

Georgia Department of Health B-SEEN Project/BOLD



Key takeaways:

- It's easy to get overwhelmed with the volume to do and/or the amount of work already happening. Start with what we're good at in Public Health - partnerships and data. Our team excels in partnerships. We've leveraged our partners from other topics to introduce them to the BOLD work.
- Find out who the players are, but do not limit yourself in access, reach out. Partnerships are key in providing health care opportunities like telehealth. Listen and find out what resources partners need to succeed. Facilitate introductions for those working on common goals to empower the work already being done in communities. Defer to their expertise; meet them where they are; all progress is good progress. Document along the way to help those that may come after.
- Don't be afraid to set a big goal. Our goal in Georgia is to get to earlier diagnosis. The road is not always clear, but our funding and project decisions always consider this larger goal. Wrapping in the expertise of those that came before us AND aligning with available strategic plans in the name of getting to your big goal is critical.

Please start by telling everyone a bit about Georgia's BOLD-related work.

Georgia is a 159 county, de-centralized state, so it is important to leverage the incredible, connected work that's already happening. Data informs work across the state so we can appropriately focus limited resources, so ensuring that partners can access as much data, and know where to find that data, is important. To that end, we're working to get the PCI and caregiver modules that Georgia does on alternate years onto the DPH public-facing website, [OASIS \(Online Analytical Statistical Information System\)](#). In addition, DPH is working with the GARD Collaborative (Georgia's Alzheimer's and related Dementia partner group) to increase awareness and utilization of the DPH OASIS webpage and other data (e.g, CMS data). We do this with regular data updates utilizing available data at the quarterly GARD meetings.

We think that getting to earlier diagnosis requires a systems-level, integrated, cross-cutting approach. This means preparing the public health workforce and the medical workforce not only to recognize signs but to be able to refer to appropriate community level and professional resources. Our partners at Emory are standing up memory assessment clinics. DPH and Emory are partnering on local provider education, community media campaigns, and continuing to strengthen the GA Alzheimer's registry.

What is the story behind why you're doing what you're doing?

The story is in the name. B-SEEN incorporates CDCs 'Building Our Largest Dementia Infrastructure (B) using Systemic Evidence, Education, and Networks (SEEN). We want Georgians – those living with dementia, their caregivers, and the professionals that serve this vulnerable population – to feel and be seen. There's a rich history of partnership throughout the aging network and public health in Georgia. This funding allows DPH to participate in a substantial, financial way – contributing to the work that's been done (sustainability and expansion), but also incorporating a public health, population health perspective. We're excited to support partners doing

incredible work at the local level; build capacity for local public health to support that work; and contribute to the fabric of dementia work in our state through the provision of data (BRFSS work), workforce development/support, and traditional education/awareness.

Tell us about some parts of your projects that you're working on now that you are really excited about.

While data informs where efforts might be focused on burden, we also know that rural areas are particularly vulnerable. DPH is working with partners at UGA to reach rural communities. Using extension offices, UGA is conducting stakeholder analyses, meeting with local leadership, and determining how these localities want to receive information and what information they want to receive. In addition, UGA is leveraging the OLLI-system here in Georgia (Osher Life Long Learning Institute) to teach older adults about brain health, risk reduction, and available resources. Beyond this specific partnership, DPH is partnering with the faith-based community, specifically the ALTER program – this program focuses on African American churches outside of metro Atlanta. They work with church leadership to introduce dementia education, healthy brain knowledge, caregiver support, and risk reduction activities within the church. We'll be taking this same approach with the Atlanta Jewish Federation later in year two and throughout year three of the BOLD grant.

For people who want to know more about your current work and programs, what are 1-2 pieces of information you think is important for them to know?

It's easy to get overwhelmed with the volume to do and/or the amount of work already happening. Start with what we're good at in Public Health. For us it was partnerships and data. We spend time talking about the data, creating visualizations for the data, and helping professionals learn what's available to them and how to use that data in planning their work. Our team excels in partnerships; we've leveraged our partners from other topics to introduce them to the BOLD work. First responders and other public safety

officials (Car Seat program and 55+ driver safety), hospitals (Safe Sleep program and TBI work), and FQHCs/academia (violence prevention and capacity building work).

What would you tell someone who wanted to start a similar program like yours in their own setting (i.e., another state, county, or city)?

Attend the meetings – get to know the players and defer to the experts/people already doing the work. We were unfunded for a long time, so we made introductions, took notes, and found other ways to be helpful with the funding that we did have available. The DPH commissioner at the time of the creation of GARD asked that our team attend the GARD meetings. These meetings were initially designed to create the first Georgia State Plan for Alzheimer’s Disease and Related Dementias. Our attendance at these meetings allowed us to meet the key players across the state and form valuable partnerships that are around to this day. We were also able to call on our partners – vision experts, injury prevention experts, highway safety experts, and elder abuse experts – to participate in the project. Those contributions helped to shape Georgia’s initial plan. If you aren’t at the table, it’s challenging to find complementary efforts that expand the overall effort. The goal should be to integrate work rather than duplicating effort or worse, unintentionally stepping on the toes of those that have done foundational work.

Think outside the metro area of your city. In Georgia, we are working with extension offices, OLLIs (Osher Lifelong Learning Institutes), faith-based organizations, local community organizations like Women’s clubs or Kiwanis, and chambers of commerce. Go with the data but sit and listen to what these local groups need and want. Who are their decision-makers? How do they prefer to receive information? These are the types of stakeholder analysis questions that need to be answered to get traction.

Where else can people look to find out more about all the great work that you're doing?

DPH is currently working on a webpage to outline the BOLD work, partner work, and available resources. We hope for that to go live in by late spring 2022. In the meantime, feel free to contact us via email. We also provide regular updates at the Georgia quarterly GARD meetings -we'd love for more partners to join that statewide partnership.

What is one thing that you wish people knew more about early detection of dementia?

This is where the partnership in GA shines – we turned to our partners to get the most meaningful responses to this question. Experts from government organizations, academia, community-based organizations, and caregivers provided responses below:

"An important one is that people don't have to face it alone. There are all kinds of HCBS, caregiver training, etc. available to help people navigate dementia. That there can be financial and other kinds help for those who go ahead and get the diagnosis. I hear so many healthcare providers, particularly in rural communities, say, "Yep. It's probably Alzheimer's, but there's nothing for it. Why bother stressing out the family when they can't fix it?" Families may have to be the force behind their own diagnosis, but with diagnosis comes empowerment and maybe even access to financial help."

"That it is NOT all Alzheimer's or memory. That health professionals should know more about young onset dementias, especially the highly misdiagnosed frontotemporal dementias. These take over 4 years to diagnose due to health providers from therapists to neurologists not knowing symptoms and that some in their 20's can have dementia."

"With early detection, it is important for the individual, the family, and their community to take the opportunity to learn the individual's preferences, desires, etc. but also to learn what the experience may be like to help create a more empathetic environment for quality of life."

"That several disease-modifying therapeutics are on the horizon, which is truly remarkable and reason to have very high hopes in our progress towards finding a cure - however, each of these new potential drugs' success hinges on early detection, and eligibility of research participants or eventually patients will depend on an early and definitive diagnosis of the underlying disease pathology causing their dementia. Additionally, it is crucial for persons living with dementia and their families or social circles to plan early and get plugged into community services and other supports to ensure the highest quality of life and functionality throughout the disease process."

About the Author

Elizabeth Head is the Deputy Director for the Injury Prevention Program at Georgia Department of Public Health. Ms. Head's area of expertise is aging and injury prevention. She earned her master's degree in Public Health from Georgia State University and has worked in public health for seventeen years. In addition, she is a subject matter expert in driver safety for adults 55+ and manages highway safety grants staff within the Injury Prevention Program. She has worked with national, state, and local partners on a variety of injury topics including fire prevention, drowning prevention, and fall prevention.

Elizabeth coordinates the B-SEEN project for Georgia, funded by CDC. This project aims to incorporate public health into dementia work in a systematic way. The entire GA DPH B-SEEN team (Ms. Chloe Hale, Ms. April Spring Wood, and Mr. Steve Davidson) as well as internal and external Georgia partners contributed to the partner spotlight. It is through the foundational work of the entire network of Georgia partners, which includes partners in every sector, that this exciting endeavor is possible. The Georgia B-SEEN team is grateful for the vision, dedication, and commitment of every partner working to reduce the burden of dementia in Georgia. This work is possible because of you.