allow portability of training across facilities as staff change jobs.
- Develop strategies to train professionals working with consumers with mental illness and developmental disabilities to recognize and address Alzheimer's within their consumer populations.

GOAL: *Improve opportunities for purposeful living throughout the day and evening to all persons, in all care settings in the state.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Develop and implement standards prescribing minimum hours of activity and purposeful living opportunities at day programs and long-term care facilities, and provide training and guidance to homecare providers on how to provide opportunities for purposeful living in the home setting across all stages of the disease.

GOAL: *Develop a set of best practices for all care settings regarding environmental design for people with dementia.*

STRATEGIES TO ACHIEVE THIS GOAL:

- Determine best standards of practice for safe, secure environments that promote independence for those with dementia and create recommendations around environmental design of non-home care settings.

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Co-Chairs of Steering Committee

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James Wessler	President and CEO, Alzheimer's Association, MA/NH Chapter

† Denotes Work Group Chair
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For more info on the MA Alzheimer's State Plan, please contact either: Sandy Albright, Undersecretary, Massachusetts Executive Office of Elder Affairs at 617-727-7750 or Jennifer Carter, Manager, Advocacy and Community Relations, Alzheimer's Association, MA/NH Chapter at 617-868-6718

For more information about elder services or about Alzheimer's, please contact either: Massachusetts Executive Office of Elder Affairs at 1-800-AGE-INFO (1-800-243-4636) or the Alzheimer's Association at 1-800-272-3900 with 24/7 coverage or reach us at www.alz.org/manh.