

Risk Reduction  
Subcommittee

UsAgainstAlzheimer's

# STRATEGIES



Under this goal for risk reduction, mirroring the National Plan's approach and guided by suggestions from subcommittee and workgroup members, the following strategies and preliminary action steps are recommended.

- A Identify priorities and milestones
- B Accelerate public health action
- C Reduce risk & intervene early in
- D clinical care

[More research](#)

JULY 2021

## STRATEGY A



STRATEGY A



## IDENTIFY PRIORITIES + MILESTONES

**Identify priorities and specific milestones** that would make progress toward goal. These should be established utilizing a health equity framework for public health, clinical and community-based interventions, and research.

JULY 2021

UsAgainstAlzheimer's

STRATEGY A



## FORMALIZE COMMITTEE



The Risk Reduction Subcommittee should be formalized within the Advisory Council. Communities at greatest risk for AD/AR should be represented.

JULY 2021

UsAgainstAlzheimer's

STRATEGY A

02

## CONVENE SUMMIT



HHS should convene a bi-annual ADRD summit on risk reduction, with CDC as the lead agency.

- Meetings should establish and update priorities and milestones for addressing dementia risk factors.
- Meetings should address specific barriers/challenges and strategies to effect measureable change for marginalized communities.
- Meetings should engage diverse stakeholders including historically marginalized voices and communities, other federal agencies, state and local public health departments, health providers, educators and payers, community based organizations, and private sector partners. Specific time-bound actions by public and private entities that advance the milestones should be identified. This includes private and public partners outside the traditional ADRD community who focus on the targeted risk factors including depression, diabetes, hearing loss, mid-life hypertension, physical inactivity, poor diet quality and obesity, poor sleep quality and sleep disorders, tobacco use, traumatic brain injury and unhealthy alcohol use.

JULY 2021

USAgainstAlzheimer's

STRATEGY A

03

## ANNUAL PROGRESS REPORT



HHS and all relevant federal agencies should identify, coordinate and implement strategies within their current authorities and annually report on progress within the national plan.

In their reports, relevant agencies should:

- Identify gaps and note where additional legislative authority is needed.
- Monitor progress toward the goal, with reporting and updating annually, considering new science, emerging challenges, and opportunities.
- In their internal budget process, annually estimate the federal funding that is needed to successfully reach the milestones, and the Administration's annual budget request to Congress should publicly identify the amounts proposed for addressing dementia risk reduction across all relevant federal agencies.
- Highlight significant actions and progress at the state, local and tribal level.

JULY 2021

USAgainstAlzheimer's

# STRATEGY B

## STRATEGY B



## PUBLIC HEALTH

Accelerate **public health** action on addressing the risk factors with the strongest evidence of beneficial impact on dementia prevalence, particularly for communities at greatest risk. Specifically, the federal government, in partnership with state, local, and tribal governments, community based organizations, and relevant private sector entities should:

JULY 2021

UsAgainstAlzheimer's

STRATEGY B



01

## Public health infrastructure

Sustain and strengthen the public health infrastructure - federal, state, local, community and tribal - for ADRD to support robust efforts to address prevention of dementia risk factors.

02

## Address social determinants of health

Address social determinants of health that affect risk and health outcomes.

JULY 2021

UsAgainstAlzheimer's

STRATEGY B



03

## Target communities

**Develop strategies and interventions to target communities with both the highest prevalence of priority risk factors, low longevity rates, and the highest prevalence of ADRD** with explicit attention to the social determinants of health and strategies and interventions for historically marginalized communities.

04

## Collaborate

**Identify opportunities for collaboration with existing public and private initiatives and campaigns** designed to reduce the prevalence of diseases, conditions, and other factors that are associated with risk of dementia, such as the Million Hearts initiative and the Diabetes Prevention Program. Increase access of these programs for marginalized communities that are at high risk for dementia.

JULY 2021

UsAgainstAlzheimer's

## STRATEGY B



05

# Align actions with CDC's Healthy Brain Initiative

Align actions with those identified in CDC's Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia: The 2018–2023 Road Map (S&L) and Road Map for Indian Country (RMIC).

The Road Map series charts a course for state and local public health agencies and their partners to act quickly and strategically to prepare all communities to address AD/BD by stimulating changes in policies, systems, and environments. Effectively addressing the rising number of people with Alzheimer's and other dementias will require diligent attention to three fundamental principles in planning and implementing Road Map actions. These principles—eliminate health disparities, collaborate across multiple sectors, and leverage resources for sustained impact—are central to public health and have been noted by many other seminal reports. Relevant actions from the Road Map series and Healthy People 2030 (HP2030) objectives include:

- Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis (S&L E-1, RMIC 1, & HP2030 DIA-3).
- Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia (S&L P-1).
- Integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic condition management for people across the life span (S&L E-2, RMIC 2, HP2030 DIA-2).
- Educate public health and healthcare professionals on sources of reliable information about brain health and ways to use the information to inform those they serve (S&L W-1).
- Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving (S&L M-3, RMIC 5).

JULY 2021

UsAgainstAlzheimer's

# STRATEGY C



## STRATEGY C



# Clinical care

Identify and accelerate efforts to reduce risk and intervene early in clinical care

JULY 2021

UsAgainstAlzheimer's

## STRATEGY C

01

# COMPREHENSIVE APPROACH



CMS, HRSA, the VA, IHS, state Medicaid programs, and other public and private payers should identify a comprehensive set of actions to assess and reduce dementia risk, delay the onset of dementia, and improve early intervention, ensuring equitable reach and impact of interventions for historically marginalized populations.

This should include:

- **Identifying opportunities to reduce the risk of MCI and dementia by addressing known risk factors and support early intervention for Alzheimer's disease and related dementias**, including but not limited to beneficiary education; requiring use of specific evidence-based cognitive screening tools in the Medicare Annual Wellness Visit; offering reimbursement incentives; providing payments for prevention and care delivery models; and implementing quality measures.
- **Identifying existing benefits related to factors that can potentially help reduce dementia risk, as well as coverage gaps and inequities that, if addressed, could potentially reduce known risk factors associated with ADRD**. Examples include: nutrition support; physical activity prescriptions; diabetes management and treatment; audiology assessments and screenings; hearing rehabilitation; appropriate hearing technology; and screening and treatment for depression and unhealthy alcohol use.

JULY 2021

UsAgainstAlzheimer's

STRATEGY C



02

## Improve access to care

HHS should identify and accelerate strategies to improve access to primary care, team-based care, home and community based care and preventive care, including better utilization of existing benefits such as the Annual Wellness Visit.

03

## Pilots

**CMMI should pilot ADRD risk reduction interventions.** For example CMMI could pilot a “Dementia Prevention Program” modeled on the Diabetes Prevention Program, with special attention on optimal implementation including payment, training, delivery, and uptake.

JULY 2021

UsAgainstAlzheimer's

STRATEGY C



04

## WORKFORCE Training

**HRSA should develop and broadly implement training curriculum for the primary and community care workforce** to improve MCI and dementia risk reduction and early detection.

05

## Address coverage gaps

**Congress should address coverage gaps in Medicare, Medicaid and the VA that would improve interventions for identified ADRD risk factors:** for example, Medicare Audiologist Access and Services Act to increase Medicare coverage for hearing and rehabilitation services; and improvements in Medicare's coverage of substance use disorder and mental health services to align with evidence-based practices, current service-delivery models, and standards that apply to other major health care financing programs.

JULY 2021

UsAgainstAlzheimer's



# STRATEGY D



## STRATEGY D



### Research

Initiate and fund research to strengthen the strategies for addressing the potential risk factors for dementia, including translation and implementation scalability.

JULY 2021

UsAgainstAlzheimer's

## STRATEGY D



01

# MORE RISK REDUCTION RESEARCH

HHS, including NIH, CDC, AHRQ, and other agencies should:

- Adopt an equity and inclusion framework when developing and supporting research on factors for dementia risk reduction to address biases in eligibility criteria, proportional representation, oversampling, data stratification, systemic racism, historical context, and structural factors that disproportionately impact the health of marginalized and minoritized populations.
- Support specific research to identify linkages to the causal pathway for dementia, including:
  - Risk factors that have promising research to date and/or currently lack strong evidence-based public health, community health and/or clinical interventions (e.g., loneliness, cognitive training, and hyperlipidemia).
  - Pinpointing the specificity of successful interventions (such as the duration, frequency, and intensity of physical activity).
  - The interconnectedness of risk factors and multivariate interventions to address risk factors.
  - Social determinants of health that may elevate the risk of developing dementia.
  - Demonstrated impacts of risk reduction across the life course and the value of implementing risk reduction interventions before the pre-clinical stage of Alzheimer's disease.
  - Mitigating effects of lifelong disability on risk factors.

JULY 2021

UsAgainstAlzheimer's

## STRATEGY D



02

# ONGOING CDC UPDATES

**CDC should periodically update the list of key risk factors that are the focus of efforts to achieve this goal,** based on the strength of scientific evidence, ripeness for public health action, and potential for impact and taking into account the needs of and potential benefits to at-risk communities.

JULY 2021

UsAgainstAlzheimer's