Alzheimer’s dementia is a triple threat unlike any other disease – with soaring prevalence, lack of effective treatment and enormous costs.

Every 66 seconds, someone in the United States develops Alzheimer’s dementia. There are now an estimated 5.5 million Americans living with disease, including approximately 200,000 under age 65 who have younger-onset Alzheimer’s. By 2025 – just eight years from now – the number of people age 65 and older with Alzheimer’s dementia is estimated to reach 7.1 million, almost a 35 percent increase from today.

Alzheimer’s is the sixth leading cause of death in the U.S. and is the only one in the top 10 that cannot be prevented, slowed or cured.

Because of the progressive nature of Alzheimer’s and the lack of treatment options, it has become the most expensive disease in the country. As the number of Americans with Alzheimer’s continues to rise, so does the nation’s total cost of caring for those who have it. For the first time, in 2017, the total annual payments for caring for those with Alzheimer’s and other dementias surpassed a quarter of a trillion dollars ($259 billion). In Oklahoma, almost 10 percent of the state’s Medicaid fund is spent on Oklahomans with Alzheimer’s and other dementias.

Given the enormous burden Alzheimer’s inflicts on individuals living with the disease, their families and the country as a whole, public health efforts must remain focused on this critical health care priority. The recommendations in this plan specifically address the challenges Oklahomans face in the areas of family support, advocacy, research and academic focus for treatments and clinical training, plus ways to optimize ease-of-access to medical services as they relate to Alzheimer’s and other dementias.
TABLE OF CONTENTS

Pages 3-5......................... Workgroup Members
Pages 6-10....................... Family Objectives
Pages 11-15..................... Legislative Objectives
Pages 16-18..................... Academic/Research Objectives
Pages 19-23..................... Professional Objectives
Page 24......................... Signs of Alzheimer's Disease
Page 25......................... 10 Way to Love Your Brain
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FAMILY OBJECTIVES
**F1 Objective:** Reduce hospitalizations of people living with Alzheimer’s dementia by providing focused training to caregivers.

Strategy: Utilize existing partnerships with nursing programs to create training for direct care workers* statewide that is specifically designed for caregivers.

Cost: Minimal; possibly funded through organizational grants.

Partners: Alzheimer's Association; higher education institutions; LeadingAge; Oklahoma Assisted Living Association; Oklahoma Association of Health Care Providers; Oklahoma Department of Career and Technology Education; Oklahoma Health Care Authority; Oklahoma Nurses Association

Time Frame: Begin meetings with partners during fiscal year 2018; introduce training by end of fiscal year 2019.

*Direct care worker refers to a staff member whose work involves extensive contact with patients or administrative decisions regarding patient care. The term “direct care worker” will vary from state to state and may include some or all of the following professional categories: administrators; registered nurses; licensed practical nurses; nurse practitioners; physician assistants; certified nurse aides; nursing assistants; activities personnel; feeding assistants; social workers; dietary aides; and all occupational, physical, and speech therapy staff.

---

**Hospital Stays per 1,000 Medicare Beneficiaries Age 65 and Older with Specified Coexisting Medical Conditions, with and without Alzheimer’s or Other Dementias, 2014**

<table>
<thead>
<tr>
<th>Hospital stays</th>
<th>With Alzheimer’s or other dementias</th>
<th>Without Alzheimer’s or other dementias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>804</td>
<td>753</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>791</td>
<td>590</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>772</td>
<td>576</td>
</tr>
<tr>
<td>Coronary artery disease</td>
<td>727</td>
<td>475</td>
</tr>
<tr>
<td>Stroke</td>
<td>716</td>
<td>550</td>
</tr>
<tr>
<td>Diabetes</td>
<td>678</td>
<td>386</td>
</tr>
<tr>
<td>Cancer</td>
<td>682</td>
<td>392</td>
</tr>
</tbody>
</table>

Created from unpublished data from the National 5% Sample Medicare Fee-for-Service Beneficiaries for 2014.
F2 Objective: Emphasize the need to obtain earlier physician referrals to specialists for persons with a working diagnosis of Alzheimer’s dementia.

Strategy: Utilize hospital case managers, insurance and drug company field representatives who have routine contact with practicing physician offices to deliver culturally-competent public service campaign information through the Oklahoma State Department of Health. This strategy also includes raising awareness of the websites accessible to specifically-targeted audiences to encourage and obtain earlier referrals to support care planning efforts.

Cost: Assuming the use of currently available productions and existing public service announcements, advertising costs are likely to be minimal. If additional advertising or printing is required, partners would determine their respective cost-sharing responsibilities.

Partners: Alzheimer’s Association; insurance companies licensed to sell their products in Oklahoma; Oklahoma county health departments; Oklahoma Department of Human Services - Aging Services Division; Oklahoma State Department of Health;


F3 Objective: Coordinate and disseminate information about how families should address driving competency issues.

Strategy: Work with Oklahoma law enforcement officials to continually review existing best practices utilized by other states. Promote available training opportunities such as those currently provided by the American Association of Retired Persons (AARP).

Cost: Specific costs are unknown at this time. Costs will depend on the method of delivering the training, which may have associated costs for printing or for access to online sources.

Partners: AARP; Alzheimer’s Association; Council for Law Enforcement Education and Training (CLEET); Oklahoma Highway Patrol; Oklahoma police unions; Oklahoma Sheriff’s Association

Time Frame: Ongoing; beginning in fiscal year 2019
**F4 Objective:** Clarify and utilize clear messaging to promote and increase caregiver knowledge and understanding of the Health Insurance Portability and Accountability Act (HIPAA) regulations.

Strategy: Work with Oklahoma Department of Human Services - Aging Services Division to promote, encourage and improve knowledge regarding end-of-life issues. Provide this information to direct care staff members and all agencies that deal with Alzheimer’s dementia issues.

Cost: To be determined

Partners: Alzheimer’s Association; Oklahoma Association of Financial Planners; Oklahoma Association of Life Underwriters; Oklahoma Bar Association; Oklahoma Department of Human Services - Aging Services Division

Time Frame: Begin activity during fiscal year 2018

**F5 Objective:** Make family preparedness plan templates available to multiple organizations so families with a loved one living with dementia are better equipped to handle unforeseen situations.

Strategy: Utilize multiple partners to create, distribute and promote templates for family emergency plans. Develop these materials and make them available on websites and through email messages.

Cost: Minimal

Partners: Alzheimer’s Association; Oklahoma county health departments; Oklahoma Department of Human Services - Aging Services Division

Time Frame: Review existing information to begin during fiscal year 2018; create and/or assemble other best practice information during fiscal year 2019 and beyond
**F6 Objective:** Enforce the use of Disclosure Form 613 through the licensing process. This means that until the Disclosure Form has been approved by the Oklahoma State Department of Health, a facility license should not be obtained and an existing license should be rescinded. Additionally, a facility should not advertise that it has an Alzheimer’s dementia care unit until it is duly licensed.

Strategy: Identify and utilize systems, such as the Department of Human Services (DHS) surveyor’s checklist system to ensure communities/facilities and organizations marketing themselves as “memory capable” are providing measurable updates and consistent training related to the appropriate management of Alzheimer’s and other dementia patients.

Cost: Available appropriations to Oklahoma Health Department or support from other organizations

Partners: Alzheimer’s Association; LeadingAge; Oklahoma Assisted Living Center Association; Oklahoma Senior Housing Association; Oklahoma State Department of Health;

Time Frame: Begin study in fiscal year 2019

**F7 Objective:** Study the effectiveness of a GPS tracking system for those individuals with Alzheimer’s disease or other dementias who are likely to wander. Study the costs and possible methods to implement a GPS tracking system.

Strategy: Several states are currently reviewing the implementation of a tracking system such as the one proposed. Oklahoma is encouraged to join them to develop and then coordinate its own efforts. The State should review related cost requirements.

Action Item: Identify technology companies located in Oklahoma capable of creating one or more affordable methods for using GPS to assist families and/or caregivers with tracking loved ones living with Alzheimer’s disease and other forms of dementia.

Cost: To be determined

Partners: Alzheimer’s Association; GPS tracking company or companies; Oklahoma Department of Public Safety; Oklahoma Sheriff’s Association; other law enforcement agencies to be identified

Time Frame: Complete and implement this strategy by fiscal year 2022
Alzheimer’s is the most under-recognized threat to public health in the 21st Century.

Dr. David Satcher, former U.S. Surgeon General and former CDC Director
**L1 Objective:** Integrate the Oklahoma Health Improvement Plan’s* adopted initiatives for Alzheimer’s and other dementias into all relevant state and local government plans (i.e. aging; coordinated chronic disease; preparedness; fall prevention; and transportation).

Strategy: Utilize partnerships to assess other relevant plans and those specific areas of the plans to insert into the Oklahoma Health Improvement Plan (OHIP).

Cost: Cost and funding mechanisms to be determined

Partners: Alzheimer’s Association; Chronic Disease Service – Oklahoma State Department of Health; Oklahoma Association of County Commissioners; Oklahoma Legislature; Oklahoma Municipal League; Oklahoma Transportation Department

Time Frame: Complete within the next 5 fiscal years; annually review progress

*The OHIP seeks to create robust and diverse private partnerships that identify areas most amenable to joint private and public sector investment in order to yield specific value for that investment and leverage the innovation and efficiency of the private sector.

**L2 Objective:** Standardize Oklahoma’s certified nurse aide (CNA) curriculum to include 10 hours of Alzheimer’s dementia training.

Strategy: Complete interim study on competency-based online systems; integrate Alzheimer’s dementia into existing training systems, such as career techs and higher education institutions to include all organizations offering CNA training.

Cost: To be determined pending completion of interim study

Partners: Alzheimer’s Association; Oklahoma career technology centers; Oklahoma Legislature; Oklahoma State Department of Health; Oklahoma State Regents for Higher Education

Time Frame: Fiscal year 2018

**L3 Objective:** Achieve governor appointment of a Cabinet-level secretary of aging.

Strategy: Acquire information from other states who have secured a Cabinet-level secretary of aging, and compile findings to provide to the governor’s office for consideration.

Cost: Minimal; possibly no associated costs

Partners: Governor’s office

Time Frame: Begin in fiscal year 2019
**L4 Objective:** Adjust the Oklahoma tax code to allow a tax credit for those caregivers who left the workforce due to caregiving responsibilities.

Strategy: Complete interim study to define qualifying conditions and make recommendations for caregiver tax

Cost: Minimal; possibly no associated costs

Partners: AARP; Alzheimer’s Association; Oklahoma Legislature

Time Frame: 2019 legislative session

---

**Work-Related Changes Among Caregivers of People with Alzheimer’s and Other Dementias Who Had Been Employed at Any Time Since They Began Caregiving**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Caregivers of people with Alzheimer’s and other dementias</th>
<th>Caregivers of other people</th>
</tr>
</thead>
<tbody>
<tr>
<td>57%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Changes**
- Went in late, left early or took time off
- Went from full to part-time or cut back hours
- Took a leave of absence
- Gave up working entirely
- Turned down a promotion
- Received a warning about performance/attendance
- Lost any benefits
- Retired early

Created from data from the National Alliance for Caregiving and AARP.

---

**L5 Objective:** Evaluate the feasibility of adopting an Oklahoma family medical leave policy for caregivers that operates similarly to the federal Family and Medical Leave Act (FMLA).

Strategy: Complete an interim study to define specifics and then draft an Oklahoma family medical leave policy for caregivers.

Cost: To be determined during interim study

Partners: Alzheimer’s Association; Oklahoma Department of Human Services - Aging Services Division; Oklahoma State Chamber of Commerce; Society of Human Resource Management

Time Frame: To be completed by 2022
L6 Objective: Promote the adoption of “Dementia Friendly America” best practices to achieve the “Dementia Friendly Oklahoma” designation.

Strategy: Complete an interim study to determine specific goals and objectives to be achieved by different population sizes.

Cost: Minimal-to-no cost

Partners: Alzheimer’s Association; Oklahoma Association of County Commissioners; Oklahoma Department of Commerce; Oklahoma Municipal League

Time Frame: Legislative session 2018; review annually

L7 Objective: Evaluate the creation of incentives, such as tax credits, to attract and retain neurologists in the state.

Strategy: Families in Oklahoma often have to wait as long as a year to see a neurologist. The wait is mostly due to a shortage of neurologists practicing in Oklahoma. Offering a tax credit may serve as an incentive to attract new neurologists to the state or to retain newly-trained neurology practitioners. This would also encourage medical systems to place neurology recruitment higher upon their list.

Cost: Minimal and possibly no associated cost is expected as it relates to completion of the interim study. The interim study report will include the details of any costs related to recommended incentive options, such as a tax credit.

Partners: Alzheimer’s Association; Oklahoma Association of Osteopathic Physicians; Oklahoma BIO Association; Oklahoma Hospital Association; Oklahoma Legislature; Oklahoma Medical Association; Oklahoma State Regents for Higher Education

Time Frame: Complete interim study within the next 5 years; review annually

Other: Additional information from the incentives guide for the State of Oklahoma suggests how incentives for neurologists might be developed similar to the engineer workforce tax credits*

*Aerospace companies hiring engineers in a variety of fields will receive a tax credit equal to five (5) percent of the compensation paid to an engineer until January 1, 2026, or ten (10) percent if the engineer graduated from an Oklahoma college or university (up to $12,500 per employee per year), plus another credit of up to fifty (50) percent of the tuition reimbursed to an employee until January 1, 2026. Additionally, the engineer hired receives a tax credit of $5,000 per year until January 1, 2026.
**L8 Objective:** Develop approaches to ensure there are adequate respite and adult day centers operating in Oklahoma.

Strategy: Conduct an interim study utilizing possible public/private partnerships.

Cost: To be identified during the interim study

Partners: Alzheimer's Association; faith based community; Oklahoma Department of Human Services - Aging Services Division; Oklahoma Legislature; Oklahoma Ministerial Alliance; Oklahoma Municipal League

Time Frame: Complete within the next 5 years; review annually
ACADEMIC/RESEARCH OBJECTIVES
**AR1 Objective:** Identify and fund research projects to be conducted in Oklahoma.

Strategy: Form a workgroup to discuss and develop a strategy and measurables for a research fund opportunity.

Cost: Minimal; possibly no associated costs

Partners: Alzheimer’s Association; Harold Hamm Diabetes Center; Laureate Brain Institute; Oklahoma BIO Association; Oklahoma Medical Research Foundation; Oklahoma State University; Presbyterian Health Foundation; tribal nations interested in such research; University of Oklahoma

Time Frame: Begin July 1, 2018; review annually

---

**Percentage Changes in Selected Causes of Death (All Ages) Between 2000 and 2014**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td>-1%</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>-9%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>-14%</td>
</tr>
<tr>
<td>Stroke</td>
<td>-21%</td>
</tr>
<tr>
<td>HIV</td>
<td>-54%</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>89%</td>
</tr>
</tbody>
</table>

Created from data from the National Center for Health Statistics.208,219
**AR2 Objective**: Promote Oklahoma as a desirable location for hosting clinical trials.

Strategy: Create a workgroup to share best practices and determine how to develop partnerships and/or market information to distribute to pharmaceutical companies.

Cost: Minimal; possibly no associated costs

Partners: Alzheimer’s Association; Harold Hamm Research Foundation; Laureate Brain Institute; Lynn Health Science Institute; Oklahoma State University; Pharmaceutical Research and Manufacturers of America (PhRMA); Rivus Wellness and Research Institute; tribal nations; University of Oklahoma

Time Frame: Ongoing; review annually

**AR3 Objective**: Conduct an economic impact study of Alzheimer’s dementia on Oklahoma.

Strategy: Utilize existing modeling systems available at Oklahoma State University, University of Oklahoma and Oklahoma City University to conduct the study.

Cost: To be paid with approved grant requests

Partners: Alzheimer's Association; Oklahoma City University; Oklahoma State University; University of Oklahoma; other identified entities capable of assisting with the project

Time Frame: Begin research workgroup activities during 2018; develop workgroup activity plan during 2019; complete project during 2020
PROFESSIONAL OBJECTIVES
**P1 Objective:** Reduce preventable hospitalizations for individuals living with dementia through the Alzheimer’s Disease Supportive Services Program (ADSSP)*.

Strategy: Utilize grant opportunities to bring these programs/services to Oklahoma

Cost: Grant writing/Implementation

Partners: Alzheimer’s Association; Department of Human Services - Aging Services Division; U.S. Government

Time Frame: Ongoing; review annually

*ADSSP: Creating and sustaining dementia-capable service systems for people with dementia and their family caregivers

---

**Reasons for Hospitalization of Individuals with Alzheimer’s Dementia:**

<table>
<thead>
<tr>
<th>Percentage of Hospitalized Individuals by Admitting Diagnosis*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reasons for Hospitalization</strong></td>
</tr>
<tr>
<td>Syncope, fall and trauma</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
</tr>
<tr>
<td>Gastrointestinal disease</td>
</tr>
<tr>
<td>Pneumonia</td>
</tr>
<tr>
<td>Delirium, mental status change</td>
</tr>
</tbody>
</table>

*All hospitalizations for individuals with a clinical diagnosis of probable or possible Alzheimer’s were used to calculate percentages. The remaining 37 percent of hospitalizations were due to other reasons. Created from data from Rudolph et al.196

**P2 Objective:** Task the Behavioral Risk Factor Survey System (BRFSS) with utilizing both caregiver and cognitive impairment modules. Results must be tabulated for release to sources accessible to the public.

Strategy: Acquire funding through grants

Cost: Approximately $20,000

Partners: Oklahoma State Department of Health; Potential donors not currently giving to the Alzheimer’s Association; public and private granting foundations;

Time Frame: Fiscal year 2018; review annually
P3 Objective: Implement a CDC-Healthy Brain Initiative*/Oklahoma Health Improvement Plan to focus on building a competent workforce of direct care workers.

Strategy: Utilize competency-based standardized curriculum, which is vetted by authorities recognized for their expertise in the field of training in Alzheimer’s dementia direct care. Include use of available technology to access training curriculum.

Cost: To be determined

Partners: Alzheimer’s Association; Oklahoma Assisted Living Association; Oklahoma Association of Health Care Partners; Oklahoma Long Term Care Association; Oklahoma Nurses Association; Oklahoma State Department of Health; others to be determined

Time Frame: Begin in fiscal year 2018; review results annually

*The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013–2018, outlines how state and local public health agencies and their partners can promote cognitive functioning, address cognitive impairment for individuals living in the community, and help meet the needs of care partners.

P4 Objective: Provide online content with standardized resources and information for any organization involved with Alzheimer’s dementia to share with their constituents.

Strategy: Assemble and verify all information is correct; create websites; coordinate the links and information to be provided.

Cost: Minimal; possibly no associated costs

Partners: Alzheimer’s Association; Department of Human Services- Aging Services Division; Oklahoma State Department of Health; others as identified

Time Frame: Ongoing; review annually

P5 Objective: Develop systems to provide improved services to underserved areas utilizing guidelines identified by the Oklahoma State Department of Health.

Strategy: Add Alzheimer’s dementia into existing survey tools and information on a per county basis.

Cost: Minimal; possibly no associated costs

Partners: Alzheimer’s Association; Oklahoma county health departments

Time Frame: Begin work during 2018; add all county health department information during the next 5 years
**P6 Objective:** Train pharmacy students to recognize typical cognitive impairment behaviors and possible fraud and abuse situations.

Strategy: Offer voluntary Alzheimer’s dementia training to pharmacy schools.

Cost: Minimal; possibly no associated costs

Partners: All pharmacy schools training students in Oklahoma; Alzheimer’s Association

Time Frame: Ongoing; review annually

**P7 Objective:** Research how to incorporate an Alzheimer’s dementia diagnosis and referrals into electronic health records (EHR).

Strategy: Consult an EHR software vendor to explore opportunities to build this functionality into the software product. Additionally, continue to develop the physician outreach program to increase referrals to the Alzheimer’s Association.

Cost: Unknown

Partners: Alzheimer’s Association; EHR vendors; Oklahoma Osteopathic Association; Oklahoma State Medical Association

Time Frame: Ongoing; review annually

**P8 Objective:** Promote the completion of cognitive testing during annual Medicare “Well Visits.”

Strategy: Develop promotional materials urging physicians and their office staff members to administer cognitive testing; available for use in newsletters or EHRs.

Cost: Minimal; possibly no associated costs

Partners: Alzheimer’s Association; Oklahoma Nurses Association; Oklahoma Osteopathic Association; Oklahoma Primary Care Association; Oklahoma State Medical Association; others as identified

Time Frame: Ongoing; review annually
**P9 Objective:** Continue Council for Law Enforcement, Education and Training (CLEET) at the academy level and as a continuing education opportunity.

Strategy: Create up-to-date materials and videos for classroom and online use. Continue existing cooperative efforts with the CLEET organization.

Cost: To be determined, but will include printing, production and delivery of product(s) and training

Partners: Alzheimer’s Association; CLEET

Time Frame: Ongoing; review annually

**P10 Objective:** Work with State and Federal Veterans Administration to provide services and information to families and training to direct staff, but also any staff member encountering Alzheimer’s dementia during the course of regular hours.

Strategy: Incorporate messaging into veterans administration and state veterans hospitals along with appropriate training of direct care staff.

Cost: Minimal; possibly no associated costs

Partners: Alzheimer’s Association; Oklahoma Department of Veterans Affairs; United States Veterans Hospitals

Time Frame: Ongoing; review annually
### Signs of Alzheimer’s or Other Dementias Compared with Typical Age-Related Changes*

<table>
<thead>
<tr>
<th>Signs of Alzheimer’s or Other Dementias</th>
<th>Typical Age-Related Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Memory loss that disrupts daily life:</strong> One of the most common signs of Alzheimer’s is memory loss, especially forgetting recently learned information. Others include forgetting important dates or events, asking for the same information over and over, and increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things that used to be handled on one’s own.</td>
<td>Sometimes forgetting names or appointments, but remembering them later.</td>
</tr>
<tr>
<td><strong>Challenges in planning or solving problems:</strong> Some people experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe, keeping track of monthly bills or counting change. They may have difficulty concentrating and take much longer to do things than they did before.</td>
<td>Making occasional errors when balancing a checkbook.</td>
</tr>
<tr>
<td><strong>Difficulty completing familiar tasks at home, at work or at leisure:</strong> People with Alzheimer’s often find it hard to complete daily tasks. Sometimes, people have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.</td>
<td>Occasionally needing help to use the settings on a microwave or record a television show.</td>
</tr>
<tr>
<td><strong>Confusion with time or place:</strong> People with Alzheimer’s can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they forget where they are or how they got there.</td>
<td>Getting confused about the day of the week but figuring it out later.</td>
</tr>
<tr>
<td><strong>Trouble understanding visual images and spatial relationships:</strong> For some people, having vision problems is a sign of Alzheimer’s. They may have difficulty reading, judging distance and determining color or contrast, which may cause problems with driving.</td>
<td>Vision changes related to cataracts, glaucoma or age-related macular degeneration.</td>
</tr>
<tr>
<td><strong>New problems with words in speaking or writing:</strong> People with Alzheimer’s may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a watch a “hand clock”).</td>
<td>Sometimes having trouble finding the right word.</td>
</tr>
<tr>
<td><strong>Misplacing things and losing the ability to retrace steps:</strong> People with Alzheimer’s may put things in unusual places, and lose things and be unable to go back over their steps to find them again. Sometimes, they accuse others of stealing. This may occur more frequently over time.</td>
<td>Misplacing things from time to time and retracing steps to find them.</td>
</tr>
<tr>
<td><strong>Decreased or poor judgment:</strong> People with Alzheimer’s may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.</td>
<td>Making a bad decision once in a while.</td>
</tr>
<tr>
<td><strong>Withdrawal from work or social activities:</strong> People with Alzheimer’s may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced.</td>
<td>Sometimes feeling weary of work, family and social obligations.</td>
</tr>
<tr>
<td><strong>Changes in mood and personality:</strong> The mood and personalities of people with Alzheimer’s can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zones.</td>
<td>Developing very specific ways of doing things and becoming irritable when a routine is disrupted.</td>
</tr>
</tbody>
</table>

*For more information about the symptoms of Alzheimer’s, visit alz.org/10signs.*
10 WAYS TO LOVE YOUR BRAIN

START NOW. It’s never too late or too early to incorporate healthy habits.

BREAK A SWEAT
Engage in regular cardiovascular exercise that elevates heart rate and increases blood flow. Studies have found that physical activity reduces risk of cognitive decline.

HIT THE BOOKS
Formal education will help reduce risk of cognitive decline and dementia. Take a class at a local college, community center or online.

BUTT OUT
Smoking increases risk of cognitive decline. Quitting smoking can reduce risk to levels comparable to those who have not smoked.

FOLLOW YOUR HEART
Risk factors for cardiovascular disease and stroke – obesity, high blood pressure and diabetes – negatively impact your cognitive health.

STUMP YOURSELF
Challenge your mind. Build a piece of furniture. Play games of strategy, like bridge.

HEADS UP!
Brain injury can raise risk of cognitive decline and dementia. Wear a seat belt and use a helmet when playing contact sports or riding a bike.

BUDDY UP
Staying socially engaged may support brain health. Find ways to be part of your local community or share activities with friends and family.

FUEL UP RIGHT
Eat a balanced diet that is higher in vegetables and fruit to help reduce the risk of cognitive decline.

TAKE CARE OF YOUR MENTAL HEALTH
Some studies link depression with cognitive decline, so seek treatment if you have depression, anxiety or stress.

CATCH SOME ZZZ’S
Not getting enough sleep may result in problems with memory and thinking.

Growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. When possible, combine these habits to achieve maximum benefit for the brain and body.

Visit alz.org/10ways to learn more.