



GARD

Georgia Alzheimer's and Related Dementias
— Advisory Council —

State Plan

2020-2023

Georgia Alzheimer's Disease and Related Dementias State Plan

The GARD State Plan was developed by the GARD Collaborative and GARD Advisory Council and will be housed by the Georgia Department of Human Services as the administrative body.

I, the undersigned, express support for the State Plan for Alzheimer's Disease and Related Dementias. The State Plan's approval by the governor constitutes authorization to proceed with activities under the State Plan.

Lynne Reeves

Date 12/16/2020

Lynne Reeves, Director
Area Agency on Aging of Northwest Georgia
Chairman, Georgia Alzheimer's Disease and Related Dementias State Plan Advisory Council

MaryLea Boatwright Quinn

Date 12/16/2020

MaryLea Boatwright Quinn, Director of Government Affairs
Alzheimer's Association, Georgia Chapter
Co-Vice Chairman, Georgia Alzheimer's Disease and Related Dementias State Plan Advisory Council

Abby Cox

Date 12/16/2020

Abby Cox, Director
Georgia Department of Human Services
Division of Aging Services
Co-Vice Chairman, Georgia Alzheimer's Disease and Related Dementias State Plan Advisory Council

Brian Kemp

Date 2/23/2021

Brian Kemp, Governor
State of Georgia



TABLE OF CONTENTS

ACKNOWLEDGEMENTS	4
EXECUTIVE SUMMARY	5
INTRODUCTION	8
LEGISLATION	9
GUIDING PRINCIPLES	14
STATE PLAN 2020-2023	15
RESEARCH AND DATA	16
WORKFORCE DEVELOPMENT	19
SERVICE DELIVERY	23
PUBLIC SAFETY	28
OUTREACH AND PARTNERSHIP.....	33
POLICY.....	37
RESOURCES	40
GLOSSARY	43
REFERENCES	47
APPENDIX: STRATEGY ARCHIVE	48

ACKNOWLEDGEMENTS

The Georgia Department of Human Services, Division of Aging Services, would like to thank the many individuals across Georgia who shared their thoughts and opinions about the challenges experienced by individuals living with cognitive decline and dementia and their care partners. We especially want to thank the members of the Georgia Alzheimer's and Related Dementias work groups, who dedicated considerable time and energy over several months to revise and refine the plan contents. This input was invaluable to the development of the 2020 Georgia Alzheimer's and Related Dementias State Plan Update.

We also want to acknowledge the members of the Georgia Alzheimer's and Related Dementias State Plan Advisory Council, who participated in and supported the work of the state plan update. Their commitment and leadership are greatly appreciated.

- **Commissioner Frank Berry, MS**, Georgia Department of Community Health
- **MaryLea Boatwright-Quinn, LCSW**, Director of Government Affairs, Alzheimer's Association, Georgia Chapter
- **Representative Sharon Cooper, RN, MSN**, Chairwoman, House Human Services and Aging Committee
- **Abby Cox, MSW**, Division Director, Georgia Department of Human Services, Division of Aging Services
- **Commissioner Robyn Crittenden, JD**, Georgia Department of Human Services
- **Commissioner Judy Fitzgerald, MSW**, Georgia Department of Behavioral Health and Developmental Disabilities
- **Lynne Reeves, MBA, RDN, LD**, President, Georgia Association of Area Agencies on Aging
- **Ruth Lee**, Chair, Georgia Council on Aging
- **Allan Levey, MD, PhD**, Director, Goizueta Alzheimer's Disease Research Center
- **Tony Marshall**, President and CEO, Georgia Healthcare Association
- **John Morgan, MD, PhD**, Department of Neurology, Augusta University
- **Representative Jesse Petrea**, Chairman, House Human Relations and Aging Committee
- **Lynn Ross, LMSW**, Person Living with Dementia
- **Kathleen E. Toomey, MD, MPH**, Commissioner and State Health Officer, Georgia Department of Public Health
- **Senator Ben Watson, MD**, Chairman, Senate Health and Human Services Committee

EXECUTIVE SUMMARY

Introduction

This is the 2020 update to the Georgia Alzheimer’s Disease and Related Dementias (GARD) State Plan. In 2013, the Georgia General Assembly created a multidisciplinary task force to assess the state’s current and future ability to provide necessary services and programs for Georgians impacted by cognitive decline and dementia and recommend steps to catalyze movement toward dementia capability. Those recommendations, developed through extensive research and input from diverse experts and stakeholders, formed the foundation of the inaugural GARD State Plan, which was signed into action in 2014 by Gov. Nathan Deal. Established by Senate Bill 444, the task force became the GARD Advisory Council, and the 17-member group continues to lead GARD’s efforts today.

The 2014 GARD State Plan identified the following six priority areas, and work within each area is currently carried out by six corresponding work groups:

- Research and Data;
- Workforce Development;
- Service Delivery;
- Public Safety;
- Outreach and Partnership; and
- Policy.

The initial plan established goals for each area accompanied by potential strategies designed to promote advancement toward each goal. Since the inaugural plan was developed, stakeholders have made significant progress within each priority area, and new opportunities to further the work have arisen. Consequently, GARD leadership determined a need to update the plan and continue to do so on a four-year cycle.

Update process

The 2014 GARD State Plan was updated through a series of facilitated conversations with each work group, as well as input gathered through asynchronous exchanges with work group chairpersons, members, and GARD leadership. Through this process, progress on the initial goals and strategies was documented, feedback was gathered to inform revisions and identify gaps, and, ultimately, updated goals and strategies were formulated that reflect current needs and align with the groups’ capacity and available resources. This updated version then underwent further review by the GARD Advisory Council and leadership and was revised based on this feedback before it was finalized and approved.

Call to Action

The 2020 GARD State Plan update proposes an ambitious undertaking. Progress on the goals and strategies set forth in this plan are dependent upon multiple factors, including consistent, coordinated efforts and support from stakeholders across sectors; available funding; and the capacity of each GARD work group. The ability of the collaborative to effect timely, meaningful change for all Georgians and reduce health disparities also requires the participation of individuals with a range of experiences. It is critical that many perspectives, especially those representing underserved communities, inform this work to ensure our approach is equitable and culturally responsive. All Georgians are welcome and encouraged to join in this effort.

Goals for 2020-2023

Research and Data

RD1: Champion and strengthen existing research and data collection related to cognitive decline and dementia diagnosis, care, and support.

RD2: Identify and pursue opportunities to expand research and data collection of dementia-related surveillance, care, and support.

RD3: Support analysis, translation, and dissemination of available dementia-related research and data for sharing with multiple audiences.

Workforce Development

WD1: Develop a person-centered, dementia-capable, culturally responsive workforce.

WD 2: Develop and implement a tiered career and training model for Georgia's direct-care workforce to improve job quality and quality of care.

WD3: Improve job quality and retention of the dementia workforce.

Service Delivery

SD1: Increase the availability of health and social services tailored for individuals living with dementia and their families.

SD2: Support efforts that provide training for care partners and volunteers in person-centered care.

SD3: Improve consumer access and experience with the service delivery system, focusing on informal service networks not already captured by the Area Agencies on Aging network, public health departments, and health care systems.

SD4: Improve consumer and care partner access to needed services and information, including identifying eligibility criteria for different services.

SD5: Strengthen care partners' (family, professional, and/or volunteer) capacity to deliver high-quality services for persons living with dementia and their families.



Public Safety

PS1: Ensure public safety and financial organizations are prepared to assure the safety of persons living with cognitive decline and dementia who are at risk of abuse, neglect, and/or exploitation.

PS2: Reduce rates of injury and enhance legal protections for people living with cognitive decline and dementia.

PS3: Ensure the inclusion of people living with cognitive decline and dementia and considerations for their unique needs in the state's emergency preparedness plans.

Outreach and Partnership

OP1: Initiate and maximize opportunities to disseminate accurate, comprehensive, and timely information about dementia risk factors, protective elements, and management to the public.

OP2: Educate the public and organizations to become more "dementia-friendly" and dementia-inclusive across all types of dementia.

OP3: Expand Georgia's capacity to promote brain health and address the needs of persons living with cognitive decline and dementia, their care partners, and their families through strategic partnerships and resource sharing, the leveraging of existing funding, and accessing new resources.

Policy

P1: Inform state budgetary, legislative, and regulatory actions that impact individuals living with dementia and their care partners.

P2: Promote awareness and implementation of local-level policies that support dementia inclusion and dementia friendliness.

INTRODUCTION

During the 2013 session of the Georgia General Assembly, legislators created the Georgia Alzheimer's and Related Dementias (GARD) State Plan Task Force, a multidisciplinary group convened to improve dementia research, awareness, training, and care. Starting in June of that year, the six task force members and dozens of experts in diverse fields formed committees, conducted research, and made detailed recommendations. The recommendations formed the core of the GARD State Plan. The document described current demographics, prevalence statistics, and existing resources; analyzed the state's capacity to meet growing needs; and presented a roadmap to create a more dementia-capable Georgia. In June 2014, Gov. Nathan Deal signed the first Georgia Alzheimer's and Related Dementias State Plan.

The GARD Task Force ultimately became the 17-member GARD Advisory Council with membership specified by Senate Bill 444 and appointed by the governor. The GARD Advisory Council is prepared to call for the early, accurate detection of dementia; willing to battle stigma and misinformation; and able to provide an incomparable web of support to families that need it. To support the work of the GARD Advisory Council and Collaborative, a state plan coordinator position was designated within the Georgia Department of Human Services, Division of Aging Services. Continuing with the recommendations from the task force, Georgia's GARD State Plan addresses research and data, workforce development, service delivery, public safety, outreach and partnership, and policy. And undergirding all of these areas is the importance of partnerships — creating a deeply coordinated statewide team of agencies, nonprofits, businesses, and organizations.

Since the inaugural plan was developed, considerable work has transpired and new opportunities have arisen. Thus, with an update required by Georgia Code section 49-6-90 and guidance from the GARD Advisory Council chairpersons, it was determined that an update to the GARD State Plan was necessary. Utilizing the experience, wisdom, and guidance of GARD leadership, a process for updating the state plan was developed, guiding principles were carefully chosen, and a four-year renewal cycle was established. Feedback was gathered from the GARD Advisory Committee and Collaborative in February and May 2020. From March to August 2020, the GARD work groups have worked to document accomplishments to date and identify high-level goals and specific strategies that will serve as the guide for their work through 2023.

This plan does not purport to address all of the obstacles experienced by individuals living with cognitive decline and dementia and their care partners or the complexities of the public health issues of early detection, risk reduction, and brain health. The intent was to identify the greatest needs, opportunities, and strategies at this time that will continue to build on the foundation that has been established. At its core, the contributors to the update to the state plan seek to clarify the purpose and strategy for each work group in the short- and mid-term. Ultimately, this is an ambitious state plan that seeks to make transformative change and will need to draw on the active engagement of public and private-sector stakeholders. In some cases, implementation of the identified strategies will be dependent on the availability of resources and collaboration of the many partners that it will take to act on these opportunities.



LEGISLATION

18

SB 444/AP

Senate Bill 444

By: Senators Unterman of the 45th, Hufstetler of the 52nd, Watson of the 1st, Burke of the 11th, Kirkpatrick of the 32nd and others

AS PASSED

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 6 of Title 49 of the Official Code of Georgia Annotated, relating to
2 services for the aging, so as to create the Georgia Alzheimer's and Related Dementias State
3 Plan Advisory Council; to provide for legislative declaration; to provide for definitions; to
4 provide for membership; to provide for duties and reporting requirements; to provide for a
5 short title; to provide for related matters; to provide an effective date; to repeal conflicting
6 laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8

SECTION 1.

9 This Act shall be known and may be cited as the "Senator Thorborn 'Ross' Tolleson, Jr., Act."

10

SECTION 2.

11 Chapter 6 of Title 49 of the Official Code of Georgia Annotated, relating to services for the
12 aging, is amended by adding a new article to read as follows:

13

ARTICLE 8

14

49-6-90.

15

The General Assembly having declared that Alzheimer's disease and related dementias is

16

a looming state and national public health crisis and having found that it is in the best

17

interest of the state and its citizenry to address this issue created a Georgia Alzheimer's and

18

Related Dementias State Plan for the purpose of developing a strategy to mobilize a state

19

response. The provisions of this chapter are enacted to further the intention of the State of

20

Georgia to become a more dementia-friendly and dementia-capable environment for the

21

citizens of Georgia with Alzheimer's disease and related dementias. To further that

22

purpose, the Georgia Alzheimer's and Related Dementias State Plan Advisory Council is

S. B. 444

- 1 -



23 created to ensure that focus remains on implementing and amending as needed the goals
 24 set forth in the Georgia Alzheimer's and Related Dementias State Plan.

25 49-6-91.

26 As used in this article, the term:

27 (1) 'Advisory council' means the Georgia Alzheimer's and Related Dementias State Plan
 28 Advisory Council as created and authorized by this article.

29 (2) 'Alzheimer's' means having characteristics of Alzheimer's disease, a progressive and
 30 degenerative brain disease that causes impairment or change in memory, thinking, or
 31 behavior.

32 (3) 'Commissioner' means the commissioner of human services.

33 (4) 'Dementia' means any disease from a class of degenerative brain disorders that cause
 34 impairment or changes in memory, thinking, or behavior that are progressive and
 35 irreversible. Such diseases include, but are not limited to, Alzheimer's disease, Lewy
 36 Body dementia, frontotemporal dementia, and vascular dementia.

37 (5) 'Department' means the Department of Human Services.

38 (6) 'State plan' means the Georgia Alzheimer's and Related Dementias State Plan, as
 39 amended, created pursuant to legislation for the purpose of analyzing state demographics,
 40 prevalent statistics, and existing resources to gauge the state's capacity to meet growing
 41 needs and to present a roadmap for creating a more dementia-capable Georgia.

42 49-6-92.

43 (a) There is established the Georgia Alzheimer's and Related Dementias State Plan
 44 Advisory Council which shall consist of the following members:

45 (1) Eleven individuals are standing members due to their position in government agency,
 46 organization, or elected office:

47 (A) The commissioner of human services or his or her designee;

48 (B) The director of the Division of Aging Services;

49 (C) The President of the Georgia Association of Area Agencies on Aging or his or her
 50 designee;

51 (D) The commissioner of community health or his or her designee;

52 (E) The commissioner of public health or his or her designee;

53 (F) The commissioner of behavioral health and developmental disabilities or his or her
 54 designee;

55 (G) The chairperson of the Senate Health and Human Services Committee or his or her
 56 designee;

- 57 (H) The chairperson of the House Committee on Health and Human Services or his or
 58 her designee;
- 59 (I) The chairperson of the House Committee on Human Relations and Aging or his or
 60 her designee;
- 61 (J) A representative of the Georgia Chapter of the Alzheimer's Association; and
 62 (K) A representative of the Georgia Council on Aging.
- 63 (2) The Governor shall appoint one individual from around the state in each topical area
 64 below, chosen for his or her expertise or experience in one of the following six specific
 65 fields:
- 66 (A) A provider of residential, health care, or personal care services to those living with
 67 dementia;
- 68 (B) A social gerontologist or clinical researcher in an education or clinical setting with
 69 expertise in dementia;
- 70 (C) An advocate with a not-for-profit or state agency whose role is to improve services
 71 for older adults or those living with dementia;
- 72 (D) A medical professional with an active practice specializing in geriatrics, neurology,
 73 or other field closely related to dementia;
- 74 (E) A caregiver, current or past, for a family member with dementia who has
 75 experience navigating health care service options; and
- 76 (F) A person who has been diagnosed with dementia.
- 77 (b) The advisory council shall serve in an advisory capacity to the Governor, the General
 78 Assembly, the Department of Human Services, and all other state agencies on matters
 79 relating to the Georgia Alzheimer's and Related Dementias State Plan. The advisory
 80 council shall review and make recommendations regarding progress toward the goals of
 81 the state plan and on progress in implementing resources and services to serve individuals
 82 with dementia related diseases around Georgia in the future. Such review and
 83 recommendations shall include, but not be limited to, the following:
- 84 (1) Selecting current priorities for state plan work groups to focus on;
- 85 (2) Examining the current laws, rules and regulations, and policies of the various
 86 agencies that interact with services for individuals with dementia and making
 87 recommendations to improve the navigation of and provision of care services for those
 88 with dementia and their caregivers;
- 89 (3) Proposing legislative or administrative changes to policies and programs needed for
 90 furtherance of the state plan;
- 91 (4) Examining state and federal funding into the areas of the state plan and reviewing
 92 how to work interdisciplinarily to ensure the most efficient and effective use of available
 93 resources;

94 (5) Locating and assisting departments or partner agencies in applying for new funding
95 sources and new opportunities in furtherance of the goals of the state plan; and
96 (6) Amending the state plan at least every three years and submitting the amended state
97 plan to the Governor for authorization.

98 (c) The advisory council shall annually elect a chairperson and vice chairperson from
99 among its membership. The advisory council may elect such other officers and establish
100 committees as it considers appropriate. Until a chairperson and vice chairperson are
101 elected or if the chairperson or vice chairperson is unavailable, the director of the Division
102 of Aging Services shall serve temporarily in that role until a new election can be held by
103 the advisory council. The advisory council shall create and vote on bylaws and policies as
104 needed.

105 (d) The terms of those individuals appointed by the Governor pursuant to paragraph (2)
106 of subsection (a) of this Code section shall serve for an appointment of two years, with the
107 exception of the first year of existence of the advisory council. For the purpose of
108 staggering term appointments, in the first appointment of the individuals in paragraph (2)
109 of subsection (a) of this Code section, the Governor shall appoint three appointees for a
110 one-year first term and three appointees for a two-year first term. All subsequent
111 appointments or reappointments shall be for terms of two years. If an appointee resigns or
112 is otherwise unable to complete the appointed term, the Governor shall appoint a new
113 individual whose expertise or experience satisfies the vacated position within 90 days.

114 (e) The advisory council shall meet at least quarterly and at such additional times as it shall
115 determine necessary to perform its duties. The advisory council shall also meet on the call
116 of the chairperson, the vice chairperson, the commissioner, or the Governor. All meetings
117 shall contain updates from each work group and presentations on any developed proposals
118 for furtherance of the state plan goals. At or before the summer quarterly meeting, the
119 advisory council shall take a formal vote on any proposals or recommendations under
120 consideration.

121 (f) Starting on January 1 of the year after this article takes effect and repeating every three
122 years after that date, the advisory council shall submit to the Governor for his or her
123 approval and thereafter make available to the General Assembly a report on the work of
124 the advisory council. This report shall include a summary of the progress report toward
125 implementation of the state plan and recommendations for amendments to the state plan.
126 If the advisory council determines that amendments need to be made to the state plan, an
127 amended Georgia Alzheimer's and Related Dementia State Plan may be presented to the
128 Governor for review and approval.

129 (g) The department shall staff a position for the Georgia Alzheimer's and Related
130 Dementias State Plan; such position shall be the state plan coordinator. The state plan

S. B. 444

- 4 -



131 coordinator shall assist the chairperson and advisory council on council related activities,
132 coordinating the advisory council meetings, and coordinating and serving as a liaison
133 between the work groups and the advisory council, and other associated duties as assigned
134 by the department. The state plan coordinator shall ensure that the progress report is
135 published pursuant to subsection (f) of this Code section.

136 (h) The advisory council members shall serve in one or more of the Georgia Alzheimer's
137 and Related Dementias State Plan work groups as described in the goals of the state plan.
138 These work groups are to be composed of volunteers and individuals interested in dementia
139 and shall meet between the quarterly meetings to develop the priorities from paragraph (1)
140 of subsection (b) of this Code section to present recommendations to the full advisory
141 council at its quarterly meetings.

142 (i) Members shall serve without compensation, although each member of the advisory
143 council shall be reimbursed for actual expenses incurred in the performance of his or her
144 duties from funds available to the advisory council; provided, however, that any legislative
145 member shall receive the allowances authorized by law for legislative members of interim
146 legislative committees and any members who are state employees shall be reimbursed for
147 expenses incurred by them in the same manner as they are reimbursed for expenses in their
148 capacities as state employees."

149 **SECTION 3.**

150 This Act shall become effective on July 1, 2018.

151 **SECTION 4.**

152 All laws and parts of laws in conflict with this Act are repealed.

GUIDING PRINCIPLES

The GARD State Plan update was guided by six principles:

- (1) Seek opportunities to optimize and grow resources to ensure access to coordinated, evidence-informed services systemwide.
- (2) Recognize the value of a collaborative approach to the work; encourage participation, support, and leadership from public and private entities.
- (3) Consistently assess progress and make changes to policies, systems, and environments that will transform the way we approach cognitive decline and dementia.
- (4) Prioritize the needs and desires of persons living with and at risk for dementia and their care partners, and engage them in the design, implementation, and evaluation of the strategies.
- (5) Embrace a life course and person-centered philosophy that recognizes both social and medical needs and values diversity.
- (6) Actively seek to include voices that have been left out in decision-making in an effort to create meaningful outcomes for underserved populations.

STATE PLAN 2020-2023

RESEARCH AND DATA

GOAL RD1: Champion and strengthen existing research and data collection related to cognitive decline and dementia diagnosis, care, and support.

Rationale: Research, surveillance, and data collection are central to advancing our understanding of dementia, developing and ensuring linkage to effective treatments, and improving the quality of care for people living with cognitive decline and dementia and their families.

Strategies

RD1a: Provide and maintain a database of key referral sources as a resource for community physicians to support screening, diagnosis, and management of cognitive decline and dementia.

Time Frame and Measurable Outcomes:

- Complete scan of existing databases to establish whether a referral database is already available for use by January 2021.
- Disseminate information about database of key referral sources by May 2021.

Key Stakeholders: Georgia Department of Public Health; Georgia institutes of higher education; Georgia Memory Net; Georgia Primary Care Association; Georgia Division of Aging Services

Cost Implications: Dissemination of communication materials could have a cost if printed.

RD1b: Develop and maintain a catalog of existing surveillance data sources on dementia in the state of Georgia, such as the Alzheimer's Disease and Related Dementias Registry and Behavioral Risk Factor Surveillance System's Cognitive Decline and Caregiver modules.

Time Frame and Measurable Outcomes: Complete initial catalog of data sources on dementia by January 2022.

Key Stakeholders: Georgia Department of Public Health; Georgia institutes of higher education; Georgia Memory Net; Georgia Division of Aging Services; Alzheimer's Association, Georgia Chapter

Cost Implications: None anticipated.

RD1c: Develop a protocol by which to provide guidance on the use of Alzheimer's Disease and Related Dementias Registry data to support the enhancement and adoption of quality reporting.

Time Frame and Measurable Outcomes: Publish Alzheimer's Disease and Related Dementias registry guidance by January 2023.

Key Stakeholders: Georgia Department of Public Health; Georgia institutes of higher education; Georgia Memory Net; Georgia Division of Aging Services



Cost Implications: None anticipated.

GOAL RD2: Identify and pursue opportunities to expand research and data collection of dementia-related surveillance, care, and support.

Rationale: Enhanced funding and collaboration can accelerate research progress, improve data collection, and create opportunities for testing and adopting service innovations.

Strategies

RD2a: Promote the use of the Behavioral Risk Factor Surveillance System’s Cognitive Decline and Caregiver modules data with health-related outcome and/or quality measures.

Time Frame and Measurable Outcomes: Disseminate data briefs using Behavioral Risk Factor Surveillance System’s Cognitive Decline and Caregiver modules data to promote increased funding for data collection by November 2021

Key Stakeholders: GARD Outreach and Partnership Work Group; Georgia Department of Public Health; Alzheimer’s Association, Georgia Chapter

Cost Implications: Minimal to no cost anticipated.

RD2b: Collaborate with the GARD Policy Work Group to review potential legislative and policy changes proposed to enhance Alzheimer’s disease and related dementias data collection, usage, and dissemination among state agencies and engage appropriate advocacy partners as needed.

Time Frame and Measurable Outcomes: Complete review of relevant legislation and policy and identify needed revisions by November 2022.

Key Stakeholders: GARD Policy Work Group; Georgia Department of Public Health; Georgia Council on Aging; Alzheimer’s Association, Georgia Chapter

Cost Implications: None anticipated.

RD2c: Develop a process to coordinate existing resources and seek additional resources to expand dementia-related research and evaluation.

Time Frame and Measurable Outcomes: Conduct a feasibility assessment for obtaining funding that will enable expanded data collection using the Behavioral Risk Factor Surveillance System’s Cognitive Decline and Caregiver modules.

Key Stakeholders: Georgia Department of Public Health; Alzheimer’s Association, Georgia Chapter; Georgia institutes of higher education



Cost Implications: None anticipated.

GOAL RD3: Support analysis, translation, and dissemination of available dementia-related research and data for sharing with multiple audiences.

Rationale: Data synthesis and dissemination are critical to informing decision-making, ensuring the infusion of innovations, and promoting the adoption of best practices among stakeholders. This is especially important to identify and serve higher burdened populations.

Strategies:

RD3a: Promote the sharing of surveillance data to state agencies, regional commissions, and other planning agencies to encourage and inform data-driven approaches to prevention and services.

Time Frame and Measurable Outcomes: Publish a brief tailored to inform community planning efforts related to dementia by August 2023.

Key Stakeholders: GARD Outreach and Partnership Work Group; Georgia Department of Public Health; Georgia regional commissions; Alzheimer’s Association, Georgia Chapter

Cost Implications: Dissemination of the brief could have a cost if printed.

RD3b: Evaluate and advocate for enhancement of the extent to which cognitive decline and dementia content is infused in curricula at secondary and post-secondary institutions of higher education in Georgia.

Time Frame and Measurable Outcomes: Collaborate with the GARD Outreach and Partnership Work Group to advocate for enhancement of the extent to which cognitive decline and dementia content is infused in curricula at secondary and post-secondary institutions of higher education in Georgia in 2021.

Key Stakeholders: Georgia institutes of higher education.

Cost Implications: None anticipated.

RD3c: Develop outcome measures to inform the implementation of the GARD State Plan and assess the impact of GARD activities.

Time Frame and Measurable Outcomes: Publish and disseminate guidance to key stakeholders by January 2022.

Key Stakeholders: Georgia Department of Public Health; Georgia Division of Aging Services

Cost Implications: None anticipated.



WORKFORCE DEVELOPMENT

GOAL WD1: Develop a person-centered, dementia-capable, culturally responsive workforce.

Rationale: A workforce that is designed to proactively work with people living with cognitive impairment and dementia, including Alzheimer's disease, is better poised to serve persons living with cognitive decline and dementia and their care partners.

Strategies

WD1a: Determine the size, education/training level, and capacity of the existing workforce.

Time Frame and Measurable Outcomes: Complete determination by August 2022.

Key Partners: GARD Research and Data Work Group; Office of Workforce Development; the Georgia Department of Public Health; the Georgia Department of Community Health; the Georgia Department of Behavioral Health and Developmental Disabilities; the Georgia Division of Aging Services

Cost Implications: None anticipated.

WD1b: Encourage/develop person-centered, dementia-specific continuing education for a variety of occupations.

Time Frame and Measurable Outcomes: Ongoing

Key Partners: Georgia Department of Labor; Georgia institutes of higher education; Alzheimer's Association, Georgia Chapter; Lewy Body Dementia Association (LBDA), frontotemporal dementia (FTD) advocates; other consumers; appropriate professional societies; Southern Gerontological Society; Georgia Gerontology Society

Cost Implications: Supported through partnerships and individual Continuing Education Unit (CEU) fees

WD1c: Explicitly develop connection to the GARD Outreach and Partnership Work Group and the GARD Service Delivery Work Group to support cross-pollination and ensure the use of similar language and focus on inclusion of people living with dementia and their care partners.

Time Frame and Measurable Outcomes: Ongoing

Key Stakeholders: GARD Outreach and Partnership Work Group; GARD Service Delivery Work Group

Cost Implications: None anticipated.



WD1d: Develop a “hospital packet” with education and tips for people living with dementia, their care partners, and long-term services and support workers about prevention and hospitalization.

Time Frame and Measurable Outcomes: Complete and disseminate “hospital packet” by August 2022

Key Stakeholders: GARD Outreach and Partnership Work Group

Cost Implications: None anticipated with the exception of print materials if determined necessary.

GOAL WD2: Develop and implement a tiered career and training model for Georgia’s direct-care workforce to improve job quality and quality of care.

Rationale: Job quality and quality of care remain large issues for Georgia. By developing and implementing a career model that can be used for the direct-care workforce, we will be able to ensure quality in both areas.

Strategies

WD2a: Partner with workforce investment boards to support new entrants to direct-care workforce.

Time Frame and Measurable Outcomes:

- Create partnerships by August 2021.
- Implement pilot training model by August 2023.
- Recommend statewide model by 2024.

Key Stakeholders: Georgia Health Care Association; LeadingAge Georgia; workforce investment boards; Georgia community and technical colleges; Alzheimer’s Association, Georgia Chapter

Cost Implications: Seeking grant funds for pilot; braided resource strategy with workforce investment dollars

WD2b: Partner with employers/employer associations to encourage and support use of high-quality dementia education/programming.

Time Frame and Measurable Outcomes:

- Create partnerships by August 2021.
- Promotion and support will be ongoing.

Key Stakeholders: GARD Service Delivery Work Group

Cost Implications: Supported through partnerships and individual or employer-based fees



WD2c: Develop statewide registry of high-quality, person-centered, and vetted training.

Time Frame and Measurable Outcomes: Statewide registry developed by September 2023

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Labor; Georgia Department of Community Health; LeadingAge Georgia; Alzheimer’s Association, Georgia Chapter

Cost Implications: To be determined

WD2d: Partner with Dementia Friendly Georgia to support workforce training to build community awareness and dementia inclusive competencies.

Time Frame and Measurable Outcomes: Support will be ongoing.

Key Stakeholders: Dementia Friendly Georgia; Georgia Gerontology Society; Georgia Division of Aging Services

Cost Implications: None anticipated.

GOAL WD3: Improve job quality and retention of the dementia workforce.

Rationale: In order to best serve the dementia workforce, it will be important to improve the quality of jobs and retention efforts, as well as increase the attractiveness of this work to potential new entrants.

Strategies

WD3a: Implement statewide turnover data collection for long-term services and supports in Georgia.

Time Frame and Measurable Outcomes: Implement data collection tool by August 2023

Key Stakeholders: Georgia Department of Public Health; Georgia Department of Community Health

Cost Implications: \$25,000 per year for design of tool to be implemented with annual licensure and analysis.

WD3b: Support and disseminate “employer of choice” strategies to help employers improve jobs and increase recruitment and retention (“employer of choice” refers to workplaces that are favored by potential employees due to their advantageous workplace practices).

Time Frame and Measurable Outcomes: Support and dissemination efforts will be ongoing.

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Public Health; Georgia Health Care Association; LeadingAge Georgia; long-term care services and supports employers; Georgia

institutes of higher education

Cost Implications: None anticipated.

WD3c: Educate Georgia workforce commission within the state-level office of the Department of Labor about person-centered, dementia-capable, culturally responsive workforce across occupational categories.

Time Frame and Measurable Outcomes: Share information by August 2021

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Public Health; workforce investment boards; Alzheimer’s Association, Georgia Chapter

Cost Implications: None anticipated.

SERVICE DELIVERY

GOAL SD1: Increase the availability of health and social services tailored for individuals living with dementia and their families.

Rationale: Support for individuals living with dementia should include building support systems for families.

Strategies

SD1a: Assess the current availability of tailored health and social services for individuals living with dementia and their families to determine gaps and needs.

Time Frame and Measurable Outcomes: Complete assessment by August 2022.

Key Partners: GARD Research and Data Work Group; Georgia Office of Workforce Development; the Georgia Department of Public Health; the Georgia Department of Community Health; the Georgia Department of Behavioral Health and Developmental Disabilities; the Georgia Division of Aging Services

Cost Implications: None anticipated.

SD1b: Develop a strategy to address identified health and social service gaps and needs that applies best practices.

Time Frame and Measurable Outcomes: Strategy defined by September 2023.

Key Partners: Georgia Department of Labor; GARD Research and Data Work Group; Alzheimer's Association, Georgia Chapter; Area Agencies on Aging network; Family Caregiver Alliance; Georgia Department of Community Health; Georgia Memory Net

Cost Implications: None anticipated.

SD1c: Collaborate with the GARD Research and Data Work Group to pursue opportunities to identify and address gaps in dementia-related service capacity, access, and quality in Georgia.

Time Frame and Measurable Outcomes: Ongoing

Key Stakeholders: GARD Research and Data Work Group

Cost Implications: None anticipated.

SD1d: Assess the current landscape of dementia-friendly telehealth in the state of Georgia, documenting best practices and identifying opportunities for development.

Time Frame and Measurable Outcomes: Ongoing

Key Stakeholders: Georgia Memory Net; Georgia hospitals; Alzheimer's Association, Georgia Chapter; Georgia Department of Public Health; Emory Goizueta Alzheimer's Disease Research Center

Cost Implications: None anticipated.

GOAL SD2: Support efforts that provide training for care partners and volunteers in person-centered care.

Rationale: Optimal support for individuals living with cognitive decline and dementia includes efforts to support volunteers, care partners, and professional caregivers, specifically around person-centered care.

Strategies

SD2a: Guide/support efforts to promote the adoption of and training on person-centered best practices for care partners and volunteers across settings.

Time Frame and Measurable Outcomes: Ongoing

Key Stakeholders: Georgia Department of Labor; the Alzheimer's Association, Georgia Chapter; Culture Change Network of Georgia; Georgia Memory Net; Area Agencies on Aging network

Cost Implications: None anticipated.

SD2b: Promote the most effective and current care partner education for care partners of individuals living with dementia.

Time Frame and Measurable Outcomes: Ongoing

Key Stakeholders: Rosalynn Carter Institute for Caregiving; Eden Alternative; Culture Change Network of Georgia; Alzheimer's Association, Georgia Chapter; Area Agencies on Aging network; Emory Goizueta Alzheimer's Disease Research Center

Cost Implications: None anticipated.

SD2c: Collaborate with the GARD Workforce Development Work Group to ensure consistent and available person-centered care training for volunteers, care partners, and staff.

Time Frame and Measurable Outcomes: Ongoing

Key Stakeholders: GARD Workforce Development Work Group

Cost Implications: None anticipated.



GOAL SD3: Improve consumer access and experience with the service delivery system, focusing on informal service networks not already captured by the Area Agencies on Aging network, public health departments, and health care systems.

Rationale: Consumer access and experience with service providers is related to uptake of services. In order to increase customer uptake, access and experience need to be addressed.

Strategies

SD3a: Identify best practices for improved connectivity between organizations within the service delivery system.

Time Frame and Measurable Outcomes: Best practices identified and shared within the network by September 2022.

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Public Health; Alzheimer's Association, Georgia Chapter; Area Agencies on Aging network; Georgia Memory Net

Cost Implications: None anticipated.

SD3b: Identify best practices for ensuring services are accessible for individuals living with dementia.

Time Frame and Measurable Outcomes: Best practices identified and shared within the network by September 2022.

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Public Health; Georgia Department of Community Health; Alzheimer's Association, Georgia Chapter; Area Agencies on Aging network; Georgia Memory Net

Cost Implications: None anticipated.

SD3c: Develop guidance or sample protocols as necessary for service providers that promote improved consumer experience.

Time Frame and Measurable Outcomes: Outline for guidance and sample protocols developed by August 2021; delivery of guidance and sample protocols ongoing.

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Public Health; Alzheimer's Association, Georgia Chapter; Georgia Memory Net; Area Agencies on Aging network

Cost Implications: Minimal cost anticipated.

GOAL SD4: Improve consumer and care partner access to needed services and information, including identifying eligibility criteria for different services.

Rationale: Consumer and care partner access to dementia-related services and information continues to be an issue for Georgians. Access can be increased by aligning with current efforts around expanding access, addressing transportation challenges, and assessing current data around service uptake.

Strategies

SD4a: Encourage and support efforts to enhance access to information about dementia and dementia-related services, and support dementia awareness efforts.

Time Frame and Measurable Outcomes: Identify current efforts around expanding access to information by September 2021; support will be ongoing.

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Public Health; Alzheimer’s Association, Georgia Chapter; GARD Outreach and Partnership Work Group; Georgia Memory Net; Area Agencies on Aging network; Georgia Department of Community Health; Georgia Department of Driver Services; Georgia Department of Transportation

Cost Implications: None anticipated.

SD4b: Examine and respond to transportation challenges that individuals living with cognitive decline and dementia and/or their care partners face in accessing services.

Time Frame and Measurable Outcomes:

- Identify transportation challenges for individuals living with cognitive decline and dementia and their care partners by September 2022.
- Develop response by September 2023.

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Public Health; Alzheimer’s Association, Georgia Chapter; Georgia Memory Net; Area Agencies on Aging network; Georgia Department of Human Services Coordinated Transportation; Georgia Department of Community Health

Cost Implications: Minimal

SD4c: Collaborate with the GARD Research and Data Work Group to examine and document how many people access services that are funded by Medicaid to help inform future services that could be provided. Identify financial barriers to access.

Time Frame and Measurable Outcomes: Initial collaboration and data pull by August 2021; ongoing collaboration.

Key Stakeholders: GARD Research and Data Work Group; Georgia Department of Community Health



Cost Implications: None anticipated.

GOAL SD5: Strengthen care partners' (family, professional, and/or volunteer) capacity to deliver high-quality services for persons living with dementia and their families.

Rationale: Care partners are often the first point of contact for persons living with cognitive decline and dementia. By building their capacity to respond to challenges and provide referrals, care partners are better able to care for persons living with dementia and navigate available services.

Strategies

SD5a: Evaluate access to and quality of services available for volunteers and care partners along with issues of access to those services using standardized measures where possible.

Time Frame and Measurable Outcomes:

- Identify available services for volunteers and care partners by September 2021.
- Document issues of access by August 2023.

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Public Health; Alzheimer's Association, Georgia Chapter; Georgia Memory Net; Area Agencies on Aging network

Cost Implications: None anticipated.

SD5b: Promote evidence-informed materials that provide additional, informal supports for volunteers and care partners.

Time Frame and Measurable Outcomes: Ongoing.

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Public Health; Alzheimer's Association, Georgia Chapter; Georgia Memory Net; Area Agencies on Aging network

Cost Implications: None anticipated.

PUBLIC SAFETY

Goal PS1: Ensure public safety and financial organizations are prepared to assure the safety of persons living with cognitive decline and dementia, who are at risk of abuse, neglect, and/or exploitation.

Rationale: Older adults living with cognitive decline and dementia may be at high risk for abuse, neglect, and exploitation. Implementation of programs to educate and prepare public safety and financial organizations will increase awareness of public safety and financial professionals, enhance collaborative processes, and improve outcomes.

Strategies

PS1a: Support the development of specialized regional multidisciplinary teams to (1) respond to and investigate crimes against at-risk adults, including individuals living with cognitive decline and dementia, and (2) relocate victims when needed.

Time Frame and Measurable Outcomes:

- Assess the state and document where multidisciplinary teams exist and where there is particular interest in creating one by April 2021.
- Using the expertise of existing regional multidisciplinary teams, share information and support the development of at least one new regional multidisciplinary team by October 2021.
- Continue supporting information sharing to develop new regional multidisciplinary teams through 2023.

Key Stakeholders: Local law enforcement; first responders; local elder abuse task forces; financial institutions; Georgia Bureau of Investigation; Area Agencies on Aging network; Georgia Division of Aging Services, Forensic Special Initiatives Unit

Cost Implications: None anticipated.

PS1b: Designate and maintain an at-risk adult subject matter expert in each Georgia Bureau of Investigation region to focus on combating crime and providing technical assistance to local law enforcement.

Time Frame and Measurable Outcomes:

- Support training efforts where needed, ongoing.
- Provide mechanisms for information sharing related to building awareness and knowledge among public safety organizations, ongoing.

Key Stakeholders: Georgia Bureau of Investigation; local law enforcement agencies; Georgia Division of Aging Services, Forensic Special Initiatives Unit

Cost Implications: None anticipated.

PS1c: Develop brief, accessible training videos for organizations that may identify and provide assistance to persons living with cognitive decline and dementia who are at risk of abuse, neglect, and/or exploitation.

Time Frame and Measurable Outcomes:

- Engage members of the GARD Public Safety Work Group and seek representation from all of the target audiences to serve as advisers by March 2021.
- Create a list of training topics that could be addressed with brief videos that includes the target audience by June 2021. Topic examples include Mattie's Call, signs of dementia, how to respond to a person presenting with signs of dementia; target audiences include law enforcement, first responders, financial professionals, and Adult Protective Services staff.
- Prioritize the list of topics by July 2021.
- Collaborate with the GARD Outreach and Partnership Work Group regarding GARD messaging, process for producing the videos, and funding by July 2021.
- Assess available funding from stakeholder agencies and external sources by September 2021.
- Monitor and reassess availability of funding on a semiannual schedule based on the topics prioritized.
- Video production schedule and production based on available funding by 2023.

Key Stakeholders: Local law enforcement; first responders; financial professionals; GARD Outreach and Partnership Work Group; Alzheimer's Association, Georgia Chapter

Cost Implications: Approximately \$2,000 - \$6,000 per video.

PS1d: Promote existing and emerging opportunities to educate financial professionals about cognitive decline and dementia; risks, prevention, and mitigation of possible financial exploitation and abuse; their authority to report suspected abuse; and the protections for those who report.

Time Frame and Measurable Outcomes:

- Connect with the Georgia Division of Aging Services' financial forensic expert regarding existing training and reach with financial institutions by February 2021.
- Promote current training through the GARD collaborative and externally, ongoing.
- Identify additional opportunities to support education of financial professionals, ongoing.

Key Stakeholders: Area Agencies on Aging network; Alzheimer's Association, Georgia Chapter; the Governor's Office of Consumer Protection; the Georgia Bureau of investigation; the Medicaid Fraud Control Unit; the U.S. Department of Health and Human Services; the U.S. Office of Inspector General;



GARD Outreach and Partnership Work Group; and the Georgia Division of Aging Services, Forensic Special Initiatives Unit, Adult Protective Services, and Senior Medicare Patrol project

Cost Implications: None anticipated.

Goal PS2: Reduce rates of injury and enhance legal protections for people living with cognitive decline and dementia.

Rationale: Persons living with dementia are at increased risk of hospitalization if in an automobile accident, unsafe or erratic driving, and victimization. These risks can be mitigated through the prioritization of individual rights and utilization of tools, practices, and regulations known to prevent and avoid injury.

Strategies

PS2a: Evaluate existing policies and practices regarding the assessment of driving ability for persons living with cognitive decline and dementia.

Time Frame and Measurable Outcomes:

- Review and assess existing policies and practices regarding the assessment of driving ability for persons living with cognitive decline and dementia by January 2022.
- Review policies and practices utilized in other states, evidence-informed recommendations from organizations such as the Centers for Disease Control and Prevention by April 2022.
- Work with the GARD Policy Work Group to recommend changes to existing driving assessment policies and practices that would increase safety of the public and reduce injuries of persons living with cognitive decline and dementia by June 2022.

Key Stakeholders: Georgia Department of Public Health; Georgia Department of Driver Services; GARD Policy Work Group

Cost Implications: None anticipated.

PS2b: Evaluate state laws regarding powers of attorney and guardianship and make recommendations that will increase autonomy and decrease fraud, abuse, neglect, and self-neglect of persons living with cognitive decline and dementia.

Time Frame and Measurable Outcomes:

- Review and assess the state's powers of attorney and guardianship laws and practices by May 2021.
- Review other states' laws and practices regarding powers of attorney and guardianship by August 2021.



- Review recommendations from organizations such as the American Bar Association and the National Guardianship Association by August 2021.
- Work with the GARD Policy Work Group to recommend changes to existing laws and practices that would support autonomy and reduce the likelihood of abuse, neglect, and exploitation of persons living with cognitive decline and dementia by November 2021.

Key Stakeholders: GARD Policy Work Group; Georgia Division of Aging Services, Adult Protective Services; elder law attorneys; Prosecuting Attorneys' Council of Georgia

Cost Implications: Minimal to no cost

PS2c: Increase awareness and utilization of programs and devices that seek to locate individuals prone to wandering.

Time Frame and Measurable Outcomes:

- Review available programs and devices available throughout the state by January 2022.
- Develop a compendium of information related to wandering that can be shared with medical providers, people living with dementia, and care partners by June 2022.
- Share information with the GARD Advisory Council and relevant stakeholders about identified opportunities or gaps related to the availability of programs and devices in the state by August 2022.
- Collaborate with GARD Service Delivery Work Group and GARD Outreach and Partnership Work Group regarding increasing access to programs and devices among medical providers to reduce injuries and deaths related to wandering among individuals living with cognitive decline and dementia by November 2022.

Key Stakeholders: Local law enforcement; Area Agencies on Aging network; local elder abuse task forces; Alzheimer's Association, Georgia Chapter; Adult Protective Services; Georgia Bureau of Investigation; GARD Outreach and Partnership Work Group; GARD Service Delivery Work Group

Cost Implications: None anticipated with the exception of print materials if determined necessary.

Goal PS3: Ensure the inclusion of people living with cognitive decline and dementia and considerations for their unique needs in the state's emergency preparedness plans.

Rationale: There is great diversity and disparity in emergency and disaster preparedness plans and communications. There is a need for intensified outreach efforts educating care partners and persons living with cognitive decline and dementia on how to plan and prepare for disasters. Further, improved disaster preparedness planning and coordination among relevant agencies and organizations is needed.



Strategies

PS3a: Engage partners to develop guidance for state and local emergency management agencies. Guidance should help to ensure that the needs of individuals living with cognitive decline and dementia will be met during evacuation, transportation, and sheltering during a disaster.

Time Frame and Measurable Outcomes:

- Review and document learnings acquired through the response to COVID-19 and other emergencies as it relates to the plans and response related to the unique needs of individuals living with cognitive decline and dementia by February 2021.
- Review best practices and plans from other states by May 2021.
- Engage a group of stakeholders that includes representatives from the organizations involved in emergency management to discuss the opportunity to integrate information into existing plans and develop guidance for emergency management agencies by September 2021.
- Recommend changes to emergency management plans and agencies to better address the unique needs of individuals living with cognitive decline and with dementia by December 2021.

Key Stakeholders: State and local emergency management planning agencies; Georgia Division of Aging Services; Georgia Department of Public Health; Georgia Department of Community Health; Georgia Health Care Association; Alzheimer's Association, Georgia Chapter

Cost Implications: None anticipated.

OUTREACH AND PARTNERSHIP

GOAL OP1: Initiate and maximize opportunities to disseminate to the public accurate, comprehensive, and timely information about dementia risk factors, protective elements, and management.

Rationale: Enhancing public awareness of cognitive decline and dementia is essential to reducing public misconceptions and stigma, as well as encouraging families to seek assessment, care management, and support resources.

Strategies

OP1a: Conduct an environmental scan to identify and organize information from existing needs assessments of populations that are underserved and not connected to resources in the state.

Time Frame and Measurable Outcomes:

- Complete environmental scan by August 2023.
- Synthesize and organize data to inform material design and outreach strategy development by November 2023.

Key Partners: GARD Research and Data Work Group; Georgia Division of Aging Services; Georgia Department of Public Health; Rosalynn Carter Institute for Caregiving; Culture Change Network of Georgia; Alzheimer’s Association, Georgia Chapter; Georgia institutes of higher education

Cost Implications: Environmental scan could involve a cost if conducted by an external contractor.

OP1b: Catalog, brand, and regularly update existing GARD outreach and educational materials and ensure current versions, as well as links to relevant materials from other entities, are available through the GARD website.

Time Frame and Measurable Outcomes: Complete cataloging, branding, and updating of GARD materials and website by July 2021.

Key Partners: Georgia Division of Aging Services; Georgia Department of Public Health; Rosalynn Carter Institute for Caregiving; Culture Change Network of Georgia; Alzheimer’s Association, Georgia Chapter; Georgia institutes of higher education

Cost Implications: Dissemination of communication materials could have a cost if printed.

OP1c: Increase efforts to involve people living with cognitive decline and dementia and their care partners in activities to raise public awareness about risk and protective factors and resources and to reduce stigma.



Time Frame and Measurable Outcomes: Connect with support groups, senior centers, faith-based organizations, and other potential stakeholders to engage people living with cognitive decline and dementia and their families in outreach and education efforts by December 2022.

Key Stakeholders: Rosalynn Carter Institute for Caregiving; Culture Change Network of Georgia; Alzheimer's Association, Georgia Chapter

Cost Implications: None anticipated.

GOAL OP2: Educate the public and organizations to become more “dementia-friendly” and dementia-inclusive across all types of dementia.

Rationale: Dementia-friendly and dementia-inclusive communities help to ensure people living with dementia and their families are supported, feel respected and engaged, and experience the highest possible quality of life.

Strategies

OP2a: Conduct an environmental scan to identify learnings from Dementia Friends communities in other states and disseminate learnings to support local planning and implementation efforts.

Time Frame and Measurable Outcomes: Conduct interviews with state, community, and organizational leaders engaged in Dementia Friends initiatives by August 2021.

Key Stakeholders: Georgia Division of Aging Services; Georgia Gerontology Society; Dementia Friends network; Alzheimer's Association, Georgia Chapter

Cost Implications: No cost anticipated.

OP2b: Identify and support opportunities to advance progress in communities engaged in dementia-friendly initiatives.

Time Frame and Measurable Outcomes: Compile a list of the contact information for community leads engaged in dementia-friendly or dementia-inclusive initiatives in Georgia by March 2021.

Key Stakeholders: Georgia Division of Aging Services; Georgia Gerontology Society; Georgia Department of Public Health; Culture Change Network of Georgia; Alzheimer's Association, Georgia Chapter; GARD Policy Work Group; communities implementing dementia-friendly initiatives

Cost Implications: No cost anticipated.

OP2c: Recommend strategies to improve/sustain ongoing work in dementia-friendly communities and address gaps related to the development of new dementia-friendly communities across the state.

Time Frame and Measurable Outcomes: Produce and begin to disseminate a Dementia Friends brief that includes community success stories by November 2022.

Key Stakeholders: Georgia Division of Aging Services; Georgia Department of Public Health; Culture Change Network of Georgia; Alzheimer's Association, Georgia Chapter; GARD Policy Work Group; Georgia Gerontology Society

Cost Implications: Dissemination of the brief could have a cost if printed.

OP2d: Collect stories that highlight the impact of dementia-friendly and dementia-inclusive communities to inform advocacy and funding efforts within the state.

Time Frame and Measurable Outcomes:

- Develop a template to use for the collection of stories by January 2021.
- Establish a centralized method of storing collected stories by January 2021.
- Complete first wave of story collection by August 2021.

Key Stakeholders: Georgia Gerontology Society; Georgia institutions of higher education; Alzheimer's Association, Georgia Chapter; AARP

Cost Implications: Dissemination of communications materials could have a cost if printed.

GOAL OP3: Expand Georgia's capacity to promote brain health and address the needs of persons living with cognitive decline and dementia, their care partners, and their families through strategic partnerships and resource sharing, the leveraging of existing funding, and accessing new resources.

Rationale: Building and maintaining strategic partnerships, sharing information and resources, and pursuing new resource opportunities are vital to the progress and sustainability of GARD's work.

Strategies

OP3a: Identify funding opportunities from federal agencies, corporate entities, and foundations to apply for with partners.

Time Frame and Measurable Outcomes: Complete initial scan by September 2021.

Key Stakeholders: GARD Research and Data Work Group; Georgia Division of Aging Services; Georgia Department of Public Health; Rosalynn Carter Institute for Caregiving; Culture Change Network of Georgia; Alzheimer's Association, Georgia Chapter; Georgia institutes of higher education

Cost Implications: None anticipated.



OP3b: Identify and promote strategies to engage private-sector organizations to assist in implementing GARD objectives.

Time Frame and Measurable Outcomes:

- Collect data on dementia-related main objectives and current activities of public and private entities by February 2021.
- Create and maintain a centralized grid of data on relevant entities to identify commonalities and gaps by May 2021.

Key Stakeholders: GARD Research and Data Work Group; Georgia Division of Aging Services; Georgia Department of Public Health; Rosalynn Carter Institute for Caregiving; Culture Change Network of Georgia; Alzheimer’s Association, Georgia Chapter; Georgia institutes of higher education

Cost Implications: None anticipated.

OP3c: Develop an action plan to promote public awareness of the objectives of the state and national plan.

Time Frame and Measurable Outcomes:

- Complete action plan by August 2021.
- Initiate engagement in promotion activities by December 2022.

Key Stakeholders: GARD Research and Data Work Group; Georgia Division of Aging Services; Georgia Department of Public Health; Rosalynn Carter Institute for Caregiving; Culture Change Network of Georgia; Alzheimer’s Association, Georgia Chapter; Georgia institutes of higher education

Cost Implications: Dissemination of communication materials could have a cost if printed.

POLICY

Goal P1: Inform state budgetary, legislative, and regulatory actions that impact individuals living with cognitive decline and dementia and their care partners.

Rationale: There is a significant opportunity to address the needs of Georgians living with cognitive decline and dementia and their care partners through state-level public policy efforts.

Strategies

P1a: Develop a selection process for the determination of the annual state-level policy platform.

Time Frame and Measurable Outcomes:

- Draft a process by November 2020 for feedback and testing in preparation of the subsequent legislative session.
- Share the process with members of the GARD Collaborative during the November 2020 collaborative meeting and receive feedback.
- Test the process in preparation of the 2021 legislative session from November 2020 to March 2021.
- Refine and update the process by June 2021.

Key Stakeholders: GARD Policy Work Group; GARD Collaborative; Georgia Council on Aging

Cost Implications: None anticipated.

P1b: In partnership with GARD work groups, develop a state-level policy platform that seeks to promote effective interventions and best practices to protect brain health, support individuals living with cognitive decline and dementia, and meet the needs of care partners.

Time Frame and Measurable Outcomes:

- Receive policy issues submitted by members of the GARD Collaborative and members of the work groups annually by November.
- Utilizing the process developed, select the state-level policy platform annually by December.
- In coordination with the GARD Outreach and Partnership Work Group, develop and disseminate communications materials that provide information regarding the state-level policy platform for the GARD website, sharing with stakeholders, and informing policymakers.

Key Stakeholders: GARD Collaborative; Georgia Division of Aging Services; Georgia Department of Public Health



Cost Implications: Development of communication materials provided by Georgia Department of Human Services, Division of Aging Services staff. Dissemination of communication materials could have a cost if printed.

P1c: Educate state-level policymakers on the basics of cognitive health and impairment, the impact of cognitive decline and dementia on care partners and communities, and the role of state government in addressing this priority issue.

Time Frame and Measurable Outcomes:

- Identify policymakers in committees and positions of relevance annually to share information and resources by January.
- Work with committee members and Advisory Council members to educate policymakers throughout each legislative session.

Key Stakeholders: Members of the Georgia General Assembly; GARD Advisory Council

Cost Implications: None anticipated.

P1d: Collaborate with GARD work groups to identify and advance state-level budgetary, legislative, and regulatory issues that are identified through the activities of the work groups.

Time Frame and Measurable Outcomes:

- Meet with members of other work groups quarterly or on an ad hoc basis to discuss issues that could be reviewed and considered for the annual policy platform or other initiatives.

Key Stakeholders: GARD work groups; GARD Advisory Council; Georgia Council on Aging

Cost Implications: None anticipated.

Goal P2: Promote awareness and implementation of local-level policies that support dementia inclusion and dementia friendliness.

Rationale: County and municipal governments have an opportunity to foster dementia-inclusive and – dementia-friendly communities in ways that can support individuals living with dementia and their families to thrive.

Strategies

P2a: Review and assess leadership offered by associations and organizations that provide information and resources related to dementia for county and municipal governments.



Time Frame and Measurable Outcomes:

- Complete an environmental scan that includes key associations and organizations to determine the existing availability of information and resources available by June 2021.
- Identify and share gaps and opportunities for the work group with the members of the GARD Policy Work Group and state plan coordinator by July 2021.

Key Stakeholders: Organization and association representatives; county and municipal government elected officials and staff; GARD Outreach and Partnership Work Group

Cost Implications: None anticipated.

P2b: Develop and make accessible materials and guidance that support county and municipal government elected officials and staff in the journey to dementia inclusion and dementia friendliness.

Time Frame and Measurable Outcomes:

- Utilizing the information learned through the environmental scan, develop a strategy for sharing existing resources by September 2021.
- Utilizing the information learned through the environmental scan, prioritize and address three gaps that could be addressed quickly through the development of resources such as white papers, model policies, and sample resolution language by November 2021.
- Continue to address additional opportunities to provide guidance through adding three new white papers or model policies annually.

Key Stakeholders: Organization and association representatives; county and municipal government elected officials and staff; GARD State Plan coordinator; GARD Outreach and Partnership Work Group

Cost Implications: None anticipated.

RESOURCES

The following is a brief list of key state and national resources addressing the needs of persons living with dementia, their families, and care partners. In acknowledgement that this list does not include all existing organizations due to the continually changing landscape of dementia research and resources, this list is limited to the most current and relevant organizations.

Aging and Disability Resource Connection (ADRC), State of Georgia

<https://www.georgiaadrc.com/>

Tel: 866-552-4464 (Select Option 2)

The Aging and Disability Resource Connection (ADRC) partners with multiple agencies at both the state and local levels to streamline access to long-term services and supports by serving as a one-stop shop for consumers' aging and disability-related information, counseling, referral, and planning needs.

Area Agencies on Aging (AAA), State of Georgia

<https://aging.georgia.gov/locations>

Designated as Aging and Disability Resource Connections by the Georgia Division of Aging Services, Area Agencies on Aging support individuals and family members who are aging or living with a disability by alleviating the need for multiple calls and/or visits to receive services. AAAs provide a range of options that allow older individuals and people with disabilities to choose home and community-based services and living arrangements that are best for them. There are 12 regional AAAs across Georgia.

American Parkinson Disease Association, Georgia Chapter

<https://www.apdaparkinson.org/community/georgia/>

Tel: 404-325-2020

The Georgia Chapter provides educational programs featuring topics that relate to Parkinson's disease and to caregivers. The organization's target audience is people diagnosed with Parkinson's disease and their caregivers, and its goal is also to serve the medical community and the community at large by raising awareness of the disease and the treatments and support available.

The Association for Frontotemporal Degeneration (AFTD)

<https://www.theaftd.org/>

Tel: 866-507-7222

The Association for Frontotemporal Degeneration (AFTD) is a nonprofit organization that provides information, education, and support to those living with frontotemporal dementia and their caregivers.



The Alzheimer’s Association, Georgia Chapter

<https://www.alz.org/georgia?set=1>

Tel: 1-800-272-3900 (24-hour helpline)

The Alzheimer’s Association, Georgia Chapter, is a volunteer health organization in Alzheimer’s disease care serving 159 counties in Georgia, with offices in Atlanta, Augusta, Columbus, Dalton, Macon, Savannah, and Tifton. The chapter has been serving Georgia communities since 1982 by providing local support groups, education classes, and other local resources.

Creutzfeldt-Jakob Disease Foundation

<https://cjdfoundation.org/>

Tel: 800-659-1991

The Creutzfeldt-Jakob Disease Foundation is a nonprofit organization that offers support, information, and guidance to those dealing with Creutzfeldt-Jakob disease.

Family Caregiver Alliance (FCA)

<https://www.caregiver.org/taxonomy/term/69>

Tel: 800-445-8106

The mission of Family Caregiver Alliance (FCA) is to improve the quality of life for family caregivers and the people who receive their care. For over 40 years, FCA has provided services to family caregivers of adults living with physical and cognitive impairments, such as Parkinson’s, stroke, Alzheimer’s, and other types of dementia. Services include assessment, care planning, direct care skills, wellness programs, respite services, and legal/financial consultation vouchers.

Georgia Department of Community Health (DCH)

<https://dch.georgia.gov/>

Tel: 404-656-4507

As it relates to Alzheimer’s and related dementias, this agency of state government provides rules, regulations, and guidelines for facilities and programs serving a wide array of individuals, including those living with dementia. Such facilities and programs include adult day programs, assisted living communities, nursing homes, and home health agencies.

Georgia Department of Public Health (DPH)

<https://dph.georgia.gov/>

Tel: 404-657-2700

The Georgia Department of Public Health (DPH) helps raise awareness and provides education regarding Alzheimer’s and related dementias, conducts a survey providing Georgia agencies and other stakeholders with key information to help shape policy and service for those living with Alzheimer’s and related dementias, and is a prime coordinator of stakeholders and partners for the Alzheimer’s Disease and Related Dementias (ADRD) Registry.



Georgia Memory Net

<https://gamemorynet.org/>

Tel: 404-727-1568

The Georgia Memory Net is a statewide early diagnosis and treatment program for Alzheimer’s disease and related disorders and dementias, supported by the Georgia Department of Human Services (DHS) and Georgia Alzheimer’s Project (GAP). The Georgia Memory Net has five regional Memory Assessment Clinics (MACs) to improve Georgians’ access to early and accurate diagnosis of Alzheimer’s disease and related disorders, and to improve long-term care and outcomes for patients and caregivers.

Huntington’s Disease Society of America (HDSA)

<https://hdsa.org/>

Tel: 800-345-4372 or 770-286-1547

The Huntington’s Disease Society of America (HDSA) Georgia Chapter provides educational programs featuring topics that relate to Huntington’s disease. The organization’s target audience is people living with Huntington’s disease and their families. Its goal is also to serve the medical community and the community-at-large by raising awareness of the disease, treatments, research opportunities, and support available locally.

Lewy Body Dementia Association (LBDA)

<https://www.lbda.org/>

Tel: 800-539-9767

Lewy Body Dementia Association (LBDA) is a nonprofit organization providing information and assistance to individuals living with the disease, caregivers, and medical professionals.

The Rosalynn Carter Institute for Caregiving (RCI)

<https://www.rosalynncarter.org/>

The Rosalynn Carter Institute for Caregiving (RCI) establishes local, state, and national partnerships committed to building quality, long-term, home and community-based services. RCI focuses on providing caregivers with effective supports to promote caregiver health, skills, and resilience. RCI focuses on helping caregivers coping with chronic illness and disability across the lifespan. RCI’s overall goal is to support caregivers — both family and professional — through efforts of advocacy, education, research, and service.

GLOSSARY

Georgia Alzheimer's and Related Dementias State Plan glossary of terms as they relate to this state plan.

Aging and Disability Resource Connection (ADRC) — This statewide coordinated system of partnering organizations is managed by the Georgia Department of Human Services, Division of Aging Services. ADRC provides information about publicly and privately financed long-term supports and services, offers a consumer-oriented approach to learning about the availability of services in the home and community, alleviates the need for multiple calls and/or visits to receive services, and supports individuals and family members who are aging or living with a disability, including those living with Alzheimer's and those who care for them.

Alzheimer's Disease Research Center (ADRC) — The National Institute on Aging funds Alzheimer's Disease Research Centers (ADRCs) at major medical institutions across the United States. Researchers at these centers work to translate research advances into improved diagnosis and care for people living with Alzheimer's disease, and work to find a treatment or way to prevent Alzheimer's and other types of dementia.

Alzheimer's disease — Alzheimer's (AHLZ-high-merz) is a type of dementia that causes problems with memory, thinking, and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks. Alzheimer's accounts for 50 to 80 percent of dementia cases, making it the most common form of dementia (Alzheimer's Association, 2016a).

Assisted Technology — Assisted technology includes person-specific technology or devices that help individuals with activities of daily living. As it applies to those with Alzheimer's or a related dementia, assisted technology can be used to trigger memory or to perform routine tasks.

Creutzfeldt-Jakob disease (CJD) — Creutzfeldt-Jakob (CROYZ-felt YAH-cob) disease is the most common human form of a group of rare, fatal brain disorders known as prion diseases. Misfolded prion protein destroys brain cells, resulting in damage that leads to rapid decline in thinking and reasoning as well as involuntary muscle movements, confusion, difficulty walking, and mood changes (Alzheimer's Association, 2016a).

Georgia Division of Aging Services (DAS) — This division of the Georgia Department of Human Services is the State Unit on Aging for Georgia, which carries out service planning functions as detailed in the Older Americans Act of 1965 as amended. DAS performs this function in collaboration with other members of Georgia's aging network — namely 12 Area Agencies on Aging and numerous service providers throughout the state. As it relates to Alzheimer's and related dementias, the Georgia Alzheimer's and Related Dementias State Plan will be managed by the Georgia Division of Aging Services.

Georgia Department of Community Health (DCH) — DCH is one of Georgia's four health agencies serving the state's growing population. DCH provides numerous health care programs and services that benefit the citizens of Georgia, including some of the state's most vulnerable and underserved populations. As it relates to Alzheimer's and related dementias, this agency of state government provides rules, regulations, and guidelines for facilities and programs serving a wide array of individuals,

including those living with dementia. Such facilities and programs include adult day programs, assisted living communities, nursing homes, and home health agencies.

Dementia — Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities (Alzheimer's Association, 2016a).

Dementia-Capable — Dementia-capable means being able to help people living with dementia and their caregivers. More specifically, being dementia-capable means being skilled in identifying people with possible dementia and working effectively with them and their caregivers, being knowledgeable about the kinds of services needed, and being able to inform or refer to agencies and individuals that provide such services (Alzheimer's Association, 2016b).

Dementia with Lewy bodies (DLB) — Dementia with Lewy bodies is a type of progressive dementia that leads to a decline in thinking, reasoning, and independent function due to abnormal microscopic deposits that damage brain cells (Alzheimer's Association, 2016a).

Georgia Department of Public Health (DPH) — DPH is a lead agency in Georgia in preventing disease, injury, and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective. As it relates to Alzheimer's and related dementias, DPH helps raise awareness and provides education regarding Alzheimer's and related dementias. DPH's Epidemiology Section conducts a survey providing Georgia agencies and other stakeholders with key information to help shape policy and service for those living with Alzheimer's and related dementias. DPH is a prime coordinator of stakeholders and partners for the Alzheimer's Disease and Related Dementias (ADRD) Registry.

Down Syndrome — Down syndrome dementia develops in people born with extra genetic material from chromosome 21, one of the 23 human chromosomes. As individuals with Down syndrome age, they have a greatly increased risk of developing a type of dementia that's either the same as or very similar to Alzheimer's disease (Alzheimer's Association, 2016a).

Early Stage Alzheimer's — The stage of Alzheimer's where a person may function independently. He or she may still drive, work, and be part of social activities. Despite this, the person may feel as if he or she is having memory lapses, such as forgetting familiar words or the location of everyday objects. Friends, family, or others close to the individual begin to notice difficulties (Alzheimer's Association, 2016a).

Younger-Onset — Younger-onset Alzheimer's affects people younger than age 65. Many people with younger-onset are in their 40s and 50s (Alzheimer's Association, n.d.).

Frontotemporal dementia (FTD) — Frontotemporal dementia (FTD) is a group of disorders caused by progressive cell degeneration in the brain's frontal lobes (the areas behind the forehead) or its temporal lobes (the regions behind the ears) (Alzheimer's Association, 2016a).

GARD — This acronym stands for Georgia Alzheimer's and Related Dementias. GARD can refer to the GARD State Plan, the GARD Task Force, the GARD Advisory Council, or the GARD Collaborative.



Home and Community-Based Services (HCBS) — HCBS provide in-home and community-based care that allows older adults and individuals with disabilities, including individuals with Alzheimer’s disease and related dementias, to stay independent and close to family and friends (CMS, 2006).

Healthy Brain Initiative — A partnership between the Centers for Disease Control and Prevention and the Alzheimer’s Association to examine how best to bring a public health perspective to the promotion of cognitive health. Resulted in the creation of the publication, *The Healthy Brain Initiative: A National Public Health Road Map to Maintaining Cognitive Health*, published in 2007, with the most recent update being published in 2018. Some of the specific recommendations contained in the state plan come as a result of this publication (Alzheimer’s Association & CDC, 2018).

Huntington’s disease (HD) — Huntington’s disease dementia is a progressive brain disorder caused by a defective gene. It causes changes in the central area of the brain, which affect movement, mood, and thinking skills (Alzheimer’s Association, 2016a).

Long-Term Services and Supports (LTSS) — A variety of services that help people with health or personal needs and activities of daily living over a period of time. Long-term care can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities (CMS, 2006).

Mattie’s Call — Mattie’s Call is a safety alert program first established by the city of Atlanta, then subsequently adopted across the country as the Silver Alert. Local public safety agencies send out alerts through A Child Is Missing organization to seek community assistance in finding a missing adult with the goal of returning the individual safely to his/her family.

Mild Cognitive Impairment (MCI) — Mild cognitive impairment (MCI) causes a slight but noticeable and measurable decline in cognitive abilities, including memory and thinking skills. A person with MCI is at an increased risk of developing Alzheimer’s or another dementia (Alzheimer’s Association, 2016a).

Mixed dementia — Mixed dementia is a condition in which abnormalities characteristic of more than one type of dementia occur simultaneously. Symptoms may vary, depending on the types of brain changes involved and the brain regions affected, and may be similar to or even indistinguishable from those of Alzheimer’s or another dementia (Alzheimer’s Association, 2016a).

Normal pressure hydrocephalus (NPH) — Normal pressure hydrocephalus is a brain disorder in which excess cerebrospinal fluid accumulates in the brain’s ventricles, causing thinking and reasoning problems, difficulty walking, and loss of bladder control (Alzheimer’s Association, 2016a).

Older Americans Act (OAA) — The Older Americans Act (OAA) of 1965, as amended, calls for a range of programs that offer services and opportunities for older Americans, especially those at risk of losing their independence. The Older Americans Act focuses on improving the lives of older people in areas of income, housing, health, employment, retirement, and community services. Individuals with Alzheimer’s and related dementias benefit from many of these services targeted at keeping individuals in their communities longer.

Parkinson's disease (PD) — Parkinson's disease dementia is an impairment in thinking and reasoning that many people with Parkinson's disease eventually develop. As brain changes gradually spread, they often begin to affect mental functions, including memory and the ability to pay attention, make sound judgments, and plan the steps needed to complete a task (Alzheimer's Association, 2016a).

Person-Centered — Person-centered care is a mindset that sees the people using health and social services as equal partners in planning, developing, and monitoring care to make sure it meets their needs. This means putting people and their families at the center of decisions and seeing them as experts, and working alongside professionals to get the best outcome. Plans and services are developed with attention to each person's unique preferences, skills and abilities, and needs (HIN, 2016).

Vascular Dementia (VaD) — Vascular dementia is a decline in thinking skills caused by conditions that block or reduce blood flow to the brain, depriving brain cells of vital oxygen and nutrients. These changes sometimes occur suddenly following strokes that block major brain blood vessels. It is widely considered the second most common cause of dementia after Alzheimer's disease (Alzheimer's Association, 2016a).

Wernicke-Korsakoff syndrome — Wernicke-Korsakoff is a chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1). It is most commonly caused by alcohol misuse, but certain other conditions can also cause the syndrome (Alzheimer's Association, 2016a).

REFERENCES

Alzheimer's Association. Glossary. Retrieved from <https://www.alz.org/help-support/caregiving/care-options/glossary>.

Alzheimer's Association (2016a). Basics of Alzheimer's Disease: What It Is and What You Can Do. Retrieved from https://www.alz.org/national/documents/brochure_basicsofalz_low.pdf.

Alzheimer's Association (2016b). A public health approach to Alzheimer's and other dementia: Module 4 Dementia capable systems and dementia friendly communities [PDF file]. Retrieved from <https://www.cdc.gov/aging/aginginfo/pdfs/ALZ-Module4-Dementia-Capable-Systems-Dementia-Friendly-Communities.pdf>.

Alzheimer's Association and Centers for Disease Control and Prevention (2018). Healthy Brain Initiative, State and Local Public health partnerships to address dementia: The 2018-2023 road map. Chicago: Alzheimer's Association. Retrieved from <https://www.cdc.gov/aging/pdf/2018-2023-Road-Map-508.pdf>.

Centers for Medicare & Medicaid Services. (2006). Glossary. Retrieved from <https://www.cms.gov/apps/glossary/>.

Health Innovation Network (2016). What Is Person-Centered Care and Why Is It Important? Retrieved from https://healthinnovationnetwork.com/wp-content/uploads/2016/07/What_is_person-centred_care_HIN_Final_Version_21.5.14.pdf.

APPENDIX: STRATEGY ARCHIVE

The 2014 GARD State Plan Strategies were examined through facilitated discussion with each work group. Many strategies were revised and included in the update, while those listed below were archived. Strategies were archived to maintain the historical knowledge of the collaborative, commemorate the achievements of the work groups to date, and to preserve ideas for incorporation into subsequent state plan updates. The 2014 strategies laid the foundation for this initiative and can continue to serve as a resource as the work progresses. Minor wording changes were made to some of the strategies to incorporate positive language that includes words and phrases that address people with dignity and respect.

Research and Data Work Group

Archived Strategy	Status
Implement a State Alzheimer’s Disease and Related Disorders Registry to be housed in the Georgia Department of Public Health.	Completed
Add comorbidities to the death certificate to better enable tracking of dementia incidence.	Completed
Destigmatize dementia and encourage individuals to explore concerns about memory problems with their physicians.	Archived for future consideration
Identify and promote culturally appropriate strategies designed to increase public awareness about dementia.	Archived for future consideration
Recognize cognition as a “vital sign” and assess all Medicare patients during the Annual Wellness Visit under Medicare.	Archived for future consideration
Develop a plan to have the diagnosis of dementia routinely recorded in medical records.	Archived for future consideration
Develop a plan for high-risk populations such as persons with mental illness and developmental disabilities to be screened for dementia and, when diagnosed, to have the diagnosis routinely recorded in medical records.	Archived for future consideration
Provide public health awareness, education, and resource information through the Georgia Department of Public Health and other agencies, with website information and media releases.	Archived for future consideration
Pursue public, private, corporate, and philanthropic funding for broad-based statewide educational campaigns.	Archived for future consideration
Promote positive images of people living with dementia and their caregivers to combat stigma.	Archived for future consideration
Identify and promote strategies designed to increase awareness about dementia, reduce conflicting messages, decrease stigma, and promote early diagnosis.	Archived for future consideration
Coordinate efforts to disseminate evidence-based messages about risk reduction for preserving cognitive health.	Archived for future consideration

Ensure that local Aging and Disability Resource Centers as well as Area Agencies on Aging are aware of and promote existing training and informational materials available to family caregivers, especially those located in rural areas.	Archived for future consideration
Integrate Alzheimer’s and related dementias awareness training into existing heart, stroke, and diabetes education programs as the risk factors are interconnected — via managing the numbers (blood pressure, pulse, cholesterol, and blood sugar). Integrate into the training that what is good for the heart is good for the brain.	Archived for future consideration
Adopt the 16 action items from the Healthy Brain Initiative Road Map that are relevant to immediate implementation to assist states in becoming dementia capable.	Archived for future consideration
Develop protocols and a corresponding training module to help ensure professionals recognize the role of care partners in the care coordination of persons living with dementia.	Archived for future consideration
Increase awareness among health care professionals about care partner health and its importance in maintaining the health and safety of the person living with dementia.	Archived for future consideration
Develop and implement quality standards for dementia care in state-funded services such as Medicaid State Plan services, HCBS waivers, personal care, and nursing homes.	Archived for future consideration
Require that all state contracts providing services to older adults, including those with developmental disabilities and/or mental illness and comorbid dementia, include quality measures specific to dementia-capable care.	Archived for future consideration
Review HCBS waivers and modify as necessary to provide person-centered care for people living with dementia as well as to expand caregiver support services to family members providing care to people living with dementia.	Archived for future consideration
Evaluate the cost and feasibility of developing state and/or federally funded caregiver support programs for caregivers who do not currently qualify for Medicaid services.	Archived for future consideration
Provide care coordination to people living with dementia and their caregivers upon diagnosis to improve access to information on options and resources.	Archived for future consideration
Establish quality care measures with system benchmarks for facility- and community-based care for persons living with Alzheimer’s disease and other dementias.	Archived for future consideration
Identify and promote wide use of evidence-based practices through the development of an evidence-based practice guide specific to Alzheimer’s care.	Archived for future consideration

Workforce Development Work Group

Archived Strategy	Status
Survey professionals, utilizing information on licensed professionals from the secretary of state’s office, the Georgia Board for Physician Workforce, and other entities as necessary.	Completed
Project the future supply of the workforce and estimate future shortages or surpluses.	Completed

Develop and implement an evidence-based training curriculum and implementation strategies for targeted audiences.	Completed
Recognize agencies and/or organizations that work toward enhancing the wages of the direct-care workforce, the professionalization of direct-care workers, effective coaching, the promotion of direct-care workers' vital role in interdisciplinary teams, and the effective engagement of direct-care workers in care transitions and health IT.	Archived for future consideration
Develop residencies or fellowships for the training of geriatric psychiatrists, geriatricians, and other geriatric specialists.	Archived for future consideration
Develop a specific track on dementia and dementia-related diseases for medical students and residents.	Archived for future consideration
Evaluate the feasibility of a "Bucks for Brains" program to recruit and train geriatric psychiatrists, geriatricians, and other geriatric specialists.	Archived for future consideration
Universities and colleges throughout Georgia, including public entities governed by the Board of Regents and the Technical College System of Georgia, should evaluate existing social, health, and allied health curriculums to ensure adequate basic information is provided on an aging population and Alzheimer's disease and related dementias.	Archived for future consideration
Develop emergency-room specific protocols on appropriate treatment for people living with dementia — including behavior management strategies.	Archived for future consideration
Ensure that these emergency providers understand the role and partnership of the care partner in the emergency care of the person living with dementia.	Archived for future consideration

Public Safety Work Group

Archived Strategy	Status
The Georgia Bureau of Investigation, Prosecuting Attorney's Council, and DAS collaborated on the development of HB 803. The purpose of HB 803 is to prohibit trafficking of an older or disabled adult and to provide for elements of the crime and punishment.	Completed
Georgia Bureau of Investigation and Forensic Special Initiatives Unit have conducted multiple classes of "Responding to Alzheimer's for Public Safety" for approximately 300 public safety officials. The class provides information about issues regarding Alzheimer's and other dementias to increase awareness for public safety officials who encounter adults with dementia.	Completed
Create a network of housing options, personal support services, and other needed services for at-risk adults in need of safe emergency housing due to dangerous situations, such as the absence of a caregiver, wandering, or exposure to potential abuse, neglect, and/or exploitation. The system should have an infrastructure to facilitate access to resources 24/7.	Archived for future consideration



Provide state-approved forms such as the Georgia Advance Directive for Healthcare, Physician Orders for Life Sustaining Treatment (POLST), and other documents at no cost to the consumer via public libraries, resource centers, and easily accessible websites.	Archived for future consideration
Create a 24/7 emergency access line to Adult Protective Services so that law enforcement and other key community safety net agencies/organizations can reach them during the evening, weekends, and holidays.	Archived for future consideration
Implement an educational program for medical providers to increase the use of the STEADI screening tool — Stopping Elderly Accidents, Deaths, and Injuries. This evidence-based practice developed by the Centers for Disease Control and Prevention reduces falls, driving injuries, and other accidents experienced by persons with dementia and other at-risk individuals.	Archived for future consideration
Increase awareness of driving assessment programs in Georgia — to both physicians and families.	Archived for future consideration
Promote programs that (1) ensure home safety through falls prevention programs, home safety assessments, and home monitoring devices; (2) help people with dementia and their families prepare for care and services in the event of a disaster or emergency; and (3) develop employer-supported dementia caregiver training and other employer-supported programs.	Archived for future consideration
Educate caregivers on the importance of home modifications to prevent injury. (Recommendation also noted in Outreach and Partnerships section.)	Archived for future consideration

Service Delivery Work Group

Archived Strategy	Status
Fund a pilot to demonstrate expanded person-centered, evidence-based best practices in long-term care and community-based facilities caring for individuals living with dementia, specifically focused on creating small units (six to 10 residents) based on The Netherlands model.	Completed
Establish criteria which define an effective Alzheimer’s/related dementias service delivery system, using other state plans as models, and compile a comprehensive statewide catalog and assessment of Georgia’s current service delivery which measures the current system against the proposed established criteria. Funding is necessary to conduct the assessment.	Archived for future consideration
Assign/procure dedicated staff persons or consultants to develop and conduct the assessment.	Archived for future consideration
Identify potential recommendations from other states’ plans for consideration (including recommendations that could be implemented prior to completion of the assessment). Resources needed include technical and financial resources to analyze the assessment and implement recommendations.	Archived for future consideration

Raise awareness that individuals with younger-onset Alzheimer’s need services targeted to their specific needs.	Archived for future consideration
Recognize self-determination at all stages and allow persons living with dementia to contribute to and control their lives as much as possible.	Archived for future consideration
Work with professional licensing and certification entities to require dementia-specific training in relevant licensing, certification, and continuing education initiatives for health care providers.	Archived for future consideration
Train facility staff to view behavioral “problems” as behavioral expressions that are a way for a person living with dementia to communicate. Train care providers to identify the root cause of behavioral expression and then address the cause through an individualized approach focusing on the strengths and preferences of the individual.	Archived for future consideration
Work with professional licensing and certification entities to require dementia-specific training in relevant licensing, certification, and continuing education initiatives for health care providers.	Archived for future consideration
Develop and make small-scale adult day programs more accessible by offering them through existing service providers.	Archived for future consideration
Create policy within facilities that serve people living with dementia to enforce best practice in design, color, texture, lighting, air change ratio, and sound, thereby promoting the safety, security, and well-being of persons living with dementia.	Archived for future consideration
Educate architects and engineers about the impact of architecture and engineering, reflected through design, color, texture, lighting, air change ratio, and sound on the safety, security, and well-being of persons living with dementia. Educate these professionals through preservice and in-service training.	Archived for future consideration
Provide funding and implement innovative models to increase caregivers’ access to respite that is provided through in-home respite providers, adult day services organizations, volunteer-based respite programs, and other sources.	Archived for future consideration
Assure that an appropriate discharge plan is developed for each patient being discharged from a hospital, skilled nursing facility, or emergency room. The plan should be made in collaboration with the individual and family, the physician, and the provider.	Archived for future consideration
Assure that all discharge planners in hospitals, skilled nursing facilities, and emergency rooms have access to region-specific resources, including websites and written literature.	Archived for future consideration
Ensure that discharge planners provide families with access to resource information before discharge occurs.	Archived for future consideration
Fund, implement, and enforce adult day services licensure in order to ensure the quality of providers. Legislation must be passed to secure funding for enforcement of licensure.	Archived for future consideration
Establish and enforce quality care measures related to personalized practices (person-centered care) for facility- and community-based care for persons with Alzheimer’s disease and other dementias.	Archived for future consideration

Outreach and Partnership Work Group

Archived Strategy	Status
Provide training modeled after the Dementia Friends program in Japan and the United Kingdom.	Completed
Develop a marketing and media plan with a message that helps reduce stigma and fear related to dementia. Include the developmental disability community in the target population. Determine branding and implement the plan statewide.	Archived for future consideration
Promote advance care planning and advance financial planning to care partners, families, and individuals living with dementia in the early stages before function declines.	Archived for future consideration
Develop a strategic plan that supports faith- and community-based organizations in their efforts to provide early detection, education, and resources for individuals and families experiencing symptoms of memory loss and dementia. Make training programs available for all faith- and community-based organizations.	Archived for future consideration
Engage organizations as repositories that are currently serving in this capacity.	Archived for future consideration
Create funding mechanisms to support family caregivers to keep their family member living with dementia at home longer by providing reimbursement for personal care services, specialized medical supplies, and respite, for example.	Archived for future consideration
Leverage enhanced funding available through the Balancing Incentive Program to increase access to home and community-based services.	Archived for future consideration