

Alzheimer's Disease State Plan Digest

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California Takes Lead in Planning for Startling Rise in Alzheimer's Disease

In 2008 the Alzheimer's Association sponsored legislation authored by Senator Elaine Alquist (D-Santa Clara) that sparked a movement among physicians, researchers, nurses, social workers and caregivers to identify the most pressing needs for people living with Alzheimer's disease and the family and friends who care for them. On September 21st – World Alzheimer's Day – advocates, people living with the disease and leaders in the field gathered at the State Capitol to launch an ambitious one-year planning process for California. Under the auspices of California's Health and Human Services Agency, a 22-member task force was appointed. Their expertise is augmented by subject matter experts who have joined one of three subcommittees focused on the highest priority issues.

This effort would not be possible without generous financial support to the Alzheimer's Association by four private foundations: The SCAN Foundation, The California Endowment, Archstone Foundation and The Rosalinde and Arthur Gilbert Foundation.

Led by Joshua Chodosh, M.D., a UCLA faculty member who holds a joint appointment with the Veteran's Administration, and Sherrie Matza, a devoted family caregiver and passionate advocate, the task force set an aggressive agenda at the outset. They will develop a California State Plan for Alzheimer's Disease setting a 10 year public policy roadmap. This is the first time this has been done since 1987 – more than 20 years ago and before issues of aging baby boomers and cognitive impairments became well known. Today, this is the fastest growing demographic, and increasingly Alzheimer's is a leading cause of death in California.

Since September, the task force has met again and its three subcommittees have convened. All told, more than 40 experts have spent close to 30 hours in working meetings to discuss the issues and strategize solutions. To date, the leading issues are:

1. **INCREASE** awareness of general aging and Alzheimer's disease specifically among the general population to reduce stigma and embrace interventional preventive services and early interventions;
2. **OBTAIN** accurate diagnosis and follow-up supports for the person with Alzheimer's disease or related dementias;
3. **SUPPORT** the primary caregiver in his/her efforts to provide for the person with dementia;
4. **OFFER** a comprehensive and interdisciplinary plan for the person with the disease from the earliest stage through end of life. Look to a "medical home" model to ensure continuity;
5. **ACCESS** evidence-based best practices and cutting-edge research to attain optimal health and function;
6. **IMPROVE** on informal training and formal education in the areas of geriatrics, gerontology and care for the elderly, especially those with Alzheimer's disease or a related dementia.

In early 2010, the task force will announce a series of key public policy forums focused on health care financing, end of life and palliative care, and workforce training and development issues. In addition, persons in the early stages of the disease and their caregivers will participate in focus groups around the state. This follows fifteen community meetings with over 800 participants in 2009. Last, an online survey will be launched in March 2010 to provide a forum for isolated or remote caregivers who want their voices to be heard.

Procedurally, the task force reports to the Secretary of Health and Human Services' Alzheimer's Disease Advisory Committee. Their next meeting is January 14, 2010 in Sacramento and is open to the public.

To learn more about this process,

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