

Alaska Commission on Aging
Alzheimer's Disease & Related Dementia Education and
Support Program (ADRD-ESP)
DHSS Division of Senior & Disabilities Services
Senior Community-Based Grants Component
Recommended FY2014 Budget Increment: \$230,000 GF/MH
(\$230,000 included in the Governor's FY14 Budget)



Recommendation: The Alaska Commission on Aging (ACoA) supports the Governor's FY2014 budget increment of \$230,000 to the Alzheimer's Disease & Related Dementia Education and Support Program (ADRD-ESP), an existing grant program administered by the Division of Senior and Disabilities Services Senior Grants Unit, to provide multi-year provider grants that will strengthen education, training, counseling and supports for persons with ADRD and their caregivers. Alaska's ADRD population is growing in proportion to the accelerating older Alaskan population, as old age is the greatest risk for dementia. The Alzheimer's Disease Resource Agency of Alaska (ADRAA), currently the sole statewide provider, used ADRD-ESP funds in FY 2011 to serve 430 individuals (335 with ADRD), trained 253 service providers (unduplicated), and educated 5,147 Alaskans about ADRD. Funding is recommended to build capacity to increase ADRD services and the numbers of persons/agencies served, focusing on underserved communities and individuals. The Governor's FY2014 Budget increment will add a total of \$230,000 GF/MH to the current \$127,118 baseline of State funds.

Problem Statement: The Alaska senior population is growing at a staggering rate and the number of people affected by ADRD is growing proportionately. In 1990, there were an estimated 2,200 Alaskans age 65+ at risk for ADRD, compared to today's population of 6,141 (172% increase). By 2030, the ADRD population is projected to triple in Alaska.

Alzheimer's disease is a slow and progressive disease. Unpaid ADRD caregivers often experience a heightened rate of distress, anxiety, depression, sleep deprivation and poor health. In comparison to other unpaid caregivers of older people, ADRD caregivers provide care one to four years longer. ADRD family caregivers report high states of emotional stress (61%), depression (33%), financial problems related to caregiving (56%), and strain in family relationships (53%) (Alzheimer's Association 2011). ADRD family caregivers often neglect their own health, becoming "secondary patients" whose physical and mental health can become compromised, because their

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resources are dedicated to caring for their elderly loved one. ADRD training/supports require expansion to keep pace with the ADRD population growth and service demands.

Proposal: The proposed increment will build capacity in ADRD education, training, and supports for persons with ADRD, family caregivers, and professional caregivers by increasing current service levels annually (10%) and adding new services.

- Increase statewide ADRD education, training, consultation and supports, targeting rural and underserved areas to enhance ADRD understanding, promote education about brain healthy behaviors, and reduce stigma.
- Increase the number of consultations/supports for ADRD individuals and families, focusing on personalized plans of care and interventions.
- Increase availability of memory screenings statewide.
- Expand education and peer support to improve understanding, reduce depression, and encourage future personal/family planning for individuals diagnosed.
- Increase staff training for service providers to strengthen the ADRD workforce and improve understanding/care of ADRD persons. Dementia care training will be targeted to direct care workers, ADRD facility supervisors, and staff of assisted living and nursing homes that care for persons with ADRD.
- Introduce “dementia-care mapping” to assisted living/nursing homes to strengthen dementia-care. **(New)**
- Translate educational materials for dissemination to diverse cultural communities. **(New)**
- Increase statewide information/referral/assistance services through in-person and “warm-line” telephone support.

Enhanced ADRD services will increase ADRD public awareness, reduce stigma in addition to improving quality of care and decreasing risk of injury/harm from trained/supported ADRD family caregivers and professional ADRD workforce.

Service Levels	FY 2001	FY 2011	Increase in Service Levels
Individual /Family Consultations	270	367	36%
Support Groups	72	153	113%
Consultations for Providers	121	268	121%
Education Activities	62	124	100%
Public Awareness Activities	84	353	320%
Information & Referral Contacts	6,218	28,409	357%
Communities Served	61	102	67%

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