

ALPHA 2021 Resolution 2021-07

Support expedited development of safe and affordable long-term housing and services for seniors with Alzheimer’s disease and related dementia (ADRD)

WHEREAS, there is no known cure or prevention for Alzheimer’s disease (AD) (Blank, 2018).

WHEREAS, 75% of people with AD are expected to be admitted to nursing homes compared to only 4% of the general population (Blank, 2018).

WHEREAS, those diagnosed with ADRD inevitably become “increasingly dependent on others for basic daily care and routine tasks, a physically safe environment, and protection from exploitation or abuse” (Blank, 2018).

WHEREAS, public health approaches have historically placed greater focus on prevention of Alzheimer’s disease and related dementia, rather than promoting the health of those already living with the diagnosis (Kang & Xiang, 2020).

WHEREAS, approximately 5.4 million Americans were living with Alzheimer’s disease in 2016, 81% of whom were age 75 or older – a population predicted to triple by 2050 (Blank, 2018).

WHEREAS, Alaska’s Department of Health and Social Services (2015) reported “Alaska’s senior population is growing at a faster rate than any other state in the nation and advanced age is the #1 risk factor for developing ADRD”.

WHEREAS, “the Alaskan population of those with ADRD is projected to increase over 80% from approximately 8,000 people today [2015] to over 14,000 in 2025 (in just 10 years) and then continue growing rapidly through 2035” (Alaska DHSS, 2015).

WHEREAS, in family caregiver community forums held in 7 Alaska communities from 2012-2013, findings included the following: (1) inadequate services for people with ADRD, (2) an acute need for safe and appropriate housing for seniors with ADRD and those with challenging behaviors, and (3) a critical need to improve safety for persons with ADRD (Alaska DHSS, 2015).

WHEREAS, “older adults with limited cognitive abilities may not be able to regulate their health behaviors, resulting in otherwise potentially preventable and costly adverse outcomes” (Kang & Xiang, 2020).

WHEREAS, “individuals with AD had a 1.66 times greater risk of having a preventable hospitalization than those without AD” from 1998 to 2008 (Blank, 2018).

WHEREAS, the evidence shows that physical activity is a protective factor against cognitive decline, and the physical and mental limitations of caregivers are barriers to physical activity levels among dementia patients (Kang & Xiang, 2020).

WHEREAS, “findings highlight the importance of incorporating physical activity into the disease management of dementia, educating caregivers on the importance of physical activity in persons with dementia, and facilitating access to resources and facilities for persons with dementia to safely engage in physical activity” (Kang & Xiang, 2020).

WHEREAS, following a diagnosis with Alzheimer’s disease, individuals spend 40% of their remaining years undergoing the most advanced stage (Blank, 2018).

WHEREAS, “studies indicate that people age 65 and older live an average of 4 to 8 years after a diagnosis of Alzheimer’s disease, with some up to 20 years...” (Blank, 2018).

WHEREAS, in the last 5 years of life, care for those with AD costs an average of \$287,000 compared to an average of \$175,000 for heart disease and \$173,000 for cancer (Blank, 2018).

WHEREAS, health insurance covers heart disease, cancer, and AD equally – offering about \$100,000 – resulting in families of people with AD being left to deal with substantially higher remaining financial costs (Blank, 2018).

WHEREAS, “AD affects entire families, because they are likely to be providing direct care and/or financial support” (Blank, 2018).

WHEREAS, “[caregivers of those with AD] experience stress on many levels and are at enhanced risk for an array of chronic conditions, family strife, financial strain, and work pressures as well as a range of behavioral health complications” (Blank, 2018).

WHEREAS, family caregivers spend an average of \$5,000 per year to care for a person with AD and that nursing home and long-term care costs are the chief determinant of care costs associated with AD (Blank, 2018).

WHEREAS, the “average per-person out-of-pocket payments are highest (\$20,207 per person) for individuals living in nursing homes and assisted living facilities and were almost six times as great as the average per-person payments for individuals with AD living in the community” (Blank, 2018).

WHEREAS, “[Medicare] does not cover health-related expenses for those with life-limiting chronic diseases, such as home care services and non-rehabilitative nursing home care” — meaning financial risks associated with these uninsured needs for those with AD during gradual functional decline can be significant (Blank, 2018).

STATEMENT of DESIRED ACTION



THEREFORE BE IT RESOLVED that the Alaska Public Health Association will advocate:

- To make resources available to those diagnosed with Alzheimer’s disease and related dementia are inadequate to meet the rapidly growing needs of Alaska’s aging population.
- For legislation for expedited development of safe and affordable long-term housing and services for seniors with Alzheimer’s disease and related dementia in the State of Alaska.
- For expanding statewide spending toward assisted living facilities, nursing homes, memory care services, financial aid, caregiver training, and education, emphasizing consideration for those afflicted with ADRD and their families.

THEREFORE BE IT FURTHER RESOLVED that the Alaska Public Health Association will forward this resolution to the Alaska State Hospital & Nursing Home Association, the State Board of Nursing, the Alaska Nurses Association, the Alaska AARP, the Alaska Commission on Aging, AgNet, the Alzheimer’s Resource of Alaska, tribal partners, the Primary Care Association, the Alaska Department of Health and Social Services’ Commissioner, and Alaska Division of Senior and Disability Services.

FISCAL IMPACT ON ALPHA

- This action will result in minimal financial costs associated with forwarding the resolution to the various partners, and by incorporating advocacy within its existing legislative agenda.

PUBLIC HEALTH IMPACT

- This action will give Alaskans diagnosed with ADRD and their families the security and assistance they require as the affected population continues to grow. Increasing safe and affordable long-term housing will reduce the mental, emotional, physical, and financial burden experienced by Alaskan seniors and their loved ones. Providing the resources required to overcome obstacles associated with ADRD will relieve hardships, improve well-being, and promote a better quality of life for thousands of Alaskans today and further into the future.

References

- Alaska Department of Health and Social Services. (2015). *Alaska’s Roadmap to Address Alzheimer’s Disease and Related Dementias (ADRD)* [PowerPoint slides]. Retrieved from <http://dhss.alaska.gov/acoa/Documents/ADRDRoadmap-HouseHSScomm.pdf>
- Blank, R. H. (2018). *Alzheimer's disease — perspective from political science: Public policy issues*. Thousand Oaks, California: Sage Publications Inc. doi:10.1177/1073110518804234
- Kang, S., & Xiang, X. (2020). *The influence of cognitive impairment on health behaviors among older adults*. Oak Ridge, North Carolina: PNG Publications. doi:10.5993/AJHB.44.2.4