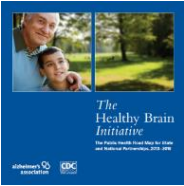


**Minnesota Gerontological Society
Center on Aging
MAGEC**

Co-sponsored Webinars

The Healthy Brain Initiative
with Jan Mueller, VP for Government Affairs
Alzheimer's Association MN/ND



The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships

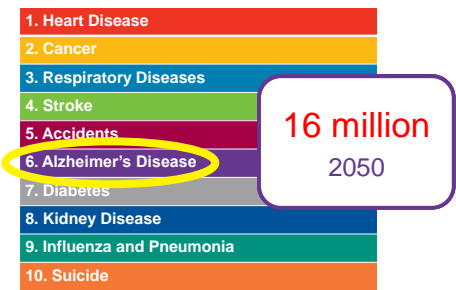
Origin of the Healthy Brain Initiative

- 2007: Road Map first published
- 2012: National Plan first published
- 2013: New edition of the Road Map

Guiding Principles of the Road Map

- Address cognitive functioning along a continuum
- Commit to promoting health equity
- Stay grounded in science

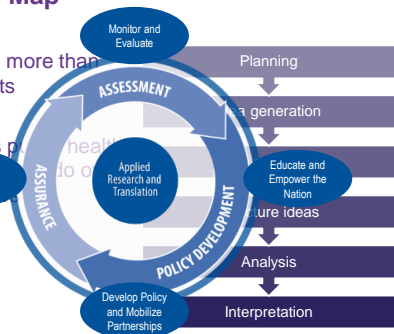
Alzheimer's is a public health crisis



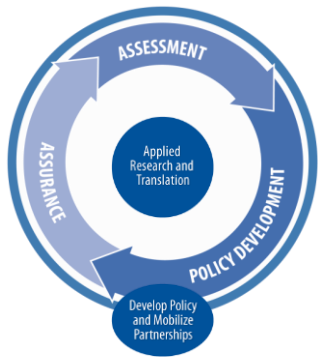


The Road Map

- Input from more than 280 experts
- 35 actions plan for health care to combat Alzheimer's disease



Conceptual Framework Linked to Core Functions of Public Health



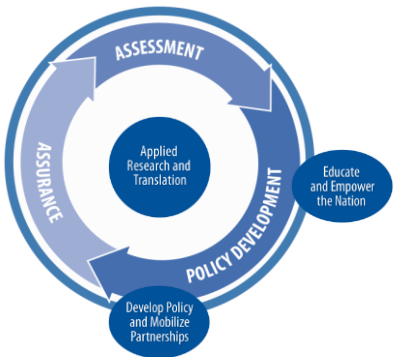
L. Anderson, CDC Healthy Aging Program

Develop Policy and Mobilize Partnerships

- P-01: Develop, implement, and maintain state Alzheimer's disease plans.
- P-02: Integrate cognitive health and impairment into state and local government plans (e.g., aging, coordinated chronic disease, preparedness, falls, and transportation plans).

Develop Policy and Mobilize Partnerships

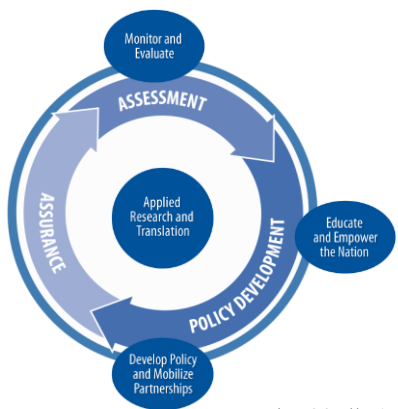
- P-03: Incorporate cognitive health and impairment into state and local public health burden reports.
- P-04: Integrate Healthy People 2020 objectives on “Older Adults” and “Dementias, including Alzheimer’s disease” topic areas into state-based plans.



L. Anderson, CDC Healthy Aging Program

Educate and Empower the Nation

- E-03: Provide links on state and local public health websites to Alzheimer’s disease resources, including alz.org and alzheimers.gov.
- E-07: Promote advance care planning and advance financial planning to care partners, families, and individuals.
- E-08: Educate and increase local participation in clinical trials on cognitive health and impairment.



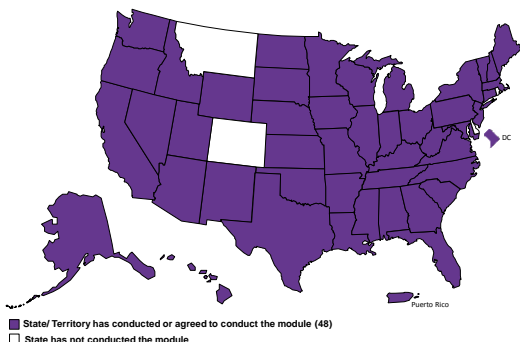
L. Anderson, CDC Healthy Aging Program

Monitor and Evaluate

M-01: Implement the BRFSS Cognitive and Caregiver Modules.

- M-02: Use surveillance data to enhance public health programming (e.g., link data to falls prevention work).
- M-06: Include cognitive health and impairment in local needs assessments.

BRFSS Cognitive Module
2011 - 2014

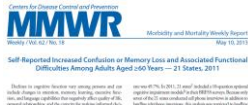


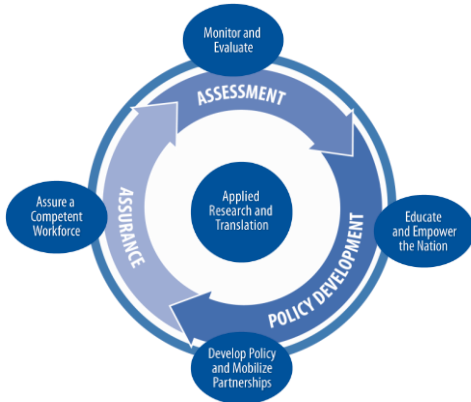
■ State/Territory has conducted or agreed to conduct the module (48)
□ State has not conducted the module

First Data from BRFSS Cognitive Module – 22 States

DATA FROM THE 2011 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

- **12.9 percent** of 60+ report memory loss
 - **80 percent** have not talked to a health provider
 - **1 in 3** say memory loss has interfered with household activities and/ or work
 - **One-third** live alone





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Assure a Competent Workforce

- W-03: Support efforts to educate health care providers about the early signs of dementia.
- W-06: Educate health care providers about validated cognitive assessment tools.

What Public Health Can Do

- Provide links on public health agency websites
- Integrate cognitive health and impairment into relevant state and local government plans (transportation, aging, falls, etc.)
- Identify appropriate roles of community health workers and others in the care coordination of persons with dementia

Continued

- Increase public awareness about dementia and promote early diagnosis
- Support continuing education efforts for health care providers
- Offer counseling to individuals and their care partners
- Educate health care providers about validated cognitive assessment tools

In Summary

- We must ensure we better understand the public health burden of cognitive decline, as well as monitor trends over time.
- To do this, we must use the Behavioral Risk Factor Surveillance System cognitive and caregiver modules.

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Acknowledgements

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**Minnesota Gerontological Society
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Co-sponsored Webinars

Next Webinar – October 7 at noon
Ethics in Aging
with Rosalie Kane, Ph.D.
