

## *COVID-19 and Alzheimer's: Impact & Policy Suggestions*



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# KENTUCKY

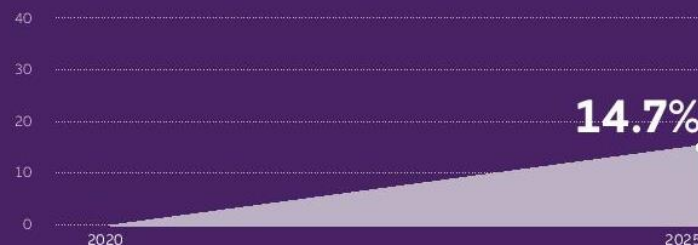
## ALZHEIMER'S STATISTICS

### 65+ NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S BY AGE\*

Year	65-74	75-84	85+	TOTAL
2020	13,000	34,000	27,000	75,000
2025	15,000	42,000	29,000	86,000

\* Totals may not add due to rounding

### Estimated percentage change



### # OF DEATHS FROM ALZHEIMER'S DISEASE (2018)

# 1,674

6<sup>th</sup> leading cause of death



### CAREGIVING (2019)

# 274,000

Number of Caregivers

# 312,000,000

Total Hours of Unpaid Care

# \$4,089,000,000

Total Value of Unpaid Care

# MEDICAID

# \$803 MILLION

Medicaid costs of caring for  
people with Alzheimer's (2020)

# 18.2%

change in costs  
from 2020 to 2025



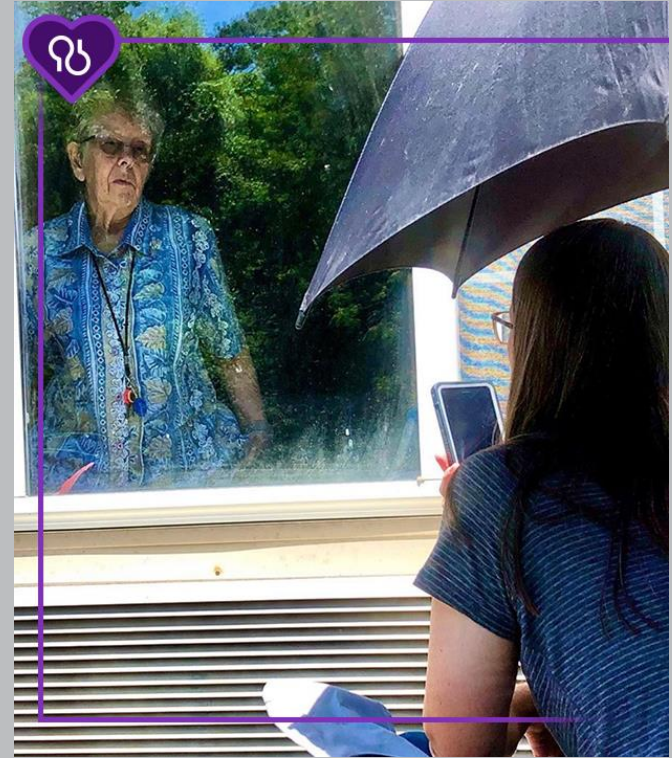
# MEDICARE

# \$24,991

per capita Medicare  
spending on people with  
dementia (in 2019 dollars)

## How Has COVID-19 Impacted / Exacerbated Issues with the Alzheimer's & Dementia Population in LTC?

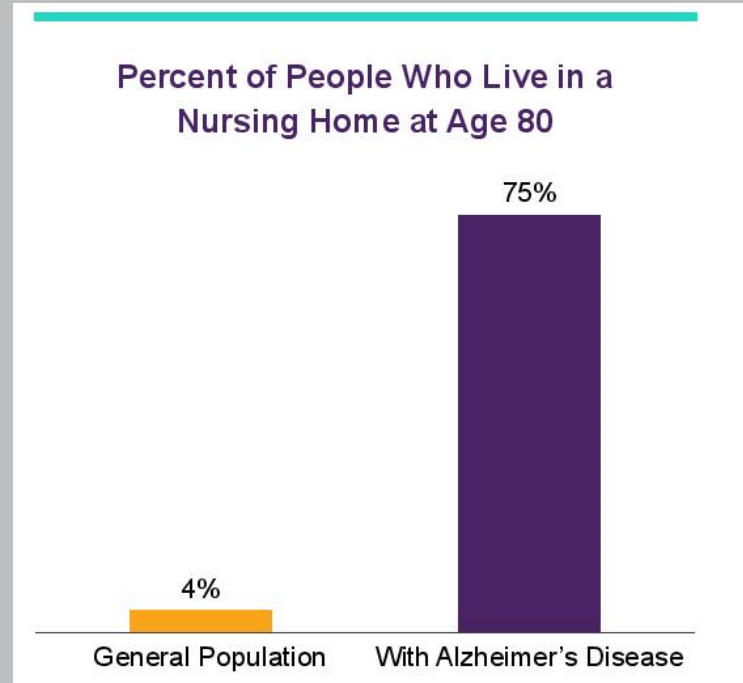
- Biggest factor continues to be social isolation which can lead to more rapid decline in the disease, behavioral issues, anxiety and loneliness
- People with dementia make up 48% of residents in nursing homes and 42% of residents in other long-term care communities like assisted living



*“[While the lockdown was the right decision at the time] Now, a number of geriatricians, researchers and advocates — and frantic family members — fear that months of restrictive visiting policies have become injurious. “It’s not just Covid that’s killing residents in long-term care,” said Dr. Jason Karlawish, a geriatrician at the University of Pennsylvania. “It’s the isolation, the loneliness.” [Studies have repeatedly shown](#) that isolated older adults have higher rates of heart disease, stroke and dementia and increased mortality rates comparable to those linked to smoking.”*

# How Has COVID-19 Impacted / Exacerbated Issues with the Alzheimer's & Dementia Population in LTC?

- More than 95 percent of people with Alzheimer's and other forms of dementia have an additional chronic health condition—such as diabetes, heart disease, or hypertension—which increases the likelihood of complications from COVID-19.
- Dementia, meanwhile, makes it more challenging for these individuals to protect themselves from the disease because it renders them unable to discuss their needs or symptoms. Their discomfort might be mistaken for cognitive decline rather than a coronavirus symptom.



*Dan Goerke, for one, uses FaceTime and makes window visits to stay in touch with his wife, Denise, who was diagnosed with Alzheimer's at 56 in 2012 and now resides at an Atlanta-area assisted-living community. "COVID has absolutely had a downward effect on Denise," Goerke says. "She has just lost a lot of motivation. You see ... the lack of connectedness she has with me. It's just not there like it was before COVID."*

## *How Has COVID-19 Impacted / Exacerbated Issues with the Alzheimer's & Dementia Population in LTC?*

- Ultimately, the Association believes that resuming visitation and curbing social isolation until and unless there is rapid testing at all facilities, for at least staff, at the minimum
  - We understand the financial challenges but facilities cannot do this on their own and they need help from our elected officials



*Even at the height of lockdown, when the threat of Covid-19 was at its most severe, she didn't stop visiting her mother. "It was automatic. I didn't give it a second thought," says Vera. "If I had abandoned her and left her, she would have gone hungry. She wouldn't be able to cope. "You have to make a judgement call on the risk of taking in Covid. Only for a split second you think, well which is going to be worse? And I know which is going to be worse: leaving the woman is going to be worse."*

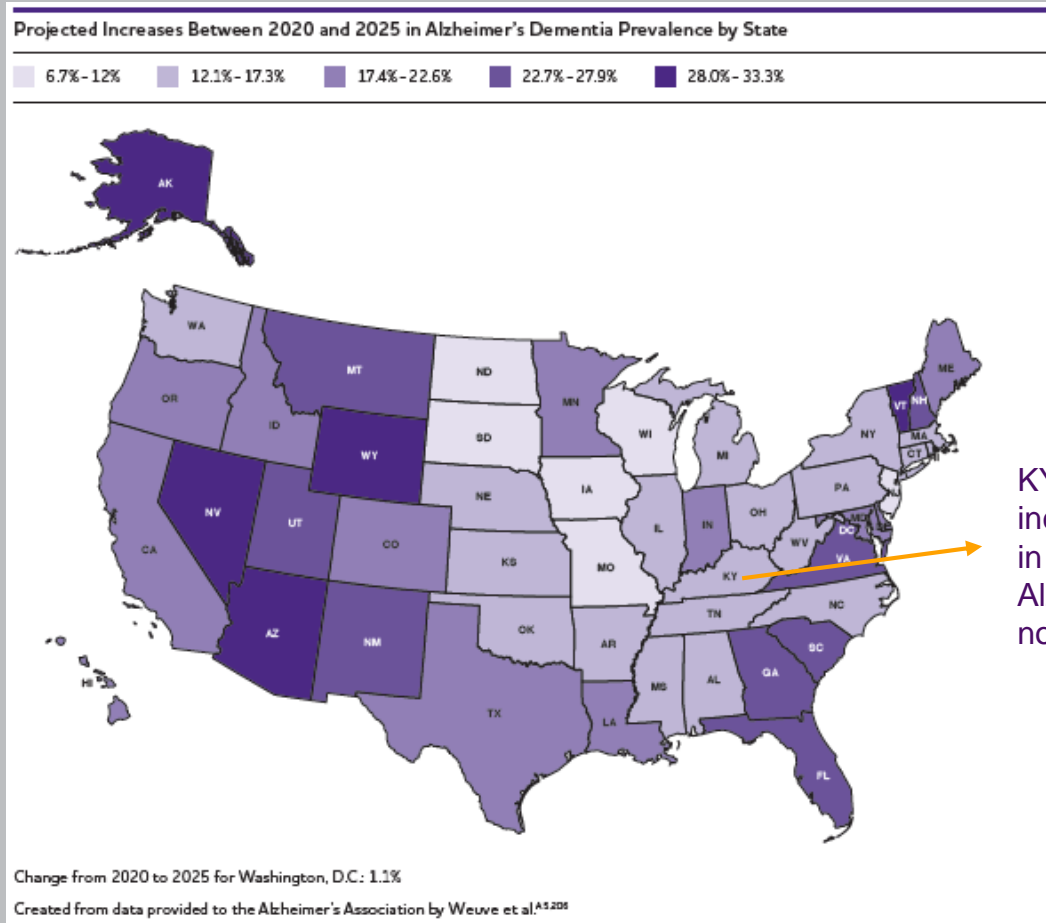
# *What are the actions necessary to address these problems in a state of emergency?*

- (1) Rapid Testing
  - On July 14th, the U.S. Department of Health and Human Services [announced](#) that each nursing home will be provided with one rapid, point-of-care diagnostic test instrument and the associated tests. This is a one-time distribution and following this, nursing homes will be able to directly procure additional tests from the manufacturers.
    - But this is a **one-time** distribution and is limited to nursing homes.

# *What are the actions necessary to address these problems in a state of emergency?*

- (2) Additional funding to HCBS programs including Medicaid and KY HomeCare Program
  - Generally speaking, when an individual with Alzheimer's is able to stay at home, as long and as safely as possible, the quality of life for that individual and their care team greatly improves
    - As we've seen with COVID and its ability to tear through LTC facilities, the need to keep our vulnerable population out of facilities and our healthcare system has become even more important
  - But we have limited waiver slots and long waiting lists for the HomeCare Program

# State-by-State: People with Alzheimer's Dementia by 2025



KY will see a projected increase of 12.1-17.3% in people living with Alzheimer's between now and 2025.

*What are the actions necessary to address these problems outside of a state of emergency?*

- (1) Permanent position in CHFS to coordinate Alzheimer's and dementia services and supports across the state
  - Establishment Dementia Coordinator
  - Structured to have the ability to work cross functionally across departments

# *What are the actions necessary to address these problems outside of a state of emergency?*

- (2) Training for direct-care workers
  - With the growing demand for in-home care, as a state, we can no longer allow for home-health companies that offer, verbally, written or otherwise, to specialize in dementia care, or offer “memory care services”, to individuals **in their home**, without setting a base level of training requirements
  - Home-health aides, SRNAs, personal care aides, etc., who work for any of the aforementioned companies, must have a minimum number of hours of dementia-specific, dementia-competent training

*What are the actions necessary to address these problems outside of a state of emergency?*

- (3) Incentives for direct-care workers
  - Finally, we have to provide more incentives for this segment of the workforce as the demand is going to continue to increase without the supply to support it
  - These will ultimately be upfront costs to the state, but there will be major cost-saving on the backend.



STRENGTH



#HonorACaregiver

“Caring for my grandmother has brought my family together and has defined what it really means to be there for one another.”

Brandon Coleman

#ENDALZ



HOPE

