

2020 KANSAS ALZHEIMER'S DISEASE PLAN

Executive Summary

Every 65 seconds someone in the United States develops Alzheimer's disease (when the terms "Alzheimer's" or "Alzheimer's disease" are used in this report, they should be understood as "Alzheimer's disease or other dementias" unless otherwise indicated).

Alzheimer's disease is the most common type of dementia and accounts for an estimated 60-80 percent of cases. Alzheimer's is not a normal part of aging.

Dementia is an umbrella term for a decline in mental abilities severe enough to interfere with usual activities of daily life. Alzheimer's and other types of dementia and their characteristics are listed in Appendix A. The most important dementia risk factors are ones we cannot change: age, family history and heredity. However, evidence acquired through research suggests there may be other factors we can influence. The majority of individuals with Alzheimer's are age 65 years and older, but it is not just a disease of old age as approximately 200,000 Americans younger than 65 years have younger-onset Alzheimer's disease.

In fact, there are 54,000 Kansans age 65 years and older living with the disease. It is estimated that number will increase to 62,000 by the year 2025. Alzheimer's is the sixth leading cause of death in all Kansans. There are also about 151,000 caregivers and family members in Kansas who provide care and support for someone with the disease.

Treating persons with this disease is expensive. Kansas' inconsistent approach to care and treatment contributes to tremendous costs on both the state and individual levels. In 2019, Kansas spent \$441 million Medicaid dollars on individuals with this disease. These costs are expected to increase 21.7 percent from 2019 to 2025.

In response to this public health care crisis, in May 2019 Governor Laura Kelly signed Executive Order No. 19-08, Establishing the Kansas Alzheimer's Disease Task Force.

“It shall be the duty of the Task Force to:”

Assess the current and future impact of Alzheimer’s disease on residents of the State of Kansas;

Examine the existing industries, services, and resources addressing the needs of persons with Alzheimer’s, their families, and caregivers; and

Develop a strategy to mobilize a state response to this public health crisis.

The Task Force met bi-monthly between the months of August and November of 2019 and was chaired by Jamie Gideon, Kansas Director of Public Policy, Alzheimer’s Association. Task Force members were appointed by either the Governor or other elected officials as listed in the Executive Order.

Task Force members divided into committees that studied, researched and documented the following topics for the plan: Public Awareness, Access to Care, Family Caregivers, Training and Workforce, Safety and Legal, Research and Data, Dementia Care, and Rural.

The recommendations offered in this plan are within reach but are only the first steps to addressing this public health crisis. Systematic change requires time so urgent action is needed now.

Key Recommendations of the Task Force:

1. The Task Force recommends the creation of a state Alzheimer’s Disease Advisory Council with renewable two year terms to monitor and report progress/needs and to describe barriers to the implementation of state plan goals and objectives.
2. Introduce legislation which would make those under 60 years of age in Kansas with younger-onset Alzheimer’s or other dementias qualify for services and supports in the Senior Care Act.
3. The State of Kansas should create a website that provides a central entry point to link to existing information and resources on Alzheimer’s and other dementias.
4. Family Caregiver Training – Create a tax incentive for family caregivers once they complete the training course successfully and obtain a certificate of competition. A state-endorsed program and incentives would expand caregiver’s knowledge and skill sets for this very special and challenging circumstances.
5. Require training of Adult Protective Services (APS) workers and law enforcement personnel regarding the recognition of individuals with cognitive impairment, effective intervention in cases involving the abuse and exploitation of individuals who are cognitively impaired, and securing the safety of abused and exploited individuals with dementia.
6. Provide funding for Alzheimer’s specific respite programs at appropriate levels, regardless of an individual’s age or financial status by increasing funding of Area Agencies on Aging so as to assist in dementia caregiver services.