2022 – 2025 Vermont Action Plan for Alzheimer's Disease, Related Dementias & Healthy Aging

VERMONT
DEPARTMENT OF HEALTH

Acknowledgements

Partners in the development and enactment of this plan:

- AHS Abenaki Equity Workgroup
- Alzheimer's Association, Vermont Chapter
- Alzheimer's Disease and Related Dementias Hub & Spoke Workgroup
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- Vermont Center for Independent Living
- Vermont Department of Disabilities, Aging and Independent Living (DAIL)
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- Vermont Department of Mental Health
- Windham County Senior Healthcare Collaborative

VERMONT
AGENCY OF HUMAN SERVICES
DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING
DEPARTMENT OF HEALTH

Our fellow Vermonters,

Alzheimer's Disease and related dementias are public health priorities. The Department of Health (VDH) and the Department of Disabilities, Aging, and Independent Living (DAIL) are committed to creating a state where all Vermonters can experience healthy aging, which benefits individuals, families, businesses, and communities alike. With a growing, diverse set of partnerships, we are creating a state which promotes brain health and its link to physical and mental health and well-being across the lifespan. We are excited to be leading this charge through our Health Department's Alzheimer's Disease and Healthy Aging Program and the State Unit on Aging at DAIL as well as a network of community, clinical and non-profit partners who are central to this effort.

Alzheimer's Disease is the fifth leading cause of death in Vermont. Among the nation, Vermont ranks 33rd for the age-adjusted death rate of Alzheimer's Disease. By 2025, the number of Vermonters aged 65 and older diagnosed with Alzheimer's Disease is projected to reach 17,000 – an increase of 31% since 2018. Moreover, 7% of Vermonters report subjective cognitive decline, a form of cognitive impairment and one of the earliest noticeable signs of Alzheimer's Disease or a related dementia. Alzheimer's Disease and other dementias impact not only the individual diagnosed, but their caregivers and families. Over 30,000 Vermonters are care partners to a family member with Alzheimer's Disease or a related dementia, providing millions of hours of unpaid care annually. The emotional and physical burden of caregiving exacts a heavy toll.

Memory loss is not an inevitable part of aging. Earlier detection and diagnosis of dementia, reducing dementia risk, supporting brain health and the well-being of caregivers, in addition to ensuring effective management of co-morbidities for individuals living with dementia are the strategies of our public health response. Despite the ramifications of the pandemic, the forging, expansion and leveraging of partnerships to address dementias has been accomplished. We've made substantive progress toward our goal of increasing the capacity of primary care practices to detect, diagnose and manage dementias. These efforts will evolve and continue to ensure that Vermonters, whether living in a city or in a more remote town, will be able to access timely, effective care in a local, familiar setting.

We are also actively collecting and sharing data, supporting primary and secondary prevention strategies, and implementing brain health related campaigns to increase awareness of how to reduce dementia risk.

Though we have achieved much, there is a long road ahead. This **Action Plan for Alzheimer's Disease, Dementias and Healthy Aging** lights the way with goals that require a multi-sectoral response. These strategies and their associated activities align with the *National Healthy Brain Initiative Road Map* and the *National Plan to Address Alzheimer's Disease*. Our state action plan includes priorities of our stakeholders in this work here in Vermont as well as those set forth nationally. Many Vermonters provided input during the development of this plan, and we need your help to realize its success.

We look forward to our future progress and to the realization of goals that enable Vermonters with dementia to remain at home in communities that are age- and dementia- friendly, to access effective dementia and chronic disease management in the primary care setting and through My Healthy VT, and to have family caregivers whose well-being is supported by employers, healthcare professionals, neighbors, and the community at large.

Our partnerships put us in a strategic position to support and carry out work that supports the brain health, general health, and well-being of all Vermonters. We will measure our progress annually and look forward to remaining in touch.

Sincerely,

Mark Levine, MD
Commissioner, Vermont Department of Health

Monica White
Commissioner, Vermont Department of Disabilities, Aging and Independent Living

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About Alzheimer's Disease and Related Dementias (ADRD)

Dementia is a progressive loss of cognitive functions such as thinking, remembering and reasoning that interferes with a person's daily life and activities.[1] There are several different forms of dementia, and a person's symptoms can vary depending on the type of dementia they have.

The five most common forms of dementia are dementia brought about by Alzheimer's Disease (accounting for 60-80% of cases), Frontotemporal dementia, Lewy body dementia, vascular dementia, and Parkinson's disease. Currently, there are no cures for these diseases. However, there is substantial research in progress to understand how these conditions change our brains and how those changes can be slowed or prevented.

In this document, we use the term *dementias* to refer to Alzheimer's Disease and other forms of dementia.

For more information about dementias, visit the Alzheimer's Association and the National Institute on Aging, and the National Institute of Neurological Disorders and Stroke.

1. Sachdev, Perminder S et al. "Classifying neurocognitive disorders: the DSM-5 approach." *Nature reviews. Neurology* vol. 10,11 (2014): 634-42. doi:10.1038/nrneurol.2014.181

National data points toward disparities in dementia rates

An estimated 6.2 million Americans aged 65 and older were living with Alzheimer's Disease in 2021. This number could grow to 13.8 million by 2060 barring the development of medical breakthroughs to prevent, slow or cure Alzheimer's Disease.[2] Certain populations face greater risk for dementia.

Older Adults: Age is the greatest risk factor for dementia. 5% of people aged 65 to 74, 14% of people aged 75 to 84, and 35% of people aged 85 and older have Alzheimer's Disease.[3]

Younger Adults: Younger-onset Alzheimer's Disease or other younger-onset dementias occur before age 65, though the prevalence is less clear. Frontotemporal Dementia is much more common in younger people with dementia than in older people. Causes of younger-onset dementias include genetics, types and frequency of brain injury, cardiovascular disease, psychiatric illness, and heavy alcohol use. Diagnosis rates among privately insured individuals ages 30 –64 years increased by 200% between 2013-2017.[4]

Women: Almost two-thirds of Americans with Alzheimer's are women. On average, women live longer than men, making it more likely for them to reach the ages of greatest risk.[5] There is emerging evidence that suggests there may be unique biological reasons for these differences beyond longevity alone. More in-depth investigation of any biological and environmental mechanisms that put women at greater risk than men are necessary.

Black Americans: Older Black Americans are about twice as likely to have Alzheimer's or other dementias as older white Americans. Systemic racism, and historical and present-day policies that have detrimental impact on the economic status, employment, and housing opportunities of Black Americans are likely contributing factors to increased chronic disease rates and a greater risk for dementia.[6]

Hispanic Americans: Older Hispanics are about 1.5 times as likely to have Alzheimer's or other dementias as older whites.[2] Hispanics, like African Americans, are frequently diagnosed at a later stage disease, when cognitive and physical deficits are more marked.

2. Alzheimer's Association, 2022Alzheimer's Disease Facts and Figures
3. Rajan KB, et al. Population estimate of people with clinical AD and mild cognitive impairment in the United States (2020-2060). Alzheimers Dementia 2021;17. In press.
4. BlueCross BlueShield, Early-Onset Dementia and Alzheimer's Rates Grow for younger American Adults
5. Chêne G, et al. Gender and incidence of dementia in the Framingham Heart Study from mid-adult life. Alzheimers Dementia 2015;11(3):310-20.
6. Alzheimer's Association, Alzheimer's Impact Movement, March 2020, Race, Ethnicity & Alzheimer's. https://aaic.alz.org/downloads2020/2020_Race_and_Ethnicity_Fact_Sheet.pdf

National data points toward disparities in dementia rates, continued

Native Americans: Recent population-based evidence suggests that 1 in 3 Native Americans will develop dementia. Due to the historical and ongoing trauma from colonization, Native Americans have high rates of diabetes, high blood pressure, and heart disease compared with other populations.[7] Native Americans have the highest hospitalization rate for traumatic brain injury (TBI) in comparison to other racial and ethnic groups in the U.S. When compared with other populations, TBI death rates are greatest among Native Americans and Alaskan Natives at any age.[8]

People with Down Syndrome: Estimates suggest that 50% or more of people with Down Syndrome will develop dementia due to Alzheimer's Disease as they age. By age 40, most people with Down Syndrome have cellular changes associated with Alzheimer's Disease.[9]

Prison Population: Incarcerated individuals have a higher prevalence of hypertension, diabetes, myocardial infarction, asthma, arthritis and cervical cancer. Higher rates of chronic disease may increase risk for dementia. The risk of dementia among incarcerated individuals may be higher due to low educational attainment, higher rates of psychiatric morbidities, traumatic brain injuries and accelerated aging and its associated risk factors .[10]

LGBTQIA+: LGBTQIA+ individuals have increased risk of depression, cardiovascular disease, obesity, alcohol and tobacco use and lower rates of preventive screenings, all of which elevate the risk for Alzheimer's Disease and related dementias. Older LGBTQIA+ adults are more likely to experience social isolation and stigmatization as they age, making it difficult to find support. [11]

Social Determinants of Health (SDOH) are conditions in the environments where people live, work, learn, play worship and age. Upstream factors such as access to educational and employment opportunities affect physical health and mental health and quality of life and often contribute to wide health disparities and inequities. Our ability to age healthfully is determined, in large part, by these factors. Marginalized populations have a higher risk of chronic disease development, depression, and cognitive decline. To promote healthy aging, VDH engages in building an inclusive network of partners some of which are not traditionally viewed as health serving organizations. We continue to work toward a multi-sectoral approach to address bias, decrease, stigma, raise awareness, shift societal norms and establish policies that ensure all Vermonters live in environments that support health and well-being.

7. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=34
8. Rutland-Brown W, et al. (2005). Traumatic brain injury hospitalizations among American Indians/Alaska Natives. J Head Trauma Rehabil. 20(3),205-214.
9. Snyder, H. M., et al. (2020). Further understanding the connection between Alzheimer's disease and Down syndrome. Alzheimer's & Dementia Journal, 16(7), 1065–1077. https://doi.org/10.1002/alz.12112
10. Maschi, T., et al. (2012). Forget me not: Dementia in prison. The Gerontologist 52 (4), 441-451
11. Alzheimer's Association and SAGE: Advocacy and Services for LGBT Elders. 2019. Issues Brief: LGBT and Dementia. https://www.alz.org/media/documents/lgbt-dementia-issues-brief.pdf

Our Call to Action: Dementia in Vermont

Vermont is one of the most rapidly aging states in the United States, with 20% of residents aged 65 or older. It is the second oldest state and in the top four states with the highest percentage of adults 65 and older.[12]

The population of Vermonters 65 and older is projected to increase to an estimated 24% of the population by 2030.

Alzheimer's Disease accounts for 80% of the dementia diagnoses in the U.S.[13] and is Vermont's fifth leading cause of death.[14] In 2020, approximately 13,000 Vermonters aged 65 and older were estimated to have Alzheimer's Disease, and projections indicate that by 2025 the number of people in Vermont with Alzheimer's Disease will increase 31% to 17,000. [15]

An estimated 65% of older adults with Alzheimer's or other dementias live in the community, which makes early interventions, including robust screening efforts, and earlier diagnosis, critical for population health and to enable residents to age in place.

Subjective cognitive decline in Vermont

Subjective cognitive decline (SCD) is the self-reported experience of worsening or more frequent confusion or memory loss. SCD may have several causes and may be predictive of Mild Cognitive Impairment (MCI) and Alzheimer's disease or a related dementia.[16]

In 2020, 7% of Vermont adults 45 and older reported they experienced worsening confusion or memory loss in the last year. Of Vermonters who reported cognitive decline, 50% have discussed their confusion or memory loss with a health care professional or have had someone discuss it on their behalf.

There are disparities in the rates of SCD. For example, SCD is six times higher among adults with a disability, compared with those with no disability (19% vs. 3%, respectively). Adults whose household income was lower than <$25K have a significantly higher rate of cognitive decline (14%), compared to adults with higher household income levels (≤8%). [17]

12. Vermont Agency of Human Services Department of Disabilities Aging and Independent Living, 2018
13. Alzheimer's Association, 2022Alzheimer's Disease Facts and Figures
14. National Center for Health Statistics, 2019
15. Alzheimer's Association, 2022 Alzheimer's Disease Facts and Figures
16. Centers for Disease Control and Prevention, Subjective Cognitive Decline.
17. Behavioral Risk Factor Surveillance System, 2016.

Vermont's response to dementia as a public health priority

Over the past several decades, one of the ways Vermont has been supporting healthy aging is its response to the emerging public health crisis of dementia. Beginning in the 1990s with the creation of the Governor's Commission on ADRD, a growing network of partners are setting the stage for infrastructure building efforts and the beginnings of an orchestrated response to dementias. Collaboration between VDH and DAIL supported by funding from the CDC underpin these efforts.

Hub & Spoke ADRD Workgroup

The Vermont Hub and Spoke ADRD Initiative, a collaboration between VDH, DAIL and health system partners begun in 2018, is an effort to increase screening, diagnosis and care for people living with dementia and their care partners by increasing capacity among primary care providers (PCP) and their teams. The workgroup began as an unfunded entity comprising individuals passionate about reducing the burden of dementia in Vermont. The Hub and Spoke ADRD workgroup includes: DAIL, UVM Medical Center Memory Program, UVM Center on Aging and School of Nursing, Vermont's Area Health Education Council (AHEC), Vermont Association of Hospitals and Health Systems, Bi-State Primary Care Association, OneCare VT (ACO), VT chapter of the Alzheimer's Association, the VT Healthcare Association, Alzheimer's Disease and Healthy Aging Program.

Governor's Commission

The Vermont Legislature established the Governor's Commission on Alzheimer's Disease and Related Disorders in 1991. The Commission's mission is to:

- Identify key public policy issues related to dementia.
- Educate the public and private sectors regarding these matters.
- Make policy recommendations in support of developing programs and services to people with dementia, their families and caregivers.

In 2008, DAIL convened a subcommittee of the Governor's Commission on ADRD to design and develop the State Plan on Dementia. This subcommittee was charged with providing guidance and oversight for the development of a plan to help the state policymakers and stakeholders better understand how the estimated increase in people with dementia will need to be met with a corresponding increase in resources; including caregivers, specialized care units, respite services, and education.

Building Our Largest Dementia Infrastructure (BOLD)

In 2020, Vermont was one of 17 state or county health departments, territories or tribal governments that received funding from the Centers for Disease Control and Prevention (CDC) to establish working groups, leverage existing partnerships and expand data collection to address Alzheimer's Disease and Related Dementias as a public health priority.[18] The four pillars of the 3-year grant are:

1. Increase early detection
2. Promote risk reduction
3. Support caregivers
4. Reduce avoidable hospitalizations

The Vermont Department of Health's Alzheimer's Disease and Healthy Aging Program will reapply for the next round of CDC funding from the BOLD Initiative in 2023, which will launch later that fall. The intent is to continue the multi-pronged efforts and, through the new round of funding, to implement this Action Plan, assess our progress and update the course, as appropriate, throughout its term. A new state Action Plan on Alzheimer's Disease and Healthy Aging will be released in 2025.

18. Centers for Disease Control and Prevention, 2022, "Alzheimer's Disease and Healthy Aging: BOLD Infrastructure for Alzheimer's Act," https://www.cdc.gov/aging/bold/index.html

About the Action Plan

This document, the Vermont Action Plan on Alzheimer's Disease, Related Dementias and Healthy Aging, updated by the Vermont Department of Health is a principal deliverable of the BOLD Infrastructure for Alzheimer's Act cooperative agreement.

This Action Plan is intended to serve as a guide, in concert with other important work, to improve the quality of life of all Vermonters. In 2018, DAIL and VDH released a brief action plan to advance activity and support of Alzheimer's and healthy aging in Vermont using the Healthy Brain Initiative Roadmap published by the CDC. This new Action Plan builds upon previous work and will be a companion document to the State Plan on Aging. The State Plan on Aging offers a framework for the ongoing operations of programs funded through the Older Americans Act. The plan will go into effect October 1, 2022.

Development of the Action Plan

Throughout 2021 and 2022, VDH's Alzheimer's Disease and Healthy Aging Program and its evaluation contractor, Professional Data Analysts (PDA), met with stakeholder groups working on Alzheimer's and Healthy Aging in Vermont. PDA facilitated a process to gain perspectives from each group to develop a framework for ensuring multi-sectoral representation from diverse partners.

To date, 41 individuals representing 39 different agencies or programs have contributed to the action plan through workshops, draft reviews, and other meetings.

In the Winter of 2022, the program started meeting with the AHS Abenaki Equity Workgroup to gain the cultural perspective of the Abenaki and Wobenacki people about aging and dementia care.

Complementary plans in Vermont

Vermont has several state plans that serve different purposes but are being crafted to offer complementary strategies for addressing dementia as a public health priority and aging well in the state. Collectively, these plans will ensure a comprehensive advance toward our mutual goal: **Enable all Vermonters to age with dignity, respect and independence in the healthiest manner possible.**

Each plan has a unique scope and focus. The emphasis of this Action Plan is reduction of dementia risk, earlier detection of dementias, recognition and support of family caregivers and promotion of body and brain health.

Complementary plans in Vermont include:

- VT State Plan on Aging
- VT Action Plan on Aging Well
- VT State Health Improvement Plan

VT State Plan on Aging

This is a federally mandated 4-year plan outlined in the Older Americans Act[19] which requires a needs assessment to ascertain demographic information about Vermont residents, particularly older Vermonters, family caregivers, information about existing services used by older Vermonters, family caregivers, characteristics of unserved and underserved individuals and populations, and identification of gaps in services, including a review of variations in community needs and resources.

Vermont's State Plan on Aging outlines the roles and responsibilities of the State and the area agencies on aging in administering and carrying out the Older Americans Act. The plan provides goals and objectives related to assisting older residents, their families, and caregivers with an emphasis on following the principles of the Older Americans Act.

VT Action Plan on Aging Well (VAPAW)

Development of a 10-year plan is underway through collaboration between the Department of Health, the Secretary of Administration, and the Department of Disabilities, Aging and Independent Living. This plan is mandated by the Older Vermonters Act (Act 156), which puts forth principles and a system of services, supports and protections for older Vermonters in 8 focus areas:

1. Self-determination
2. Safety and protection
3. Coordinated/efficient system of services
4. Financial security
5. Optimal health and wellness
6. Social connection and engagement
7. Healthy community design
8. Family/caregiver support

19. Administration for Community Living, 07/08/2021, "Older Americans Act," https://acl.gov/about-acl/authorizing-statutes/older-americans-act

VT State Health Improvement Plan

Vermont's State Health Improvement Plan (SHIP) is based on a health equity model, Race Forward, and guides the state's work in addressing inequities. The BOLD Program supports addressing social determinants of health as called out in the SHIP, especially those impacting older Vermonters such as transportation, social support, caregiving, employment, and food access.

Social determinants of health (SDOH) are conditions in the environments where people live, work, learn, play, worship and age. These conditions affect physical health, mental health and quality of life. Our ability to age healthfully is determined, in large part, by these environmental factors. SDOH contribute to disparities that lead to health inequity. Populations that do not have access to safe, reliable housing, social inclusion, educational opportunity, food security and other determinants have a higher incidence of poor physical and mental health.[20]

Consequently, to promote an agenda for healthy aging, the VDH must engage a host of partners, many of which are not traditionally viewed as health-serving organizations. This multi-sectoral approach is necessary to raise awareness, shift societal norms, and establish policies that ensure all Vermonters live in environments that support health and well-being.

20. Centers for Disease Control and Prevention, 2022, "Social Determinants of Health: Know What Affects Health," https://www.cdc.gov/socialdeterminants/index.htm

Alignment with national efforts

Vermont's Action Plan is also aligned with national priorities to focus the collective response of public health, healthcare systems, advocacy organizations and other partners to achieve meaningful, effective impact. That alignment includes goals and strategies supported by the latest scientific evidence available. As the science of prevention and treatment of dementias advances Vermont's plan will be adjusted accordingly. Vermont strives to address dementia, support healthy aging, and to be prepared for applying for additional funds to increase its capacity, ensure a sustained effort and to become an age-friendly state.

National efforts include:

- The Healthy Brain Initiative HBI
- The National Alzheimer's Project Act (NAPA)
- RAISE (Recognize, Assist, Include, Support & Engage)

The Healthy Brain Initiative (HBI)

HBI is a resource created by the CDC and the national Alzheimer's Association to improve understanding of brain health as a public health practice. This resource outlines how state and local public health agencies and their partners can promote brain and cognitive health, address cognitive impairment for people living in the community, and help meet the needs of caregivers. A series of 25 proposed actions are aligned with the essential domains of public health and categorized accordingly. Those domains are:

- Monitor and Evaluate
- Educate and Empower the Nation
- Develop Policies and Mobilize Partnerships
- Ensure a Competent Workforce

Actions within each of these four domains are guided by three core principles to ensure health equity, collaboration across multiple sectors, and to leverage resources for sustained effect.[21]

The National Alzheimer's Project Act (NAPA)

On January 4, 2011, the National Alzheimer's Project Act (NAPA) (Public Law 111-375) was signed into law. The Act requires the Secretary of HHS, in collaboration with the Advisory Council, to create and maintain a National Plan to overcome dementias.[22] The goals that form the foundation of the National Plan are:

1. Prevent and effectively treat Alzheimer's Disease and related dementias by 2025.
2. Enhance care quality and efficiency.
3. Expand supports for people with Alzheimer's Disease and related dementias and their families.
4. Enhance public awareness and engagement.
5. Track progress and drive improvement.

In 2021 the National Plan was updated for the ninth time. In this revision, a sixth goal was added:

6. Accelerate action to promote healthy aging and reduce risk factors for Alzheimer's Disease and related dementias.

21. Centers for Disease Control and Prevention, 2022, "Healthy Brain Initiative," https://www.cdc.gov/aging/healthybrain/index.htm

22. Office of the Assistant Secretary for Planning and Evaluation, National Plan to Address Alzheimer's Disease, 2022, https://aspe.hhs.gov/collaborations-committees-advisory-groups/napa/napa-documents

RAISE (Recognize, Assist, Include, Support & Engage)

The RAISE Family Caregivers Act of 2017 (Public Law 115-119) called for the establishment of the Family Caregiving Advisory Council to advise and provide recommendations, including identified best practices, to the Secretary of the HHS on recognizing and supporting family caregivers. The Alzheimer's and Healthy Aging Program has nominated a Vermonter to be appointed to the Council.

The report includes 26 recommendations that were developed in response to a broad range of information-gathering efforts conducted between 2019 and 2021.[23] The council used the findings from these efforts to develop the recommendations and present to Congress in September 2021:

1. Increase awareness of family caregiving.
2. Integrate the caregiver into processes and systems from which they have been traditionally excluded.
3. Expand access to services and supports to assist family caregivers.
4. Ensure financial and workplace protections for caregivers.
5. Perform more consistent research and data collection to assist in the development and dissemination of systemic policies and interventions that can help family caregivers in meaningful ways.

23. Administration for Community Living, 2022, "RAISE Family Caregiver's Act Initial Report to Congress," https://acl.gov/RAISE/report

Monitoring and evaluation of the Action Plan

By nature, The Action Plan for Alzheimer's Disease and Healthy Aging is a collaborative effort. The Governor's Commission in collaboration with the Hub & Spoke ADRD workgroup, DAIL and VDH will facilitate annual checks on the progress of the plan as well as any necessary shifts in course that better address our goals. *This plan is a vital document.* Vermont continues to build stronger, more diverse partnerships to address the burden of Alzheimer's Disease and related dementias, which may lend multiple dimensions to the tactics used to accomplish our strategies and reach our goals.

Throughout its development, stakeholders expressed a desire to ensure that the action plan would include measures to track progress and outcomes. To achieve this, VDH and the BOLD project team will collect and share progress updates related to this plan annually using population-level indicators that quantitatively describe the population of Vermonters impacted by Alzheimer's and related dementias as well as performance outcomes that describe the work being done and its alignment to the goals in this plan.

Acknowledging that measurement strategies and the public health context are evolving, the indicators and measures included here may shift over time to better reflect progress in Vermont.

Population-level indicators

The following indicators along with several others will be included in a publicly available scorecard, published by VDH and planned for release in 2023.

- Increase Medicare Annual Wellness visits by 5% from 2022 to 2025.
- Decrease preventable dementia-related hospitalization by 5% by 2025 focusing on the top three causes of hospitalizations among individuals with a primary diagnosis of dementia.
- Establish a baseline and work to decrease the percentage of those identifying as caregivers who experience social isolation.
- Establish a baseline and work to increase the number of caregivers who get the social and emotional support they need.
- Reduce risk of dementia among at least 2 of the identified 12 modifiable risk behaviors by 5% by 2025.

Action Plan Goals

The following are the priority goal areas addressed in the action plan. These goal areas reflect the current needs, gaps, and improvement areas identified by national organizations including the Healthy Brain Initiative, the National Alzheimer's Project Act and the RAISE Family Caregivers Act. Vermont stakeholders affirm that these priority areas are vital to the multisystem response necessary to effectively address the impact and reduce the risk of dementias.

1. **Improve healthcare quality to achieve greater health equity for Vermonters with dementia and their families**
2. **Support all Vermonters with dementia and their families**
3. **Enhance public awareness and engagement**
4. **Improve data to track progress**
5. **Accelerate action to promote healthy aging and reduce risk factors for dementias**

Definition of terms

Goal: Goals are high-level priority areas. The goals in this plan are based on the Health Brain Initiative (HBI) and the National Alzheimer's Project Act (NAPA)

Action: Actions describe how partners in Vermont will achieve these goals. Actions in the plan have been selected and prioritized through stakeholder input.

Strategy: Strategies are specific things that partners in Vermont will do to support the actions and goals in the plan.

Performance Outcomes: Performance outcomes are measurable objectives aligned with specific actions and strategies. These outcomes and others will be monitored and included in regular updates related to this plan.

Goal 1: Improve healthcare quality to achieve greater health equity for Vermonters with dementia and their caregivers

Actions:

1) Strengthen the competencies of all who deliver healthcare and other care services through interprofessional training and other strategies to ensure trauma-informed, dementia-capable care.
2) Continue to assess and build a dementia-capable and culturally competent workforce to support people with dementia and their caregivers.
3) Educate public health and human services professionals on sources of reliable information about brain health and ways to optimize service delivery for individuals with dementia.
4) Improve care for populations disproportionally affected by Alzheimer's Disease and related dementias, and for populations facing care challenges.

G1. Action 1. Strengthen the competencies of all who deliver healthcare and other care services through interprofessional training and other strategies to ensure trauma-informed, dementia-capable care.

Strategies:

- ☐ Continue infrastructure building to increase provider capacity to screen, diagnose and coordinate treatment and care for their patients with dementias and support care partners.
- ☐ Collaborate with The UVM Center on Aging to educate providers on dementia detection, care and management of individuals including populations at higher risk through presentations at annual Gerontology Conference and other education events.
- ☐ Hub & Spoke ADRD workgroup will continue to develop, promote, implement and monitor dementia education initiatives such as Project ECHO, VT Health Learn and consultation supports.
- ☐ Coordinate with DAIL and Department of Mental Health to train first responders, nurses and allied health professionals to deliver dementia-capable, trauma-informed care.
- ☐ Explore the UCLA ADC Model and work with health systems to establish two sites in VT within three years.
- ☐ Recognize, engage and include family caregivers as essential members and partners in the care team of the person receiving support.
- ☐ Utilize an evidence-based curricula such as *Best Friends, Mouth Care without a Battle* and others to educate community health workers, long term care staff and senior housing staff to improve dementia competency and compassionate service delivery.
- ☐ Explore development and systematization of training delivery to Vermont's direct care workforce.
- ☐ Leverage the Age-Friendly Health System framework to support attainment of dementia capable practices and reduce provider bias.
- ☐ Curate and promote education for practitioners to increase knowledge of neurodivergent conditions, how to differentially diagnose MCI or dementia, and how to develop assessment-informed plans for post-diagnostic care.

Performance Outcomes by 2025:

- ✓ 75 % of Vermont's primary care clinics will have participated in 1 or more dementia trainings (such as Project ECHO or VT Health Learn).
- ✓ Establish a baseline on use of ICD-10 coding for dementia diagnosis and management by Primary Care Teams and begin work to increase this.
- ✓ Hub & Spoke ADRD will coordinate 2 Project ECHO series on Dementia Diagnosis, Care and Management or another relevant topics.
- ✓ UVM will host 2 Grand Rounds Sessions on dementia care topics including reimbursement for healthcare primary care teams.
- ✓ VDH will include Vermonters with lived dementia/dementia caregiver experience and create two briefs showcasing personal accounts.
- ✓ VDH and the Alzheimer's Association will promote and coordinate trainings for EMS first responders in 4 counties by 2025.
- ✓ VDH will conduct two health communications campaigns for providers featuring the role of the family caregiver as part of the care team.
- ✓ UVM Center on Aging and VDH will recruit content expert on dementia detection and management in neurodiverse individuals to address the Gerontology Conference and/or present a Grand Rounds for primary care teams in partnership with healthcare associations.
- ✓ Work with SASH® to coordinate and promote 2 training series on dementia for the VT Community Health Worker Network.

G1. Action 2. Continue to assess and build a dementia-capable and culturally competent healthcare workforce to support people with dementia and their caregivers.

Strategies:

- ☐ Work with the Governor's Commission on ADRD on policies that support workforce development and retention at all stages of care.
- ☐ Strategize for coordinated testimony to the legislature.
- ☐ Partners, including the Hub & Spoke ADRD workgroup will use the results of the workforce assessment to drive programmatic decision making.
- ☐ Governor's Commission on ADRD will submit a report to the legislature with recommendations to achieve dementia-capable workforce and improve provider response.
- ☐ Consult the Agency for Healthcare Research and Quality (USDHHS), American Hospital Association and other sources to identify an assessment that focuses on the cultural, diversity competence of the patient-provider interaction and the system of care surrounding that interaction.

Performance Outcomes by 2025:

- ✓ Governor's Commission report will be submitted to the legislature by January 15, 2024.
- ✓ VDH and partners will monitor and report out annually on outcomes related to building a dementia-capable and culturally competent healthcare workforce.

G1. Action 3. Educate public health and human services professionals on sources of reliable information about brain health and ways to optimize service delivery for individuals with dementias.

Strategies:

- ☐ Annually convene stakeholders on their needs and ideas for education opportunities for the public health and human services workforce to increase dementia friendly environments and service care delivery.
- ☐ Promote resources and trainings that address dementia caregiving, risk reduction and early detection offered by CDC Centers of Excellence, Us Against Alzheimer's and other entities.
- ☐ Disseminate the latest scientific evidence on supporting brain health.
- ☐ Perform an assessment to evaluate the adequacy of existing services, identify service gaps and propose strategies to expand the existing workforce to address the projected increase in dementias.
- ☐ Work with Alzheimer's Association, the AHS Director of Trauma Prevention and Resilience Development, Chronic Disease Prevention professional or other relevant content area experts to coordinate, promote and deliver annual training series for public health and human services workforce.

Performance Outcomes by 2025:

- ✓ VDH in collaboration with the Alzheimer's Association will deliver an annual training series for the public health and human services workforce.
- ✓ Annually, create a minimum of 2 new modules on brain health, dementia detection, management and care, and healthy aging to be added to VT Health Learn.
- ✓ VDH and partners will annually monitor outcomes (increase in dementia-capable knowledge and skills) among public health workforce.

G1. Action 4. Improve care for populations disproportionately affected by dementia, and for populations facing care challenges.

Strategies:

- ☐ Promote culturally accessible and appropriate messaging to trusted community providers, e.g., Support and Services at Home (SASH®), emergency services, Area Agencies on Aging, USCRI-VT, Vermont Chronic Care Initiative & Blueprint for Health's Community Health Teams.
- ☐ Work with partners to develop and disseminate communications on the symptoms of dementias and the importance of seeing a physician for timely diagnosis.
- ☐ Work with VDH Health Equity Team and partners to offer trainings to address cultural, racial and dementia biases in medical practices and health systems and other entities.
- ☐ Explore dementia screening tools appropriate for neurodiverse individuals and coordinate training and guidance for primary care teams.
- ☐ Field the BRFSS Subjective Cognitive Decline Module biannually to collect data and inform state-level policy and community-level action.
- ☐ Collaborate with the Disabilities Council to engage neurodiverse individuals and individuals who have experienced Traumatic Brain Injury (TBI) to address concerns related to dementia or other topics.
- ☐ Work with AAAs to develop innovative ways to increase services to older Vermonters from groups disproportionately affected by dementias.
- ☐ Coordinate with partners to address structural inequities and barriers to healthy aging in the State Health Improvement Plan (2024).
- ☐ Identify, promote and deliver trainings to reduce cultural biases in healthcare settings, state agencies, and communities.
- ☐ Work with an Abenaki cultural liaison to promote culturally appropriate trainings for healthcare providers, social service providers and the public health workforce around working with the Abenaki community.
- ☐ In collaboration with the Health Equity Team, work to promote policies that change the course of structural inequities in Vermont.
- ☐ Establish a working relationship with the VT Department of Corrections to promote health aging and management of inmates with declining cognitive abilities.

Performance Outcomes by 2025:

- ✓ VDH will work with the Health Equity Team and other community partners to identify and/or develop and monitor implementation outcomes:
  - ✓ Promote and implement two or more linguistically and culturally relevant messaging campaigns to address stigma and increase talking with provider about memory concerns.
  - ✓ Promote and implement two or more resources to improve cultural literacy among primary care teams.
  - ✓ VDH Health Equity team and the Hub & Spoke ADRD Workgroup will curate and promote trainings to address racial, cultural and agist biases in healthcare settings.

Goal 2: Support all Vermonters with dementia and their families

Actions:

1) Educate healthcare professionals to be mindful of the health risks for caregivers and make referrals to supportive programs and services.
2) Strengthen knowledge about, and greater use of annual wellness visits, care planning, and related tools for people in all stages of dementia.
3) Provide culturally relevant information and tools to assist all Vermonters with dementia and their care partners to anticipate, avert, and respond to challenges that typically arise during the course of dementia.
4) Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being.

G2. Action 1. Educate healthcare professionals to be mindful of the health risks for caregivers, and to make referrals to supportive programs and services.

Strategies:

- ☐ Promote caregiver resources and supports to the public and through referral mechanisms to healthcare providers.
- ☐ Use Smart Phrase developed by the Hub and Spoke workgroup which includes mini-cog assessment and community resources to perform early diagnosis and support individual and their care partner's health.
- ☐ Annually assess evidence-based programs for increasing wellness of dementia caregivers and implement as feasible.
- ☐ Field the BRFSS Caregiver Module biannually to assess and disseminate data to inform state-level policy and community-level action.
- ☐ Disseminate communications to primary care physicians and their teams that ensures identification of family caregivers for their patients experiencing cognitive decline.
- ☐ Support primary care providers to identify family caregivers and prompt health and wellness management for caregivers.

Performance Outcomes by 2025:

- ✓ Work with the UVMMC Dementia Family Caregiver Center to promote and track caregiver education, resources and support.
- ✓ Work with OneCare, Bi-State Primary Care Association and other partners annually to coordinate communications to ensure caregivers are recognized by primary care provider teams diagnosing and treating individuals with dementia.

G2. Action 2. Strengthen knowledge about, and greater use of the Annual Wellness Visit, care planning, and related tools for people in all stages of dementia.

Strategies:

- ☐ Collaborate to promote advance directives, advance care planning and estate planning in addition to resources available through Vermont's Money Follows the Person programming.
- ☐ Include the UVMMC Dementia Family Caregiver Center in media campaigns addressing caregiver health and well-being.
- ☐ Promote the utilization of the Medicare Annual Wellness Visit (AWV) and its benefits to Primary Care Teams.
- ☐ Promote and link family caregivers to TCARES assessment, conducted by Area Agencies on Aging, to determine appropriate supports and reduce stress.
- ☐ Promote a "No Wrong Door" approach to caregiver resources that includes 211, the Senior Helpline and Alzheimer's Association Helpline in addition to DAIL's and the Alzheimer's and Healthy Aging resources.

Performance Outcomes by 2025:

- ✓ Increase calls and information requests to Area Agencies on Aging by 10%.
- ✓ Establish a baseline for AWV and begin efforts toward increasing it in partnership with OneCare VT.

G2. Action 3. Provide culturally relevant information and tools to help people with dementia and caregivers anticipate, avert, and respond to challenges that typically arise during the course of dementia.

Strategies:

- ☐ Develop health communications that address dementia care to help people with dementia and their caregivers navigate the course of dementia.
- ☐ Work with Area Agencies on Aging (AAA) and other partners to disseminate materials.
- ☐ Address the stigma of diagnosis through a public education and primary care campaign.
- ☐ Educate providers and family caregivers on need for timely referral to hospice care.
- ☐ Educate Vermonters and providers about advance directives and how to file them.
- ☐ Develop communications that raise awareness about the broad application of palliative care as a component of dementia management.
- ☐ Promote use of ICD-10 codes for prevention that support healthy aging and management of dementia.
- ☐ Coordinate and promote a core set of services and resources for medical professionals, caregivers, Vermonters with dementia and their families.
- ☐ Initiate a relationship with local or national library associations to explore resources for caregivers in Vermont.
- ☐ Utilize appropriate modes of communication to reach communities at greatest risk, including ensuring that communications are translated into relevant languages.

Performance Outcomes by 2025:

- ✓ VDH will conduct semi-annual promotions of the Alzheimer's Association's Living with Alzheimer's series for people living with dementia and their caregivers during Alzheimer's Awareness Month (November) and Brain Health Awareness Month (June).
- ✓ VDH will create or promote 4 public communication campaigns designed to inform individuals living with dementia and their caregivers about what to anticipate and how to navigate the course of dementia.
- ✓ Annually, monitor use of preventive services ICD-10 codes.

G2. Action 4. Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being.

Strategies:

- ☐ Through Hub and Spoke ADRD and the UVM Center on Caregivers, disseminate training and resources on the integral role of caregivers as members of the care team.
- ☐ Increase and promote the use of respite care across the state.
- ☐ Promote evidence-based programs for caregivers to support their emotional and physical health and provide dementia care strategies.

Performance Outcomes by 2025:

- ✓ VDH chronic disease programs and Alzheimer's and Healthy Aging program will partner with the Caregiver Support and Education Center at UVMMC on two provider resources, including respite care, that underscore the need to maintain caregiver health and well-being.
- ✓ VDH will work with UVMMC and health partners to promote the use of dementia SMARTPHRASE to prompt referrals to caregiver supports.
- ✓ Annually promote National Alliance for Caregiving & Administration for Community Living campaigns & trainings during Family Caregiver's Month.

Goal 3: Enhance public awareness and engagement

Actions:

1) Increase messaging and education about dementia, the vital role of caregivers, and the importance of maintaining caregivers' health and well-being.

2) Coordinate efforts to educate the public about the link between body and brain health and cognitive changes that should be discussed with a health professional, and benefits of early detection and diagnosis.

G3. Action 1. Increase messaging and education about dementia, the vital role of caregivers, and the importance of maintaining caregivers' health and well-being.

Strategies:

- ☐ Develop or use existing messaging that emphasizes the important role of caregivers in supporting people with dementia.
- ☐ Raise awareness about ageism and how it affects individuals with dementia at work, in their community and in the healthcare setting.
- ☐ Promote Dementia- and Age-Friendly communities to support family care partners and individuals with dementia in their own communities.
- ☐ VDH and DAIL will develop and disseminate educational materials on dementia for patients, families, caregivers and providers.

Performance Outcomes by 2025:

- ✓ ADRD partners will deliver two presentations/trainings annually to employers on strategies to support employees who are caregivers.
- ✓ VDH will disseminate annual PSAs on statewide media to increase awareness of the demands on dementia care partners and available resources.
- ✓ VDH, UVMMC Center on Caregiving and V4A will conduct two communication campaigns that address the importance of stress management, chronic disease management and self-care for family caregivers.

G3. Action 2. Educate the public about the link between body and brain health and cognitive aging, changes that should be discussed with a health professional, and the benefits of early detection and diagnosis.

Strategies:

- ☐ Conduct annual public education campaigns about brain health and dementia risk reduction lifestyle modifications.
- ☐ Educate the public about normal versus concerning cognitive changes and the benefits of early detection and diagnosis of dementias.
- ☐ Promote annual public education campaigns to encourage individuals to address cognition and brain health with their healthcare provider.
- ☐ Incorporate reframing aging into VDH communications and presentations with a focus on ways to support brain health as we age.
- ☐ Conduct a media campaign to improve oral health literacy across the lifespan, the importance of oral health in older adults and relevant evidence-based strategies for different stages of dementia.
- ☐ Establish contact with VT Interfaith Action to systematize engagement with faith-based care networks.
- ☐ Coordinate with Municipal Planners to foster Age-Friendly, Dementia-Friendly and Healthy Community Design efforts.
- ☐ Build relationship and communication channels with Vermont Coalition for the Uninsured and COTS to reach unhoused, uninsured Vermonters

Performance Outcomes by 2025:

- ✓ VDH will conduct annual media campaigns to increase dementia risk reduction awareness and destigmatize conversations with healthcare providers about cognitive health.
- ✓ VDH will conduct two campaigns that distinguish normal cognitive changes in aging from those that are warning signs of dementia.

Goal 4. Improve data to track progress

Actions:

1) Use data gleaned through available surveillance strategies and other sources to inform the public health messaging, programs and policy responses to cognitive health, impairment, and caregiving.
2) Implement the Behavioral Risk Factor Surveillance System (BRFSS) optional module for Cognitive Decline and the BRFSS optional module for Caregiving in alternate years.

G4. Action 1. Use data gleaned through available surveillance strategies and other sources to inform the public health messaging, programs and policy response to cognitive health, impairment, and caregiving.

Strategies:

- ☐ Analyze available BRFSS and hospitalization data to capture dementia-related health inequities and survey caregivers and long-term care providers.
- ☐ Create accessible infographics to share Vermont specific cognitive health, impairment, and caregiving statistics.
- ☐ Disseminate data products through all relevant partner networks electronically or in a mode appropriate to the intended audience.
- ☐ Continue efforts to build a healthy aging and equity surveillance system in VT.
- ☐ Use the findings to inform planning and implementation of additional strategies.
- ☐ Examine data sources including CAPHS, VCURES, electronic health record and claims data to establish baseline dementia rates for racial and ethnic populations at risk.

Performance Outcomes by 2025:

- ✓ VDH and DAIL will create a dementias and Healthy Aging page on healthvermont.gov.
- ✓ The Governor's Commission on ADRD and partners will disseminate data from BRFSS and other data sources to inform public policy.

G4. Action 2. Implement the Behavioral Risk Factor Surveillance System (BRFSS) optional module for Cognitive Decline and the BRFSS optional module for Caregiving in alternate years.

Strategies:

- ☐ Leverage partnerships, including with the National Alzheimer's Association, to procure funding for BRFSS modules relevant to dementia and healthy aging.
- ☐ Assess how to amend to BRFSS and other state survey questions to add to Vermont's body of knowledge about dementia caregivers and those living with the disease.
- ☐ Provide the BRFSS Coordinator with feedback on the draft module questions being proposed by the CDC for the upcoming survey year.
- ☐ Engage diverse family caregivers in data gathering that documents their experiences, translates evidence into best practices.
- ☐ Coordinate with partners to accumulate, interpret and disseminate data from community health promotion programs.

Performance Outcomes by 2025:

- ✓ VDH will work with Area Agencies on Aging case managers and caregiver supports to create two lived experience briefs.
- ✓ VDH will create and use the Alzheimer's Disease and Brain Health dashboard to support monitoring of the Action Plan.
- ✓ VDH will meet with the BRFSS Coordinator twice annually and participate module selection process.

Goal 5: Accelerate action to promote healthy aging and reduce risk factors for dementias

Adopting healthy behaviors, which have been shown to prevent cancer, diabetes and cardiovascular disease, may also reduce risk or slow progression of cognitive decline and possibly dementia. Public health has strengths and capacities to advance awareness about the relationship between brain health and physical health by linking dementia and cognitive decline risk messaging to health promotion activities that address common risk factors. This goal highlights the benefit of prevention and management of existing chronic disease and improving social determinants that underpin risk. All these risk factors can be addressed at multiple levels including individual, family, community, region and state by the Vermont Department of Health and the array of community partnerships.

Public health actions to promote healthy aging and reduce risk factors for dementias are presented here in twelve domains: education, hypertension, hearing loss, smoking, obesity, depression, physical inactivity, diabetes, social isolation, unhealthy alcohol use, traumatic brain injury, and sleep. The association between oral health and brain health and potential public health actions are being addressed by the Alzheimer's Disease and Healthy Aging Program and the Office of Oral Health at VDH.

Achieving this goal requires a broad range of agencies and stakeholders to collaborate. VDH and other dementia partners may not be accountable for all these measures but will strive to support these outcomes and the community partners best suited to achieve them.

For more information, you can access the resource Modifiable risk factors for Alzheimer's Disease.

Overarching strategies:

- Reduce prevalence of chronic disease among Vermonters.
- Reduce preventable hospitalizations in older adults with dementia.
- Promote the importance of effective chronic disease management to protect brain health.

Risk 1. Lack of education

Strategies

- ☐ Support access to affordable and high-quality early, k-12 and post-secondary education for all Vermonters.
- ☐ Support, promote and link Vermonters to adult-learning initiatives and learning throughout the lifespan.
- ☐ Promote 10 Ways to Love Your Brain which includes building and maintaining cognitive reserve.

Performance Outcomes by 2025:

- ✓ Increase by 2% students awarded a high school diploma 4 years after starting 9th grade by 2025 (Vermont Social Determinants of Health Scorecard)
- ✓ Promote annually "10 Ways to Love Your Brain" and other resources that encourage maintenance/development of cognitive reserve.

Risk 2. Hypertension

Strategies:

- ☐ Meet quarterly with the Vermont Department of Health Cardiovascular Health Program to work on strategies to increase awareness and action toward lowering hypertension.
- ☐ Meet biannually with the University of Vermont Center for Cardiovascular and Brain Health to work on one or more collaborative actions to lower hypertension and cholesterol among Vermonters.
- ☐ Use the Million Hearts Campaign strategies to address hypertension for improving brain health among Vermonters.
- ☐ Run a minimum of two Brain Health and Hypertension Campaigns by 2025.

Performance Outcomes by 2025:

- ✓ Decrease the percentage of Vermonters reporting having hypertension from 25% in 2020 to 22%.
- ✓ Increase the percentage of Vermonters who have worked with a healthcare professional to create a self-management plan to help lower or control their blood pressure from 60% in 2020 to 65% .

Risk 3. Hearing loss

Strategies:

- ☐ Plan public awareness campaigns promoting hearing aid usage with the Governor's Commission on ADRD.
- ☐ Collaborate with Hub and Spoke ADRD Workgroup partners to increase awareness of primary care providers in assessing patients for hearing loss and care (baseline of 22% of those who had seen a provider, Older Vermonter Survey 2020)

Performance Outcomes by 2025:

- ✓ Promote Project Work Safe as a means of increasing use of hearing protection in workplaces.
- ✓ Complete 2 public awareness campaigns promoting insurance coverage for hearing aids to reduce the percentage of Vermonters with uncorrected hearing loss.

Risk 4. Smoking

For more information on tobacco cessation efforts in Vermont, see the Vermont Tobacco Control State Plan.

Strategies:

- ☐ Conduct a minimum of 2 brain health and quit smoking campaigns by 2025.
- ☐ Engage a minimum of 3 times a year with the AHS Abenaki Equity Workgroup to learn and employ strategies including tailored messaging involving the voices of the Vermont Abenaki to address commercial tobacco use among Vermont Native Americans.
- ☐ Deploy provider engagement tactics on a quarterly basis at the Vermont Department of Health, Vermont Department of Mental Health and the Department of Vermont Health Access to increase screening and advising to quit tobacco use.

Performance Outcomes by 2025:

- ✓ Decrease the percentage of adult Vermonters reporting past 30-day use of cigarettes from 14% in 2020 to 12%.
- ✓ Increase the percentage of Vermont adults attempting to quit in the last year from 53% in 2020 to 58%.
- ✓ Reduce smoking prevalence among Vermont Native Americans from 41% in 2019 to 36%.

Risk 5. Obesity

Strategies:

- ☐ Conduct integrated messaging campaigns to promote physical activity guidelines (leisure-time activity) appropriate for all age groups.
- ☐ Conduct integrated messaging campaigns to promote nutrition as a means of maintaining a healthy weight and protecting brain health.
- ☐ Decrease number of Vermonters reporting stress or chronic stress.

Performance Outcomes by 2025:

- ✓ Decrease by 2% the percentage of high school students who are obese from 13% to 11%.
- ✓ Decrease % of Vermont adults who are obese from 27% in 2020 to 24%.

Risk 6. Depression

Strategies:

- ☐ Conduct a minimum of two message campaigns on the role of mental health, exercise, diet and stress management and brain health by 2024.
- ☐ Through the Hub and Spoke ADRD Initiative educate primary care providers to increase depression and mental health screenings for older adults.
- ☐ Annually include information in the Alzheimer's and Healthy Aging Newsletter on ways to reduce stigma around depression and dementia.
- ☐ Collaborate with DAIL, the Department of Mental Health, and AAAs on providing social and emotional supports.

Performance Outcomes by 2025:

- ✓ Decrease the percentage of Vermonters reporting depressive disorder from 23% in 2020 to 20% in 2025.
- ✓ Complete two Grand Rounds or similar educational forums to educate Primary Care Teams about depression screenings in older adults.

Risk 7. Physical inactivity

Strategies:

- ☐ Annually promote the free physical activity benefits available through You First Program for eligible Vermonters
- ☐ Annually promote and monitor participation in Area Agencies on Aging physical exercise programs.

Performance Outcomes by 2025:

- ✓ Decrease the percentage of Vermont adults who do not get the recommended physical activity level from 39% in 2019 to 35% in 2025.
- ✓ Increase the overall participation in exercise programs at Area Agencies on Aging by 5%.
- ✓ Conduct at least two digital campaigns to promote physical activity and brain health by 2025.

Risk 8. Diabetes

Strategies:

- ☐ Annually promote nutrition coaching available through most insurers.
- ☐ Explore the feasibility of tracking nutrition prescription programs and sharing these results with promotion to increase accessibility and use.

Performance Outcomes by 2025:

- ✓ Reduce the percentage of Vermont adults 45 and older who report having diabetes from 12% in 2019 to 10% in 2025.
- ✓ Reduce prevalence of diabetes and subjective cognitive decline from 17% in 2019 to 15% in 2025.
- ✓ Increase the annual registration number for the Diabetes Prevention and Management sessions available through My Healthy Vermont by 10% from 2024 compared to 2022.

Risk 9. Social isolation

Strategies:

- ☐ The Alzheimer's and Healthy Aging Program will work with the Area Agencies on Aging, the Climate and Health Program and the Governor's Commission on ADRD to connect Older Vermonters with affordable and accessible transportation to increase access to local resources, community events and social networks.
- ☐ The Alzheimer's Disease and Healthy Aging Program will promote community-based cultural and educational programs, Adult Day services and respite grants for caregiver wellness.
- ☐ The Alzheimer's and Healthy Aging Program will promote age-friendly communities and efforts associated with healthy community design through the Offices of Local Health two times a year.

Performance Outcomes by 2025:

- ✓ Establish baseline data for social isolation among all adults and adults experiencing subjective cognitive decline using 2022 BRFSS data.
- ✓ Reduce the percentage of Vermonters who rarely get social and emotional support they need from 9% in 2018 to 7% in 2025.

Risk 10. Unhealthy alcohol use

Strategies:

- ☐ Work with substance use partners to increase messaging on the benefits of reducing underage drinking in Vermont to protect brain health.
- ☐ Work with substance use partners to increase messaging on the benefits of reducing adult binge drinking for improving brain health.
- ☐ Promote Vermont Health Link for Vermonters to access nonjudgmental support and referrals to treatment, recovery and other substance use services.

Performance Outcomes by 2025:

- ✓ Reduce the prevalence of adults who binge drink/misuse alcohol from 18% in 2019 to 16% in 2025.
- ✓ Increase awareness of alcohol interactive prescription medications among Vermonters aged 65 and older.

Risk 11. Traumatic brain injury

Strategies:

- ☐ Apply for and obtain funding for Vermont to implement a robust falls prevention program by 2023.
- ☐ Annually include in Alzheimer's and Healthy Aging presentations and communications the benefit of strength training and physical activity for falls prevention over the lifetime.
- ☐ The Alzheimer's and Healthy Aging program will work with the Department of Highway Safety on promotion of seatbelt use to protect brain health.
- ☐ Promote substance use prevention among youth and adults as fall-prevention strategies among Vermonters.

Performance Outcomes by 2025:

- ✓ Reduce from 33% (2018) to 30% (2025) the number of adults 45 and older who have fallen in the last 12 months.
- ✓ VDH will incorporate fall prevention workshops into My Healthy VT by 2024.

Risk 12. Sleep

Strategies:

- ☐ Conduct a minimum of two risk reduction campaigns for dementias that address insufficient sleep and the link to chronic disease by 2025.
- ☐ Increase public awareness on the importance of sleep for brain health and promote recommendations for assisting with improving sleep quality and quantity.

Performance Outcomes by 2025:

- ✓ VDH will share sleep related metrics from a minimum of two risk reduction campaigns.
- ✓ Increase the number of adults who get enough sleep.

Evaluation

Evaluation is fundamental to the success of this Action Plan. The Alzheimer's Disease and Healthy Aging Program in collaboration with the Governor's Commission on ADRD, Hub and Spoke ADRD workgroup, the Alzheimer's Disease and Healthy Aging workgroup, and our evaluation contractor will report progress annually. The annual evaluation report will be posted on healthvermont.gov and on the Governor's Commission on ADRD webpage.

Conclusion

This Action Plan will guide Vermont's response to the public health priority of Alzheimer's Disease and Related Dementias. Over the next three years, through new and established initiatives involving health systems, public health, community-based organizations, academic institutions, advocates and social service agencies, we will advance our efforts to better serve those living with dementia and their families. Our intent is to remain nimble in order respond to emergent priorities and a rapidly changing landscape. We encourage Vermonters and their community leaders to work together to promote health across the lifespan. We strive for diverse representation in our work to promote healthy aging, earlier detection of dementia, dementia risk reduction, effective chronic disease management and robust support of care partners. Consequently, we invite interested parties to join us!

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