

# The Alzheimer's Disease and Related Disorders Commission's Recommendations to the Governor and 2012 General Assembly

In December, the Commission released the *Dementia State Plan: Virginia's Response to the Needs of Individuals with Dementia and their Caregivers*, as summarized on the reverse. As first steps to implementing the recommendations,

1. **The Commission specifically recommends and urges the creation of a Dementia Services Coordinator, as described in the *Dementia State Plan*.** This position could be created within the new agency, proposed by the Governor to include the functions of the Department for the Aging. (Goal I, Recommendation A)
2. **The Commission supports the inclusion of the Cognitive Impairment Module in the Virginia Behavioral Risk Factor Surveillance System (BRFSS).** The inclusion would enhance collaboration with public health efforts to encourage possible risk-reduction strategies. (Goal II, Recommendation C)
3. **The Commission supports a requirement that the Virginia Public Guardian and Conservator Program include person-centered practices to empower and support the person receiving guardianship services.** Such a requirement would support access to dementia capable state-level services. (Goal I, Recommendation B)

Additionally, the Commission is **opposed** to one of the 2012 Government Reform Initiatives combining the Commission with the Public Guardian and Conservator Advisory Board and with the Commonwealth Council on Aging. Such reorganization would take place at a time when the aging of the population necessitates an increased focus on Alzheimer's Disease and related disorders – the number of people affected by Alzheimer's Disease is expected to triple by 2050. There are three consensus reasons for remaining independent: First, the Commission's singular purpose is integral to effective activities and the proposed merger would remove that singular purpose and weaken and dilute the expertise gathered on the Commission. Second, this is an important time to ensure that the needs of individuals with dementia and their caregivers are considered during the proposed creation of a new agency to include the Department for the Aging. Third, the Commission is low cost and is an opportunity to leverage the expertise and passion of members who do not even receive travel reimbursement.

The Commission, composed of 15 members and established in 1982, serves in an advisory capacity to the Governor and the Secretary of Health and Human Resources and exists to assist individuals with Alzheimer's disease or related disorders and their caregivers. For more information on the Commission, these recommendations, or related issues, please contact:

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# Overview of the Dementia State Plan

## **GOAL I: Coordinate Quality Dementia Services in the Commonwealth to Ensure Dementia Capability**

- A. Create a dementia services coordinator.
- B. Expand availability and access of dementia capable Medicaid and other state-level services.
- C. Create a statewide network of memory disorders clinics to assess and treat persons with dementia.

## **GOAL II: Use Dementia Related Data to Improve Public Health Outcomes**

- A. Collect and monitor data related to dementia's impact on the people of the Commonwealth.
- B. Remove barriers for community integration for persons with dementia.
- C. Collaborate with related public health efforts to encourage possible risk-reduction strategies.

## **GOAL III: Increase Awareness and Create Dementia Specific Training**

- A. Provide standardized dementia specific training to individuals in the health-related field and require demonstrated competency.
- B. Provide dementia specific training to professional first responders, financial services personnel, and the legal profession.
- C. Link caregivers, family members and individuals with dementia to information about dementia services.

## **GOAL IV: Provide Access to Quality Coordinated Care for Individuals with Dementia in the Most Integrated Setting**

- A. Advocate for and increase awareness of integrated systems of care coordination that effectively support improved health outcomes for individuals with dementias and their families and loved ones.
- B. Explore tax incentives for family caregiving, respite care, long term care insurance purchases, locator devices, and additional long term care services.
- C. Advocate for accessible transportation systems.

## **GOAL V: Expand Resources for Dementia Specific Translational Research and Evidence-Based Practices**

- A. Increase funding for the Alzheimer's and Related Diseases Research Award Fund.
- B. Provide support to researchers across the Commonwealth through data sources and networking opportunities.
- C. Promote research participation in Virginia.