



**Year 1 Update:
2022 – 2025 Vermont Action Plan for
Alzheimer’s Disease, Related Dementias &
Healthy Aging**



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Introduction to the Update

This document provides an update on actions taken and performance measures met for the [Vermont Action Plan on Alzheimer’s Disease, Related Dementias \(ADRD\) and Healthy Aging](#). The Action Plan is intended to serve as a guide to improve the quality of life of all Vermonters by offering a framework for the ongoing operations of programs funded through the Older Americans Act. The plan went into effect October 1, 2022. The Action Plan was developed by VDH’s Alzheimer’s Disease and Healthy Aging Program and its evaluation contractor, Professional Data Analysts (PDA), in 2021 and 2022 through meeting with stakeholder groups serving Alzheimer’s and Healthy Aging needs in Vermont.

In Summer of 2023, PDA joined meetings of the Alzheimer’s Disease and Healthy Aging Workgroup, the Hub & Spoke Workgroup on ADRD, and the Governor’s Commission on ADRD and utilized an online polling tool to solicit updates from group members. Participants were asked to provide examples of activities they conducted in 2022-23 that supported the goals and actions in the Plan, and to make recommendations for moving forward. Their responses informed this update.

Legend for Performance Outcome Progress

- | | |
|--|---|
|  Not yet measured |  In progress |
|  Not yet started |  Complete |

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



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 disproportionately affected by Alzheimer's Disease and related dementias, and for populations facing care challenges.



UPDATES

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.

Activities and outcomes year 1

- ✓ The Annual Gerontology Conference sponsored by the UVM Center on Aging in May 2023 aimed to provide caregivers and professionals information and tools to support those living with dementia.
- ✓ A Dementia Prevention Module was added to VT Health Learn.
- ✓ VDH and the Alzheimer's Association completed a two-part dementia education series for Agency of Human Services and Blueprint for Health staff.
- ✓ The Department on Aging and Independent Living (DAIL) launched the Direct Care Workforce Initiative to support direct care workers in getting more education in the field to support overall retention.
- ✓ Nurse Practitioner Doctoral students are conducting a project on Dementia Care Acuity Classification at the UVM Memory Program.
- ✓ A Project ECHO series on Dementia Diagnosis and Care for the Primary Care Team is planned for fall 2023 and 73 participants enrolled. So far, 39 VT Primary Care practices have participated in a Project ECHO dementia training program.
- ✓ VDH has drafted a caregiver experience brief, currently in final review.
- ✓ The Director of Interprofessional Education at UVM College of Nursing and Health Sciences reviewed the roles of various practitioners (APN, RN, LPN, etc.) on dementia awareness and care.
- ✓ The White River Junction (WRJ) VA developed a Memory Evaluation and Treatment Team providing services for both veterans and caregivers.

Upcoming plans

- ❑ As part of the UCLA Pilot Program, UVM is in the process of adding two Dementia Care positions.
- ❑ The Alzheimer's Association is working with the Department of Public Safety to create a training for the Police Academy.
- ❑ The Hub & Spoke workgroup is working with the UCLA Dementia Care Program to begin a pilot program in Vermont.
- ❑ VDH Alzheimer's Disease and Healthy Aging Program is exploring CHW dementia training.
- ❑ Another Project ECHO series, Advanced Topics in Dementia Care for the Primary Care Team, begins February 2024.

UPDATES

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

Activities and outcomes year 1

- ✓ A meeting of the Governor's Commission on ADRD was held in spring 2023 with over 30 participants representing residential care locations. The Commission is producing a report on training needs.
- ✓ Advocates testified at the State House and at two press conferences in support of Long-Term Care and the importance of that full spectrum of care.
- ✓ Many services obtained higher reimbursement rates starting in State Fiscal Year 2024 (July 1, 2023) to support long term care:
 - ACCS (Assistive Community Care Services) for Residential Care Homes/Assisted Living: 79% rate increase.
 - Adult Day Services: 34% rate increase.
 - Home Health direct services (personal care, respite/companionship, homemaker): 15% rate increase.
 - Brain Injury Program services: 5% rate increase.
- ✓ UVMHC, UVM Center on Aging and UVM School of Social Work collaborated to create VT BRIDGES, a track for students wishing to pursue geriatric social work (MSW). They will have a cohort of 3 social work students fall 2023.
- ✓ The White River Junction VA Memory Evaluation and Treatment Team created a 500-page internal aging resource guide for our providers to better find resources, handouts, tools to use with their patients with dementia.
- ✓ DAIL has an initial contract with iCare for a specialized LTC facility to open fall 2023.
- ✓ IUVMHN increased social work FTE to expand Dementia Family Caregiver Center

Upcoming plans

- ❑ There will be grants available through Vermont's Agency for Human Services (HCBS FMAP Spending Plan) beginning in September 2023 to home- and community-based service providers and other community-based organizations to apply for flexible funding for workforce development, innovative care models, capital improvements, etc.
- ❑ Dementia Specialists may be designated in VDH Offices of Local Health (OLH).
- ❑ DAIL is developing:
 - ❑ A mentorship program which will pair experienced direct care workers with new workers for peer support and learning.
 - ❑ A marketing and promotion campaign in conjunction with DMH and VDH SUD. DAIL has hired a marketing firm to develop materials and conduct a media campaign specific to direct care.
 - ❑ Scholarships for established direct care workers who wish to further their skills/education.

UPDATES

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.

Activities and outcomes year 1

- ✓ The BOLD Program hosted its first Chronic Disease and Brain Health discussion in August 2022.
- ✓ Dementia/Dementia Caregiving Community Resources presentations were delivered to CHT/Blueprint personnel.
- ✓ VDH Hypertension and Alzheimer's Disease and Healthy Aging Program ran a media campaign on hypertension and brain health directed at providers on Google, social media, etc.
- ✓ The inclusion of brain health language in My Healthy VT provider facing pages is under review.
- ✓ A training series developed by VDH, the Alzheimer's Association, and DAIL was delivered in 2022, with an additional training scheduled for late 2023/early 2024.

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

Activities and outcomes year 1

- ✓ The BOLD Program is meeting with Abenaki Chiefs to discuss next steps on wellness and brain health, VDH continues to communicate and share resources with the Abenaki and Equity Workgroup via the Abenaki Cultural Liaison.
- ✓ VDH, DAIL, and the Alzheimer's Association have held listening sessions and focus groups among older Vermonters in communities at higher risk for dementia including Abenaki communities, long term care residents, individuals with low income, and new Americans to inform culturally competent workforce development efforts.
- ✓ VDH has been meeting regularly with partners serving older Vermonters to discuss how we can support/elevate Adult Day Centers and Area Agencies on Aging (AAAs) in their chronic disease prevention efforts (PA, Nutrition).
- preliminary conversations with VT Department of Corrections (DOC) to address health and dementia risk in incarcerated populations.
- ✓ VDH provided an Indigenous Historical and Intergenerational Trauma Training for healthcare, social services, etc.
- ✓ The Alzheimer's Association has held 7 ALZ Together/Community Forums promoting the Area Agencies on Aging (AAAs) as point places for resources on dementia care.
- ✓ Various ADRD partners participated in the older Vermonters caucus, Governor's Commission on ADRD, and other meetings where the perspective of those with lived experience is vital.
- ✓ The Alzheimer's Association participated in the LGBTQIA+ Health Equity Fair.

Upcoming plans

- The Alzheimer's Disease and Healthy Aging Program will circulate a newsletter on Brain Health and Healthy Aging through the AAAs, Meals on Wheels (MOW), senior centers, congregate meal sites, etc.

Goal 1 Performance Outcome Progress Summary

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.




- 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.
-

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




- 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.
-

Goal 1 Performance Outcome Progress Summary Cont.

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.

-  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.
-

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

-  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 ageist biases in healthcare settings.
-

Recommendations: Goal 1

Primary care providers would benefit from additional training about how to recognize early signs of dementia and connect patients and their caregivers to resources. PCPs should be provided with and trained to conduct cognitive assessments, understand the role of intergenerational trauma, assessments for neurodiverse individuals.

In addition to training PCPs, CHWs and first responders (e.g., EMS/EMTs) could use trainings from the Alzheimer's Association and National Association of Emergency Medical Technicians to increase their capacity to identify and provide trauma-informed care and service.

More promotion of training opportunities and educational resources (VT BRIDGES, US Against Alzheimer's, PHCOE's, National Alliance for Caregiving & Administration for Community Living campaigns, trainings for family caregivers, DFA, National Caregivers Month, National Caregiver Support Orgs., Re-Framing Aging, and the Alzheimer's Disease and Healthy Aging newsletter) as well as media awareness around ADRD may increase both the number of students pursuing geriatric care and the number of physicians who are prepared to diagnose and treat ADRD. A further

opportunity to raise awareness would be through implementation of Alzheimer's Advocacy Days at the Statehouse to allow those with dementia, their caregivers, and advocates to share their experiences and promote the need for a strong dementia workforce.

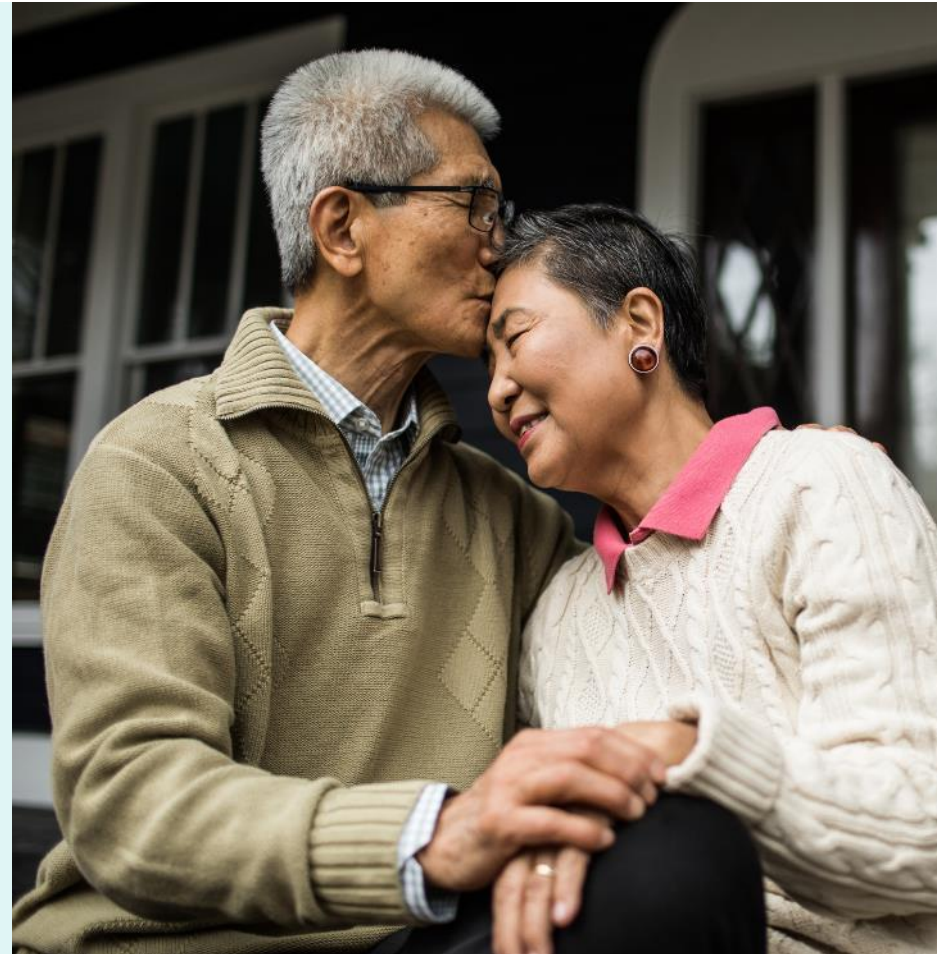
BOLD could publicize their successes through the promotion of success stories (perhaps through the ADHA newsletter) and/or a journal publication, which may, in turn, further educate professionals and community members about the importance of ADRD care.

Continue to work with populations under-represented in health care systems by recruiting members for the four BOLD workgroups (Hub and Spoke, Alzheimer's and Healthy Aging, Chronic Disease and Brain Health, Governor's Commission) that represent a diversity of backgrounds, including people of color, Native peoples, low-income Vermonters, and LGBTQ+ Vermonters. The BOLD program can also work with the Governor's Commission and the VT Commission on Native American Affairs to bolster awareness of AD among native peoples, elected officials, policy leaders.

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.



UPDATES

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

Activities and outcomes year 1

- ✓ The Department on Aging and Independent Living (DAIL) has worked to promote caregiver programs at UVM, Area Agencies on Aging (AAAs), and the Alzheimer's Association with our network partners.

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.

Activities and outcomes year 1

- ✓ SASH staff prioritize helping participants complete advance care directives. We collect and report data on these efforts regularly.
- ✓ The Department on Aging and Independent Living (DAIL) continues to work closely with the Area Agencies on Aging (AAAs) to support the successful use of TCARE as an evidence-based caregiver assessment. A successful pilot test of TCARE was conducted at the UVMHC Memory Program.
- ✓ The Alzheimer's Disease and Healthy Aging Program has been working with One Care to reach providers and the public regarding the benefits of Medicare Annual Wellness Visit (AWV).
- ✓ The Alzheimer's Association has reached 842 Vermonters this fiscal year through Education Programs, Support Groups, and ALZ Together events.

Upcoming plans

- Vermont will have a State Dementia Services Coordinator next fiscal year which will help caregivers and individuals living with an ADRD diagnosis access and navigate services.
- Burlington Aging Council's plan (if adopted) will provide more support, information, and resources for those living with dementia and their family caregivers. (Example: printed resources)

UPDATES

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.

Activities and outcomes year 1

- ✓ The Vermont Library Association participated in a social engagement panel at the VT Geriatrics Conference.
- ✓ At Cathedral Square and SASH, residents fill out a Do Not Resuscitate and Clinicians Orders for Life Sustaining Treatment (DNR-COLST) forms upon admission.
- ✓ VDH Alzheimer's and Healthy Aging Program is working with the Library Association to establish more Memory Cafes, Time Slips, and other social engagement opportunities for those living with ADRD and caregivers.
- ✓ VDH brain health and chronic disease program staff completed NACDD Health Equity training.
- ✓ DFCC has trained 66 caregivers using the CARERS model, an evidence based therapeutic group program that enhances the knowledge, skills, and competence of informal family caregivers of people with dementia.
- ✓ DAIL supports people on LTC programs with dementia by offering special rates to facilities who care for people with advanced dementia and have behavior care needs.
- ✓ VDH has started to disseminate culturally tailored resources available through the International Indigenous Association which is CDC funded to assist BOLD action.
- ✓ The Alzheimer's Association's Living with Alzheimer's series is promoted annually through coalition communications, the Alzheimer's Disease and Healthy Aging newsletter, and dissemination through partner networks.



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.

Activities and outcomes year 1

- ✓ Senior Solutions has an AmeriCorps program to recruit and train volunteer members to provide respite to caregivers for people living with dementia.
- ✓ The Area Agencies on Aging began disseminating Brain Health and Chronic Disease messaging directed at caregivers.
- ✓ DFCC partnered with Employee Assistance Program (EAP) program at UVMMC to offer Caregiver Support through CARERS and TEACH.
- ✓ The Alzheimer's Association continues to encourage and provide opportunities for caregivers and those with lived experience to share their experiences publicly

Goal 2 Performance Outcome Progress Summary





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

-  Work with the UVMCC 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.
-




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.

-  Establish a baseline for AWV and begin efforts toward increasing it in partnership with OneCare VT.
-

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.

-  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.
 -  The Alzheimer's Association will put together an initial post-diagnosis booklet for those with dementia, their caregivers, family members/those with dementia.
-

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.

-  VDH chronic disease programs and Alzheimer's and Healthy Aging program will partner with the Caregiver Support and Education Center at UVMCC on two provider resources, including respite care, that underscore the need to maintain caregiver health and well-being.
 -  VDH will work with UVMCC 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.
-

Recommendations: Goal 2

To best connect people with dementia and their caregivers to resources, the BOLD team should strive to understand users' most frequently visited sources (e.g., Front Porch Forum (FPF), radio, newsletters, social media, events such as the Gerontology Symposium, etc.) and also create a singular location for resources, such as a website, that can be advertised in other places. This may improve utilization of resources, such as the Alzheimer's Association hotline.

Organizations could collaborate with the Alzheimer's Association and AAAs to dispense ADRD information to the public by utilizing their media channels.

Emphasis should be placed on disseminating resources to primary care providers and caregivers, the latter of which may be facilitated through the development of a caregiver registry in Vermont. It is important to develop straightforward, free, and easily accessible resources for caregivers that provide approaches to caring for someone with dementia and how to support person-centered care and inclusion.

To ensure that the best resources are being developed, it is crucial to continue to include dementia caregivers in BOLD meetings and input sessions.

Opportunities for new resources include expansion of the volunteer peer-to-peer mentoring model (developed by DFCC) for caregivers across Vermont. Tai Chi for Falls Prevention could be added to the My Healthy VT suite of offerings.

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.



UPDATES

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

Activities and outcomes year 1

- ✓ VDH, the UVM Center on Aging and the Governor's Commission for ADRD are promoting Dementia Friendly Communities (DFC) through Local Health Offices.

Upcoming plans

- ❑ Elderly Services, Inc. in Middlebury is launching a Center for Positive Aging to address the mental health challenges faced by caregivers and persons with dementia.
- ❑ The BOLD Program is looking into getting additional copies of the Council of Vermont Elders resource guide printed to share and assist caregivers.
- ❑ The Alzheimer's Association VT is making a short movie about living with Alzheimer's that we will be using to advance community conversations starting in the fall.
- ❑ DFCC's website design and media campaign will provide outreach to caregivers and primary care offices.
- ❑ BOLD conducted an Introductory DFC training for OLH Chronic Disease Designees & the DFC web page was created and added to healthvermont.gov

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.

Activities and outcomes year 1




- ✓ Senior Solutions has an AmeriCorps program that recruited and trained 3 volunteer members who provided respite to caregivers for people living with dementia.
- ✓ The Area Agencies on Aging began disseminating Brain Health and Chronic Disease messaging directed at caregivers.
- ✓ DFCC partnered with Employee Assistance Program (EAP) program at UVMMC to offer Caregiver Support through CARERS and TEACH.
- ✓ The Alzheimer's Association continues building and expanding caregiver and lived experience support groups statewide.

Upcoming plans



- ❑ The VT Chapter of The Alzheimer's Association is going to run a PSA for the Alzheimer's Association Hotline on the radio and in print media specifically in rural areas and areas with poor broadband.
- ❑ VDH and The Alzheimer's Association will hold community listening sessions on brain health over the next year (per next funding cycle plan).

Goal 3 Performance Outcome Progress Summary

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

-  Partners in dementia 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, UVMCC 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.
-

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.

-  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.
-

Recommendations: Goal 3

BOLD could engage VDH OLH to support ADRD work locally and to co-sponsor a monthly meeting for those interested in developing dementia friendly communities.

Public education could be improved through an annual Brain Health Summit to elevate community knowledge about ADRD. Outside of BOLD-coordinated events, BOLD team members, partners, and activities could attend public events, such as fairs and festivals, to increase outreach and public awareness.

BOLD and partners should work with State Dementia Services Coordinator to establish a mechanism to communicate community opportunities to those living with ADRD, their caregivers, and families.

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.



UPDATES

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.

Activities and outcomes year 1

- ✓ VDH Alzheimer's Disease and Healthy Aging Analyst created Alzheimer's and Related Dementias Surveillance Data Pages which examines the prevalence of ADRD, ADRD-related Emergency Department Visits and Hospitalizations, ADRD-related mortality, and the prevalence of ADRD key risk factors (Traumatic Brain Injury and Subjective Cognitive Decline) in Vermont.
- ✓ Alzheimer's And Related Dementia Surveillance Pages were presented to the entire ADRD Coalition and relevant community partners statewide and made accessible to the public through our webpage.
- ✓ VDH Alzheimer's Disease and Healthy Aging Program engaged diverse family caregivers to document their experiences to create a Caregiver Data Brief which is in the final approval process.

Upcoming plans

- ❑ Analyze recently collected 2022 Subjective Cognitive Decline module data to update/create data products that will be shared with partners.
- ❑ In order to coordinate with Department of Corrections (DOC) to begin addressing chronic disease, dementia risk and care and management among prison population the VDH Alzheimer's Disease and Healthy Aging Analyst will begin data exchange with the UVM Center for Restorative Justice.
- ❑ VDH Alzheimer's Disease and Healthy Aging Analyst will utilize available surveillance data to update the AD & Healthy Aging Data Pages.

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.

Activities and outcomes year 1

- ✓ VDH Alzheimer's Disease and Healthy Aging Program worked with the Vermont BRFSS Coordinator to add the alternating modules to the Vermont long term BRFSS plan.
- ✓ VDH Alzheimer's Disease and Healthy Aging Program submitted a proposal for the Cognitive Decline module to be added to the 2024 questionnaire and the proposal was accepted.

Upcoming plans

- ❑ National Alzheimer's Association will fund the Subjective Cognitive Decline module in the 2024 BRFSS.

Goal 4 Performance Outcome Progress Summary

Action 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.



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.

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.



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.

Recommendations: Goal 4

The BOLD team can use Community Health Needs Assessment findings to better understand local needs in addition to BRFSS county level findings regarding dementia caregivers.

Begin planning the development of an ADRD registry to effectively track the prevalence of dementias, particularly among priority populations, foster ADRD research and provide data to inform policy.

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.

UPDATES

G5. Accelerate action to promote healthy aging and reduce risk factors for dementias.

Activities and outcomes year 1

- ✓ VDH Alzheimer's Disease and Healthy Aging Program meets with all VDH Chronic Disease Programs including Cardiovascular Disease and Diabetes.
- ✓ Media campaigns and a human services workforce education series promoted "10 Ways to Love Your Brain" and other cognitive maintenance resources.
- ✓ Dr. Katharine Cheung, now Director of The UVM Center on Aging, delivered a presentation on Chronic Kidney Disease (CKD) and older adults for ADRD partners.
- ✓ First combined communication campaign promoting tobacco cessation, 802 QUITs, as a means of reducing dementia risk.
- ✓ Traffic to the MyHealthyVT website increased 195% during the integrated brain health and chronic disease ad campaigns
- ✓ Enrollment in MyHealthyVermont's Diabetes Prevention increased by 47% from fiscal year 2022 to 2023.
- ✓ Enrollment in MyHealthVermont's Diabetes Self-Management course increased by 66% from fiscal year 2022 – 2023.

Upcoming plans

- ❑ The Vermont Community Foundation is wanting to expand into the older Vermonter area and is seeking funding opportunities that enhance collaboration.
- ❑ The State Dementia Services Coordinator position will help elevate and strengthen this collaborative work.
- ❑ VDH is on track to meet or surpass the goal of two brain health and hypertension campaigns by 2025.
- ❑ An evidence-based program for fall prevention has been identified and will be integrated into the MyHealthyVT suite of offerings.

Goal 5 Performance Outcome Progress Summary

Risk 1: Lack of education



Promote annually "10 Ways to Love Your Brain" and other resources that encourage maintenance/development of cognitive reserve.

Risk 2: Hypertension

Risk 3: Hearing loss

Risk 4: Smoking

Risk 5: Obesity

Risk 6: Depression

Risk 7: Physical inactivity

Risk 8: Diabetes



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

Risk 10: Unhealthy alcohol use

Risk 11: Traumatic brain injury



VDH will incorporate fall prevention workshops into My Healthy VT by 2024.

Risk 12: Sleep

NOTE: Includes only measures that are in progress. Data sources and baselines are still being established for other risk reduction measures.