

New Mexico State Plan

For Alzheimer's Disease and Related Dementias



Letter of Introduction

The prevalence of Alzheimer’s disease and related dementias is an issue that will soon reach monumental proportions in New Mexico and the nation. Addressing this issue will require a major commitment from a host of individuals, businesses, government agencies and healthcare providers, and a new and vibrant level of collaboration among all those partners.

The Alzheimer’s Disease Task Force was convened by the Aging and Long-Term Services Department in response to this need and pursuant to the passage of HM 20 in 2012. This Task Force worked diligently throughout 2012 and 2013 to create the plan that is now before you. Comprised of more than 60 participants, the Task Force had broad representation from state government, providers, caregivers, tribal organizations, individuals with Alzheimer’s disease, educators, and researchers. We offer special thanks to the Alzheimer’s Association, New Mexico Chapter, which co-facilitated meetings and provided indispensable technical knowledge and support throughout this process. Five work groups, addressing quality of care, caregivers’ needs, research, health care system capacity and public awareness, developed recommendations and goals that were presented to the full Task Force for consideration. Recommendations in this report reflect priorities based on urgent need and immediate impact, but all of the recommendations and strategies put forth by the Task Force and its work groups have been compiled to guide implementation.

The *New Mexico State Plan for Alzheimer’s Disease and Related Dementias* will guide the state in addressing this serious and growing problem. We urge you to study these ideas, goals, recommendations, principles and strategies, and to join in partnership to make a difference in the lives of family members, friends, neighbors, and all those who have been directly affected by this disease. Together, we can fight this growing crisis.

Respectfully,

Susana Martinez, Governor



Gino Rinaldi, Cabinet Secretary
Aging and Long-Term Services Department



Retta Ward, Cabinet Secretary
Department of Health



New Mexico State Plan For Alzheimer's Disease and Related Dementias



Section	Page
I. Letter of Introduction	Inside front cover
II. Executive Summary	5
III. Guiding Principles	7
IV. Key Focus Areas	9
V. The Need	14
VI. The Process	20
VII. Summary of Goals and Recommendations	22
VIII. Conclusion	27

Executive Summary

Alzheimer's disease is a progressive, fatal disease of the brain that destroys mental and physical function. Affecting more than 31,000 New Mexicans and requiring unpaid care from 105,000 family, friends and neighbors, Alzheimer's poses a public health crisis with broad and potentially overwhelming impacts on communities, employers, government resources, the state economy, and the health care system. ⁱ

These challenges promise to become increasingly dire. The greatest risk factor for Alzheimer's disease is age, with a prevalence of one in nine among people 65 and older. As the baby boomer generation ages, New Mexico will see its Alzheimer's population swell to 43,000 by 2025. ⁱⁱ

Reflecting the National Alzheimer's Plan, this state plan addresses the challenges of Alzheimer's disease and related dementias head on, using a comprehensive and multifaceted approach with an emphasis on collaboration and partnerships. The recommended establishment of an Office of Alzheimer's Disease and Related Dementias in the Aging and Long-Term Services Department (ALTSD) will give a home to the plan without expanding state government, and ensure that the networking and collaboration necessary to accomplish the plan's work remain strong and vital.

Goals and recommendations have been developed in key focus areas that specifically address the critical **needs of caregivers**, gaps in the **health care system capacity**, opportunities for significant and New Mexico-specific **research**, the need for **public awareness** to increase access to resources, support and training that mitigate family and societal impacts of dementia, and the need to ensure **quality of care** for people with dementia. All this will be accomplished under guiding principles that recognize the unique context of New Mexico and its citizenry. An annual review of progress will ensure that the plan remains vital and responsive to the growing number of people with Alzheimer's disease, and provide much needed avenues of support to caregivers and family members.

In the coming years, as this state plan is implemented, revisions will be necessary, and new priorities will be identified. The plan is envisioned as a living and evolving document; a platform for action that will improve the lives of so many New Mexicans.



43,000 New Mexicans

will have

Alzheimer's disease by 2025

Guiding Principles

The Alzheimer's Disease Task Force emphasized the following guiding principles in the development of the New Mexico State Plan for Alzheimer's Disease and Related Dementias:

- **Address the rural and frontier nature of the state**
New Mexico has a very sparse population in much of the state, with 14 of the 33 counties having fewer than six people per square mile. This poses challenges in ensuring accessibility of services to all New Mexico residents.
- **Respect and incorporate ethnic and cultural traditions**
New Mexico is blessed with significant cultural and ethnic diversity. To ensure equal access and effectiveness, programs and services must recognize and respect these traditions, and incorporate Hispanic, Native American Indian and other traditions into the delivery of services for individuals with Alzheimer's disease and related dementias, and their families and caregivers.
- **Recognize and address the high rate of poverty in the state**
At 22.2 percent, New Mexico has the highest share of poor people of any state, according to a 2012 Census Bureau report. The state's median income dropped to \$44,270 in the most recent two-year period from \$46,108 in 2009-2010, affecting many individuals and families suffering the ravages of Alzheimer's disease and related dementias.ⁱⁱⁱ Policies and programs that are adopted to address these diseases must incorporate measures to ensure that people living in poverty benefit from them in the same proportion as those of greater means.
- **Ensure that recommendations have action plans**
In order for a state plan for Alzheimer's disease to make a difference in the lives of individuals and families, goals and recommendations must include viable steps to put the plan into action.



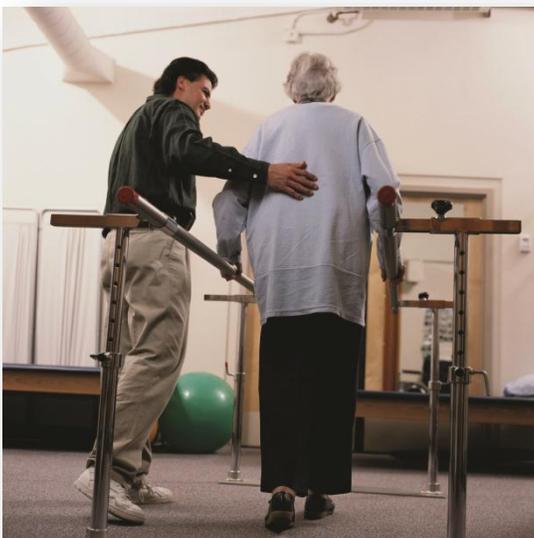
Key Areas of Focus

Quality

Quality is implicit in every aspect of care for individuals suffering from Alzheimer's disease.

It is a critical element that includes both qualitative and quantitative aspects and affects access to care, provider capabilities, personal and health care outcomes, and service delivery.

Literature suggests that the dominant indicator of satisfaction, or quality, is the level to which the direct exchange between care recipients and care givers is viewed as positive – regardless of outcome. Issues of competence and empathy are important. In order to ensure quality in a system of care, continuous improvement, and workforce development, adherence to best practices and attention to metrics are crucial.



A primary recommendation of this work group is the adoption of the Alzheimer's Association Dementia Care Practices as minimum standards for all providers in New Mexico. In order to fully adopt this proposal, measures to promote education and training, and collaborations with new partners will be essential.

Needs of Caregivers

Family members are now, and are expected to remain, the bedrock of care for individuals with Alzheimer's disease and related dementias well into the future.



In fact, 80 percent of care is provided in the community by unpaid caregivers, usually family members. The value of this support is estimated to exceed \$1.4 billion annually.^{iv}

Caregiver needs are a significant issue that necessitates action as part of this state plan. Sixty-one percent of those who care for people with Alzheimer's disease and other dementias report their stress from caregiving as high or very high, and one third report symptoms of depression. Seventy-five percent of caregivers also report being somewhat or very concerned about their own health since becoming caregivers. In New Mexico, caregivers incur higher health care costs than the general population at an estimated \$61 million in 2012. About 60 percent of caregivers reported working full- or part-time, and that caregiving significantly impacted their careers.^v

The work group identified several areas demanding immediate attention, including lack of awareness regarding next steps and feelings of fear, shame, isolation, and guilt. To address these caregiver needs, the plan prioritizes evidence-based caregiving training, support services and enhanced access to available supports through public awareness. As is the case with all key areas of focus, broader coordination and collaboration will be crucial in supporting all dementia caregivers. The report of this work group contains comprehensive recommendations to provide help and support to this critical population.



Health Care System Capacity

It is estimated that in 2010 there were over 31,000 New Mexicans living with Alzheimer's, a number that is expected to increase to more than 43,000 by 2025.^{vi}

The disease promises to significantly impact New Mexico's current health care system, a prospect that is made considerably more problematic due to the rural and frontier nature of the state.

This work group looked at the capacity of New Mexico's existing health care system including care and case management; home and community-based services; long-term care; data collection; legal issues and state government structure.

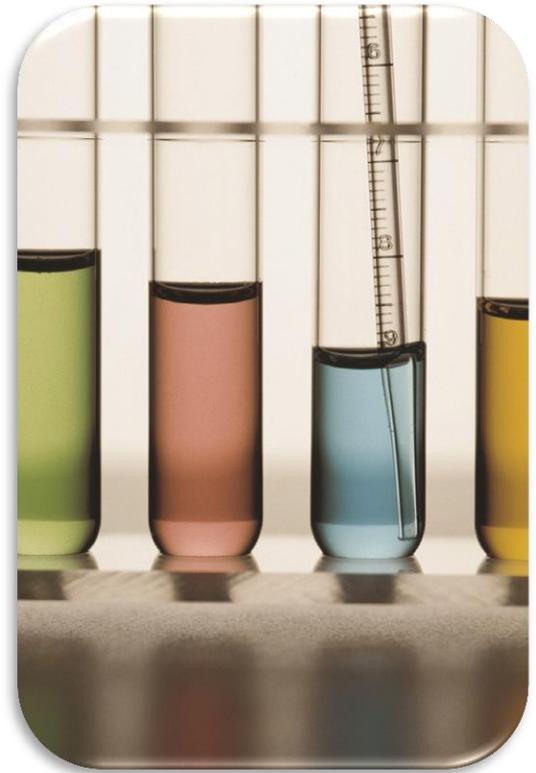


The work group identified serious gaps and overlaps in the existing system of care, and made significant progress on identifying areas where current models of care can be greatly expanded and improved. Although funding for additional services is important, the work group identified regulatory, data collection and analysis, structure, and opportunities for strengthened partnerships that could be pursued without substantial financial output.

Research

New Mexico is in a unique position for advancement in basic science, clinical, and epidemiological research of Alzheimer's disease and related dementias due to the presence of two national laboratories as well as many institutions of higher learning.

These facilities provide unique environments and expertise for basic and applied scientific, medical and social research, and attracting researchers and collaborations from outside the state. Currently, there are no well-established research collaborations between institutions in New Mexico with regard to Alzheimer's disease and related dementias; however, these institutions provide important starting points for building a research consortium and fostering partnerships between researchers and clinicians.



Numerous scientists at these institutions are already conducting research activities related to Alzheimer's disease, providing a foundation for an enhanced and expanded commitment to collaborations and partnerships among these entities.

Important opportunities exist for focused research regarding the incidence, prevalence and manifestation of Alzheimer's disease among the Hispanic and Native American Indian populations due to the tri-cultural nature of our state population.

A key recommendation of this work group is the establishment of an Alzheimer's disease consortium for the purpose of promoting successful and collaborative research in this important field.



Public Awareness

The Task Force was in agreement that public awareness was the foundation upon which virtually all other recommendations could be built.

Although the Alzheimer's Association, New Mexico Chapter created more than 6.9 million media impressions in FY12, delivered 59 community presentations reaching 1622 people and was present at five health fairs throughout the state, with a total estimated attendance of 1400 people, there is general agreement that more people need to be reached with this critical information.



Virtually everyone would benefit from an enhanced understanding of the devastating impact of this disease in our state. A targeted public awareness campaign will generate greatly expanded awareness of Alzheimer's disease, warning signs, prevention, and available resources messaged to specific audiences. Among the key recommendations of this work group is to partner with the state Public Education Department to advance elementary and secondary level curriculum in schools to educate young New Mexicans on the facts of aging, with an emphasis on sensitivity to dementias and the impact of health habits on brain health. Public awareness and dementia resource connection through the expansion of public and private partnerships and inter-entity communication is critical to the overall success of this statewide plan.



The Need



“Dementia” is an umbrella term describing a variety of diseases and conditions that develop when nerve cells in the brain die or no longer function normally.^{vii} Alzheimer’s disease, the most common type of dementia, accounts for about 60 – 80 percent of all cases of dementia, a constellation of diseases and conditions that cause impaired memory and cognition, behavior changes and are ultimately fatal. The growing prevalence of Alzheimer’s disease and related dementias poses undeniable problems for our nation and State in terms of both human cost and economic impact.

A multiplicity of factors converged to create the current crisis in Alzheimer’s disease and related dementias. The challenges of this national epidemic are complicated in our state by a larger than average senior population, severe shortages of primary care providers and other health care practitioners, limited resources, high poverty, and a population which is both rural and culturally diverse.

As baby boomers age, the dementia population is expanding. The greatest risk for Alzheimer’s disease is age, with an incidence of one in nine among people over the age of 65. This is of

particular concern in our state, as New Mexico will rank 4th nationally in the percent of population over the age of 65 by 2030, up from 37th in 2000, with those over the age of 85 identified as the fastest-growing population segment.^{viii}

New Mexico's health care system faces current issues of capacity which will likely be exacerbated by the fast expanding dementia population. According to a May 2013 Department of Health report to the Legislative Finance Committee, New Mexico's supply of healthcare professionals, particularly in primary care, does not adequately address current needs. This problem will be compounded by longer-range demands from population growth and aging.

Of the 4,690 doctors actively practicing in the state, only 1,633, or 35 percent, list their specialty as primary care, and 43.5 percent of New Mexico's practicing physicians report their practice is full or all but closed to new patients.^{ix}

Combined with the dramatic growth of the aging population, this shortage of primary care practitioners seriously compromises the ability of a person suffering from Alzheimer's disease to find accessible and adequate medical care. Delayed diagnosis can deprive people with dementia of medications which improve memory and cognitive performance. Lack of diagnosis can also prevent family caregivers' access to resources, planning tools, and evidence-based

training, degrading quality of life for both families and the person with dementia.

Alzheimer's disease has a profound impact on families. In New Mexico, over 105,000 family and friends provided an estimated \$1.4 billion in unpaid care in 2012. More than 60 percent of family caregivers rate their emotional stress as high or very high and nearly a third report symptoms of depression.



Caregiving takes a toll on physical health as well, and New Mexico's unpaid caregivers incurred an estimated \$61 million in increased healthcare costs in 2012.^x

Dementia caregiving also impacts the workplace. Sixty percent of dementia caregivers are employed full or part-time, and 65 percent of them reported that their caregiving had necessitated changes in their work schedules.^{xi} Caregivers report lost income, lost social security earnings, and lost opportunities to function actively in their larger communities. In town hall sessions conducted throughout 2012, a common theme expressed by family caregivers was a strong sense of stigmatization, and a feeling of isolation. Support for these unpaid heroes, who prevent caregiving costs from falling directly upon government systems, is a critical need in our state.

The cost of caring for individuals with Alzheimer's disease is staggering. According to a study published in the New England Journal of Medicine in April 2013, the per-person yearly cost attributable to dementia is between \$41,000 and \$57,000, depending on the approach used to value informal care. The total cost of dementia to the nation was estimated at between \$157 billion and \$215 billion, with the Medicaid program bearing approximately \$11 billion of this cost. This study supports the conclusion that dementia represents a substantial financial burden on society.^{xii}



The rural nature of the state is particularly challenging, as is widespread poverty. New Mexico has 17 people per square mile, versus more than 87 people per square mile on average in the rest of the country, and 14 of the state's 33 counties qualify as frontier areas, with fewer than six people per square mile.



Our state has a significantly higher rate of poverty among its residents as well, with 19 percent of the population living below the federal poverty level, compared to the 14 percent national average.^{xiii} These factors present serious challenges in designing effective responses to the problem of Alzheimer's disease and related dementias, with a severe scarcity of services in rural and frontier parts of the state, and highly impaired ability to pay privately for services among those living in poverty.



Dementia strategies must also be effective for the state's diverse populations. Within the state, 46.7 percent of the total population is Hispanic and 10.1 percent is Native American Indian according to the United States Census Bureau. These groups constitute a majority of the state's population. Older Hispanics are about one and a half times more likely to have dementia compared with older Anglos, according to the 2013 *Alzheimer's Disease Facts and Figures*.



New Mexico's significant military population, too, faces additional Alzheimer's risk factors. Veterans account for 11 percent of the state's population, according to the U.S. Census Bureau and the New Mexico Department of Veteran Services. Older Veterans who suffer from post-traumatic stress disorder are almost twice as likely to develop Alzheimer's disease and other age-related dementias as Veterans without PTSD.



The multicultural nature of our population, particularly the dominant Native American Indian and Hispanic populations, calls for responses that are culturally appropriate and that recognize precipitating diseases, such as diabetes and obesity, that are prevalent in these populations.

At the same time, opportunities abound in the areas of research, education, and innovation. As one of only two states in the nation with two national laboratories, unique possibilities exist to engage in cutting-edge research targeted to our particular needs and demographics. Research focusing on prevention and healthy lifestyles may prove very fruitful, especially with Hispanic and Native American Indian populations.



According to the Mayo Clinic, while there is currently no proven way to prevent Alzheimer's disease, evidence suggests that it may be possible to lower the risk of the illness by reducing the risk of heart disease.^{xiv} Many of the same factors, such as high blood pressure, high cholesterol, excess weight, and diabetes that increase the risk of heart disease, also increase the risk of Alzheimer's disease and dementia. A review by researchers from the University of California, San Francisco estimated that up to half of Alzheimer's cases are attributable to seven modifiable risk factors: diabetes, midlife hypertension, midlife obesity, smoking, depression, cognitive inactivity or low educational attainment, and physical inactivity.^{xv}

Public awareness campaigns emphasizing the benefits of healthy lifestyle choices and the treatment of chronic, risk-elevating conditions could have significant impact upon the prevalence of dementia.

Beyond research, the state's cultural diversity dictates that caregiver interventions and supports be made locally effective in communities across the state. Community-level public awareness is also needed, to allow for access of such resources.

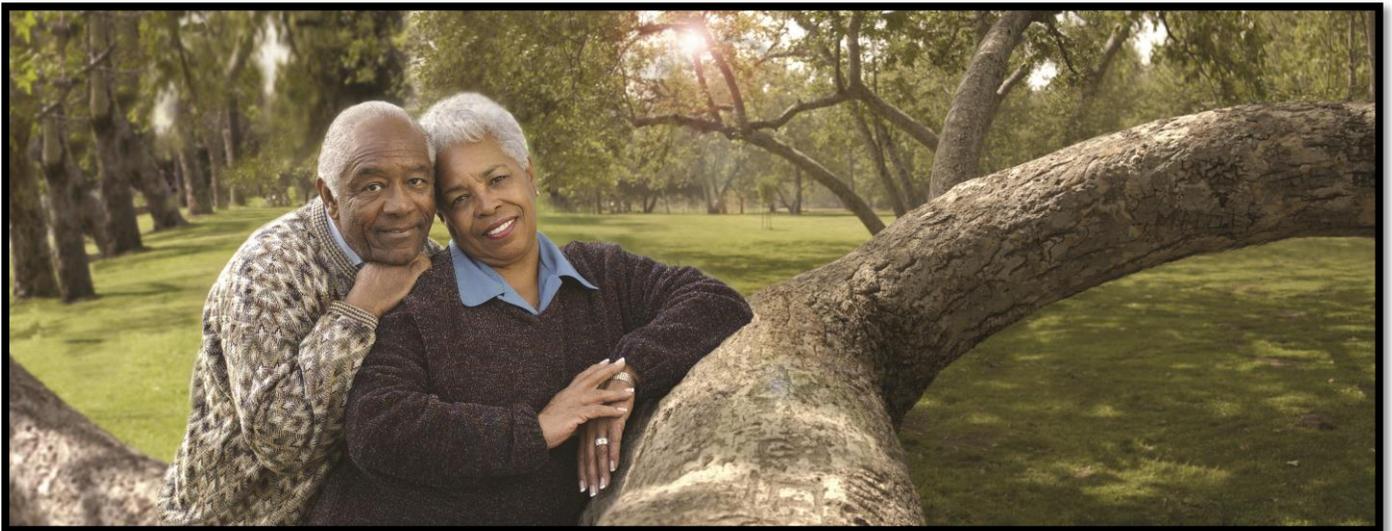
Current efforts to assist Alzheimer's families statewide are significant. ALTSD and its contractors address dementia-related needs with several interventions throughout New Mexico, including all 19 pueblos, two Apache tribes, and the Navajo Nation. The



Department provides funding and technical assistance to the Area Agencies on Aging and the Alzheimer's Association, New Mexico Chapter, which offer an array of caregiver assistance.

The Aging and Disability Resource Center, part of the Department's Consumer and Elder Rights Division, assists in connecting families statewide with respite, training, and available benefits. The Department's Adult Protective Services Division investigates and provides short-term services when an individual with dementia is the victim of abuse, neglect, self-neglect, or exploitation.

The Area Agencies on Aging and their service providers furnished more than 379,000 hours of respite care in fiscal year 2013. For the year prior, the Alzheimer's Association fielded 3,826 Helpline Contacts, reimbursed primary caregivers of people with dementia for 8,842 hours of respite and delivered 147 education events to 2,929 people.



The Association also provides caregiver training in the form of its evidence-based Savvy Caregiver Program. Demonstrated to increase caregiver skill, knowledge, and confidence while reducing caregiver stress, the program reached 216 caregivers with 27 classes offered across the state in 2012.

The Association has partnered with the Southern Area Health Education Center to deliver Cuidando con Respeto, the approved Spanish cultural and linguistic translation of the Savvy Caregiver Program. As of April 1, 2013 the Association was also training more than 30 community members in Savvy Caregiver presentations on the Navajo Nation, at the Chapter Houses in Crownpoint and Burnham, New Mexico.

The Process

The development of this state plan for Alzheimer's disease and related dementias began with the unanimous passage of House Memorial 20 sponsored by Representative Danice Picraux during the 2012 Legislative session. Retta Ward, then cabinet secretary of the Aging and Long-Term Services Department, urgently convened a Task Force and began work on the objectives identified in the memorial, and the New Mexico Task Force for Alzheimer's Disease was born. This effort was continued under the direction of current Aging and Long-Term Services Department Cabinet Secretary Gino Rinaldi. House Memorial 20 identified significant issues surrounding Alzheimer's disease that demanded attention. It delineated the primary purpose of the Task Force, which was to assess the impact of, and make policy recommendations regarding Alzheimer's disease and related dementias in the state. A work plan was developed to establish the process by which the Task Force would accomplish its work, identifying the products that would reflect that work.



The composition of the Task Force included broad representation from state government, health care providers, volunteers, advocacy groups, educators, researchers and, importantly, a person afflicted with Alzheimer's disease and a person caring for someone with Alzheimer's disease.

This dynamic group motivated and inspired each other with their collective wisdom and sensitivity, sharing not only knowledge, but stories and compassion.

The Task Force conducted quarterly meetings beginning in April of 2012. Meetings included presentations of best practices, reports of work groups, and discussion.

Early in the process, the Task Force identified four guiding principles that all agreed were overarching issues that should be incorporated into any recommendations included in New Mexico's State Plan for Alzheimer's Disease. Detailed in Section III, these guiding principles are:

1. Address the rural and frontier nature of the state;
2. Respect and incorporate ethnic and cultural traditions;
3. Recognize and address the high rate of poverty in the state; and
4. Ensure that recommendations have action plans.

Consistent with the recognition that a multifaceted approach would be needed, work groups were formed around the topics of **Quality, Health Care System Capacity, Needs of Caregivers, Public Awareness, and Research**. These became key areas of focus that would inform this overall state plan and lead to detailed goals and recommendations. Work groups were asked to identify gaps and barriers in the current environment for addressing Alzheimer's disease, and to provide descriptions of best practices in the work group's topic area. Additionally, work groups were challenged to identify potential partners for implementation of recommendations. Key findings for these work groups can be found in Section VII of this plan.

Full reports of the workgroups have been compiled and are available to serve as a guide to implement this plan well into the future.

In addition to Task Force and work group meetings, two town hall meetings were conducted; one at the Aging and Long-Term Services Department's New Mexico Conference on Aging in August, 2012, and one at the Alzheimer's Association Caregivers Conference in November, 2012. These sessions were forums for additional input from those not directly participating in the Task Force or work groups, as well as venues for individuals most directly affected by Alzheimer's disease and related dementias to express their concerns and challenges. Finally, written input was solicited statewide on a questionnaire developed by the Alzheimer's Association. The form asked respondents to identify the greatest areas of need and the greatest opportunities to address the growing problem of Alzheimer's disease and related dementias in the state. These responses were valuable in informing the goals, strategies, and objectives identified here.

The plan process set in motion the broad collaboration by which many of this plan's goals are expected to be achieved. All participants, whether Task Force members, work group members, attendees of town hall meetings, or recipients of services, form the basis of the partnerships that will be needed to enact the strategies described herein.

Summary of Goals and Recommendations

Goal One

Develop an Adequate Network Structure

In order to address the crisis of Alzheimer's disease on an ongoing basis and to ensure deliberate implementation of this State Plan, we call upon the Aging and Long-Term Services Department to establish an Office of Alzheimer's Disease and Related Dementias to maintain the plan and accountability for its implementation through the following:

1. Identify current resources and enhance communication and collaboration between these resources in a manner which maximizes their state impact in all areas of the State Plan, including:
 - a. Meeting **Caregiver Needs**
 - b. Elevating **Quality** of care
 - c. Broadening **Public Awareness** of dementia and available resources
 - d. Matching **Health Care System Capacity** to consumer need, and
 - e. Increasing **Research** effectiveness
2. Serve as an advocate and champion for policies, funding and structure to improve public awareness, research, quality, caregiver support, and health care system capacity to address the needs of those with Alzheimer's disease and related dementias in New Mexico, and their caregivers;
3. Align the State Plan with the National Alzheimer's Plan; work with identified partners to develop and implement an integrated quality management system to ensure effective implementation of the goals and strategies of the State Plan;
4. Establish a timeline for implementation of the goals and recommendations, and appropriate metrics to measure success of the strategies; and
5. At least annually, review progress toward achieving the goals of the State Plan.

Goal Two

Expand Public Awareness and Dementia Resource Connections

In order to effectively promote access to essential training and resources across the state's diverse cultures and locations, a public awareness campaign which destigmatizes the disease and caregiving experience must be executed. We call upon the Alzheimer's Association, New Mexico Chapter and the Aging and Long-Term Services Department in collaboration with other partners to do the following:

1. Identify and encourage coordination, collaboration, and inter-entity communication with both public and private, local, State, and federal entities to advance Alzheimer's readiness and dementia capable systems;
2. Conduct a public awareness campaign, particularly addressing the diverse ethnic, cultural, linguistic, and literacy differences in our state;
3. Expand access to culturally appropriate resources and supports for family caregivers and all populations and entities dealing with the care and treatment of individuals suffering from Alzheimer's disease and related dementias;
4. Emphasize the benefits of healthy lifestyle choices in the prevention of Alzheimer's disease, including exercise and healthy eating, and proper treatment of chronic conditions such as diabetes and hypertension;
5. Partner with the Public Education Department (PED) to advance curricula in elementary and secondary schools regarding Alzheimer's disease and related dementias;
6. Enhance community knowledge and access of supports for people living alone with Alzheimer's disease;
7. Publicize availability of public safety training and protections through the Department of Public Safety (DPS) and the New Mexico State Police (NMSP); and
8. Enhance early access to and awareness of both financial planning and medical advanced directives.

Goal Three

Support and Empower Unpaid Caregivers

In order to create an environment in which the needs of essential caregivers are addressed, we call upon the Alzheimer's Association, New Mexico Chapter, the Aging and Long-Term Services Department, and other partners to do the following:

1. Increase access to culturally competent support services, including respite, care coordination, and case management services in a time, manner, and location that meets family needs; and
2. Expand evidence-based caregiver training in a manner that is effective across New Mexico cultures and locations.

Goal Four

Expand Research Opportunities in New Mexico

In order to address the need for research spanning all aspects of Alzheimer's disease and related dementias, we call upon the two national laboratories, the University of New Mexico, New Mexico State University, all other educational and research-based entities, the Department of Health, and the Alzheimer's Association, New Mexico Chapter to do the following:

1. Establish a research consortium overseen by a medical/scientific advisory committee to promote successful and collaborative medical, scientific, and social research in New Mexico;
2. Conduct an annual research symposium incorporating medical, scientific, social, and behavioral research findings and approaches;

3. Study the incidence, impact, and other aspects of Alzheimer's disease and related dementias in New Mexico with a focus on underrepresented populations;
4. Identify and expand existing data sources and develop new data sources; determine how best to ensure analysis and use of data; and
5. Actively seek sources of private and public funding in support of Alzheimer's disease and related dementia research in New Mexico.

Goal Five

Support education and training for a Dementia-competent workforce

In order to ensure widespread and continuing education for and among health care professionals and others invested in aging and long-term care, and in recognition of the increasing number of people with Alzheimer's disease and related dementias, we call upon the system of higher education in New Mexico and other partners to do the following:

1. Re-establish the Geriatric Education Center previously housed at the University of New Mexico in order to ensure widespread availability of expert knowledge and resources; and
2. Expand education and training through collaborations between and among New Mexico state universities, branch colleges, community and technical colleges, and private institutions.

Goal Six

Promote quality in all aspects of Alzheimer's disease care, education, public awareness, and research

In order to ensure adherence to the safest and highest standards of quality for treatment of Alzheimer's disease and related dementia, we call on every entity engaged in addressing Alzheimer's disease and related dementias to:

1. Adopt the National Alzheimer's Association Dementia Care Practices; and
2. Develop and implement strategies to embed them in all service delivery systems.

Conclusion

Execution of the *New Mexico State Plan for Alzheimer's Disease and Other Dementias* will improve life for tens of thousands of New Mexicans.

With enhanced provider training and public awareness, people with Alzheimer's disease and other dementias will receive timely, accurate diagnosis. Such diagnosis will improve their quality of life by increasing access to appropriate services and support, including medications.

Proper diagnosis, provider education, and public awareness also will make unpaid caregivers better prepared. They will receive evidence-based training, respite, and support services which enhance their effectiveness while decreasing their caregiving burden.

The overall result will be better days for caregivers and loved ones alike. Trained and supported, caregivers will suffer less burnout, allowing people with dementia to remain in their communities longer. In institutional settings, the adoption of and adherence to well-established quality of care standards will ensure people with dementia are cared for appropriately.

Over time, lifestyle changes on a large scale will reduce the prevalence of dementia by curbing conditions, such as diabetes and hypertension, which elevate individual dementia risk.

Greater communication and collaboration in dementia research will maximize efforts in the development of effective treatments, interventions, and cures.

All of this will be realized through a broad network of partnerships among public and private entities, many of which were involved with the State Plan process. The central responsibility of the Office of Alzheimer's Disease and Related Dementias is to coordinate this network and develop integrated strategies and actions, which are directed toward implementing the recommendations of this plan and achieving the ultimate goal of improving outcomes for New Mexicans facing Alzheimer's disease and related dementias.

References

The New Mexico Alzheimer's Disease Task Force relied heavily on data, facts, and figures from the National Alzheimer's Association in the preparation of this state plan. This resource and other vital references are listed below.

- AARP Public Policy Institute. *Understanding the impact of family caregiving on work*.
Feinberg, L., & Choula, R.
- Alzheimer's Association (2013). *Alzheimer's disease facts and figures*
- Alzheimer's and Related Disorders Task Force (1992). *Interim report to the New Mexico State legislature*
- Con Alma Health Foundation & New Mexico Association of Grantmakers (2012).
EngAGE New Mexico: promoting and strengthening grantmaking in New Mexico to support an aging population
- Duke University Medical Center (2007). *The aging, demographics, and memory study (ADAMS)*
- Family Caregiver Alliance (2012). *Family caregiving and transitional care: a critical review*.
Gibson, M.J., Kelly, K. & Kaplan, A.
- Hurd, M., Martorell, P., Delavande, A., Mullen, K., & Langa, K. (2013, April 4). *Monetary Costs of Dementia in the United States*. *New England Journal of Medicine*
- Kaiser Family Foundation (2013). *Medicaid's role in meeting the long-term care needs of America's seniors*
- Mueller, M. (2007). *Alzheimer's disease in New Mexico, 1995 – 2004*. *New Mexico Epidemiology*, 2002 (2)
- National Alliance for Caregiving (2011). *Caregiving costs: declining health in the Alzheimer's caregiver as dementia increases in the care recipient*
- New Mexico Aging and Long-Term Services Department. *Workforce development, training and professionalism for New Mexico's paid personal caregivers*. Calderwood, D.

North Dakota Legislative Long-Term Care Committee (2007). *Dementia-related services – background memorandum*. Muus, K., Volkov, B., Klug, M.G., Mueller, J. and Haley-Franklin, H.

State of California. *California's State Plan for Alzheimer's Disease: An Action Plan for 2011–2021*

State of Utah. *Utah's State Plan for Alzheimer's Disease and Related Dementias; Action Plan for 2012-2017*

United States Census Bureau (2010). *State and County Quick Facts*

Endnotes

- i Alzheimer's Association (2013) *Alzheimer's disease facts & figures*
- ii Alzheimer's Association (2013) *Alzheimer's disease facts & figures*
- iii United States Census Bureau (2010)
- iv Alzheimer's Association (2013) *Alzheimer's disease facts & figures*
- v Alzheimer's Association (2013) *Alzheimer's disease facts & figures*
- vi Alzheimer's Association (2013) *Alzheimer's disease facts & figures*
- vii Alzheimer's Association (2013) *Alzheimer's disease facts & figures*
- viii United States Census Bureau (2000)
- ix Department of Health and Allied Agencies (2013). *Adequacy of New Mexico's healthcare systems workforce*.
- x Alzheimer's Association (2013) *Alzheimer's disease facts & figures*
- xi Alzheimer's Association (2013) *Alzheimer's disease facts & figures*
- xii Hurd, M., Martorell, P., Delavande, A., Mullen, K., & Langa, K.. (2013) *Monetary costs of dementia in the United States*. *NEngl J Med* 2013; 368:1326-1334 [April 4, 2013](#) DOI: 10.1056/NEJMsa1204629
- xiii United States Census Bureau. (2010) *State and county quick facts*
- xiv <http://www.mayoclinic.com/health/alzheimers-disease/DS00161/DSECTION=prevention>
- xv Wang, S., (April 11, 2011). *Lifestyle changes can reduce risk of Alzheimer's disease*
<http://online.wsj.com/article/SB10001424052702303795304576454110940969044.html>

Acknowledgements

Gino Rinaldi

Cabinet Secretary

New Mexico Aging and Long-Term Services Department

Retta Ward

Cabinet Secretary

New Mexico Department of Health

Myles Copeland

Deputy Cabinet Secretary

New Mexico Aging and Long-Term Services Department

Agnes Vallejos

Executive Director

Alzheimer's Association, New Mexico Chapter

Fred Schaum

Director of Policy and Planning

New Mexico Aging and Long-Term Services Department

Tracy Wohl

Program Manager

New Mexico Aging and Long-Term Services Department

Karen Wells, RN, MPA

Writer and Task Force Facilitator

Karen Wells Consulting

Kate Dauber

Office of Policy and Planning

New Mexico Aging and Long-Term Services Department

Plan Layout and Design

Members and Participants

Tracy M. Alter

Senior Director of Member Services

New Mexico Health Care Association

Cindy Anderson, Executive Director

New Mexico PeopleWorks

Lynne Anker-Unnever, Director, Aging Network Division

New Mexico Aging and Long-Term Services Department

Thelma Atsye

Savvy Caregiver Program

Pueblo of Laguna

Dave Baldrige

International Association for Indigenous Aging

Randella Bluehouse, Executive Director

National Indian Council on Aging

Aaron Boyd, General Manager

New Mexico Interactive

Doug Calderwood, Chief, Employment Programs Bureau

New Mexico Aging and Long-Term Services Department

Britt Marie Catron, Director, Office of Primary and Rural Health

Public Health Division

New Mexico Department of Health

Regina Chacon, Bureau Chief

*Law Enforcement Record Bureau
New Mexico Department of Public Safety*

Ellen Costilla, Healthcare Operations Manager

*Medical Assistance Division
New Mexico Human Services Department*

Muffet Foy Cuddy, Director of Government Affairs

New Mexico Department of Transportation

Rosalyn Curtis, Director

Navajo Area Agency on Aging

Prudencia Denetclaw

*Savvy Caregiver Program
Pueblo of Laguna*

Theresa Encinias, Information and Assistance Supervisor

*Aging and Disability Resource Center
New Mexico Aging and Long-Term Services Department*

David Esquibel, Person with Alzheimer's Disease

Advocate for Alzheimer's Disease

Ray Espinoza, Director, Indian Area Agency on Aging

New Mexico Aging and Long-Term Services Department

Sydney Eusepi, Program Manager

La Vida Felicidad

Sondra Everhart, State Long-term Care Ombudsman

New Mexico Aging and Long-Term Services Department

Beatriz Favela, LMSW, Program Operations Director

Southern Area Health Education Center, New Mexico State University

Sue Foley, Certified Nursing Assistant specializing in dementia

Musical Director, The Alzheimer's Café, Santa Fe, New Mexico

Emily Freede, AoA-NMAO Project Specialist

National Indian Council on Aging

Lance Freeland, Executive of Business Development
Freeland, LLC

Joie Glenn, Executive Director
New Mexico Association for Home and Hospice Care

Gnana S. Gnanakaran, PhD, Principle Investigator
Los Alamos National Laboratory

Lorrie Griego, Program Manager
Advance Care Planning, Presbyterian Healthcare

Ruth Ann Greuling, MA
Grants Development
Healthy Aging and Long-Term Services

Nancy Guinn, M.D., Medical Director
Presbyterian Home Healthcare

Emmanuel Gutierrez, Sergeant
New Mexico State Police

Carla Herman, M.D., Chief, Division of Geriatrics and Palliative
Medicine
Department of Internal Medicine
University of New Mexico

Mireya Herrera, Senior Project Manager
New Mexico Interactive

Janice Knoefel, M.D., Professor
Department of Internal Medicine
University of New Mexico

Karen Leekity, Elderly Services Director
Zuni Senior Center Adult Day Care

Suzette Lindemuth, Director
Center for Ageless Living

Tony Louderbough, Deputy Director
Adult Protective Services Division
New Mexico Aging and Long-Term Services Department

Eric Lujan
New Mexico Indian Council on Aging

Ron Lujan
New Mexico Indian Council on Aging

Tony Lynn, Director, Policy Coordination and Public Affairs
New Mexico Department of Public Safety

Jenny Martinez, Director
Non-Metro Area Agency on Aging

Norman L. Martinez, Director
Santa Clara Regional Adult Day Care Center

Barbara Michels, Board Member and Volunteer
Alzheimer's Association, New Mexico Chapter

Patrick Mooney, Deputy Cabinet Secretary
New Mexico Department of Public Safety

Autumn Monteau, General Counsel
New Mexico Indian Affairs Department

Linda Morales, Director, Community Long-Term Care Services
Laguna Rainbow Corporation

Wendy Neufeld, Director of Operations and Marketing
New Mexico Interactive

Barbara Owens, Owner
We Care Services

Danny K. Placencio, Manager
*City of Albuquerque/Bernalillo County
Area Agency on Aging*

Allison Poehler, Post-Baccalaureate Student
Los Alamos National Laboratory

Janet Popp, PT, MS
University of New Mexico

Roxroy A. Reid, CSW, LISW, Case Manager/ Social Work
University of New Mexico Hospital

Fred Schaum, Director, Policy and Planning
New Mexico Aging and Long-Term Services Department

Connie Sedillo, Program Specialist II
City of Albuquerque/Bernalillo County
Area Agency on Aging

Lena Smith, PhD, COO/Clinical Director
Retreat Healthcare

Michele Tyson-March, Director of Field Operations
New Mexico Department of Veterans Services

Gene Varela, State Director
AARP New Mexico

Maria Zamora-Hughes, MBA, Executive Director
InnovAge Greater New Mexico PACE

Information and Resources

State of New Mexico

Aging and Long-Term Services Department

2550 Cerrillos Road

P.O. Box 27118

Santa Fe, New Mexico 87502-7118

505-476-4799

Statewide toll-free: 866-451-2901

Aging and Disability Resource Center

2550 Cerrillos Road

P.O. Box 27118

Santa Fe, New Mexico 87502-7118

505-476-4846

Statewide toll-free: 800-432-2080

TTY: 505-476-4937

Alzheimer's Association

New Mexico Chapter

9500 Montgomery Boulevard, NE
Suite 121

Albuquerque, New Mexico 87111

505-266-4473

24/7 Helpline: 800-272-3900

