FWA Testimony in Support of HB 614: "Department of Aging – Dementia Care Coordinator and Dementia Care Navigation Programs."

Maryland House Health and Government Operations Committee
February 21, 2023

FWA - Support with Amendments
TO: Chair Pena-Melnyk, Vice Chair Kelly, and members of the Health and Government Operations Committee
FROM: Kate Gordon, MSW 9535 Clement Road Silver Spring, MD 20910

I am delighted to testify in favor with amendments of House Bill 614**, Dementia Care Coordinator and Dementia Care Navigation Programs**. The bill establishes and funds a position of Dementia Care Coordinator in the Maryland Department of Aging (DOA) to oversee dementia care navigation programs and requiring each area agency on aging to establish a dementia care navigation program.

I am caregiver for my 95-year-old grandmother with advanced dementia, providing care in my multi-generational home in Silver Spring, MD. I am also a health policy analyst, specializing in dementia policy. For the past 13 years, I have provided dementia policy consultation services to the federal Administration for Community Living/Administration on Aging through a contract with Research Triangle International, where I have provided technical assistance to the Dementia Care Specialist (DCS) program in the State of Wisconsin, upon which this legislation is modeled. In this capacity, I have also provided technical assistance to MAC, Inc., the Area Agency on Aging in Salisbury, MD as they have implemented their federally-funded Alzheimer's cooperative agreement with ACL/AoA. I have advised ADRD planning efforts in various capacities locally, nationally, and internationally through my work with a Maryland-based consultation business. I teach dementia policy at UMBC and provide consulting services to health researchers who are developing evidence-based dementia interventions for persons with dementia and their caregivers, such as the MEMORI Corps program at Johns Hopkins.

The **Dementia Care Navigation Programs** will replicate a successful Wisconsin state model with over a decade of program evaluation evidence and statewide reach through a network of area agencies on aging. The Wisconsin State Legislature recently funded the model for state-wide implementation, including Tribal Entities. The planning for coordinated, state-wide programs and local support for ADRD and brain health comes at an auspicious time, as national initiatives and funding opportunities for ADRD state and local capacity building is available now at unprecedented levels.

In this context, I offer the following amendments for your consideration:

1. Page 2, Line 11, Subtitle 13 10-1301 (A)(2): Replace the word **DISSEMINATE** with the term "**COORDINATE IMPLEMENTATION**"
   Dissemination is often equated with sharing best practices via email or webinar with no follow-up on implementation. Changing this terminology is consistent with the WI model, where state agency staff act in a coordinating role to: design, implement, update and track consistent, statewide initial training and continuing education of all DCSs; develop and maintain a community of work in which all DCSs participate at least monthly in a state agency-hosted calls; coordinate data collection of programs, outcomes and persons served, including de-identified information on dementia screening and diagnostic referrals; and maintain quality assurance, including fidelity to evidence-based interventions for persons with dementia and their caregivers.

2. Page 3, Subtitle 13 10-1302 (B): Insert an additional duty, **Brain Health and Dementia Risk Reduction programs** for caregivers and persons at high risk of dementia to read:

   PROVIDING PROGRAMS THAT ADDRESS BRAIN HEALTH AND DEMENTIA RISK REDUCTION FOR PERSONS AT HIGH RISK OF DEMENTIA AND CAREGIVERS;

   The area agencies on aging have unique access to persons at high risk of dementia. The provision of cognitive assessments by the navigators, as referenced in the proposed 10-1302(B)(1), will identify people who are concerned about their cognitive health but not yet showing clinical signs of dementia. Aging caregivers are also at risk for dementia. CDC's recent data analysis of Maryland adults aged ≥45 years, reported that 11.86% of caregivers reported subjective cognitive decline (SCD), the self-reported experience of worsening or more frequent confusion or memory loss over the past year. SCD could affect caregivers' risk for adverse health outcomes and affect the quality of care they provide. Those voicing concern are those most motivated to make lifestyle changes now. Providing risk reduction programming for persons at high risk of dementia, including caregivers, may reduce their risk of developing dementia. This recommendation is consistent with Chapters 349 and 350 of 2021 that require the Maryland Department of Health, in partnership with MDOA and others, to incorporate specified information regarding cognitive impairment into relevant public health outreach programs to educate health care providers and increase public understanding and awareness. This recommendation reflects the brain health priorities in the new MD State Alzheimer Plan and the newly added sixth priority of the US National Plan to address ADRD. The CDC recommends activities to address brain health with the aging population and understanding the cognitive health and needs of caregivers to better support them and their care recipients. It is consistent with recommendations and related funding from the CDC, who views the course of dementia as a continuum across the life course that begins with healthy cognitive functioning. In addition, ACL supports addressing educating older adults and adults with disabilities about brain health. This is also consistent with the activities being implemented by DCSs in Wisconsin.

3. Page 3, Subtitle 13 10-1302 (B)(3): Add **evidence-based or evidence-informed interventions** programs for caregivers of persons with dementia to read:
   (3) PROVIDING SUPPORT FOR CAREGIVERS OF INDIVIDUALS WITH DEMENTIA WHO DEMONSTRATE SYMPTOMS OF DEMENTIA THAT INTERFERE WITH ACTIVITIES OF DAILY LIVING**, INCLUDING PROVIDING ACCESS TO EVIDENCE-BASED OR EVIDENCE-INFORMED INTERVENTIONS**;

   Adding specific language around the use of evidence-based and evidence-informed interventions is consistent with the MD State Aging Plan, MD Area Aging Plan requirements and funding priorities of the CDC, ACL and the Older Americans Act and the US National Plan. WI's AAA-based grant program requires the implementation of at least two evidence-based or evidence-informed programs from a state-approved list of interventions.

I respectfully urge the committee to favorably consider this bill with amendments as a commitment to the long term cognitive and behavioral health and wellbeing of Maryland's citizens, including families like my own. It is a wise investment in Maryland's brain health and dementia infrastructure to ensure that appropriate care, services, and resources are available to all Marylanders in their local communities.

I welcome any clarifications on my testimony and thank you in advance for your consideration.

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