



# **NCIOM Task Force: State Plan for Alzheimer's and Related Dementia**

## **Overview of the Task Force Process**

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# Overview

- Background on the North Carolina Institute of Medicine
- Task Force Process
- Charge to the Task Force



# NC Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
  - Be concerned with the health of the people of North Carolina
  - Monitor and study health matters
  - Respond authoritatively when found advisable
  - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

*NCGS §90-470*





# NCIOM Membership

- Members appointed to the Board of Directors
  - Includes leaders from the major health professions, the hospital industry, the health insurance industry, State and county government and other political units, education, business and industry, the universities, and the university medical centers.



# NCIOM Studies

- NCIOM studies issues at the request of:
  - North Carolina General Assembly
  - North Carolina state agencies
  - Health professional organizations
  - NCIOM Board of Directors
- Often work in partnership with other organizations to study health issues



# Task Force Process

- NCIOM creates broad-based task forces to study health issues facing the state
  - Task Forces generally comprised of between 30-60 people
  - Task Forces are guided by co-chairs who run the meetings
  - Task Force members typically include representatives of state and local policy makers and agency officials, health professionals, insurers, business and community leaders, consumers and other interested individuals
  - Meetings are open to the public

# Task Force Process (cont'd)

- Task Force work guided by a smaller steering committee
  - People with expertise or knowledge of the issue
  - Help shape the agenda and identify potential speakers
- Presentations
  - May include research summaries and/or statistics, descriptions of programs, challenges or barriers to best practices, national developments
  - Presenters may include task force members, researchers, national or state leaders, state health care professionals, consumers, or NCIOM staff

# Task Force Process (cont'd)

- NCIOM staff

- NCIOM staff will prepare agendas, invite speakers, gather information, and identify evidence-based studies when available to inform the Task Force's work
- Staff write first draft of the report, and seek input from the Task Force and Steering Committee members



# Task Force Process (cont'd)

- Task Force report
  - Report is circulated several times before being finalized
  - Task Force members may be asked to prioritize recommendations
  - Task Force members will take final vote on the recommendations and report
- NCIOM Board of Directors
  - Board members must review and approve the report before finalized
- Reports distributed widely
  - Shorter 4-6 page Issue Brief



# Recent NCIOM Studies

## ○ Some recent studies include:

- Rural Health Action Plan (2014)
- Promoting Healthy Weight for Young Children: A Blueprint for Preventing Early Childhood Obesity in North Carolina (2013)
- The North Carolina Oral Health Action Plan for Children Enrolled in Medicaid and NC Health Choice (2013)
- Examining the Impact of the Patient Protection and Affordable Care Act in North Carolina (2013)
- Improving North Carolina's Health: Applying Evidence for Success (2012)
- Growing Up Well: Supporting Young Children's Social-Emotional Development and Mental Health in North Carolina (2012)



# NCMJ

- NCIOM also publishes the *NCMJ*
  - Each issue contains a special focus area with articles and commentaries discussing specific health issues
  - One of the issues of the *NCMJ* will include an issue brief (6-10 pages) about the Task Force's work and recommendations
    - *NC Medical Journal* circulated to more than 30,000 people across the state



# Alzheimer's Disease and Related Dementia

- Process: to develop a strategic plan to coordinate and prioritize the services, programs and/or policies required to make NC a dementia capable state
- 16 Areas of focus required by statute:
  - awareness and education
  - early detection and diagnosis
  - care coordination
  - quality of care
  - health care system capacity
  - training for health care professionals
  - access to treatment
  - home- and community-based services
  - long-term care, caregiver assistance
  - research, brain health, data collection
  - public safety and safety-related needs of individuals with Alzheimer's disease
  - legal protections for individuals living with Alzheimer's disease and their caregivers
  - state policies to assist individuals with Alzheimer's disease and their families



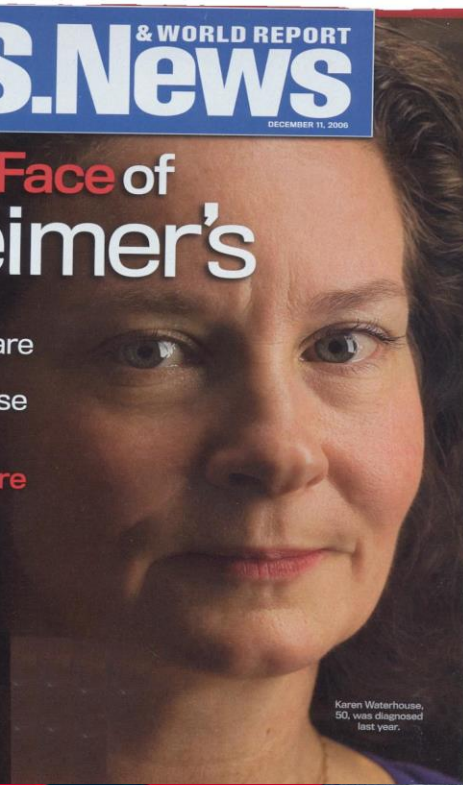
# Partners

- Division on Aging and Adult Services
- AARP NC
- LeadingAge NC (Carol Woods, Southminster, Carolina Meadows)
- Winston Salem Foundation
- Alzheimer's NC
- Alzheimer's Association (Eastern and Western Chapters)
- (Pending Proposal) The Duke Endowment



# The New Face of Alzheimer's

Why more young people than ever are falling prey to this devastating disease  
**What you can do**  
**The push for a cure**



Karem Waterhouse, 50, was diagnosed last year.

## THE COMING ALZHEIMER'S CRISIS

2014

**5 MILLION AMERICANS**



2050

**16 MILLION AMERICANS**



COSTS OF HEALTH CARE, LONG-TERM CARE AND HOSPICE



women over 65 have a **1 in 6** chance of developing Alzheimer's



men of similar age have a **1 in 11** chance



african-americans are about twice as likely as whites to have Alzheimer's or another dementia.



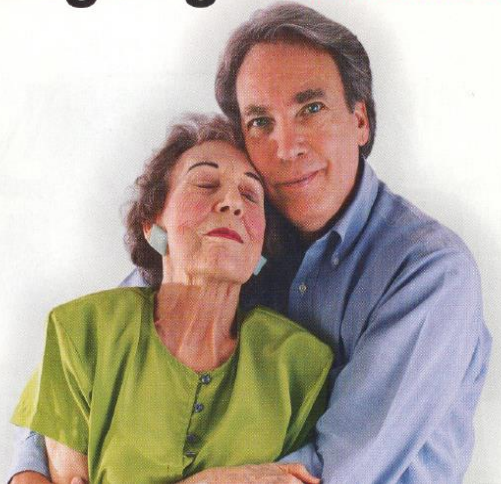
SOURCE: ALZHEIMER'S ASSOCIATION

NIGHTLY NEWS with BRIAN WILLIAMS

# Newsweek

IN A WRENCHING ROLE REVERSAL, ADULT CHILDREN ARE STRUGGLING TO HELP THEIR AILING PARENTS. THE TOLL ON FAMILIES—AND HOW TO COPE.

## Caregiving & Alzheimer's



**HARRY POTTER HOW GOOD IS THIS ONE?**

**THE NEW SCIENCE OF ALZHEIMER'S**

- The drugs
- The genetics
- The latest theories
- What you can do now

# Dementia is....

- A general term for a decline in mental ability severe enough to interfere with daily life.
- Is an overall term used to describe a wide range of symptoms.
- Symptoms can be caused by medication, vitamin deficiency, and Thyroid problems.



- Is not a specific disease.
- Dementia is not mental decline as part of normal aging.
- Many people have memory loss issues — this does not mean they have Alzheimer's or another dementia.

# The Face of Alzheimer's Disease & Related Dementias Today



- **Sixth-leading** cause of death
- **5.2 million** Americans have Alzheimer's disease –  
National Alzheimer's Association
- Currently, NC has over **170,000** older adults with Alzheimer's disease or other types of dementia.
- In the US every **67 seconds** someone develops Alzheimer's
- By **2030**, the total number is projected to rise to over **300,000**
- There is no known cure for this fatal disease.



# Think About it...



- By the year 2025, NC will have more people 65+ with Alzheimer's disease or related dementia as the current population of the entire City of Fayetteville.....
  - *The current population of Fayetteville is 200,504*
  - *The number of people with dementia 65 and over in 2025 will be 210,000*
  - *The next highest populated city is Durham with 228,000*



# Workforce Facts:

- 42% of 55 million employees provided elder care in the last 5 years
- 6 in 10 family caregivers are employed
- 21% cared for more than 1 person
- Women are twice as likely to be caregivers
- 63% - 71% report not having enough time for children, partner, self
- Need flexible work schedule, paid time off, and help from other family
- Have lower well-being than employees with no elder care commitments
- Sandwich generation



# The Cost of Alzheimer's in NC

## Number of Alzheimer's and dementia caregivers, hours of unpaid care, and costs of caregiving

Year	Number of Caregivers <i>(in thousands)</i>	Total Hours of Unpaid Care <i>(in millions)</i>	Total Value of Unpaid Care <i>(in millions)</i>	Higher Health Costs of Caregivers <i>(in millions)</i>
2011	431	491	\$5,950	\$232
2012	437	497	\$6,132	\$245
2013	442	504	\$6,272	\$252



# Meeting Schedule

- Upcoming meeting dates include:
  - March 27, 2015
  - April 17, 2015
  - May 15, 2015
  - June 26, 2015
  - July 24, 2015
  - August 21, 2015
- Plan total of 10 meetings through end of 2015



# Meeting Materials on NCIOM Website

- We know that Task Force members may have conflicts for some of the meetings
  - We host webinars and conference calls for each meeting so that you can follow online or participate over the phone
  - We post meeting summaries and all meeting presentations on our website: [www.nciom.org](http://www.nciom.org)
  - Calendar and directions also available on the NCIOM website



# For More Information

- Websites: [www.nciom.org](http://www.nciom.org)  
[www.ncmedicaljournal.com](http://www.ncmedicaljournal.com)
- Key contacts:
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