

*Senate Education, Health, and Environmental Affairs Committee Hearing
SB 725 Maryland Department of Health - Public Health Outreach Programs - Cognitive Impairment,
Alzheimer's Disease, and Other Types of Dementia
Position: FAVORABLE
March 12, 2020*

Dear Chair Pinsky and Vice Chair Kagan,

My name is Dr. LaRah Payne. I am a resident of Camp Springs, MD. I recently retired after working as a public health professional in an academic health setting and local public health governments in New York City and Washington, DC for over 30 years. Thank you for the opportunity to share my personal story as a caregiver to my wife, who was diagnosed with Mild Cognitive Impairment (MCI), which can be a precursor to Alzheimer's or another type of dementia.

I am speaking with you today to urge you to support SB 725 which mandates the State Department of Health to collaborate with other public and private sector partners for the purpose of incorporating dementia-specific information into its programs to educate both health care providers and the public on:

- a) the importance of early detection and timely diagnosis of cognitive impairment,
- b) the critical value of an annual wellness visit to document the status of cognitive health, and
- c) understanding the early warning signs for Alzheimer's and other forms of dementia.

As someone who has worked in local health departments, I believe it is more efficient (and less costly) to augment the already existing local public health programs with dementia-specific information that can be readily obtained from expert organizations such as the Alzheimer's Association, and to use the public health outreach and awareness programs especially for persons in vulnerable minority communities, who are at greater risk of developing Alzheimer's Disease and Related Dementias (ADRD). For example, Alzheimer's Association figures show that African Americans are twice as likely, and Latinos are 1.5 times as likely to have Alzheimer's than Caucasians.

Recent memory loss research indicates that there may be as much as a twenty-year "runway" for dementia development before the discernible symptoms become evident to clinicians. However, some of the same activities that public health departments already promote to reduce risks for cardiovascular disease (i.e., regular physical activity, managing blood pressure, not smoking, eating a healthy diet) can also be used to reduce the risk of dementia in the early adult years.

As the primary caregiver for my wife, I am grateful that I have access to local resources like memory cafes and Prince George's County Senior Activity Centers that offer life-long learning and cognitive training activities that can keep my wife's mind active.

I believe that using the public health model that includes the dementia-specific outreach information targeted to diverse, vulnerable minority communities can begin to make a greater impact on Alzheimer's. I urge the Senate Committee to pass SB 725. Thank you.