

My name is Megan Polyte, I am the Policy Director for the Vermont Chapter of the Alzheimer's Association. I am here to advocate in support of S.302 An act relating to public health outreach programs regarding dementia risk.

I worked with legislators for introduction of this bill because Vermont is aging. Older Vermonters are the fastest growing demographic in our state, and by 2030, one in three Vermonters will be 60 years or older. And while dementia is not a normal part of aging, the risk developing symptoms is elevated with age. Effective dementia risk reduction strategies are imperative if we want to ensure those with dementia live their best and most-fulfilling lives without unnecessary burden to their families, our state and the long-term care health system. Public health education is a critical tool for dementia risk reduction.

Eighty-three percent of people with subjective cognitive decline have at least one additional chronic condition. A growing body of evidence shows that addressing certain modifiable risk factors and promoting healthy behaviors can reduce the risk of cognitive decline, possibly reduce the risk of dementia, and protect cognitive health.

According to the Healthy Brain Initiative, "An aggressive public health effort to reduce the prevalence of risk factors, such as high blood pressure, could result in an estimated 1.2 million fewer Americans with Alzheimer's in 2050." Vermont has a high prevalence of three health conditions that increase risk for cognitive decline.

38.7% report physical inactivity

35.2% experience midlife (age 45-64) hypertension

34% experience midlife (age 45-64) obesity

In 2020 the Vermont Department of Health was awarded a three-year Building Our Largest Dementia Infrastructure (BOLD) grant from the CDC, and last year we were awarded funding to continue this work for five more years. Grant objectives align with the Health Brain Initiative's goals to increase early detection, support family caregivers, decrease ER visits and avoidable hospitalizations, and reduce risk for dementia. This bill was conceptualized on the multi-pronged approach suggested by the Public Health Center for Excellence and the Healthy Brain Initiative. This includes strengthening partnerships and policies, building a diverse and skilled workforce, and engaging and educating the public.

S.302 is central to the work we are focusing on with this round of funding and will ensure we utilize all existing opportunities to educate providers and the public about brain health and ways to reduce the risk of dementia.

This bill specifically calls out education as part of "existing and relevant public health outreach programs." (Section (b)(1) line 4) The aim is not to create more work or special programs, but to more efficiently integrate information and training into existing opportunities. For instance, when a health care provider is learning about diagnosis of

hypertension or talking to a patient about hypertension they will mention that it increases their risk for dementia and addressing it can reduce that risk. It also means a public health campaign addressing the benefits of physical activity would mention that being physically active can reduce your risk for dementia.

This approach also aligns with our Age Strong VT, 10-year multi-sector plan on aging goal of “helping Vermonters age well by reducing comorbidities.”

In section (A) Educate health care providers, I want to highlight we have not called out specific providers. Our Action Plan for Alzheimer’s Disease, Related Dementias & Healthy Aging strives for a ‘no wrong door’ approach. I’ll also emphasize a couple of sections:

- (i) The value of early detection and timely diagnosis. Early diagnosis of this progressive cognitive disease allows individuals and their families time to plan and to build caregiving support and capacity. This can result in less stress on many of our systems of care.
- (ii) That detection of Younger Onset Alzheimer’s is specifically called out. You have had Pamela Smith from East Middlebury in your committee in the past and likely recall her experience of multiple years of mis-diagnosis. Those with Younger Onset Alzheimer’s face even greater struggles including leaving the workforce and losing that income, caring for children, and spouses who are working and not available to support caregiving needs.
- (iv) The significance of recognizing the care partner as part of the health care team. A key tenet of dementia care is recognizing the importance of the ‘care dyad’ – the partnership between the person living with Alzheimer’s disease or another dementia and their caregiver/s. This aligns with a new national dementia care model that is being rolled out by the Centers for Medicare and Medicaid Services (CMS.) The Guiding an Improved Dementia Experience or Guide Model is being tested for the next eight years and includes the caregiver and their health together with the individual with dementia. Vermont’s dementia caregivers are struggling. 35.4% report depression, the national average is 24.4%. 66% have one or more chronic health conditions, compared to 64% nationally.

Section B focuses on increasing public understanding and awareness of the warning signs and the benefits of early detection and diagnosis of Alzheimer’s disease and other types of dementia. Last year we entered ‘The Age of Treatment’ with Leqembi being approved by the FDA and covered by CMS. This, and likely future treatments, are only effective in the early stages of the disease, which is why early detection and diagnosis is vitally important. Our goal with this legislation is to see patients raising concerns about their cognitive ability and asking their health providers for information, and to have

health providers ready with tools and information to assess and diagnose Vermonters with all types of dementia.

Meeting the needs of all Vermonters and reaching all health providers is a large undertaking so I also want to emphasize the importance in section 2 of targeting campaigns to those at higher risk such as women, rural areas, and Black and Hispanic populations.

We must increase our education and outreach quickly. In 2020 there were 13,000 Vermonters over 65 diagnosed with Alzheimer's disease. This number does not include those with other dementias, the undiagnosed, and those under the age of 65. In 2022, Vermont's unpaid family caregivers provided more than 28 million hours of care with a value of \$615 million dollars. Our 2023 per capita Medicare spending on people with dementia was \$23,329. And Alzheimer's deaths increased more than 150% from 2000-2021, garnering us the 3<sup>rd</sup> highest mortality rate in the country. S.302 will help us meet the growing demand for diagnosis, treatment, care, and support of both those with the disease and their care partners, by ensuring information about brain health and dementia is included in education to health providers and the public.

I want to thank all of you for inviting Vermonters with dementia and their care partners to testify before you, for listening to them, and for taking action. In 2022, you added to Vermont Statutes requirements for public education resources around dementia. And last year you supported our appropriation request for a permanent State Dementia Services Coordinator, we welcomed Tiffany Smith to that position in February.

S.302 is another step in creating a dementia informed and capable workforce and a dementia friendly Vermont. It is supported by AARP Vermont, The Governor's Commission on Alzheimer's Disease and Related Disorders, The Health Care Advocate of Vermont Legal Aid, the UVMHC Dementia Family Caregiver Center, the Vermont Association of Adult Day Services, the Vermont Association of Area Agencies on Aging and the Vermont Ombudsman Project.