HANDOUT

Alzheimer's and Dementia Advisory Council

2025

Annual Report

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SECTION ONE: EXECUTIVE SUMMARY

In October 2022, the Alzheimer's and Dementia Advisory Council updated the Arkansas State Plan, prioritizing four key areas guided by the Healthy Brain Initiative (HBI) Roadmap (Alzheimer's Association & CDC). The HBI framework informed the State Plan to position Arkansas competitively for federal opportunities and to strengthen statewide infrastructure to address the Alzheimer's public health crisis.

Priority Areas

- **Public Awareness and Education**
- **Access and Quality of Care**
- **Family Caregiver Support**
- **Dementia Training and Workforce Development**

Purpose of the 2025 Annual Report

This 2025 report summarizes the current status of implementation of the State Plan, highlights policy successes and program progress, identifies barriers that slowed or prevented further implementation, and presents recommendations to accelerate action over the next year.

Background & Establishment of the Advisory Council

The 93rd General Assembly established the Alzheimer's and Dementia Advisory Council via Act 391 (2021). The Council held its first organizational meeting on September 21, 2021. Since its inception, the Council has engaged state agencies, providers, caregivers, and subject-matter experts to evaluate the plan, understand family needs, identify service gaps, and fulfill statutory duties under Act 391.

Statutory Requirements under Act 391 (Summary)

- **Annual Report Submission**: Due October 1, 2022, and each year thereafter.
- **Recipients**: Governor; Speaker of the House; President Pro Tempore of the Senate.
- **Content**: Status of implementation of State Plan recommendations; barriers to implementation; proposed policy recommendations.
- **Updated State Plan:**
  - Frequency: Every four (4) years.
  - Content: Address items in §20-8-1102 and any additional issues deemed necessary by the Council.
- **State Agency Reporting**
  - Deadline: October 1 of each even-numbered year.
  - Recipients: Governor; Speaker of the House; President Pro Tempore of the Senate.
  - Content: Steps the agency has taken to implement the Plan; if applicable, reasons for not implementing all or part of the Plan.
- **Council's Analysis of Agency Implementation**
  - Incorporated into the Council's annual report required under §20-8-1103.

Alzheimer's And Dementia Advisory Council

Senator
Clint Penzo
Co-Chair

Representative
Julie Mayberry
Co-Chair

State Agency Representatives

Toney Bailey, MHA - Branch Manager, Arkansas Department of Health

Kenya Eddings - Arkansas Minority Health Commission

Director Jay Hill - Division of Aging, Adult, and Behavioral Health Services, Arkansas Department of Human Services

Charlotte Sudmeyer - State Long Term Care Ombudsmen, Arkansas Department of Human Services

Membership

Dr. Gohar Azhar - UAMS
Stephenie Cooke - Alzheimer's Arkansas
Rachel Bunch - AR. Health Care Association
David Cook - Alzheimer's Association
Dr. Sue Griffin - UAMS
Jennifer Hallum - Area Agencies on Aging
Dr. Kerry Jordan
Tatum Owenby - Arkansas Home-Based Services Association

Toots Lamberth
Cathey McAllister-Grffin - Family Caregiver
No appointee - AARP
Dr. Amyleigh Overton-McCoy - D.W. Reynolds Centers on Aging
Jodiane Tritt - AR. Hospital Association
Dr. Jeanne Wei - UAMS
Arkansas Residential Assisted Living Association

2025 ARKANSAS
ALZHEIMER'S STATISTICS

PREVALENCE

Number of People Aged 65 and Older with Alzheimer's (2020)
60,400

% of Adults Over 65 with Alzheimer's
11.3%

WORKFORCE

of Geriatricians in 2021
60

Increase Needed to Meet 2050 Demand
61.7%

# of Home Health and Personal Care Aides in 2022
20,310

Increase Needed to Meet 2032 Demand
21.5%

CAREGIVING

of Caregivers
173,000

Total Hours of Unpaid Care
265M

Total Value of Unpaid Care
$5.4B

Caregivers with Chronic Health Conditions
69.2%

Caregivers with Depression
30.3%

Caregivers in Poor Physical Health
18.2%

HEALTH CARE

of People in Hospice (2017) with a Primary Diagnosis of Dementia
3,133

Hospice Residents with a Primary Diagnosis of Dementia
18%

# of Emergency Department Visits per 1,000 People with Dementia (2018)
1,530

Dementia Patient Hospital Readmission Rate (2018)
21.5%

Medicaid Costs of Caring for People with Alzheimer's (2025)
$492M

Per Capita Medicare Spending on People with Dementia in 2024 Dollars
$27,945

MORTALITY

266.7% INCREASEINALZHEIMER'SDEATHS 2000-2022

# of Deaths from Alzheimer's Disease (2022)
1,577

Alzheimer's Disease as Cause of Death Rank
7th

State Mortality Rate Rank
3rd

More than **7 million Americans** are living with Alzheimer's, and nearly **12 million** provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total **$384 billion** in 2025, increasing to nearly **$1 trillion** (in today's dollars) by mid-century. For more information, view the *2025 Alzheimer's Disease Facts and Figures* report at **alz.org/facts**.

AIM ALZHEIMER'S IMPACT MOVEMENT
ALZHEIMER'S ASSOCIATION

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SECTION TWO: PUBLIC AWARENESS AND EDUCATION

Goal: To strengthen and prioritize a statewide response to Alzheimer's and other dementias by sustaining public awareness, advancing risk reduction, early detection and diagnosis, and increasing awareness about the importance of brain health.

Enacted Recommendations: (Policy and Programmatic)

Recommendation: Permanent Alzheimer's & Dementia Advisory Council *(ENACTED)***.** *Act 391 of 2021* established a permanent Council to develop and implement a statewide strategy.

Implementation Notes: The Alzheimer's and Dementia Advisory Council is tasked with updating the state plan.

Recommendation: Improved Data Collection using the Behavioral Risk Factor Surveillance System (BRFSS) Cognitive Decline & Caregiver modules *(In-Progress, Policy, Programmatic)*

Implementation Notes: The Arkansas Health Department will include the Cognitive Decline and Caregiver Modules in the annual Behavioral Risk Factor Surveillance System (BRFSS), alternating them every year to complete each module at least once every six years. The Cognitive Decline module was included in the 2020 survey, and the Caregiving module was included in the 2021 survey. *(BRFFS Schedule: Cognitive Decline Module 2026; Caregiver Module 2027)*

Recommendation: Collaboration with Minority Health Commission *(In-Progress, Programmatic)*

Primary Partners: Minority Health Commission, Arkansas Department of Health, Alzheimer's Association, Alzheimer's Arkansas.
Implementation Notes: The Minority Health Commission has partnered with the Alzheimer's Association and Alzheimer's Arkansas in the following ways:

- Community Forums/Health Fairs
- Dementia Education Materials on the Mobile Health Unit
- Faith Outreach in partnership with the African Methodist Episcopal Church (AME)
- Community Education programs

Recommendation: Increase Collaboration with UAMS Reynolds Center on Aging - Centers on Aging (COAs) *(In-Progress, Programmatic)*

Primary Partners: UAMS COAs, Statewide Alzheimer's and Dementia Coalition, Alzheimer's Association
Implementation Notes: The statewide coalition has been established, and partners have collaborated to share resources, co-host community events, and utilize existing infrastructure to expand access to dementia education and awareness.

Enacted Recommendations: (Policy and Programmatic)
Cont.

Recommendation: Evaluate telehealth for assessment, diagnosis, treatment, and education statewide. *(Ongoing, Programmatic)*

Implementation Notes: Telehealth use increased during the COVID-19 pandemic and has remained elevated. Health systems are leveraging Project ECHO to deliver evidence-based education to clinicians on risk reduction, FDA-approved treatments, and early detection and diagnosis.

Recommendation: Research/support program development within the healthcare infrastructure to expand education, support, and awareness. *(Ongoing)*

Implementation Notes: In the absence of dedicated funding, non-profit organizations continue to establish private/public partnerships to expand access to care and support services as well as dementia education and training.
Identified Strategies: More states are placing Dementia Care Specialists in key locations to boost dementia education, training, and caregiver support. Louisiana is the latest to roll out a program that embeds these specialists in its current state infrastructure.

Outstanding Recommendations

Recommendation: Establish public health campaigns with cognitive health messaging emphasizing early detection & diagnosis.

Implementation Challenges: Unlike other chronic conditions, Alzheimer's disease does not have a dedicated federal funding stream to support sustained public health programming. Arkansas has received competitive funding under the Building Our Largest Dementia (BOLD) Act, which has strengthened capacity for education, early detection messaging, and coordination. However, BOLD resources are time-limited and not a substitute for ongoing support needed to fully implement the State Plan.
Recommendation to Advance this Priority: Establish a recurring appropriation to support and sustain a public health strategy to address Alzheimer's and other dementias.

Recommendation: Establish an Alzheimer's & Dementia Registry to improve data collection.

Implementation Challenges: Vacancy of the Dementia Services Coordinator, discussions on which state agency should hold the registry.
Recommendations to Advance this Priority: Policy/Legislation Change (2027), Continue to coordinate with the Department of Human Services and the Department of Health to implement a registry.

Recommendation: Establish a grant program for outreach and dementia education in minority/medically underserved communities.

Implementation Challenges: Identifying a funding source.

SECTION THREE: ACCESS AND QUALITY OF CARE

Goal: Improve access to timely, accurate diagnosis and ensure coordinated, high-quality care across the continuum of the disease, especially in rural areas.

Enacted Recommendations: (Policy and Programmatic)

Recommendation: Expand access to and use of evidence-informed interventions, services, and supports for people with dementia and their caregivers to enhance health, well-being, and independence. *(Ongoing, Programmatic.)*

Implementation Notes: Access to caregiver support services, education, and training continues to improve through strategic partnerships. **Key Partners:** Alzheimer's Arkansas, Alzheimer's Association, Area Agencies on Aging, UAMS Centers of Aging,

Recommendation: Establish a Dementia Resource Center in each Area Agency on Aging (AAA). Status: *(Ongoing, Programmatic)*.

Implementation Notes: A Dementia Resource Center will serve as a hub where families can receive access to dementia specific education, risk reduction, and access to caregiver support services. The Reynolds Center on Aging - Centers on Aging has been identified as a pilot location with plans to expand the model across the state.

Recommendation: Research and support innovative models to finance HCBS; pilot programs to help people remain at home rather than enter costlier Medicaid-funded LTC. *(Ongoing, Policy)*

Implementation Notes: In 2022, in partnership with the Department of Human Services, the Dementia Respite Grant Pilot Program was established. The program provides respite grants to family caregivers of people living with an Alzheimer's or other dementia diagnosis.

Recommendation: Research and support innovative approaches, such as telehealth, to expand access to dementia education and resources. *(Ongoing, Programmatic)*

Implementation Notes: The nonprofit sector continues to utilize virtual delivery of education programs, early-stage interventions, provider education, and state-wide support groups.

Recommendation: Review existing Medicaid Level of Care (LOC) policies and incorporate cognitive decline appropriately in determining the need for long-term care. (*Ongoing)*

Implementation Notes: The Advisory Council continues to monitor and evaluate Medicaid level of care (LOC) criteria, 1915(c) HCBS waiver eligibility, and assessment tools to ensure they appropriately include beneficiaries living with mild cognitive impairment (MCI).

SECTION THREE: ACCESS AND QUALITY OF CARE

Outstanding Recommendations

Recommendation: Conduct a statewide needs assessment on capacity, availability, cost, and quality of existing dementia care options.

Implementation Challenges: The Advisory Council has not yet conducted an independent needs assessment.
Recommendation for Further Implementation: Review existing state needs assessments and ensure they are inclusive of the needs of the dementia population. This responsibility should be conducted with the support of the Dementia Services Coordinator.

Recommendation: Research opportunities to increase the number of providers for dementia care in underserved communities. *(Ongoing)*

Implementation Challenges: The Healthcare sector continues to experience a significant shortage across care settings.
Implementation Notes: Innovative approaches to strengthen the workforce, such as the Arkansas Healthcare Association's School of Nursing, will be critical to continue to address this shortage.

Recommendation: Research and develop an acuity-based model of care reflecting higher dementia care needs. *(Ongoing)*
Recommendation for Further Implementation: Further evaluation and review of policies in other states.

Recommendation: Ensure Medicaid reimbursement across care settings reflects higher dementia care needs. *(Ongoing)*

Implementation Notes: Medicaid reimbursement rates should reflect the higher costs of care for residents/patients living with an Alzheimer's or dementia diagnosis.
Recommendation for Further Implementation: Review current cost reporting data and ensure it reflects the higher costs of care associated with caring for residents/patients living with Alzheimer's or other dementia. Evaluate a reimbursement model that incentivizes providers to expand access to Memory Care.

SECTION FOUR: FAMILY CAREGIVER SUPPORT

Goal: Reduce caregiver burden by expanding access to education, support groups, respite, and connecting caregivers to support services.

Enacted Recommendations: (Policy and Programmatic)

Recommendation: Expand in-home and facility-based respite services for family caregivers of individuals living with dementia. *(Ongoing, Programmatic)*

Implementation Notes: The Alzheimer's and Dementia Respite Grant Pilot Program has expanded access to home-based respite services. More funding is needed to continue to expand access to these services.

Recommendation: Connect family caregivers and individuals with dementia to information about dementia services. *(Ongoing, Programmatic)*

Implementation Notes: The Center for Medicare and Medicaid Services (CMS) established the Guiding an Improved Dementia Experience (GUIDE, 2025). The GUIDE Model is a voluntary nationwide model test that aims to support people with dementia and their unpaid caregivers. (8-year pilot). It is currently being offered by multiple providers and has been an effective way to connect families with services. Strategic partnerships with non-profit organizations have also expanded the capacity to connect families with critical services across the continuum of the disease.

Recommendation: Regularly survey and assess the needs of family caregivers of people with dementia. *(Ongoing.)*

Recommendation: Work in coordination with state agencies and NGOs (AAAs, UAMS Centers on Aging, Alzheimer's Association) to deliver no-cost training for family caregivers.*(Ongoing)*

Implementation Notes: Strategic partnerships continue to drive this work in communities across the state of Arkansas.

Outstanding Recommendations:

Recommendation: Establish a permanent dementia-caregiver respite grant program.
Status: Outstanding *(Policy)*.
Implementation Challenges: The current pilot is funded through a federal block grant from the Administration for Community Living (ACL). Expanding the program would require a state appropriation.
Recommendations for Further Implementation: Expand the Arkansas Respite Grant Pilot into a permanent program with a recurring appropriation to sustain it long term.

SECTION FIVE: DEMENTIA TRAINING AND WORKFORCE DEVELOPMENT

Goal: To improve patient outcomes by building dementia-capable care settings via standards, training, and ongoing workforce development.

Enacted Recommendations: (Policy and Programmatic)

Recommendation: Develop and make available dementia-specific training for hospital social workers and discharge planners. *(Ongoing, Programmatic)*.
Implementation Notes: The Alzheimer's Association utilizes Project Echo to provide access to dementia training in health systems. More needs to be done to expand Project Echo into rural care settings.

Recommendation: Expand collaboration between the nonprofit sector and the medical community to increase awareness of available resources. *(Ongoing, Programmatic)*.
Implementation Notes: Strategic partnerships have increased access to available resources and services. Availability of FDA-approved treatments has been a catalyst in driving progress.

R**ecommendation: Establish dementia-specific training requirements for Adult Protective Services, long-term care facility investigators, and other state/local employees serving people with dementia.** *(Ongoing, Programmatic)*

Implementation Notes: In partnership with the Alzheimer's Association, the Department of Human Services has provided annual dementia training to the Adult Protective Services and Long-Term Care facility investigators.
Recommendation for further Implementation: Adopt dementia training requirements as a written policy to ensure permanent, consistent implementation.

Recommendation: Establish dementia-specific training requirements for members of law enforcement (initial academy and ongoing). *(ENACTED, ACT 202, 2023)*

Recommendation: Support expansion of initial and ongoing dementia training standards for direct care workers. *(Enacted, ACT 70, ACT 335; 2023)*

Implementation Notes: ACT 70 established dementia-training requirements for home care providers. ACT 335 established minimum dementia training standards for Assisted Living Facilities and Memory Care Providers.

Recommendation: Implement and deliver a portable certification for direct care workers in home health and residential long-term care settings (person-centered care). *(Ongoing, Programmatic)*

Implementation Notes: The Alzheimer's Association provides virtual, no-cost training that satisfies the requirements established by Arkansas Statute §20-10-2501

Enacted Recommendations: (Policy and Programmatic) Cont.

Recommendation: Support expansion of grant programs that incentivize entry-level health care workers to further their education. *(Ongoing)*

Implementation Notes: Identify scholarship/stipend pathways; prioritize rural/bilingual candidates; tie grants to completion and retention metrics.

Outstanding Recommendations:

Recommendation: Establish dementia-specific training programs for Community Health Workers (CHWs).

Recommendation for Further Implementation: Consider policy/rule change establishing minimum dementia training standards for Community Health Workers.

Recommendation: Research and develop a process for evaluating the benefits of dementia training in clinical and professional settings.

Recommendation: Enhance opportunities and reduce barriers for telehealth to support people with dementia (assessment, diagnosis, treatment, education). *(Ongoing)*

Arkansas has made meaningful progress on Alzheimer's and other dementias and is well positioned to sustain that momentum. Implementation of the current State Plan has advanced, and the General Assembly has strengthened state infrastructure while addressing gaps in dementia training standards across care settings.

Guided by the Healthy Brain Initiative (HBI) Roadmap, the 2022 update to the State Plan focuses on four priorities:
Public Awareness & Education
Access & Quality of Care
Family Caregiver Support
Dementia Training & Workforce Development.

Strengths

- **Established a Dementia Infrastructure:** Permanent Advisory Council (Act 391, 2021) and a state plan aligned to the Healthy Brain Initiative Road Map. Dementia Services Corrdinator Authorized (ACT 345, 2023)
- **Enhanced Dementia Training Standards:** Act 202 (2023) for law enforcement and Acts 70 & 335 (2023) for home care and Assisted Living facilities.
- **Improved Data Collection**: BRFSS cognitive decline (planned 2026) and caregiver (2027) modules provide a predictable source of public health data.

Challenges

- **Limited Funding:**
  - The Dementia Respite Grant program is still operated as a pilot (ACL-funded) without a state appropriation.
  - Challenges securing funding to implement a public health strategy.
- **Dementia Service Coordination Vacancy**
- **Disease Stigma:** There remains a stigma attached to Alzheimer's and Dementia. More awareness is needed so that we can begin to normalize the conversation around brain health.
- **Access to Diagnostics/Treatments:** Early detection and diagnosis are critical due to recent advancements in Alzheimer's Treatments. Access to diagnostics and screening is limited in rural parts of the state.

POLICY RECOMMENDATIONS

Public Awareness & Education

- Dementia Service Coordinator Position Filled - Continue to support the Department of Human Services in filling the position.
- State Appropriation Secured to fund a robust public health strategy prioritizing risk reduction, early detection and diagnosis, and the importance of brain health.

Access & Quality of Care

- **Establish Medicaid Coverage for Cognitive Screening:** CMS established a billing code (2018) to provide reimbursement for comprehensive cognitive assessment and care planning services. The state Medicaid Program does not currently offer this benefit.

Family Caregiver Support

- **Establish a Permanent Dementia Respite Grant Program -** Establish a recurring state appropriation for the Alzheimer's and Dementia Respite Grant Program**.**