

COGNITIVE IMPAIRMENT: *A Call for Action, Now!*

The number of people living with cognitive impairment in the United States is equal to twice the population of New York City.

More than 16 million people in the United States are living with cognitive impairment,¹ but the impact of cognitive impairment at the state level is not well understood. In 2009, five states addressed this shortcoming by assessing the impact of cognitive impairment on their residents. This knowledge is vital to developing or maintaining effective policies and programs to address the needs of people living with cognitive impairment in your state.

The time for action is now! Age is the greatest risk factor for cognitive impairment, and as the Baby Boomer generation passes age 65, the number of people living with cognitive impairment is expected to jump dramatically. An estimated 5.1 million Americans aged 65 years or older may currently have Alzheimer's disease, the most well-known form of cognitive impairment; this number may rise to 13.2 million by 2050.²

Cognitive impairment is costly. People with cognitive impairment report more than three times as many hospital stays as individuals who are hospitalized for some other condition.³ Alzheimer's disease and related dementias alone are estimated to be the third most expensive disease to treat in the United States. The average Medicaid nursing facility expenditure per state in 2010 for individuals with Alzheimer's disease is estimated at \$647 million,⁴ not including home- and community-based care or prescription drug costs.

What Is Cognitive Impairment?

Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe. With mild impairment, people may begin to notice changes in cognitive functions, but still be able to do their everyday activities. Severe levels of impairment can lead to losing the ability to understand the meaning or importance of something and the ability to talk or write, resulting in the inability to live independently.

The imminent growth in the number of people living with cognitive impairment will place significantly greater demands on our systems of care. There are now more than 10 million family members providing unpaid care to a person with a cognitive impairment, a memory problem or a disorder like Alzheimer's disease or other dementia.⁵ In 2009 it was estimated that 12.5 billion hours of unpaid care were provided, at a value of \$144 billion.⁵ Much more in-home or institutional care and unpaid assistance by family and friends will be needed in the future as the numbers of those with Alzheimer's disease and other forms of cognitive impairment grow.

“The average Medicaid payment for a person aged 65 or older with Alzheimer's or other dementias is nine times higher than that for other beneficiaries in the same age group.”

—Alzheimer's Disease Facts and Figures 2010⁶



The increasing economic burden and growing demand for care because of cognitive impairment pose a serious challenge to our states and nation unless steps are taken now to address these problems.

- State health departments can gather more state data to understand the impact, burden, and needs of people with cognitive impairment.
- States should consider developing a comprehensive action plan to respond to the needs of people with cognitive impairment, involving different agencies, as well as private and public organizations.
- Comprehensive systems of support should be expanded for people with cognitive impairment, their families, and caregivers.

- Additional training is needed for health professionals to detect cognitive impairment in its early stages and help patients with multiple conditions manage their care.

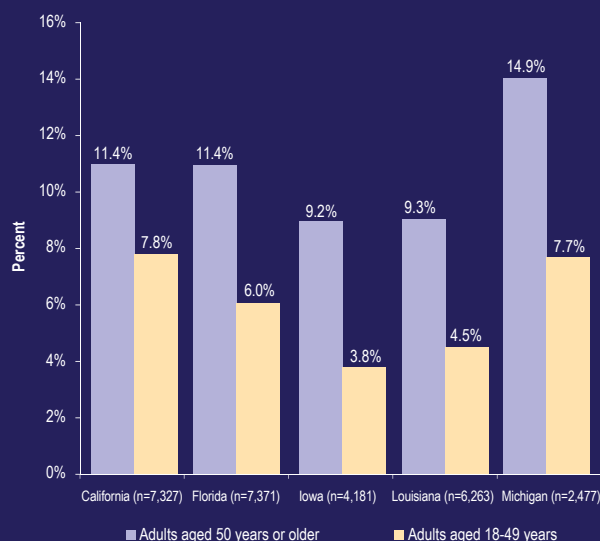
Failure to address these needs now will have serious consequences for the millions of Americans affected by cognitive impairment as well as the state agencies providing care and services to this population.

KEY FACTS ABOUT COGNITIVE IMPAIRMENT

Cognitive impairment is not caused by any one disease or condition, nor is it limited to a specific age group. Alzheimer's disease and other dementias in addition to conditions such as stroke, traumatic brain injury, and developmental disabilities, can cause cognitive impairment. A few common signs of cognitive impairment include the following:

- Memory loss.
- Frequently asking the same question or repeating the same story over and over.
- Not recognizing familiar people and places.
- Having trouble exercising judgment, such as knowing what to do in an emergency.
- Changes in mood or behavior.
- Vision problems.
- Difficulty planning and carrying out tasks, such as following a recipe or keeping track of monthly bills.

Percentage of adults with perceived cognitive impairment, by select state and age, 2009.



- The percentage of adults aged 18-49 years with perceived cognitive impairment ranged from approximately 4% in Iowa to 8% in Michigan and California.
- State agencies can ensure that strategic planning (e.g. for emergency preparedness), surveillance, and programmatic efforts carried out in concert with key partners include elements that support the health and well-being of this population.
- The percentage of adults aged 50 or older with perceived cognitive impairment ranged from approximately 9% in Iowa and Louisiana to 15% in Michigan.
- The dramatic aging of the U.S. population will result in substantially increased numbers of individuals in states with cognitive impairment.

Cognitive impairment (CI) is defined as "confusion or memory loss that is happening more often or is getting worse during the past 12 months." Data refer to the respondent's perception of cognitive impairment and not any specific diagnosis. These data refer to the civilian, noninstitutionalized population. For more information about BRFSS, www.cdc.gov/brfss. Source: Centers for Disease Control and Prevention, BRFSS, 2009

“Of adults with perceived cognitive impairment in five states (CA, FL, IA, LA, and MI), 49-66% were aged 50 years or older.”

—CDC, BRFSS, 2009

While age is the primary risk factor for cognitive impairment, other risk factors include family history, education level, brain injury, exposure to pesticides or toxins, physical inactivity, and chronic conditions such as Parkinson’s disease, heart disease and stroke, and diabetes. Individuals may reduce the risk of cognitive impairment by keeping physically active and maintaining healthy cholesterol and blood sugar levels. Currently, there is no cure for cognitive impairment caused by Alzheimer’s disease or other related dementias. However, some causes of cognitive impairment are related to health issues that may be treatable, like medication side effects, vitamin B12 deficiency, and depression. This is why it is important to identify people who are showing signs of cognitive impairment to ensure that they are evaluated by a health care professional and receive appropriate care or treatment.

WHY COGNITIVE IMPAIRMENT IS AN IMPORTANT ISSUE

Americans fear losing cognitive function. We are twice as fearful of losing our mental capacity as having diminished physical ability⁶ and 60% of adults are very or somewhat worried about memory loss.⁷ Persons affected by cognitive impairment, such as adults with Alzheimer’s disease, veterans with traumatic brain injuries, and the families of people living with cognitive impairment, represent a significant portion of your constituency. Taking steps to address this issue will ultimately have a positive impact on your entire community and state.

PROVEN SOLUTIONS TO DRIVE POLICY

States across the country are responding to the call-for-action to improve the health and quality of life of adults living with cognitive impairment. The examples below are from the U.S. Administration on Aging’s Alzheimer’s Disease Supportive Services Program, which supports state efforts to create responsive, integrated, and sustainable service delivery systems for persons with Alzheimer’s disease and related disorders and their family caregivers.

The New York University Counseling and Support Intervention is a combination of individual counseling, weekly support groups, and counseling for family caregivers of people with Alzheimer’s disease—an intervention that delayed nursing home placement of people with dementia by about 1.5 years.

In Ohio, the Cleveland Alzheimer’s Managed Care Demonstration project evaluated the effects of integrating Alzheimer’s Association care consultation services with managed health care services. It was found that patients with severe cognitive impairment had fewer physician visits, were less likely to have a hospital admission, and had decreased depression.

HOW POLICYMAKERS CAN TAKE ACTION

Cognitive impairment needs to be addressed with a comprehensive and coordinated approach. The condition will continue to impose an increasing economic burden on states, families, and individuals unless action is taken now. As a legislator, you play a crucial role by exploring policy changes and initiatives that will expand research, increase support, and, ultimately, improve conditions for people living with cognitive impairment and their families. Some potential strategies include the following recommendations:

- Establish a legislative task force to study cognitive impairment in your state.
- Support the development and implementation of a state Alzheimer’s disease or dementia action plan or address the needs of individuals living with cognitive impairment in existing state action plans.
- Check to see if your state is collecting information to assess cognitive impairment in your state; for example, your state includes the Impact of Cognitive Impairment module in your state’s Behavioral Risk Factor

Surveillance Survey, available at www.cdc.gov/brfss.

- Encourage your state health agencies to consider the needs of community-dwelling people with cognitive impairment in their policies and programs.
- Support state-level collaboration and expansion of home- and community-based services to better serve the needs of individuals with cognitive impairment.
- Encourage collaboration and pooling of resources, starting with wraparound community projects, to assist individuals living with dementia and other forms of cognitive impairment and their family caregivers.
- Support training for people in the health and human services fields.
- Seek Medicaid and Medicare waivers for demonstration projects designed to find solutions to complex conditions such as Alzheimer's disease.

References

- ¹ Family Caregiver Alliance. Available at www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=438.
- ² Herbert LE, Scherr PA, Bienias JL, Bennett DA, Evans DA. Alzheimer's disease in the U.S. population: Prevalence estimates using the 2000 census. *Archives of Neurology* 2003;60:1119–1122.
- ³ Alzheimer's Association. Characteristics, Costs and Health Service Use for Medicare Beneficiaries with a Dementia Diagnosis: Report 1: Medicare Current Beneficiary Survey. Chicago: Alzheimer's Association; 2009.
- ⁴ Alzheimer's Association. Medicare and Medicaid costs for people with Alzheimer's disease. Chicago: Alzheimer's Association; 2001.
- ⁵ Alzheimer's Association. Alzheimer's Disease Facts & Figures, 2010. Chicago: 2010
- ⁶ Research!America. American Speaks: Poll Data Summary. Volume 7. Alexandria: Research!America; 2006. Available at <http://www.researchamerica.org/uploads/americaspeaksv7.pdf>.
- ⁷ Cutler NE, Whitlaw NW, Beattie BL. American Perceptions of Aging in 21st Century. Washington (DC): National Council on the Aging; 2002.

HELPFUL RESOURCES

Administration on Aging: www.aoa.gov

Alzheimer's Association: www.alz.org

Centers for Disease Control and Prevention's
Healthy Aging Program: www.cdc.gov/aging

Council of State Governments: www.csg.org

Family Caregiver Alliance: www.caregiver.org

National Alliance for Caregiving: www.caregiving.org

National Association of Area Agencies
on Aging: www.n4a.org

National Institute on Aging: www.nia.nih.gov

COGNITIVE IMPAIRMENT: A Call for Action, Now! is
available at www.cdc.gov/aging/healthybrain/index.htm



TOUCHED BY COGNITIVE IMPAIRMENT

“My mother has been suffering with cognitive impairment for two years, beginning in the spring of 2008. This is why I became a champion of the issue in Utah. I have become a part-time caregiver as I have helped my father, the full-time caregiver, care for her in their home. It has been devastating to experience the change of having a mother who was vibrant, healthy and very involved in my life and the lives of my children and grandchildren to a mother who can barely function and does not recognize anyone. It has been a very, very difficult transition for my family.

I feel there is a great need for more public awareness of the disease and more support for caregivers. I also believe more research is vital in the areas of treatment and prevention.

As a state senator, I decided to see what I could do to help. It was a difficult year because of the hard economic times in our state and nation, so I knew I would not be able to provide increased funding for services and research. I felt that public awareness was very important, however, so I decided to go in that direction. I worked with the Alzheimer's Association to write and sponsor the Alzheimer's and Dementia Awareness Concurrent Resolution. It detailed all of the information we wanted people to know about cognitive impairment. In some ways, it was a public service announcement. It was interesting to see the reaction of my fellow senators, because so many of them were not aware of this information. Most did not know that research is providing hope for successful treatments and even prevention in the near future. The intent of our resolution was to provide this information to all Utah citizens and give them that hope for the future.”

—Senator Karen Morgan, Utah