

April 6, 2012

The Honorable Kathleen Sebelius  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Sebelius:

As national public health organizations representing state and local public health practitioners, educators, providers, agency officials, and academicians, we are writing to urge you to ensure that the National Plan to Address Alzheimer's Disease includes public health as a key feature of its structure and implementation.

We applaud the department's effort to utilize the resources of the aging network traditionally drawn upon in dealing with Alzheimer's disease. However, the Plan does not fully engage the public health community at federal, state, and local levels. This risks overlooking the work of the Centers for Disease Control and Prevention (CDC) and specifically the Healthy Aging Program's work. Additionally, states have begun to use their public health networks to confront Alzheimer's as broadly as possible. We believe the most successful implementation of the Plan will be through a population based, public health approach.

Therefore, as your agency develops the final version of the Plan, we urge you to include these critical elements:

**(1) A clear statement of Alzheimer's disease as a public health crisis and its burden.** Alzheimer's and other dementias are a major public health issue and will increasingly affect the health and well-being of the population until effective interventions are available. In the United States, 5.4 million Americans are living with Alzheimer's disease, costing society an estimated \$200 billion this year. In addition, more than 15 million friends and family members provide unpaid care to those with Alzheimer's and other dementias – care valued at over \$210 billion. Public health takes a broad view of health care and seeks to achieve lasting change in the health of entire populations, extending far beyond the medical treatment of individual people. The tools and techniques of public health are expansive in scope and required for successful implementation of the Plan.

**(2) Addressing the connection between Alzheimer's and other multiple chronic conditions from a public health perspective.** At least three-quarters of people with Alzheimer's and other dementias have one or more other chronic conditions. Yet, the National Plan to Address Alzheimer's Disease does not mention chronic disease or multiple chronic conditions from a public health perspective. Additionally, the Plan does not mention the HHS Initiative on Multiple Chronic Conditions, which includes both individuals with cognitive impairment and their caregivers as important considerations.

The role of state and local health departments in coordinating efforts to reduce disabilities, improve functioning, and enhance quality of life for individuals with multiple chronic conditions is vital to the implementation of the Plan. Examples of these programs include Chronic Disease Self-Management and Falls Prevention programs. The importance of recognizing, effectively treating, and minimizing the impact of multiple chronic conditions, including the impact that Alzheimer's has on managing other chronic conditions, could be highlighted in Goals 2 and 4.

**(3) Surveillance.** The Plan rightly includes Goal 5 to improve data to track progress, but it omits important surveillance and data collection work by the CDC and its state level partners. Work conducted through the Behavioral Risk Factor Surveillance Survey (BRFSS), the world's largest telephone-based health interview survey, now allows states to conduct surveillance on cognitive impairment (CI) and caregiving. These data are essential to understand the burden and impact of Alzheimer's, cognitive impairment, and caregiving at state and local levels – data that does not currently exist. With similar data in the areas of obesity, diabetes, and arthritis, state and local leaders have been able to make impressive gains in public health programs and policies using BRFSS information. The CDC has been a leader in the development and implementation of these questions, with a majority of states now having used or currently using the CI module. The CDC Healthy Aging Program is working with partners, including the states, to ensure that all 50 states have used the module at least once by 2013. An additional action should be included in Strategy 5.A to support the important surveillance work being conducted by the CDC and its partners.

**(4) A rigorous, public health-driven awareness campaign.** As written, the Plan either relies on the aging network or does not comment on available public health resources to disseminate and educate the public on early diagnosis, reducing stigma around Alzheimer's, and caregiver services. For example, the CDC Healthy Aging Program has studied diverse groups of older adults to understand communication strategies. State public health officials are skilled in working with aging adults and caregivers, efforts that could inform the Plan. Consideration of the role of public health should be included in Action 3.C.1 and Strategy 4.A.

We appreciate your commitment thus far on the issue of Alzheimer's and on the development of a strong National Plan to Address Alzheimer's Disease. The public health community at the local, state, and federal level is vital to the successful implementation of the Plan and to improving the lives of individuals affected by Alzheimer's disease and their caregivers.

Thank you for considering our recommendations.

Sincerely,

National Association of Local Boards of Health  
The Association of State and Territorial Directors of Nursing  
The Center for Technology and Aging

FASGI Community Wellness Center  
National Association of Chronic Disease Directors  
National Association of County and City Health Officials  
Public Health Foundation  
Public Health Institute  
Society for Public Health Education