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Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters SB 313 - Maryland Department of Health - Public Health Outreach Programs – Cognitive Impairment, Alzheimer's Disease, and Other Types of Dementia

Chair Pinsky and Vice Chair Kagan,

My name is Eric Colchamiro, and I am the Director of Government Affairs for the Alzheimer's Association in Maryland. Thank you for the opportunity to provide testimony about SB 313, legislation which requires the Maryland Department of Health, in partnership with the Department of Aging, the Virginia I. Jones Alzheimer's Disease and Related Disorders Council, and the Greater Maryland Chapter of the Alzheimer's Association, to incorporate information regarding certain types of cognitive impairment into outreach programs administered by the Maryland Department of Health to educate health care providers and increase understanding and awareness of certain types of cognitive impairment.

There is no known cure for Alzheimer's disease. Fortunately, there are ways to intervene using public health tools and techniques. The public health approach can be used to improve the quality of life for those living with the disease, their caregivers, and to reduce the costs associated with the disease.

These interventions include: **surveillance and monitoring** - allowing public health entities to compile data and use it to develop strategies and interventions; **prevention** (risk reduction) - a growing body of research points to modifiable risk factors in Alzheimer's and other dementia; in short, if you take steps to reduce your risks of comorbidities such as hypertension and diabetes, you are taking steps to reduce your risk of Alzheimer's; and **promoting early detection and diagnosis** – as many as half of people with Alzheimer's are not diagnosed, and less than half of the diagnosed are unaware of the diagnosis. Training to health care providers on the warning signs of dementia and the benefits of early detection and timely diagnosis can help improve outcomes for individuals, families, and caregivers.

This legislation sets a strategic course for effectively addressing Alzheimer's. The **combined** partnership and expertise of the State Department of Health, the Department of Aging, the Virginia I. Jones Alzheimer's Disease and Related Disorders Council, and the Alzheimer's Association offer a tremendous opportunity to educate providers about early detection and diagnosis and inform clinicians and the public, including—but not only—Black and Latino communities, who are disproportionately impacted by this disease.

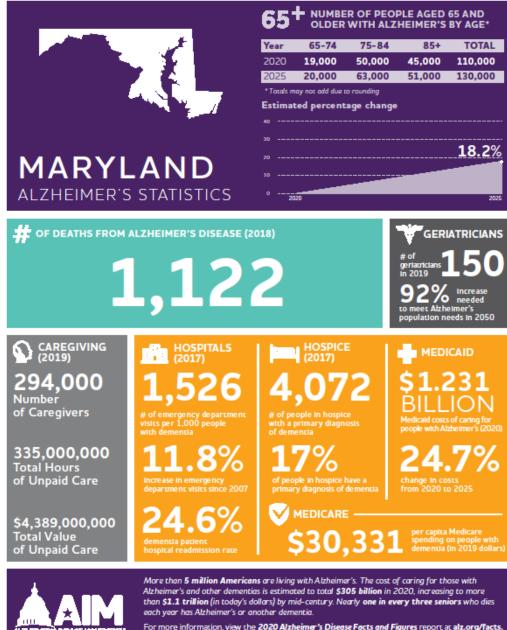
There are tangible steps which can be taken by this MDH led partnership, should this legislation be enacted:

- <u>Combined community engagement</u>, so that there is a focused strategy to reach Marylanders;
- <u>Linking existing external resources</u> on Alzheimer's and other dementia, to streamline public information about this cruel disease;
- <u>Effective internal engagement</u>, so that we can inform and consistently share information with local health departments and area agencies on aging;
- A <u>common, data informed focus</u>, to understand the prevalence and geography of dementia in Maryland and inform our next steps;

This partnership, all told, will allow us to better understand the prevalence, incidence, and reduce the spread of dementia across Maryland, and target outreach to communities most at risk. A coordinated strategy is essential, urgent, and—as we work on a disease which impacts nearly 3.5 times as Marylanders as HIV/AIDS—a core way we will make progress on this epidemic.

I urge a favorable report on SB 313.

FACTS AND FIGURES ABOUT ALZHEIMER'S AND DEMENTIA IN MARYLAND



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