

Dementia Guide

STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP (SHIP)

Dementia Guide

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SHIP and Dementia

The State of Minnesota wants to ensure that older adult members of communities across the state, particularly those with Alzheimer’s disease and other related dementias (ARD), have equitable opportunities for healthy living. The State Legislature has directed the Minnesota Department of Health to provide resources and support for SHIP grantees choosing to address dementia. [Minnesota State Statute 145.986](#) directs the Commissioner of Health to ensure that at least two SHIP grantees implement health improvement strategies focused on dementia.

Research shows that the most predominant modifiable risk factors for Alzheimer’s disease, the most common form of dementia, are physical inactivity, depression, smoking, mid-life hypertension, mid-life obesity, low education and diabetes. Together, these risk factors were associated with up to 51 percent of 17.2 million Alzheimer’s cases worldwide and up to 54 percent of 2.9 million Alzheimer’s cases in the United States. “What’s exciting is that this suggests that some very simple lifestyle changes, such as increasing physical activity and quitting smoking, could have a tremendous impact on preventing Alzheimer’s and other dementias in the United States and worldwide,” said Dr. Deborah Barnes, who conducted the research.¹

The SHIP Dementia Guide is for creating communities that enhance the health and quality of life for persons with ARD and provide opportunities for healthy aging where we live, work, learn and play.

How does SHIP work in the dementia area?

SHIP grantees work in the dementia area through the following activities:

- Develop healthy eating, active living, or tobacco-free living strategies that focus on community members 60+ with ARD and their caregivers
- Collaborate with the local Area Agency on Aging to build community capacity to create ARD-friendly, healthy aging-friendly communities
- Work with Act on Alzheimer’s Action Community leads to create supportive and equitable communities for people living with Alzheimer’s and their caregivers
- Work with Minnesota Board on Aging Dementia Grantees to build community capacity to identify people with ARD and their caregivers and connect them with resources
- Coordinate efforts to create or enhance peer-to-peer learning and collaboration
- Integrate ARD efforts into SHIP content areas and settings. Coordinating with partners to disseminate data, resources, and tools to adopt ARD supportive policies

¹ Over Half of Alzheimer's Cases May Be Preventable, Say Researchers, by Steve Tokar on July 19, 2011, University of California San Francisco News Center. <https://www.ucsf.edu/news/2011/07/10278/over-half-alzheimers-cases-may-be-preventable-say-researchers>

- Strengthen community preparedness for dementia
- Develop and strengthen health and social systems to improve care and services for people with dementia and their caregivers
- Work with the community medical clinics and hospitals, to encourage the practice of promoting a healthy diet and exercise in conjunction with prescriptions as appropriate, follow-up, and differential diagnosis
- Provide support systems, education, and training for caregivers
- Raise awareness and educating the public and decision makers, especially those who have power and influence over the quality of life of people with dementia, caregivers, and aging populations
- Support those who advocate for people with dementia and caregivers with resources, data, networks, meeting places, and other provision consistent with public health practice

What are SHIP outcomes in dementia work?

- Communities that help those with ADRD maintain or improve their health
- Communities where people are aware of ADRD and that are designed to meet the needs for those with ADRD and their caregivers
- Potentially delaying the onset and progression of dementia by providing equitable access to healthy lifestyles for older adults and everyone in the community
- Prevention of ADRD through better access and equitable opportunities for healthy living throughout the lifespan
- Communities where caregivers and people with ADRD are safe and have the support they need
- Reduced time in nursing homes and other long-term care facilities by extending independent living time for older adults
- Reduced health care and other related ADRD spending
- People with ADRD, caregivers, and advocates are included in community decision making
- Community members who've experienced historical trauma, racism, bias, and inequity have a voice and place in shaping the future of communities to eliminate disparities in ADRD and health in general

Grantees develop measures for these outcomes or create new outcome measures in collaboration with SHIP staff as appropriate.

The following is a visual representation, or Logic Model that shows the rationale for SHIP's involvement in dementia (ADRD)

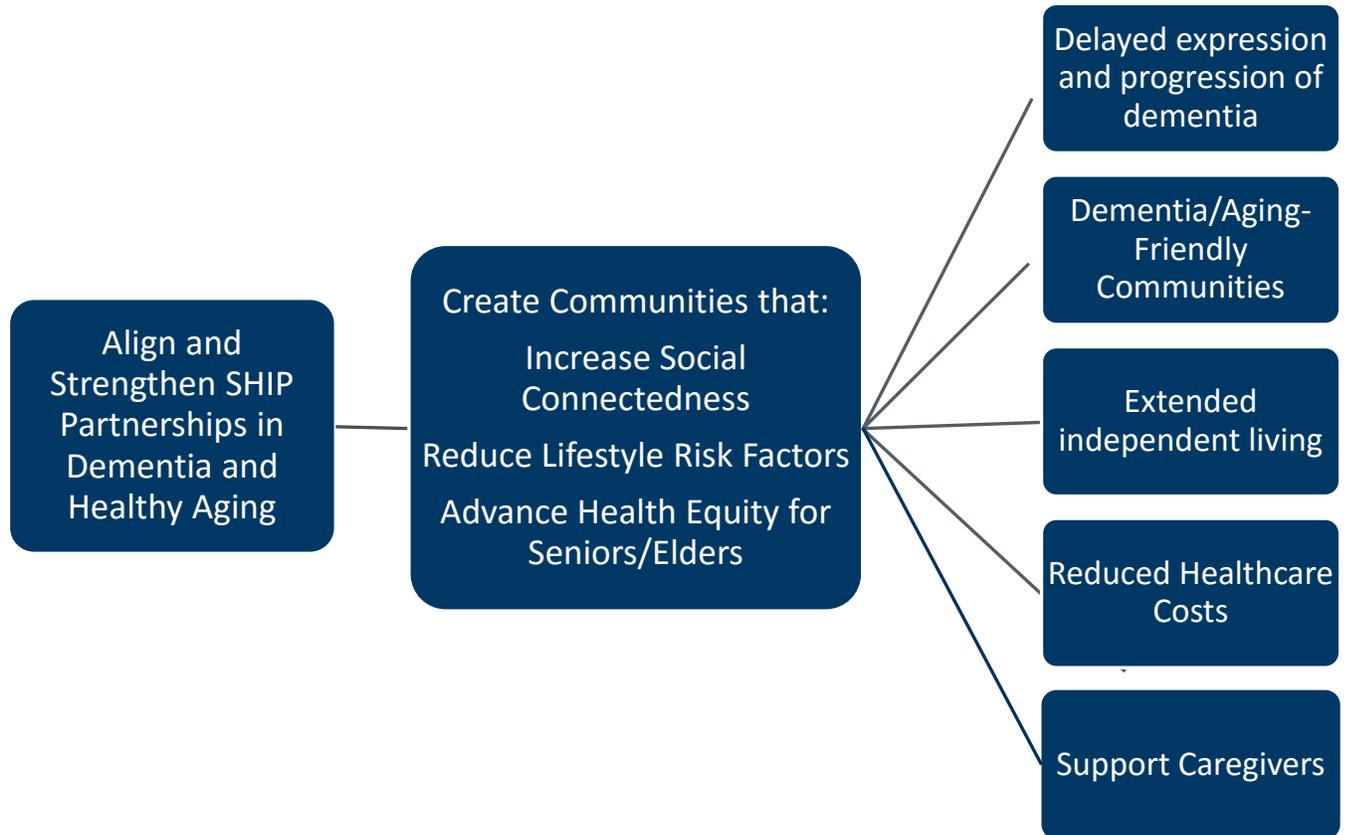


Figure 1 SHIP Dementia Logic Model

What does implementation look like in SHIP?

With a common vision, roles and goals established among partners and input from local experts, grantees integrate ADRD focus into the work plans of SHIP strategies.

Examples of SHIP Settings for ADRD focus:

- Senior centers, nursing homes, assisted living facilities and transitional care units to improve the nutrition and physical activity
- The built environment to increase access to and the safety of walking
- Hospitals and clinics – to facilitate the establishment of referral processes to falls prevention, and chronic disease prevention programs
- Healthy food access, mobile markets, vegetable prescription programs, healthy corner stores, raised bed gardens, working in conjunction with inspectors to make sure healthy food is safe for susceptible populations
- Smoke-free senior housing and point-of-sale tobacco strategies
- Raise awareness in workplaces helping employers understand dementia, dispelling myths, learning about resources and supporting employees as caregivers

- Bringing SHIP, population health and healthy aging into community planning through comprehensive planning
- Work with senior dining so that fruits and vegetables are prepared appropriately for people with ADRD
- Working with partners to raise awareness and institute in the community the services, infrastructure, and services people with ADRD and caregivers need to live healthy lives
- Keep current on innovations and creative approaches communities are taking to be more inclusive and support people with ADRD and see if they fit for the communities SHIP works with ([examples](#))

Dementia Focused Health Equity

MDH and SHIP’s mission is to advance health equity so that Minnesota communities are places where everyone has the opportunity to be healthy, regardless of race, ethnicity, gender, social class, geography, physical or mental ability, LGBTQ status or age.

Addressing the aging population in itself is advancing health equity; however, inequities exist within the aging population that need to be addressed to eliminate health disparities. If this step is not taken, disparities will continue to increase.

“Alzheimer’s disease and other related Dementia’s touch every community, yet some groups, such as people over 65, women, African Americans, and Hispanics are at much greater risk of developing the disease.² The lack of equity – social, health and environmental – affects the health and well-being of all and creates health disparities. ACT on Alzheimer’s seeks to eliminate or reduce health disparities and the impact of Alzheimer’s disease and to practice inclusiveness and equity inclusiveness and equity in engaging communities to build supportive, dementia-friendly environments.”³ See the organization’s [Health Equity Call to Action](#) for the framework for advancing health equity.

Older adults are valuable allies in making the case with decision makers about how towns and cities across Minnesota should be designed to ensure a healthy future for all. One area for SHIP

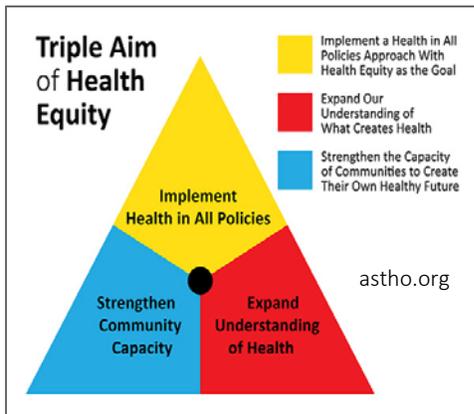


Figure 2: Triple Aim of Health Equity Triangle

grantees to focus on when shaping the future both for healthy living throughout the life span and healthy aging is becoming involved with or increasing participation in community planning.

Integrating health into community planning is an example of the triple aim of health equity. As Commissioner of Health Ed Ehlinger often illustrates: “Under this framework, we expand our understanding of what creates health, taking a ‘health in all policies’ approach with health equity as the goal and strengthen the capacity of communities to create their own healthy future. This framework helps reduce health disparities in Minnesota, advance health equity and assures optimal

health for all members of our community.”

² 2017 Alzheimer’s Disease Facts and Figures, Prevalence. <http://www.alz.org/facts/#state>

³ ACT on Alzheimer’s A Health Equity Call to Action. <http://www.actonalz.org/health-equity>

How does SHIP include the community's voice and ownership in creating dementia-friendly communities?

SHIP grantees actively engage the community—from identifying the relevant issues and making decisions about how to address them, to evaluating and sharing the results with the community. SHIP, Area Agencies on Aging, Act on Alzheimer's Action Communities and other partners can assist each with community engagement because each has a unique role to play. For example:

- SHIP can be a great conduit as an educator on dementia and aging throughout state and local government agencies
- Act on Alzheimer's can raise awareness and reduce stigma by engaging communities, including decision makers
- Area Agencies on Aging can convene meetings to get the input of community members and local organizations
- SHIP staff can be members of ACT Action Teams, or other teams and work groups led by ACT or AAAs and as well ACT and AAA staff and member can serve on SHIP CLTs or other groups SHIP convenes

Partners also have overlapping strengths when combined can make efforts more effective and collectively, they can achieve sustainable policy, system and environmental changes if they join forces in a strategic manner. It all starts with reaching out to become acquainted and understand one another's organizations and roles.

Also, it's asking the questions that haven't been asked or helping bring forth topics that are somewhat uncomfortable to talk about but necessary to advance health equity. Communities across Minnesota have members who haven't benefitted from the great health and vitality the state offers. They may be small in numbers or have not yet been a priority for public health. Who they are is the question that SHIP grantees can seek and share the quest with SHIP partners to work together to find out. Are they migrant farm workers, people in the community whose native language is not English, refugees, older community members who are part of the LGBTQ community, grandparents who are caring for grandchildren and their spouse who has ADRD, etc.?

Dementia: A National and State Priority

- Almost two-thirds of Americans with Alzheimer's are women.
- African-Americans are about twice as likely to have Alzheimer's or other dementias as older whites.
- Hispanics are about one and one-half times as likely to have Alzheimer's or other dementias as older whites.

<http://www.alz.org/facts/#state>

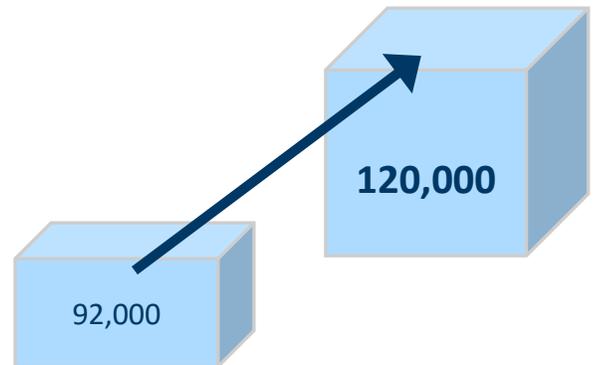
In the United States



1 in 10 people

age 65 and older has Alzheimer's, the most prevalent form of dementia²

In Minnesota



the prevalence will grow from **92,000** to **120,000** by 2025

Figure 3 Infographic: Alzheimer's Association Facts and Figures 2017

In the United States, one in 10 people over the age of 65 has Alzheimer’s, the most common form of dementia. Currently in Minnesota, an estimated 92,000 adults age 65 and older have Alzheimer’s; this number is predicted to grow to 120,000 by 2025⁴ (which will be about 1 in 10 as well). Costs associated with the care for those who have Alzheimer’s and other dementias will increase. Minnesota’s cost of caring for dementia patients may exceed \$5 billion by 2025.⁵ The physical and emotional impact on caregivers results in \$10.9 billion in health care costs annually, including \$186 million for Minnesota caregivers.⁶ The Minnesota Legislature, in response to this urgent public health issue, has directed SHIP to offer grant recipients the option to implement health improvement strategies that focus on improving Minnesota’s dementia outcomes.

How does SHIP impact dementia?

As discussed SHIP impacts ADRD by improving the health and quality of life for people with ADRD and their caregivers. However, though more study is needed, SHIPs overall efforts may also prevent ADRD. Scientific research has identified that two groups of factors influence the incidence of dementia: genetic factors and lifestyle factors. Genetic predisposition cannot be altered; however, SHIP communities provide opportunities for healthy living throughout the life span, reducing the lifestyle factors that contribute to dementia. Lifestyle factors are listed in table 1: Lifestyle risk factors of dementia and their Population Attributable Risk (PAR), which indicates the percentage of cases that would NOT occur in a population if the risk factor were eliminated. In Minnesota, there are 92,000 cases of Alzheimer’s projected for 2017. If lifestyle factors were eliminated, there would be an estimated 30.6% reduction or 28,252 fewer cases.

⁴ Alzheimer’s Association. (2017). Alzheimer’s disease facts and figures. *Alzheimer’s & Dementia* 2017; 13:334 - 341. [http://www.alzheimersanddementia.com/article/S1552-5260\(17\)30051-1/pdf](http://www.alzheimersanddementia.com/article/S1552-5260(17)30051-1/pdf)

⁵ Hurd, MD, Martorell P, Delavande A et al. Monetary costs of dementia in the United States. *N Engl J Med.* 2013; 368:1326-1334. (Cost estimated using 2010 dollars.) <http://www.nejm.org/doi/full/10.1056/NEJMsa1204629#t=article>

⁶ ACT on Alzheimer’s. Realities of Alzheimer’s Disease. <http://www.actonalz.org/realities-alzheimers-disease>

Lifestyle risk factors of dementia and their Population Attributable Risk (PAR)

Risk Factor	PAR	
Diabetes	4.5%	
Midlife Hypertension	8.0%	
Midlife Obesity	7.3%	
Depression	11.1%	SHIP does not address directly
Physical Inactivity	21.0%	
Smoking	10.8%	
Low Education	7.3%	SHIP does not address directly
Total	52.7%	
*Adjusted Total	30.6%	

Table 1: Lifestyle risk factors of dementia and their estimated population-attributable risk (PAR) in the USA⁷.

**The seven risk factors are not independent; the authors have adjusted for non-independence of the risk factors.*

SHIP, because it is designed to change communities, diminishes population attributable risk by creating opportunities for lifestyle changes, especially for populations experiencing health disparities because SHIP focuses on increasing access to healthy food, physical activity and tobacco-free living for those who have the greatest barriers and least access. SHIP grantees are involved in community planning, including being at the table to ensure that community decision makers are considering and including population health (for example, dementia) in decisions about how communities are designed now and in planning for the future. SHIP grantees also ensure that community members, especially those who often have not participated, have a voice in decision-making. In the case of dementia this may be providing a channel of communication to understand the perspective and insight of people living in assisted living or long-term facilities, for example.

What are the primary populations of focus in SHIP dementia work?

- Populations with higher rates of ADRD
- Older Adult Minnesotans with ADRD
- Caregivers

SHIP collaborates to create opportunities for all Minnesotans to live longer, healthier lives and strengthens the capacity of communities to create their own healthy futures, a vision that seeks

⁷ Norton, S., Matthews, F., Barnes, D., Yaffe, K., & Brayne, C. (2014). Potential for primary prevention of Alzheimer’s disease: an analysis of population-based data. *Lancet Neurology*, 13(8), 788-794. doi:10.1016/S1474-4422(14)70136-X.

to include populations that have been excluded and are experiencing inequities, to support them in overcoming the barriers they face to good health. Equity benefits everyone and any of us can find ourselves facing a barrier or in need of extra support to live a healthy, vital life.

The Minnesota Board on Aging (MBA) has trained a core group of Cultural Consultants through its online Dementia Capability training series to provide consultation to agencies and groups that are interested in being both dementia capable and culturally aware. These [cultural consultants](#) are available to SHIP grantees. Contact [Nancy Lee](#), at MBA, for more information.

Cognitive decline is progressive, often over several years, affecting the health and well-being of family members and others who care for persons with dementia. Caregivers can experience emotional burnout and depression, ultimately shortening the length of time they can provide care to the person with dementia. Caregivers of those with dementia are usually unpaid and tend to be women over age 65, members of lower income households, and/or individuals who also care for children or others.⁸ SHIP can help raise awareness about [caregiver](#) needs and make associated changes in [workplaces](#) and other [community settings](#).

⁸ 2017 ALZHEIMER'S DISEASE FACTS AND FIGURES, page 33. Alzheimer's Association.
https://www.alz.org/documents_custom/2017-facts-and-figures.pdf

Friends in ADRD work

SHIP grantees focusing on ADRD should get in touch with their local Area Agency on Aging and ACT on Alzheimer's Dementia-friendly Community contact, if working in one of Minnesota's dementia-friendly communities. Grantees should also seek out other ADRD partners appropriate to the community.

The Minnesota Board on Aging (MBA)

MBA is the gateway to services for older Minnesotans and their families. MBA listens to older adult concerns, researches solutions and proposes policy to address needs. In addition, MBA administers funds from the Older Americans Act that provide a spectrum of services to older adults, including Senior LinkAge Line®, insurance counseling, evidence-based health promotion, and in-home and supportive services. MBA website: <http://www.mnaging.net/>

- Minnesota Area Agencies on Aging (AAAs): The Minnesota Board on Aging oversees and supports Minnesota's seven Area Agencies on Aging, which are focal points for helping individuals live well as they age in their communities. ([MN AAA map and link to local contacts](#))

The Alzheimer's Association

The [Alzheimer's Association](#) works to provide care and support for all those affected by Alzheimer's and other dementias. The national association's 24/7 Helpline is 1-800-272-3900, through which one can connect to the local chapter staff. A [Minnesota-North Dakota Chapter](#), one of seven founding chapters of the National Alzheimer's Association, started by family caregivers, supports local offices in both states. In Minnesota, there are two Twin Cities Metro offices, and offices in Duluth, Rochester, St. Cloud and Fergus Falls. The Alzheimer's Association is a great resource and partner for SHIP grantees. Like MBA, tools and opportunities to partner are available at the national level and through the local chapters such as classes, conferences, a network of professionals, support groups, care consultation, advocacy and community engagement, and special events, as well as a variety of activities aimed to support people with ADRD and caregivers.

ACT on Alzheimer's

SHIP grantees also partner with and seek resources from the [ACT on Alzheimer's](#) organization, a statewide effort managed by the Metro Area Agency on Aging that fosters collective ownership and accountability in preparing Minnesota for the impacts of ADRD. More than 60 nonprofit, governmental and private sector organizations are part of this volunteer driven, statewide collaboration. Communities around the state are using the [Dementia Friendly Communities Toolkit](#) to create a supportive environment for people living with Alzheimer's and their families. They have created a video that provides an overview: [Dementia Friendly Community Toolkit](#)

[Video](#). The video, [Dementia Friendly Minnesota - Alzheimer's Association Purple Gala 2016 Video](#), highlights what is happening in Minnesota. There are contacts for SHIP grantees to connect with in 53 communities across Minnesota, from Marshall to International Falls. ([Act on Alzheimer's Action Communities Map and link to local contacts](#))

Other sources for partnerships/resources

- [Minnesota Department of Human Services](#)
- [Communities for a Lifetime Minnesota](#)
- [Dementia Friendly America](#)
- [Living at Home Block Nurse Programs – Living at Home Network](#)
- [AARP Minnesota](#)
- [Volunteers of America Minnesota](#)
- Catholic Charities (local chapters exist in a variety of Minnesota locations)
 - [Catholic Charities Diocese of Winona](#)
 - [Catholic Charities Diocese of St Cloud](#)
 - [Catholic Charities of St. Paul and Minneapolis](#)
 - [Catholic Charities Diocese of New Ulm](#)
- [Lutheran Social Services of Minnesota](#)
- Area health care providers
- Senior living centers
- Respite providers and resources
- [University of Minnesota Center on Aging Community Aging Resources](#)
- [Minnesota Gerontological Society \(MGS\)](#)
- [University of Minnesota Extension Health and Nutrition](#)
- [MDH Community Engagement Staff](#)

When brainstorming potential partnerships within communities, grantees may find it helpful to use the Power Mapping framework, and other resources and consultation provided by the MDH Community Engagement staff.

Minnesota Area Agencies on Aging

(Area Contacts)

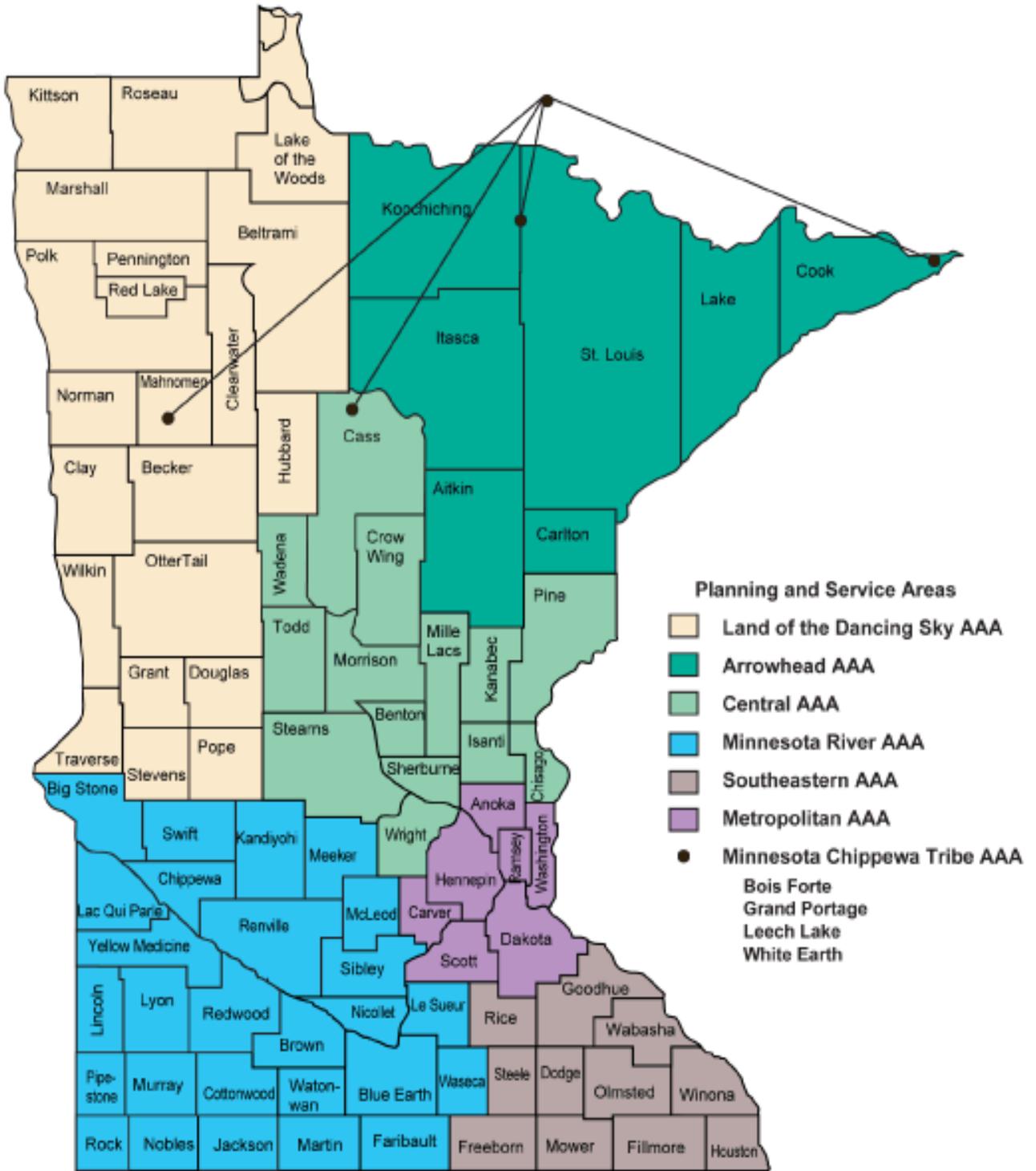


Figure 4 - Minnesota Area Agencies on Aging Map

ACT on Alzheimer’s Action Communities

(Community Contacts)

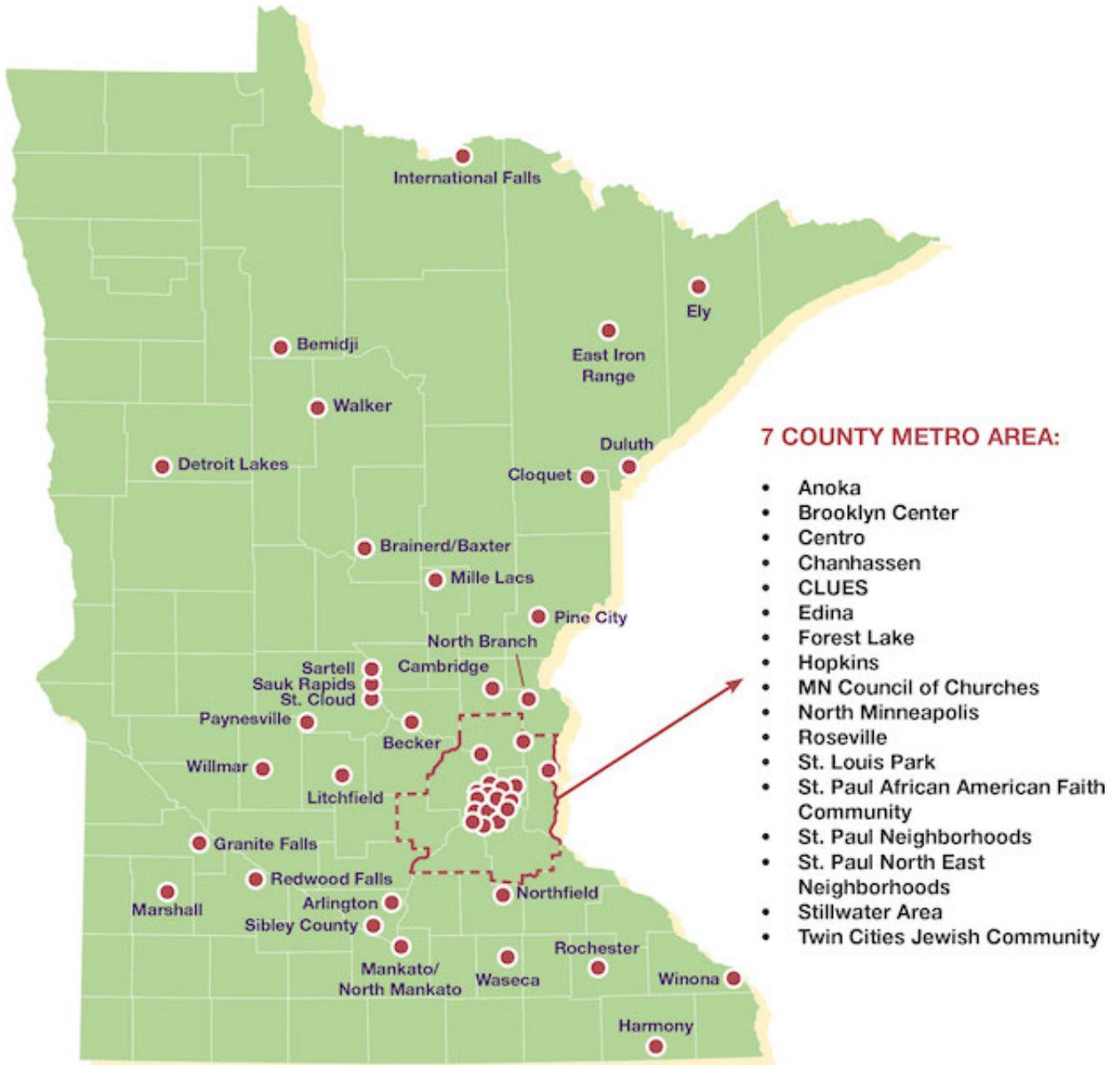


Figure 5 - ACT on Alzheimer’s Action Communities Map

Foundational Practices

The starting point for foundational practices remains universal among grantees: contact the appropriate Area Agency on Aging and ACT on Alzheimer’s action team lead. SHIP grantees then either develop a partnership with the Area Agency on Aging or enhance a current partnership, building on existing work. Area Agency on Aging and ACT on Alzheimer’s Action Communities are engaging communities and conducting community assessments to inform their work, as SHIP grantees are, so information and experience that each party has is valuable to the collaborative partnership in the focus on ADRD.

Core Approaches: Partnerships and Policy

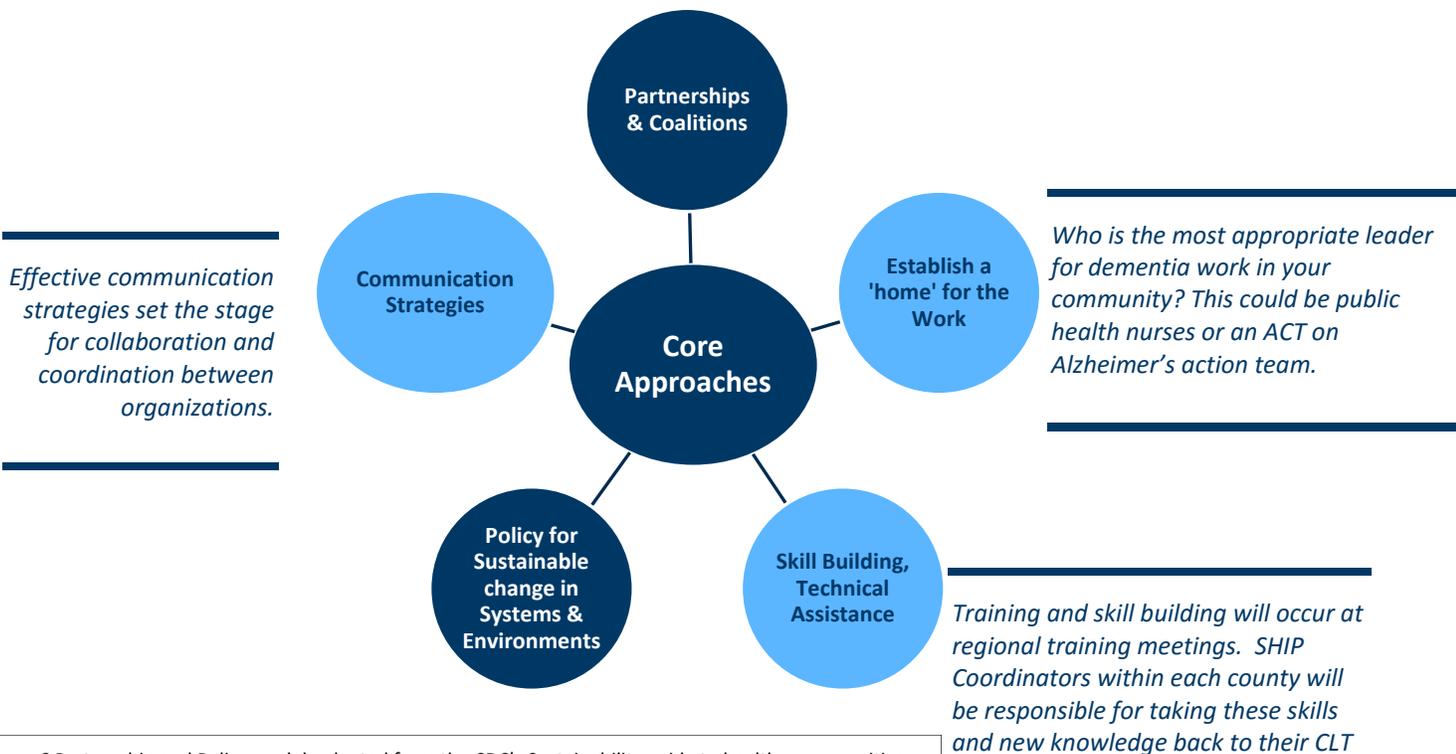


Figure 6 Partnership and Policy model, adapted from the CDC's Sustainability guide to healthy communities. https://www.cdc.gov/nccdp/h/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf

Start with these foundational practices **before beginning to implement this strategy**:

- **Assess** and **identify** health inequities and disparities to determine which priority populations and communities to work with. For SHIP grantees, this may be part of the Healthy Equity Data Analysis (HEDA) process. Consult with the HEDA team to explore ADRD as a focus. The learning from HEDA is valuable to bring to the collaboration.
- **Engage** affected communities.
- **Communicate** and **build capacity** of people affected and decision-makers.
- **Prioritize needs** and identify how to **implement** PSE changes by selecting activities.
- **Sustain** partnerships and efforts.

The general steps to implement these foundational practices include:

- Gather assessment data from Area Agency on Aging or ACT on Alzheimer’s within a community.
- If assessment data does not already exist, assemble a team to conduct a community assessment.
- Review existing data and collect additional data, as needed, related to population demographics and disease and risk factor data disparities and inequities.
- Determine the existence and location of community stakeholders, organizations, and resources.
- Assess the opportunities and gaps.
- Summarize and analyze the assessment data to select priority populations and communities to work with on this strategy.

Implementation

With a common vision, roles and goals established among partners and input from local experts, grantees integrate ADRD focus into the work plans of SHIP strategies.

Raising Awareness

The following key messages can be used to raise awareness and as foundation to build future activities upon:

- Healthy aging is possible. The risk of developing dementia and other chronic diseases may be reduced by healthy living.
- Smoking, physical inactivity, poor diet, and being overweight or obese are modifiable risk factors for dementia ([see table 1 for population attributable risk](#)).
- The earlier life changes are made the greater the likelihood of decreased risk.
- Healthy behaviors are more likely to be maintained if they are built into the policies, systems and environments making it inherently easier and sustainable to adopt healthier choices.

Caregiver Support Activities

When discussing activities targeting dementia-related outcomes, the caregiver is equally as important as the person who has dementia.

CAREGIVERS

In 2016, 15.9 million family and friends provided 18.2 billion hours of unpaid assistance to those with Alzheimer's and other dementias, a contribution to the nation valued at \$230.1 billion.

- Approximately two-thirds of caregivers are women, and 34 percent are age 65 or older.
- 41 percent of caregivers have a household income of \$50,000 or less.
- Approximately one quarter of dementia caregivers are "sandwich generation" caregivers — meaning that they care not only for an aging parent, but also for children under age 18.

Alzheimer's takes a devastating toll on caregivers. Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties.

(<http://www.alz.org/facts/>)

Figure 8 – Caregiver Facts, Alzheimer's Association 2016

A 2012 survey by the Amherst Wilder Foundation interviewed 141 primary caregivers and 71 secondary caregivers in St. Paul, seeking to identify key challenges and sources of support for caregivers.⁹ In the St. Paul area they found that informal support, such as family, friends, neighbors and faith communities was most important to caregivers – more important than health care resources as well as home- and community-based services. These informal networks could be an area for SHIP grantees to explore through the Health Equity Data Analysis (HEDA) process. Statewide the physical and emotional impact on caregivers results in \$186 million in health care costs annually for Minnesota caregivers,¹⁰ strengthening the case for focus on support for caregivers and highlighting a role for SHIP grantees.

⁹ <http://www.wilder.org/Wilder-Research/Publications/Studies/Caregiving%20in%20Context/Caregiving%20in%20Context,%20Summary.pdf>

¹⁰ <http://www.actonalz.org/realities-alzheimers-disease>

Public Health Opportunities for Formal Support

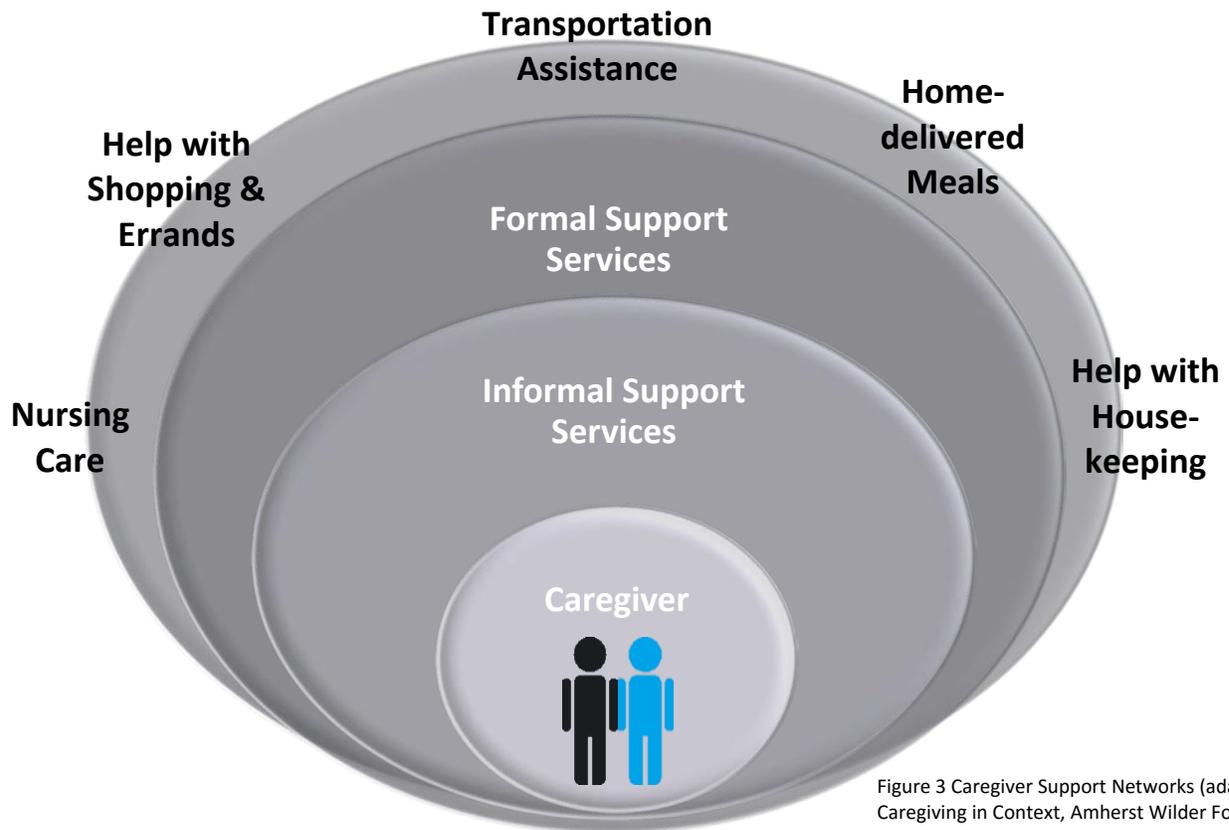


Figure 3 Caregiver Support Networks (adapted from *Caregiving in Context*, Amherst Wilder Foundation, 2012)

“The informal support of the people around them, supplemented with formal services, is the foundation that primary caregivers stand on when facing the challenges and distress of their role.” - Amherst Wilder Foundation, 2012

One of the reasons cited for the lack of importance of health care resources is the fact that significant barriers to accessing formal systems, such as services provided by state and county agencies, remains. The public health implication of this survey creates opportunity for action by streamlining the process between formal support sources and caregivers, resulting in reduced stress; burden and time spent trying to access and navigate these services ([see Figure 6](#)). This will also allow the caregiver to focus on enhancing their informal support network. Figure 4 provides two brief examples of potential SHIP activities that could address this barrier.

If you are working with... you can help a caregiver by

<p><i>Health care providers</i></p>	<p>Develop policies that ease system navigation. Health care systems have processes in place for parents to act as navigators for children. Use these models to implement systems change supporting caregivers who act as navigators for their care recipient.</p> <p>Note: SHIP grantees can address this through the Healthcare or Workplace strategy and through a more comprehensive approach through layering and multiple activities across settings and systems.</p>
<p><i>Service Providers</i></p>	<p>Increase awareness of local, county and state social services and Senior LinkAge line. According to the Amherst Wilder Foundation study, fewer than 15 percent of caregivers listed these services as viable information sources. These efforts could fall under an SHIP activity.</p> <p>Note: For example, SHIP grantees may share an office with WIC, SNAP, of other service providers with whom peer-to-peer sharing of resources and collaborative learning and action can be initiated or strengthened.</p>

Figure 9 Caregiver Support Activities

Support from Employers

According to the survey by Amherst Wilder Foundation (2012), the primary way that worksites supported caregivers was by allowing time flexibility, both in the form of formal and informal flex options. However, one in five employed caregivers reported receiving no employer support. Grantees may wish to include employer assessments of current flex policies surrounding caregivers of those with dementia (see <http://fyi.uwex.edu/balancingcare/> for additional resources). Sustaining family caregivers and support systems is crucial to extending independent living and reduced use of long-term care facilities (see [Figure 3](#)). More details can be found in the [Workplaces Section](#) about how SHIP grantee partner with workplaces on ADRD.

Healthy Lifestyle, tobacco-free living and ADRD, the research and evidence

Dementia is not a specific disease but an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's disease accounts for 60 to 80 percent of dementia cases.¹¹

While research is not yet conclusive, certain lifestyle choices, such as physical activity and diet, may help support brain health and prevent Alzheimer's. Individuals with dementia were more likely to be diagnosed with 15 comorbidity complexes, including Parkinson's, stroke, diabetes, atherosclerosis (supposed dementia risk factors) or fluids and electrolyte disorders, insomnia, incontinence, pneumonia, fractures and injuries (supposed health issues that precede ADRD).¹²

Several conditions known to increase the risk of cardiovascular disease, such as high blood pressure, diabetes and high cholesterol, also increase the risk of developing Alzheimer's. Some autopsy studies show that as many as 80 percent of individuals with Alzheimer's disease also have cardiovascular disease.¹³

Smoking is associated with an increased risk of dementia. The World Health Organization reports that smoking is a risk factor for dementia, and quitting could reduce the dementia burden, and an estimated 14 percent of Alzheimer's disease cases worldwide are potentially attributed to smoking.¹⁴

[Diet and exercise in Alzheimer's](#). In this video, part of "The Alzheimer's Project," a presentation of HBO Documentary Films and the National Institute on Aging at the National Institutes of Health, in association with the partners, Dr. Carl W. Cotman explains how a diet rich in antioxidants and regular exercise may benefit the brain.¹⁵

¹¹What is Dementia? Alzheimer's Assoc. <http://www.alz.org/what-is-dementia.asp>

¹² Prevention and Risk of Alzheimer's and Dementia, Alzheimer's Assoc. http://www.alz.org/research/science/alzheimers_prevention_and_risk.asp#understanding

¹³ Prevention and Risk of Alzheimer's and Dementia, Alzheimer's Assoc. http://www.alz.org/research/science/alzheimers_prevention_and_risk.asp#what

¹⁴ Tobacco & Dementia, WHO, 2014. http://apps.who.int/iris/bitstream/10665/128041/1/WHO_NMH_PND_CIC_TKS_14.1_eng.pdf

¹⁵ The Alzheimer's Project," a presentation of HBO Documentary Films. http://www.alz.org/research/video/alzheimers_videos_and_media_diet.asp

Summary

Overall SHIP is working to prevent ADRD by creating communities that make a healthy lifestyle possible for everyone. SHIP grantees focusing on dementia/ADRD are making the population with ADRD and their caregivers a priority population and within that population identifying those most affected by health inequities.

Resources

National

Center for Disease Control and Prevention

A sustainability planning guide for healthy communities. Retrieved from http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf

Communities for a Lifetime

Housed within the MBA and DHS, Communities for a Lifetime offers resources on principles and strategies which, when implemented, foster health and vitality for residents and the community as a whole.

<http://www.mnlifetimecommunities.org/en.aspx>

Dementia Friendly America

www.dfamerica.org

National Institute on Aging: Healthy Eating after 50

<https://www.nia.nih.gov/health/publication/healthy-eating-after-50>

National Resource Center on Native American Aging

<https://www.nrcnaa.org/about/staff/carter>

Minnesota

ACT on Alzheimer's

<http://www.actonalz.org/>

Minnesota Board on Aging

www.mnaging.org

Indian Elder Desk

<http://www.mnaging.org/en/Advocate/IndianElderDesk.aspx>

Minnesota Association of Area Agencies on Aging

www.mn4a.org

Senior LinkAge Line

1-800-333-2433 or www.seniorlinkageline.com

Live Well at Home

www.mnlivewellathome.org/

Minnesota Help.info

www.minnesotahelp.info

Healthy Aging Minnesota

www.mnhealthyaging.org

Evidence Based Programs

SHIP grantees partner with the [Area Agencies on Aging](#), the [Act on Alzheimer's Action Communities](#), healthcare systems and other community organizations to foster networks and referral systems to increase awareness of and access to evidence based program for people

with ADRD and caregivers. Many caregivers also have their own health issues they are trying to manage while caring for their loved one.

Powerful Tools for Caregivers

An education program to help family and friends caring for older adults with long-term health conditions (e.g., stroke, Alzheimer’s, Parkinson’s disease, and others). Powerful Tools helps caregivers develop skills and confidence to better care for themselves while caring for others. It is a six-week series led by trained facilitators using a standardized curriculum. The weekly topics range from reducing your stress to communicating in challenging situation and mastering caregiving decisions. <https://www.powerfultoolsforcaregivers.org/>

A Matter of Balance Falls Prevention Program

A Matter of Balance is program that has been designed to reduce the risk and fear of falling and help older adults stay independent. The program includes eight two-hour sessions for a small group led by a trained facilitator. <http://www.mainehealth.org/mob>

During the class participants learn to:

- View falls as controllable.
- Set goals for increasing activity.
- Make changes to reduce fall risk at home.
- Exercise to increase strength and balance.

Tai Ji Quan Moving for Better Balance

Tai Ji Quan Moving for Better Balance has been designed for older adults and people with balance disorders. The program consists of 8-form core routine with built-in exercise variations and a subroutine of integrated therapeutic movements, which collectively, comprise a set of simple yet functional Tai Ji Quan-based moves. The program is delivered in two 1-hour sessions each week for 24 weeks. Each session consists of warm-up exercises; core practices, which include a mix of practice forms, variations of forms and mini-therapeutic movements; and brief cool-down exercises. The class is taught by a trained instructor. <https://tiqmbb.org/>

Living Well with Chronic Conditions

The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves. <http://patienteducation.stanford.edu/programs/cdsmp.html>

National Institute for Health and Care Excellence (NICE)

NICE guideline [NG16] covers mid-life approaches to delay or prevent the onset of dementia, disability and frailty in later life. The guideline aims to increase the amount of time that people can be independent, healthy and active in later life. Retrieved from:

<http://www.nice.org.uk/guidance/ng16>.

SHIP Activity Definitions

Healthy Eating

As people age, interests in eating and mealtime enjoyment can change. Some older adults find their sense of taste and smell decrease, making food seem less appealing than in the past. Others eat less due to difficulty chewing or digesting. Medicines also affect appetite, digestion and can be a cause of delirium. When a person has ADRD, these problems can become more pronounced, and mood, behavioral and physical functioning problems may affect eating as the disease progresses.

Studies have found that a diet rich in fruits, vegetables and whole grains that is low in fat and added sugar can reduce the risk of many chronic diseases, including heart disease and type 2 diabetes, which increase the risk of developing dementia.

Grantees working on strategies to improve healthy eating with a dementia focus should work to develop and support population-level initiatives to reduce the risk of dementia by making it easier for people to access healthy food options and achieve and maintain a healthy weight. The [SHIP Healthy Eating in Communities Implementation Guide](#) has more details in integrating ADRD into healthy eating strategies.

Active Living

Physical activity consists of helping middle aged and older adults improve the quantity and quality of physical activity and movement opportunities in places they may frequent within the community. This includes daily opportunities for structured and unstructured physical activity, both indoors and outdoors.

Physical activity plays a large role in prevention strategies to improve health; research suggests it may contribute to the delay of cognitive decline in older adults. Evidence is growing; having an active lifestyle may sustain brain function later into life and delay cognitive decline – both age-related and caused by dementia. Maintaining adequate strength and balance to perform activities of daily living is also a purpose of active living. It is important to encourage movement, strengthening exercises, and walking as a part of daily routine to maintain health, socialization, and prevent cognitive decline. Falls Prevention

Please reference the [SHIP Active Living in Communities Implementation Guide](#) for further guidance.

Tobacco-free Living

According to the World Health Organization (2014), smoking and secondhand smoke exposure are risk factors for dementia. It is estimated that approximately 14 percent of dementia cases are potentially attributed to smoking ([see Table 1 Lifestyle risk factors of dementia and their](#)

[PAR](#)). SHIP activities falling under this strategy and focusing on dementia outcomes should focus on smoke-free environment laws and systematic access to tobacco cessation services. Please reference the [SHIP Tobacco-Free Living: Point of Sale Implementation Guide](#) and the [SHIP Tobacco-Free Living: Smoke-Free Housing Implementation Guide](#) for further guidance.

Health Care

Many common unhealthy behaviors that lead to diabetes, hypertension, and obesity can complicate the care and quality of life of someone with ADRD (see [Table 1: Lifestyle risk factors of dementia and their PAR](#).) Addressing these behaviors throughout the lifespan will reduce the likelihood of developing dementia.

In health care, SHIP grantee should focus ADRD activities on populations with health disparities, such as African Americans or those with Down Syndrome, who are at greater risk for developing Alzheimer's and related dementias. Please reference the [Clinical-Community Linkages for Prevention Health Care Implementation Guide](#) for further guidance.

Also, MBA has trained a core group of Cultural Consultants through our online Dementia Capability training series to provide consultation to agencies and groups which are interested in being both dementia capable and culturally aware. These [cultural consultants](#) are available to SHIP grantees. Contact [Nancy Lee](#), at MBA, for more information.

The Minnesota Department of Human Services DHS Disability Services Division is completing the development of a 90-minute online training video that they will add to their package of Disability Services providers and family training series on IDD (Individuals with Intellectual or Development Disabilities) and Alzheimer's. It is being taped now and should be available in the Fall of 2017. Contact [Donna K Walberg](#) or [Jen Perry](#) in the Disability Services division for more information. They will be able to provide a link to the series in the fall.

Workplace

Workplace activities encouraging positive behaviors such as adequate physical activity, healthy eating, tobacco-free environments, and lifestyle and/or stress management can also contribute to reducing the burden of dementia. The most direct pathway of relation is through employees who are caregivers (See [Caregiver Support Activities](#) and [Support from Employers](#)). In the workplace, the target audience for ADRD work are employees. Please reference the [SHIP Workplace Implementation Guide](#) for further guidance.

Collaborating with SHIP Tribal Grantees

Please contact SHIP American Indian Community Specialists:

LaRaye Anderson, 218-368-0372, LaRaye.Anderson@state.mn.us

Sarah Brokenleg, 651-201-5491, Sarah.Brokenleg@state.mn.us

Sarah supports and works with the SHIP grantees at White Earth, Upper and Lower Sioux, Ain Dah Yung, Prairie Island, and Division of Indian Work and Prairie Island and LaRaye; Red Lake, Leech Lake, Bois Forte, Grand Portage and Mille Lacs SHIP.

Outside the Box

Dancing helps the brain

The dynamic Argentine dance improves your social life and can protect your brain from dementia. <http://www.startribune.com/lonely-worried-about-dementia-argentine-tango-finds-home-in-minnesota/427321593/>

Memory Cafe

[More Communities Becoming 'Dementia Friendly'](#), Associated Press, Published on Sep 17, 2015. Watertown and the state of Minnesota are among the leaders nationwide helping communities become “dementia friendly.” The efforts in Watertown include a “Memory Cafe,” a support group for those suffering from the disease and their caretakers. For more information about the dementia initiative in Wisconsin or Minnesota contact: Jan Zimmerman, RN, 920-567-2003.

[A Public Health Approach to Alzheimer's and Other Dementias](#). Produced by the Alzheimer’s Association, CDC, and Emory University.

Community Engagement Resources

[MDH Community Engagement Guidebook](#). Community engagement means involving community members in all activities—from identifying the relevant issues and making decisions about how to address them, to evaluating and sharing the results with the community. The information found here provides background, tips and tools for effective community engagement. Also, refer to the [SHIP Community Engagement Implementation Guide](#).

Health Equity Resources

[MDH Resource Library for Advancing Health Equity in Public Health](#). This resource library was created for local health departments to use as they continue to build their capacity to advance health equity. It groups various guides, videos, assessments, and other materials into six public health practices.

[ACT on Alzheimer’s Health Equity Call to Action](#). Alzheimer’s disease touches every community, yet some groups are at greater risk of developing the disease. The lack of equity (social, health, environmental) impacts the health and well-being of all and creates health disparities. ACT on Alzheimer’s seeks to eliminate or reduce health disparities and the impact of Alzheimer’s disease and to [practice inclusiveness and equity](#) in engaging communities to build supportive, [dementia-friendly environments](#).

Videos on ADRD Work

[More Communities Becoming 'Dementia Friendly'](#), Associated Press, Published on Sep 17, 2015. Watertown and the state of Minnesota are among the leaders nationwide helping communities become “dementia friendly.” The efforts in Watertown include a “Memory Cafe,” a support group for those suffering from the disease and their caretakers.

[Dementia Friendly Tempe](#), Tempe11Video, Published on Jun 1, 2016. Tempe is now a Dementia Friendly Community. Find out about some of the ways Tempe is making strides to create a supportive environment for those suffering from this condition.

Dementia Friendly America Sector Videos. Sector vignettes offer profession-specific guidance for working to become dementia friendly. <http://www.dfamerica.org/sector-videos>

[Diet and exercise in Alzheimer's](#), In this video, part of "The Alzheimer's Project," a presentation of HBO Documentary Films and the National Institute on Aging at the National Institutes of Health in association with the Alzheimer's Association, The Fidelity® Charitable Gift Fund and Geoffrey Beene Gives Back® Alzheimer's Initiative, Dr. Carl W. Cotman explains how a diet rich in antioxidants and regular exercise may benefit the brain.¹⁶

[Video Tutorials](#). SHIP grantees can make healthcare systems aware ACT on Alzheimer's screening, assessment, diagnosis and care coordination videos for patients who have memory concerns and their care partners. Using clinic settings and real patients, the videos include an introduction to cognitive screening; administering and scoring the Mini-Cog, SLUMS and MoCA assessments; delivering an Alzheimer's disease diagnosis; and discussing post-diagnostic care coordination strategies. These video tutorials represent best and emerging dementia care practices.

SHIP Dementia Community of Practice

OSHII hopes to kick off the SHIP Community of Practice for Dementia in 2018, which will include a Dementia Basecamp Project, a Dementia Section in the Making it Better newsletter, Dementia Coffee and Calls, and other efforts to connect SHIP grantees working on dementia with each other and with partners for peer to peer learning, networking, and collaboration. Please let us know if you or your partners are interested in being part of the community practice.

¹⁶The Alzheimer's Project," a presentation of HBO Documentary Films
http://www.alz.org/research/video/alzheimers_videos_and_media_diet.asp

References and Data

[Amherst Wilder Foundation, Caregiving in Context, 2012](#). A study of family, friend and community caregivers' networks of support.

The [Green-Field Library](#), located at the national office of the Alzheimer's Association in Chicago, IL, is the nation's oldest and foremost library and resource center devoted to increasing knowledge about Alzheimer's disease and related dementias.

[ACT on Alzheimer's Research](#). Research underlies the work of ACT on Alzheimer's, from real data about the growth and impact of the disease to economic modeling on care approaches that reduce costs and, throughout, a prominent theme that each sector of a community can do something to be dementia friendly. Through 2015, ACT evaluated its work under a formative evaluation plan, implemented by an independent evaluator.

[Alzheimer's Association, 2017 Alzheimer's Disease Fact and Figures Website](#) and [2017 Alzheimer's Disease Fact and Figures Report](#) provide the latest national and state facts and statistics on Alzheimer's disease.

[Alzheimer's Association Spotlight on Researchers](#). Around the world, thousands of dedicated researchers are focused on improving the lives of those affected by Alzheimer's disease. This page spotlights some of the many scientists who are dedicating their careers to Alzheimer's research. Read about the focus of their work — from investigating earlier detection to possible novel treatments — and the progress they are making toward a world without Alzheimer's.

Literature on ADRD Prevention

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2. Exercise, cognitive function, and aging. [Review] Barnes JN. *Advances in Physiology Education*. 39(2):55-62, 2015 Jun.
3. Is the Mediterranean diet a feasible approach to preserving cognitive function and reducing risk of dementia for older adults in Western countries? New insights and future directions. [Review]. Knight A; Bryan J; Murphy K. *Ageing Research Reviews*. 25:85-101, 2016 Jan.
4. Meta-analysis of modifiable risk factors for Alzheimer's disease. [Review] Xu W; Tan L; Wang HF; Jiang T; Tan MS; Tan L; Zhao QF; Li JQ; Wang J; Yu JT. *Journal of Neurology, Neurosurgery & Psychiatry*. 86(12):1299-306, 2015 Dec.
5. Nutrition and Dementia: Evidence for Preventive Approaches? [Review] Canevelli M; Lucchini F; Quarata F; Bruno G; Cesari M. *Nutrients*. 8(3):144, 2016 Mar 04.
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9. The projected effect of risk factor reduction on Alzheimer's disease prevalence. Barnes DE1, Yaffe K. *Lancet Neurol*. 2011 Sep;10(9):819-28. doi: 10.1016/S1474-4422(11)70072-2. Epub 2011 Jul 19.
10. Towards a Community-Based Dementia Care Strategy: A Perspective from Quebec. Godard-Sebillotte C, Vedel I, Bergman H. *Healthc Pap*. 2016;16(2):40-44.