

Helen Lamont
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COMMENTS ON THE DRAFT NATIONAL ALZHEIMER'S PLAN

Dear Ms. Lamont:

Thank you for the opportunity to comment on the draft National Alzheimer's Plan. I am, of course, very pleased that the federal government is developing plans to address the needs of people with dementia and their families, a population that will grow substantially over the next quarter century because of the elder boom and because of increased life expectancy. I have signed onto a letter drafted by Michael Friedman, MSW and signed on by the vast majority of members of a group of experts assembled in December of 2011, in Washington DC, by SAMHSA, to inform them of the psychosocial, mental health and behavioral issues, concerns and strategies that should be included in the NAPA plan. We are all disappointed that few, if any of our input has been included in the draft plan.

I support everything in the letter from the group but would add the following two comments:

1. Not only do we need more research on psychosocial interventions, but also on creative engagement interventions. There is an increasing number of successful art and creativity programs (Stagebridge, Kairos Dance, TimeSlips, SPARK, Art Care, Memories in the Making) for persons with dementia, that are making a difference in the quality of life not only for the person, but also for the caregivers. We all know that most aggressive or violent behavior in persons with dementia is behavior that is trying to communicate something else besides aggression; most often pain, boredom, grief, loneliness or urgency of personal body functions. As we develop relationships with people with dementia, we learn their language and can anticipate their unspoken needs by learning what they are communicating to us. Creative engagement and art programs can provide fun and adult-like experience that help us to hear the voices of those with dementia and to avert disaster before it happens.
2. I would also add that in searching for alternatives to nursing homes for those with Alzheimer's disease, consider the thousands of adult day health care programs that are providing creative and psychosocial interventions, as well as nursing care to over 260,000 participants and family caregivers. ADS have become a preferred platform for chronic disease management with much higher percentages of care provided for hypertension, physical disability, cardiovascular disease, mental illness and developmental disability. (Metlife, 2010). These are all medical issues that compound the care of persons with Alzheimer's disease. According to this national survey, conducted in 2010, by The Ohio

State University and funded by MetLife Mature Market Institute, the adult day centers are leaders in community based care for individuals with Alzheimer's disease. (over 75% of centers offer cognitive and memory training programs, and educational programs for Alzheimer's disease).

I hope that you will find these comments helpful in identifying what to include in the final national plan for persons with Alzheimer's in America. We do need research for persons with dementia, but not only for new drug interventions. We need research in these psychological and psychosocial interventions also. We must not ignore the 5.4 million persons living with Alzheimer's disease NOW!

Thank you,

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