



STATE of MISSISSIPPI

Strategic Plan for Alzheimer's Disease
and Related Dementias
2022 UPDATE

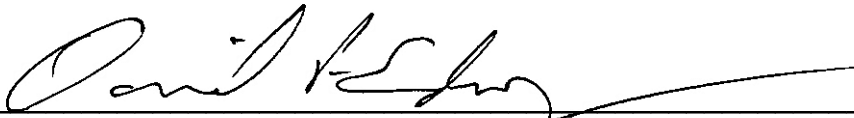
2020 — 2025



STATE OF MISSISSIPPI STRATEGIC PLAN FOR ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

2023 – 2025

I, the undersigned, express support for the *State of Mississippi Strategic Plan for Alzheimer's Disease and Related Dementias 2023 – 2025* which reflects enhancements made in 2022 to advance its strategic priorities to address the many challenges facing persons living with Alzheimer's disease and related dementias in Mississippi.



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3/23/23

Date



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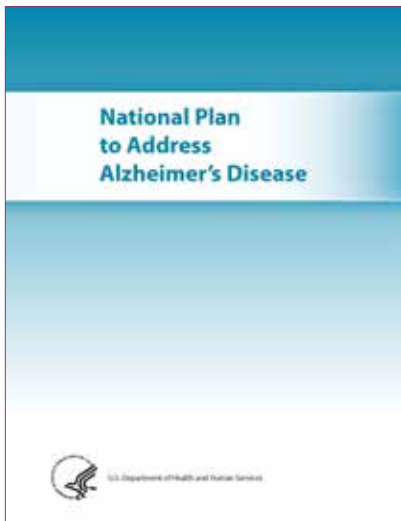
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LIST OF ABBREVIATIONS

Abbreviation	Definition
AAA	Area Agencies on Aging
AARP	American Association of Retired Persons
ADRD	Alzheimer's Disease and Related Dementias
BOLD	Building our Largest Dementia Infrastructure
BH	Brain Health
CA	Community Awareness
CDC	Centers for Disease Control and Prevention
CG	Caregiver Support
CC	Coordinated Care
DMH	Mississippi Department of Mental Health
HBI	Healthy Brain Initiative
JSU	Jackson State University
MAC	Mississippi Access to Care Network
MDHS	Mississippi Department of Human Services
MGS	Mississippi Gerontological Society
MIND	Memory Impairment and Neurodegenerative Dementia
MPHA	Mississippi Public Health Association
MS	Mississippi
MSHCA	Mississippi Health Care Association
MNA	Mississippi Nurses' Association
MSDH	Mississippi State Department of Health
MSMA	Mississippi State Medical Association
NASW-MS	National Association of Social Workers Mississippi Chapter
PDD	Planning and Development District
RD	Research and Data
SDOH	Social Determinants of Health
UMMC	University of Mississippi Medical Center
UsA2	UsAgainstAlzheimer's
VA	Veterans Administration
VDT	Virtual Dementia Tour®

INTRODUCTION

The Mississippi State Strategic Plan for Alzheimer’s Disease and Related Dementias (*State Plan*) is a collaborative project led by The MIND Center at the University of Mississippi Medical Center in partnership with the Department of Mental Health, the Alzheimer’s Association Mississippi Chapter, and Alzheimer’s Mississippi, along with stakeholders from across the state including the Department of Human Services, Division of Aging; and the Department of Health, Office of Preventive Services. More than 40 representatives have participated in the *State Plan* development and implementation from family caregivers to health care professionals and affiliates from organizations and occupations across the state such as long term care, hospice, home health, clinical research, social work, nursing, public safety, and pharmacy.



The *State Plan* was modeled after the National Alzheimer’s Project Act which was signed into law on January 4, 2011 and was developed in recognition of the enormous social, emotional, and economic impact of Alzheimer’s disease (AD) and other dementias and the need to insure we are prepared to meet the needs of individuals and families impacted by these diseases in Mississippi. State Alzheimer’s Disease Plans create an infrastructure and accountability necessary to build dementia-capable programs, services and systems for the growing number of people affected by AD and other dementias.

The *State Plan* outlines a comprehensive and inclusive state strategy to prepare for the current and impending issues facing the state by quantifying the number of individuals affected by Alzheimer’s disease and dementia and determining the levels of services available and needed at all stages of the disease for the individual affected as well as their caregivers. This approach helps to prepare Mississippi to address the Alzheimer’s epidemic with an integrated and cost-effective approach.

The *State Plan* represents a major focus on bringing together advocates, caregivers, and professionals from health care, education, and social services to identify ways to more effectively address current and future needs related to Alzheimer’s disease. Individuals with diverse backgrounds and areas of expertise converged to invest their time, energy, and talents on a voluntary basis in the development and implementation of the *State Plan*.

The *State Plan* outlines five goals, each with accompanying objectives and strategic priorities with a focus on (1) Research and Data, (2) Community Awareness, (3) Coordinated Care, (4) Caregiver Support, and (5) Brain Health. Broadly speaking, the *State Plan* outlines actions to: increase awareness of and understanding about Alzheimer’s disease; bring focused attention to the quality of care and services for persons with Alzheimer’s disease and dementia while improving the capacity of Mississippi’s workforce to respond to the needs of persons with these diseases; strengthen support for caregivers; increase Mississippi’s capacity for Alzheimer’s and dementia-related research and data collection; and elevate the level of understanding of Mississippians regarding ways to promote or improve brain health.

Overview of Alzheimer's Disease and Related Dementias

Dementia is an umbrella term for diseases and conditions characterized by a decline in cognitive skills that affect a person's activities of daily living. Dementia is caused by damage to nerve cells in the brain called neurons which causes those neurons to function improperly and eventually die. This in turn can lead to changes in memory and behavior and problems with reasoning and judgment.

Clinical guidelines for the diagnosis of Alzheimer's disease have been formulated by the National Institutes of Health - Alzheimer's Disease and Related Disorders Association; the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM5); and the Consortium to Establish a Registry in Alzheimer's Disease. In 2011, the National Institute on Aging and the Alzheimer's Association released new research and clinical diagnostic criteria for Alzheimer's disease. The criteria for the diagnosis of Alzheimer's disease require the finding of a slowly progressive memory loss of insidious onset in a fully conscious patient.¹

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is often utilized by physicians to define dementia. In 2013 the American Psychiatric Association released the fifth edition of the DSM-5 which incorporates dementia into the diagnostic categories of major and mild neurocognitive disorders. Major neurocognitive disorders are generally characterized by cognitive decline that interferes with everyday activities and that may require assistance. Mild neurocognitive disorders are evidenced by modest cognitive decline that does not interfere with everyday activities.²

There are multiple types of dementia including, but not limited to, AD, vascular dementia, Lewy Body dementia, frontotemporal, mixed dementia and Parkinson's disease. Each type of dementia is associated with distinct symptom patterns and brain abnormalities. Some conditions result in behaviors that mimic dementia, but are in fact reversible if treated. These reversible causes may include infections and immune disorders, metabolic problems and endocrine abnormalities, nutritional deficiencies, medication side effects, subdural hematomas, poisoning, brain tumors, anoxia, and normal-pressure hydrocephalus.³

Alzheimer's disease is the most common form of dementia and accounts for an estimated 60% to 80% of cases. Eventually the person with Alzheimer's disease will require complete care as their ability to carry out basic bodily functions such as walking and swallowing will be impaired. Alzheimer's disease is ultimately fatal.⁴

Alzheimer's Disease and Dementia Prevalence

The impact of Alzheimer's disease is far-reaching. An estimated 5.8 million Americans have Alzheimer's dementia in 2019, including 55,000 in Mississippi. That's an increase of 1,000 in Mississippi over 2018. It is estimated that the number of people aged 65 and older living with Alzheimer's disease in Mississippi will increase by 18.2% by 2025 to 65,000.⁵

In Mississippi, the incidence of the disease is equally daunting. It is estimated that in 2014, 51,000 Mississippians aged 65 and older are living with Alzheimer's disease. This number does not include the many thousands more with younger-onset Alzheimer's disease or those with related dementias. Mississippi, like the rest of the country, is in the midst of an unprecedented growth in the older population. Between 2014 and 2025, the number of persons aged 65 and over with Alzheimer's disease in Mississippi is expected to grow by 27% (from 51,000 people to 65,000 people).⁵

The impact of Alzheimer's disease is experienced perhaps most intensely by family caregivers. Nationally, more than 16 million Americans provide unpaid care for people with Alzheimer's or other dementia. These caregivers provided an estimated 18.5 billion hours valued at nearly \$234 billion. In Mississippi, 207,000 caregivers provided a total of 236 million hours of unpaid care, valued at a total of \$3 billion. Caregivers of people living with Alzheimer's have a \$142 million higher health cost than those not caring for someone with Alzheimer's.⁵

Sadly, deaths due to Alzheimer's have increased an alarming 145 percent since 2000, while deaths for most other major diseases have decreased. Alzheimer's disease is the sixth leading cause of death in the U.S. It kills more than breast cancer and prostate cancer combined. One in three seniors dies with Alzheimer's or another dementia. In 2017, there were 1,626 deaths from Alzheimer's in Mississippi. This represents an increase of 267% in Alzheimer's deaths in Mississippi since 2000.⁵

The prevalence of Alzheimer's disease has a significant impact on the health care system and on health care costs and the costs are unsustainable. For the third consecutive year in 2018, the cost of caring for individuals with Alzheimer's is surpassing a quarter of a trillion dollars. By 2050, these costs could rise as high as \$1.1 trillion. It is expected that the Medicaid costs of caring for people with Alzheimer's in Mississippi will be \$587 in 2019 – and is expected to grow by 22.9 percent over the next six years (by 2025).⁵

The growth in the incidence and prevalence of Alzheimer's disease has important implications for health care providers. The expansion of the older population nationally and in Mississippi has created an increased demand for health care services, including importantly, the demand for long

term care services. Nursing homes, assisted living facilities, home health agencies, personal assistance services agencies, adult day services agencies and other providers require staff to support a growing population with long term care service needs.

Beyond that, all health care providers must rely increasingly on the availability of a workforce that has been trained to support the specific care needs of individuals with Alzheimer’s disease and related disorders. These statistics highlight the importance of the *State Plan* which is paramount to addressing the many challenges facing people with Alzheimer’s disease and their families in Mississippi.

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HISTORY

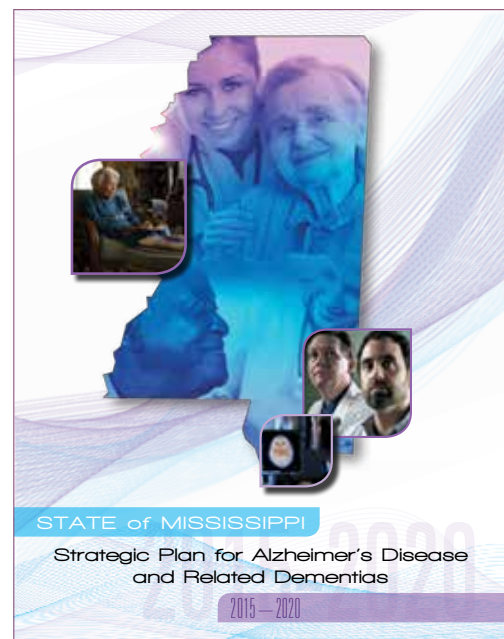
In 1998, the Alzheimer's Association Mississippi Chapter aggressively lobbied for and secured passage of legislation which for the first time, provided a means to address the critical issues related to Alzheimer's disease and dementia as a matter of state public policy. The genesis of the 1998 effort began in 1996 when Alzheimer's Association volunteers first appeared before the Public Health Committees of the Mississippi House of Representatives and Senate for support. In 1997, Senate Committee Chairman, Jim Bean, and House Committee Chairman, Bobby Moody, requested that the Association provide specific legislative recommendations.

Those specific recommendations were made in 1998. The Department of Mental Health, under the leadership of Director Randy Hendrix, PhD, supported legislation [codified at Mississippi Code of 1972, § 41-4-7 (ee)], which required that the Department of Mental Health develop an Alzheimer's *State Plan* for two key reasons:

- 1) To provide education and training to service providers, family caregivers, and others who deal with Alzheimer's disease and other dementias;
- 2) To develop adult day care, family respite care, and counseling programs to assist families who maintain persons with Alzheimer's disease and other dementias in the home setting.

Initially the State Plan served as an operational guide that outlined the activities and priorities for the Department of Mental Health Division of Alzheimer's Disease and Related Dementias. Effort to expand the State Plan grew with the passage of the National Alzheimer's Project Act of 2011 and subsequent development of a National Plan to Address Alzheimer's Disease. In 2013, the Division of Alzheimer's formalized strategic partnerships with relevant stakeholders in an effort to share resources related to Alzheimer's disease and other dementias and work began to create the formalized State Plan that exists today.

Following months of extensive collaboration amongst more than 40 contributors and stakeholders, the 2015-2020 State of Mississippi Strategic Plan for Alzheimer's Disease and Related Dementias was released on December 5, 2014 at the 3rd Annual Mississippi Alzheimer's State Planning Summit. Implementation of the goals, objectives and strategic priorities outlined in the State Plan began on July 1, 2015 with significant progress resulting in the focus areas including research, community awareness, coordinated care, caregiver support, and brain health.



In 2018, the Mississippi Department of Mental Health entered into a Memorandum of Understanding with The MIND Center at the University of Mississippi Medical Center to assume responsibility for the management of the State Plan to continue to advance its mission to address the challenges facing people with Alzheimer's and dementia and their families in Mississippi while strengthening collaboration among public and private stakeholders.

Between July and December of 2019, the Goal Group members and contributors revised and updated the State Plan and the 2020 – 2025 State of Mississippi Strategic Plan for Alzheimer’s Disease and Related Dementias was released at the 8th Annual Mississippi Alzheimer’s State Planning Summit on January 17, 2020.

The Building Our Largest Dementia Infrastructure (BOLD) for Alzheimer’s Act was passed into law on December 31, 2018 (P.L. 115-406) and amends the Public Health Service Act (Section 398A; 42 U.S.C. 280c-3-4). The activities outlined in BOLD are designed to create a uniform national public health infrastructure with a focus on issues such as increasing early detection and diagnosis, risk reduction, prevention of avoidable hospitalizations, and supporting dementia caregiving. Specifically, the BOLD Infrastructure for Alzheimer’s Act directs CDC to establish Alzheimer’s and Related Dementias Public Health Centers of Excellence, provide funds to support public health departments, and increase data analysis and timely reporting.

Beginning September 30, 2020, the Centers for Disease Control and Prevention (CDC) announced that the Mississippi State Department of Health (MSDH) Office of Preventive Health and Health Equity was a Core Capacity, three-year award recipient of the BOLD Public Health Programs to Address Alzheimer’s Disease and Related Dementias Grant. Core Capacity recipients began establishing dementia-focused public health programs to promote risk reduction, early diagnosis, prevention, management of comorbidities, and avoidable hospitalizations, and support caregiving for people with dementia. A social determinants of health approach is promoted to reach populations most impacted by cognitive decline as well as their caregivers. Statewide dementia coalitions were strengthened, and the current State Plan would be updated to incorporate recommendations from the CDC’s Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia: The 2018–2023 Road Map. To improve the collective impact of dementia care efforts, the MSDH increased its leadership involvement and Dr. Kina White joined the State Plan Steering Committee.

A Healthy Brain Initiative (HBI) Road Map assessment was performed to identify and align existing state programs and policies related to cognitive health and aging with the goals of the HBI Road Map. This helped to eliminate duplication of efforts and maximize the use of public health resources for Alzheimer’s disease and related dementias. In 2022, following two years of priority setting, assessments, survey evaluations, and public comment solicitation, an enhanced State Plan was officially approved by the State Plan Leadership. The Mississippi (MS) BOLD Public Health Program expanded the reach and capacity of public health actions and was a significant step forward in improving brain health and preventing or delaying cognitive decline in Mississippi and helping to build a more comprehensive and coordinated approach to implementing the HBI Road Map. On January 20, 2023, the 2023-2025 State Plan was announced during the 11th Annual Mississippi State Planning Summit.



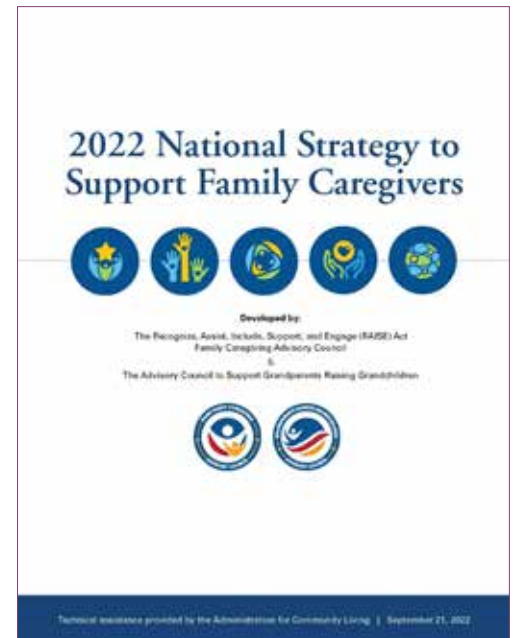
In December 2021, for the first time following the Plan’s inception, the Department of Health and Human Services (HHS) added a new national goal to the National Alzheimer’s Project Act (NAPA). This goal focuses on healthy aging and reducing risk factors for cognitive decline and dementia. With the addition of this goal, new action items are related to better understanding of health disparities in Alzheimer’s and encouraging people to change their health behaviors regarding known risk factors such as physical inactivity, unhealthy diet, smoking or

drinking, and by better integrating risk reduction strategies for hypertension and diabetes into clinical practice. To ensure effective implementation of these new actions, the Steering Committee has identified new strategic priorities and objectives within the State Plan.

The next step in addressing social determinants of health is focusing on caregivers. Caregiving is considered to have such a profound impact on health that it should be considered a diagnosable condition.¹ On September 21, 2022, the Department of Health and Human Services (HHS), through its Administration for Community Living (ACL), released the 2022 National Strategy to Support Family Caregivers. “Supporting family caregivers is an urgent public health issue, exacerbated by the long-term effects of the COVID-19 pandemic,” said HHS Secretary Xavier Becerra.²

The strategy proposes five main goals:

- 1) Increase awareness and outreach;
- 2) Build partnerships and engagement with family caregivers;
- 3) Strengthen services and supports;
- 4) Ensure financial and workplace security;
- 5) Expand data, research, and evidence-based practices.



A key goal within the State Plan is to continue to educate family caregivers who are providing for loved ones with dementia in the home or other settings. Supporting caregivers remains an essential piece of the complicated puzzle of Alzheimer’s disease and related dementias.

References

¹ Stillo, K. “Supporting Caregivers: The Next Step in Addressing Social Determinants of Health.” Carallel. Apr. 15, 2022. Supporting Caregivers: The Next Step in Addressing Social Determinants of Health - Carallel-social-determinants

² Administration for Community Living. “HHS Delivers First National Strategy to Support Family Caregivers.” Sept. 21, 2022. HHS Delivers First National Strategy to Support Family Caregivers | ACL Administration for Community Living

EXECUTIVE SUMMARY – 2022 STATE PLAN ENHANCEMENTS

This updated *State Plan* includes recommendations that were identified by the Steering Committee and outline specific and actionable revisions that will incorporate public health actions from the CDC’s Healthy Brain Initiative *State and Local Public Health Partnerships to Address Dementia: 2018-2023 Road Map*. In 2020-2022, as a part of the MS BOLD Program, a stakeholder engagement process was initiated to identify and align existing state programs, policies, and priorities related to cognitive health and aging with the goals of the HBI Road Map. A key aim of this HBI Road Map assessment was to enhance the overall focus of brain health as a public health priority and promote brain health across the lifespan.

ENHANCEMENT	SOURCE	GOAL / STRATEGIC PRIORITY	PREVENTION STRATEGY ADDRESSED
RESEARCH			
1. Conduct an analytic review of existing research and data sources to assess the built environment and socio-economic status of sub-populations of individuals with ADRD; analyze and publish findings to guide state planning efforts.	Steering Committee	Research and Data / RD4a	Primary, Secondary & Tertiary
2. Keep abreast of emerging data and research in ADRD prevention and treatment as well as social determinants of health (SDOH), health inequities and disparities; share findings with state planning teams to support implementation of priority goals and objectives.	Steering Committee	Research and Data / RD4b	Primary, Secondary & Tertiary
3. Conduct an analytic data review of comorbidities and potentially avoidable hospitalizations among individuals with ADRD utilizing ICD-10 data identifying hospitalizations for ADRD diagnosis by race, age and county; analyze and publish findings to guide state planning efforts.	Steering Committee	Research and Data / RD4c	Primary, Secondary & Tertiary

COMMUNITY AWARENESS			
4. Insure training and resource materials are culturally and linguistically competent for the intended audience e.g. address literacy and health literacy and translate to other languages.	SDOH Analytic Review	Community Awareness / CA1d	Primary, Secondary & Tertiary
5. Educate public health and health care professionals on sources of reliable information about brain health and ways to use the information to inform those they serve.	HBI Roadmap Assessment: Assure a Competent Workforce (W-1)	Community Awareness / CA1e	Primary
COORDINATED CARE			
6. Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.	HBI Roadmap Assessment: Develop Policies and Mobilize Partnerships (P-1)	Coordinated Care / CC1e	Primary & Secondary
7. Promote prevention of abuse, neglect and exploitation of people with dementia.	HBI Roadmap Assessment: Educate and Empower (E-4)	Coordinated Care / CC2e	Tertiary
8. Address co-morbidities of ADRD and potentially preventable hospitalizations.	Steering Committee	Coordinated Care / CC2f	Tertiary
9. Improve health care access by addressing transitions of care, lack of knowledge regarding available services, and distrust of care providers.	SDOH Analytic Review	Coordinated Care / CC3a	Primary, Secondary & Tertiary
10. Address the impact of cost-related medication underuse on health outcomes in persons with ADRD.	SDOH Analytic Review	Coordinated Care / CC3g	Primary, Secondary & Tertiary
11. Assess data on incidence and prevalence of persons with early-onset ADRD and association with SDOH; identify and publicize referral sites for evaluation and diagnosis.	SDOH Analytic Review	Coordinated Care / CC3h	Secondary

CAREGIVER SUPPORT			
12. Add Senior Centers to the Interactive Map of Community Services for Older Adults and Persons Living with ADRD.	SDOH Analytic Review	Caregiver Support / CS1b	Tertiary
13. Embed program evaluation into training and caregiver support programs to determine accessibility, effectiveness and impact.	HBI Roadmap Assessment: Monitor and Evaluate (M-4)	Caregiver Support / CS2e	Primary, Secondary & Tertiary
14. Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.	HBI Roadmap Assessment: Develop Policies and Mobilize Partnerships (P-1)	Caregiver Support / CS2g	Primary & Secondary
BRAIN HEALTH			
15. Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving.	HBI Roadmap Assessment: Monitor and Evaluate (M-3)	Brain Health / BH1d	Primary, Secondary & Tertiary
16. Assess food deserts and availability of produce stands and stores in Mississippi; overlay findings with ADRD map of prevalence/incidence to evaluate correlation.	SDOH Analytic Review	Brain Health / BH1e	Primary
17. Focus brain health public awareness campaigns on audiences across the life course including younger audiences (K-12).	HBI Roadmap Assessment: Educate and Empower (E1)	Brain Health / BH2a	Primary
18. Include education on the risk of environmental /occupational hazards on brain health.	SDOH Analytic Review	Brain Health / BH2e	Primary
19. Address cultural considerations/sensitivities surrounding diet and nutrition including the link between food insecurity due to financial instability.	SDOH Analytic Review	Brain Health / BH2f	Primary

ACKNOWLEDGEMENTS

The State of Mississippi Strategic Plan for Alzheimer’s Disease and Related Dementias (State Plan) continues through the collaborative efforts of key stakeholder organizations and volunteer contributors who have invested countless hours in the development and implementation of its goals and objectives. The State Plan is led by The Memory Impairment and Neurodegenerative Dementia (MIND) Center at the University of Mississippi Medical Center in partnership with the Mississippi State Department of Health, the Mississippi Department of Mental Health, and the Alzheimer’s Association Mississippi Chapter.

The State Plan Steering Committee would like to thank the many individuals across Mississippi who shared their feedback about the challenges experienced by individuals living with cognitive decline and dementia and their care partners. We especially want to thank the Leaders of the State Plan Goal Groups, Members of the State Plan Goal Leader Committee, and Health Equity Ambassadors listed below who dedicated considerable time and energy during 2022 to revise and enhance the plan contents.

A listing of the more than 70 State Plan Group Members and Stakeholders may be found at the end of this document. We are grateful for their passion and dedication to advancing the State Plan which is paramount to addressing the many challenges facing persons with Alzheimer’s disease and related dementias and their families in Mississippi.

State Plan Leadership:

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RESEARCH INTRODUCTION

A worldwide quest is currently underway to find new treatments to slow, stop, and even prevent Alzheimer's disease and related dementias. With increased public attention and federal research funding, the trajectory of these diseases can change. Under the leadership of the National Institutes of Health (NIH), the Alzheimer's research community is intensifying its efforts, seeking to identify effective ways to treat or prevent Alzheimer's and related dementias as soon as possible.

A division of the U.S. Department of Health and Human Services, NIH is the largest public funder of biomedical research in the world, investing more than \$30 billion in taxpayer dollars to achieve its mission to enhance health, lengthen life, and reduce illness and disability. Fighting Alzheimer's disease and related dementias is a priority not just at the NIH and other Federal agencies, but across the Nation and much of the world.

In January 2011, then President Obama signed the National Alzheimer's Project Act (NAPA), which called for an aggressive and coordinated U.S. plan to accelerate Alzheimer's disease research, provide better clinical care, and improve services for people with the disease and their families. The law also established an Advisory Council on Alzheimer's Research, Care, and Services, consisting of some of the Nation's foremost experts. The Advisory Council's first National Plan to Address Alzheimer's Disease in 2012 outlined objectives and set milestones to achieve the ultimate research goal: to find effective interventions to treat and prevent Alzheimer's and related dementias by 2025.¹



Updated annually, the research component of the National Plan is a collaborative, constantly evolving framework. It outlines the basic, translational, and clinical research needed to understand and conquer Alzheimer’s disease and related dementias. It also encourages the American public, which is increasingly aware of the devastation wrought by this disease, to be fully engaged in this critical effort.

Research currently underway in Mississippi is steadily adding to an enhanced understanding of the aging brain and we are closing in on more effective ways to prevent and treat Alzheimer’s and related diseases. The goals, objectives, and strategic priorities of the Research Group were mirrored after the National Alzheimer’s Project Act to promote research collaboration, participation, and funding in Mississippi. The evolution of the Research Group of the *State Plan* has led to the ascertainment of numerous institutions, organizations, and investigators in Mississippi and surrounding states who are actively involved in brain aging and neuroscience research.

Many of the identified researchers have become members of the Research Group leading in 2019 to the establishment of the Brain Aging Research Alliance (BARA) and the creation of a centralized website which will ultimately contain information regarding active Alzheimer’s and dementia research studies. Access to the website will be made available to investigators to promote research collaboration and to patients and families, primary care providers, and specialists to improve access to, and participation in, active research studies and clinical trials.

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GOAL 1: RESEARCH AND DATA

Support research in Alzheimer's disease and related dementias to accelerate scientific discoveries.

OBJECTIVE RD1: RESEARCH COLLABORATION

Promote research collaboration in Mississippi and other southeastern states to speed the development of new treatments and methods of prevention for Alzheimer's disease and other dementias.

STRATEGIC PRIORITIES:

RD1a. Establish the Brain Aging Research Alliance (BARA) to include researchers and research affiliates from organizations, universities, and institutions across the state to serve as an umbrella structure to coordinate and foster research efforts on Alzheimer's disease and other dementias in Mississippi.

Time Frame and Measurable Outcomes: The Brain Aging Research Alliance will be established by September 29, 2019.

Key Stakeholders: Research Alliance Members; The Memory Impairment and Neurodegenerative Dementia (MIND) Center at University of Mississippi Medical Center (UMMC); Mississippi Department of Mental Health (DMH); Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers

RD1b. Conduct a bi-annual survey of state universities, colleges, hospitals, and independent research organizations to identify what research is currently being conducted in the areas of Alzheimer's disease and related dementias as well as any studies planned in the future.

Time Frame and Measurable Outcomes: The survey which was previously completed in 2018, 2019 and 2020, will be repeated by September 29, 2023 and again by September 29, 2025.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology; MSDH*

*BOLD is a non-research cooperative agreement.

RD1c. Create and maintain an authoritative list of active brain aging researchers in Mississippi and surrounding states (including those involved in industry-sponsored clinical trials and investigator-initiated research studies) and their affiliated research institutions.

Time Frame and Measurable Outcomes: Utilize results of survey to identify researchers and organizations who are currently conducting brain aging and Alzheimer's and dementia research in Mississippi and surrounding southeastern states by September 29, 2018.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

RD1d. Complete construction on a new, centralized website (www.brainagingresearch.org) to publish and maintain the research information and make it accessible to patients, families, physicians, researchers and research affiliates.

Time Frame and Measurable Outcomes: The brainagingresearch.org website will be completed by September 29, 2024 and made accessible to persons living with ADRD and their families as well as physicians and researchers in Mississippi and surrounding states.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; UMMC Division of Information Systems; UMMC Department of Communications; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

RD1e. Convene a Brain Aging Research Symposium for researchers from Mississippi and other southeastern states to discuss the latest studies, theories, and discoveries and promote networking and collaboration opportunities.

Time Frame and Measurable Outcomes: Host first Brain Aging Research Symposium by September 29, 2025.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

RD1f. Encourage private research organizations to explore research and partnership opportunities with other national agencies e.g. the National Institutes of Health (NIH), the National Institute on Aging (NIA), Collaboration for Alzheimer's Prevention (CAP), Global Alzheimer's Platform Network (GAP-NET), or the International Alzheimer's and Related Dementias Research Portfolio (IADRP).

Time Frame and Measurable Outcomes: Facilitate a discussion during quarterly Research Alliance Meetings by September 29, 2024 to explore research and partnership opportunities with national agencies that support ADRD research and funding.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

OBJECTIVE RD2: RESEARCH PARTICIPATION

Promote research collaboration in Mississippi and other southeastern states to speed the development of new treatments and methods of prevention for Alzheimer's disease and other dementias.

STRATEGIC PRIORITIES:

RD2a. Develop comprehensive goals and strategies to enhance research recruitment and increase enrollment in clinical trials and research studies through community outreach.

Time Frame and Measurable Outcomes: An action plan will be developed and implemented to promote research participation in active ADRD studies by September 29, 2024.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

RD2b. Leverage digital platforms such as web and social media as well as public service announcements via radio/TV to enhance the distribution of research study information and promote participation.

Time Frame and Measurable Outcomes: Launch a public awareness campaign by September 29, 2025 to promote research participation and disseminate study information in Mississippi.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; UMMC Department of Communications; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

RD2c. Work with the State Plan Community Awareness Group to create and disseminate resource information about the new website (www.brainagingresearch.org) to patients, families, researchers, and primary care providers to improve access to available research studies. Create and distribute culturally sensitive and appropriately tailored informational materials and educational programs for the public focused on increasing research diversity and participation from underrepresented communities.

Time Frame and Measurable Outcomes: An awareness campaign to disseminate resource information about the [brainagingresearch.org](http://www.brainagingresearch.org) website will be developed and implemented in collaboration with the State Plan Community Awareness Goal Group by September 29, 2025.

Key Stakeholders: Research Alliance Members; Community Awareness Goal Group Members; The MIND Center at UMMC; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

RD2d. Collaborate with private, state, and federal partners to raise awareness regarding available research studies and to increase participation of medically underserved populations in our state.

Time Frame and Measurable Outcomes: Information regarding active ADRD research studies in Mississippi will be disseminated to private, state, and federal partners by September 29, 2025.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

RD2e. Engage health care providers to encourage referral to and participation in Alzheimer’s disease/dementia research projects and clinical studies.

Time Frame and Measurable Outcomes: Partner with the State Plan Coordinated Care Goal Group to educate health care providers in Mississippi and surrounding southeastern states to promote referral to, and participation in, active ADRD research studies.

Key Stakeholders: Research Alliance Members; Coordinated Care Goal Group Members; The MIND Center at UMMC; Alzheimer’s Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology; MSMA

RD2f. Promote national websites that aggregate research study information e.g. clinicaltrials.gov, nia.nih.gov/Alzheimers/clinical-trials, trialmatch.alz.org, as a resource for increasing participation in clinical trials.

Time Frame and Measurable Outcomes: Information regarding websites that link patients, families and providers with active ADRD research studies will be included in resource materials, virtual and in-person training programs, by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Research Alliance Members; Community Awareness Group Members; Coordinated Care Group Members; The MIND Center at UMMC; Alzheimer’s Association MS Chapter; UMMC Office of Research; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

RD2g. Explore the use of telemedicine technology applications in research recruitment efforts to reach rural populations and remote communities.

Time Frame and Measurable Outcomes: Partner with the UMMC Center for Telehealth to explore the potential use of telemedicine to promote research participation via remote/virtual platforms by September 29, 2024.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; UMMC Center for Telehealth; UMMC Office of Research; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

OBJECTIVE RD3: RESEARCH FUNDING

Leverage strategies to attract and increase research funding through various sources including state and federal government, universities, colleges, public and private individuals and organizations, and other stakeholders.

STRATEGIC PRIORITIES:

RD3a. Support grassroots efforts to encourage congress to increase federal funding for Alzheimer's and dementia research.

Time Frame and Measurable Outcomes: Partner with state and national organizations to support efforts to increase federal funding for ADRD by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Research Alliance Members; Alzheimer's Association; UsAgainstAlzheimer's (UsA2); Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

RD3b. Promote increased taxpayer contributions to Alzheimer's research through state-approved mechanisms such as a state income tax check-off to fund Alzheimer's research.

Time Frame and Measurable Outcomes: Explore available mechanisms to support taxpayer contributions to ADRD research in Mississippi by September 29, 2024.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

R3c. Identify organizations providing federal and private funding for Alzheimer's and dementia research and encourage researchers to apply for available grants to expand research funding.

Time Frame and Measurable Outcomes: Assess and disseminate information about available funding sources/sponsors for ADRD research by September 29, 2024.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology

OBJECTIVE RD4: DATA REVIEW AND ANALYSIS

Monitor and analyze available data and research in the prevention and treatment of Alzheimer's disease and related dementias as well as social determinants of health. Share/publish findings to guide state planning efforts.

STRATEGIC PRIORITIES:

RD4a. Conduct an analytic review of existing research and data sources to assess the built environment and socio-economic status of sub-populations of individuals with ADRD.

Time Frame and Measurable Outcomes: Analytic review of social determinants of health for ADRD in Mississippi will be completed by September 29, 2023.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology; MSDH*

*BOLD is a non-research cooperative agreement.

RD4b. Keep abreast of emerging data and research in ADRD prevention and treatment as well as social determinants of health (SDOH), health inequities and disparities; share findings with state planning teams to support implementation of priority goals and objectives.

Time Frame and Measurable Outcomes: Updates regarding new ADRD data and research will be sourced and shared with State Plan Goal Group members by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Research Alliance Members; The MIND Center at UMMC; Health Equity Ambassadors; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology; MSDH*

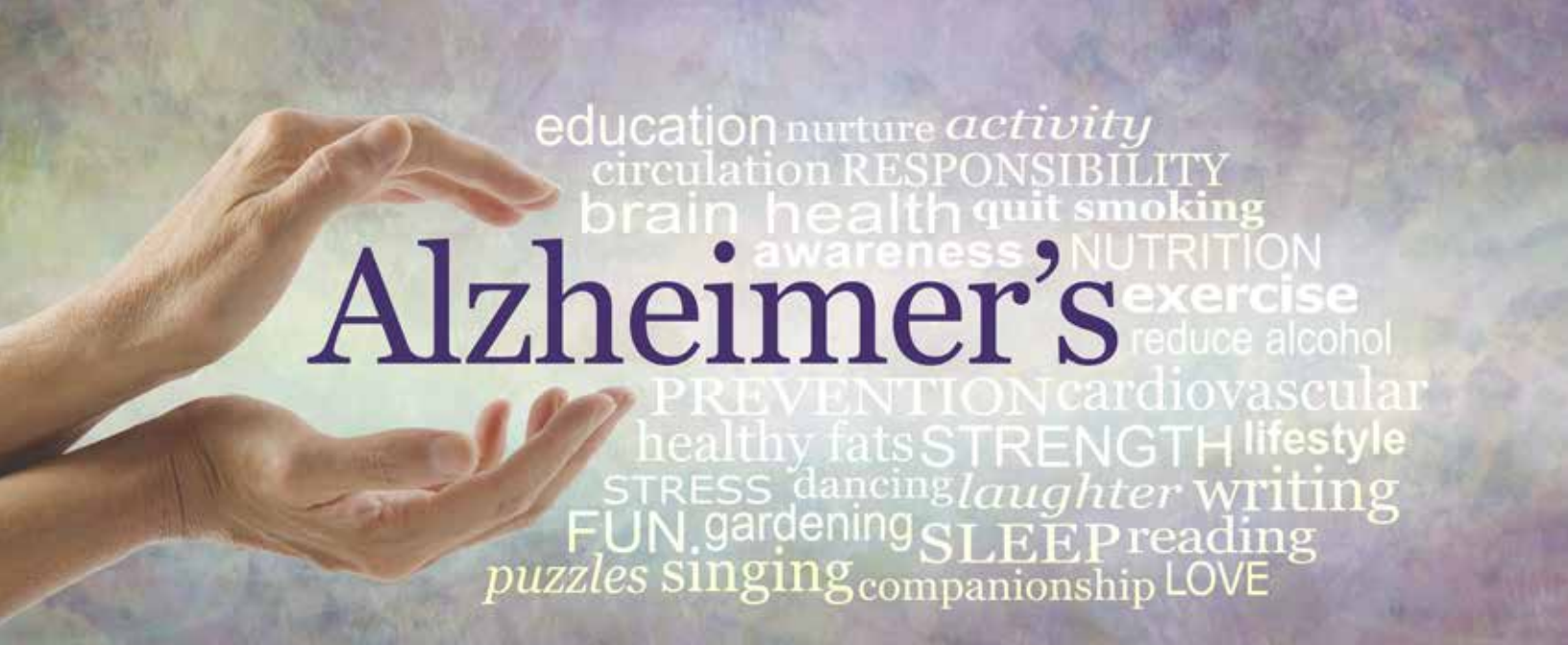
*BOLD is a non-research cooperative agreement.

RD4c. Conduct an analytic data review of co-morbidities and potentially avoidable hospitalizations among individuals with ADRD utilizing ICD-10 data identifying hospitalizations for ADRD diagnosis by race, age and county; analyze and publish findings.

Time Frame and Measurable Outcomes: Analytic data review of ADRD co-morbidities and potentially avoidable hospitalizations will be completed by September 29, 2023.

Key Stakeholders: Research Alliance Members; Coordinated Care Group Members; Alzheimer's Association Mississippi (MS) Chapter; Hattiesburg Clinic Memory Center; Precise Research Centers; Resource Consultants; UMMC School of Health Related Professions; UMMC Department of Radiology; MSDH*

*BOLD is a non-research cooperative agreement.



COMMUNITY AWARENESS INTRODUCTION

As the prevalence of dementia grows, many myths and inaccurate information regarding Alzheimer's disease and other dementias persist. Public misperceptions about dementia not only lead to delayed diagnosis and stigma, but persons with dementia and those who care for them are often unaware of how to meet care needs. It is estimated that about 200,000 individuals younger than age 65 have some form of dementia, including Alzheimer's disease which is referred to as younger or early onset.¹

As approximately 57,000 Mississippians have been diagnosed with Alzheimer's disease alone², the need to understand dementia and how to provide care is paramount. Priorities of the plan include increasing public awareness across the state through education related to Alzheimer's disease and dementia, developing community partnerships and resources for individuals with dementia and their care partners, and promoting collaborative projects that seek to further the goals and objectives outlined in the State Plan. The Community Awareness Group partners with other State Plan groups to coordinate the dissemination of resources and materials that are developed to educate, inform and support Mississippians living with Alzheimer's and dementia as well as advocates and professionals involved in their care and support.

References

¹ Alzheimer's Association, Mississippi Alzheimer's Statistics, 2019 Alzheimer's Disease Facts and Figures report at alz.org/facts (retrieved December 2019).

² Alzheimer's Association, Mississippi Alzheimer's Statistics, 2022 Alzheimer's Disease Facts and Figures report at alz.org/facts (retrieved December 2022).

GOAL 2: COMMUNITY AWARENESS

Increase public awareness of Alzheimer's disease and other dementias.

OBJECTIVE CA1: EDUCATION

Educate the public through dissemination of materials through a variety of venues including, but not limited to schools, civic and faith-based organizations, media events, and public service announcements.

STRATEGIC PRIORITIES:

CA1a. Disseminate content for public awareness campaigns to address a wide range of issues and audiences including, but not limited to, prevention strategies, identifying early warning signs and strategies for obtaining appropriate diagnosis, recognizing the stages of ADRD, improving care transitions, and accessing available resources.

Time Frame and Measurable Outcomes: Information, education, and resources regarding prevention and management of ADRD will be shared with older adults, persons living with ADRD, and the general public by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Community Awareness Group Members; The MIND Center at UMMC; Alzheimer's Association MS Chapter; MSDH; Mississippi Gerontological Society (MGS); Mississippi Access to Care Network (MAC); American Association of Retired Persons (AARP); Mississippi Department of Mental Health (DMH); Mississippi Health Care Association (MSHCA)

CA1b. Determine appropriate venues for outreach and education.

Time Frame and Measurable Outcomes: Outreach and education delivery format and venue will be determined for each program by the planning committee with consideration given to use of virtual platforms to reach a broader and more diverse audience by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Community Awareness Group Members; The MIND Center at UMMC; Alzheimer's Association MS Chapter; MSDH

CA1c. Promote the use of social media such as Facebook and Twitter as well as traditional media including print, radio and television when disseminating public education campaign messages.

Time Frame and Measurable Outcomes: Dissemination of resource information and available educational opportunities will be promoted via digital and traditional media by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Community Awareness Group Members; The MIND Center at UMMC; Alzheimer's Association MS Chapter; MSDH; MGS; MAC; AARP

CA1d. Insure training and resource materials are culturally and linguistically competent for the intended audience. Address literacy and health literacy, translate to other languages and offer at appropriate literacy, language, and legibility (font size) levels for a diverse population.

Time Frame and Measurable Outcomes: All training/resource materials will be reviewed and revised to insure cultural and linguistic competence for diverse populations by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Community Awareness Group Members; Health Equity Ambassadors; The MIND Center at UMMC; Alzheimer's Association MS Chapter; MSDH

CA 1e. Educate public health and health care professionals on sources of reliable information about brain health and ways to use the information to inform those they serve.

Time Frame and Measurable Outcomes: Partner with the Brain Health Goal Group to host and promote the Annual Brain Health Inequities Symposium and to deliver educational webinars each year with continuing education credits for nurses, social workers and allied health care professionals involved in the care and support of persons living with ADRD. Educational programs will be delivered by September 29, 2023 and on an annual basis thereafter.

Key Stakeholders: Community Awareness Group Members; Brain Health Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; MGS; MAC; AARP; DMH; MSHCA

OBJECTIVE CA2: COMMUNITY PARTNERSHIPS

Identify and develop essential community partnerships across the state.

STRATEGIC PRIORITIES:

CA2a. Identify community partners involved in the care and support of persons living with ADRD in Mississippi.

Time Frame and Measurable Outcomes: Community partners will be identified by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Community Awareness Group Members

CA2b. Encourage partnerships with service providers including physicians, advanced practice nurses, clinicians and social workers.

Time Frame and Measurable Outcomes: Community-clinical linkages will be promoted between community and clinical sectors to support ADRD prevention and improve delivery of quality care to persons living with ADRD by September 29, 2024.

Key Stakeholders: Community Awareness Group Members; Coordinated Care Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; MGS; MAC; AARP; DMH; MSHCA

CA2c. Explore educational program models to assist community gatekeepers such as first responders, clergy, bank tellers and members of the general public with identifying individuals with cognitive impairments who are at risk in the community.

Time Frame and Measurable Outcomes: Provide dementia simulations and training (e.g. the Virtual Dementia Tour® [VDT]) to law enforcement officers and first responders as well as other key community organizations/members to protect and support vulnerable adults and persons with cognitive impairments and ADRD by September 29, 2023.

Key Stakeholders: Community Awareness Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; Second Wind Dreams®; UMMC Clinical Skills Lab

OBJECTIVE CA3: REGIONAL RESOURCE SITES

Promote regional resource sites across the state that provide information and service listings.

STRATEGIC PRIORITIES:

CA3a. Identify established information and referral clearinghouses.

Time Frame and Measurable Outcomes: Assess availability of state and private information and resource repositories for persons living with ADRD by September 29, 2024.

Key Stakeholders: Community Awareness Group Members; Caregiver Support Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter

CA3b. Review existing resource and service listings for accuracy and breadth of information.

Time Frame and Measurable Outcomes: Review of resource/information for persons living with ADRD will be completed by September 29, 2024.

Key Stakeholders: Community Awareness Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; MGS; MAC; AARP; DMH; MSHCA

CA3c. Update and expand information regarding topics related to dementia, resources and services.

Time Frame and Measurable Outcomes: Partner with organizations who provide resources for persons living with ADRD to promote use of current and evidenced-based data and information by September 29, 2024.

Key Stakeholders: Community Awareness Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; MGS; MAC; AARP; DMH; MSHCA

CA3d. Enhance sites with comprehensive information and resource listings.

Time Frame and Measurable Outcomes: Partner with organizations who provide resources for persons living with ADRD to promote use of current and evidenced-based data and information by September 29, 2024.

Key Stakeholders: Community Awareness Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; MGS; MAC; AARP; DMH; MSHCA

OBJECTIVE CA4: COLLABORATION

Promote regional resource sites across the state that provide information and service listings.

STRATEGIC PRIORITIES:

CA4a. Identify information sharing networks.

Time Frame and Measurable Outcomes: Build Listservs to capture email/ mailing lists for key Alzheimer’s State Plan stakeholders and targeted audiences (including, but not limited to, faith-based organizations, caregivers, legislators, and public health agencies) by September 29, 2023.

Key Stakeholders: Community Awareness Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; MGS; MAC; AARP; DMH; MSHCA

CA4b. Partner with leadership to communicate anticipated projects and initiatives.

Time Frame and Measurable Outcomes: Collaborate with State Plan Goal Leaders to identify and disseminate information about upcoming educational programs, projects and initiatives by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Community Awareness Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; MGS; MAC; AARP; DMH; MSHCA



COORDINATED CARE INTRODUCTION

Providing all people who are battling Alzheimer’s disease and dementia with the highest quality of care in the most efficient manner requires an adequate supply of culturally-competent professionals with appropriate skills, ranging from direct care workers to community health and social workers to primary care providers and specialists. High-quality care should be provided from the point of diagnosis in settings including provider’s offices, hospitals, people’s homes, and nursing homes.¹

Improved quality of life for individuals affected by Alzheimer’s disease and other dementias can be achieved through a collaborative statewide system that addresses the complex and individualized care needs of the patient. Over the course of Alzheimer’s disease, the affected individual will encounter the full spectrum of care providers from the least skilled and untrained to the most specialized in the medical field.

This reliance on caregivers and health professionals at every stage of the disease requires accurate information and education on detection, diagnosis, care, treatment, and coordination among providers that spans every level of licensure. Further, care must address the complex needs that persons with Alzheimer’s and dementia have due to the physical, cognitive, emotional, and behavioral symptoms of the disease and any co-existing/chronic conditions.

The Coordinated Care Group seeks to address gaps in education, care coordination, and access to care through health care professionals and organizations across the state and to promote a culturally sensitive and competent healthcare workforce to improve the quality of life for individuals and families facing the devastation of Alzheimer’s disease and other dementias.

Reference

¹U.S. Department of Health & Human Services. “National Alzheimer’s Project Act.” Oct. 31, 2019.
<https://aspe.hhs.gov/national-alzheimers-project-act>

GOAL 3: COORDINATED CARE

Enhance the delivery of coordinated, competent, and comprehensive dementia care to improve the quality of life for persons with Alzheimer's disease and dementia as well as their families/caregivers.

OBJECTIVE CC1: EDUCATION

Create and implement structured educational programs to develop a workforce that is competent, culturally sensitive, and efficient in dementia care.

STRATEGIC PRIORITIES:

CC1a. Determine the target audience for dementia programs such as nurses, nurse practitioners, physicians, certified nursing assistants, physical, speech and occupational therapists.

Time Frame and Measurable Outcomes: Assess the targeted audience of health care providers and professionals to receive training to promote quality care delivery for persons living with ADRD by September 29, 2023.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; Mississippi State Department of Health (MSDH); Alzheimer's Association Mississippi (MS) Chapter; Department of Mental Health (DMH); Veterans Administration (VA) Health Care System; Mississippi Health Care Association (MSHCA)

CC1b. Identify currently available training programs relative to dementia care and support the expanded delivery of existing evidence-based education.

Time Frame and Measurable Outcomes: Identify and promote available training programs for health care providers and professionals to promote quality care delivery for persons living with ADRD by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Coordinated Care Group Members; Community Awareness Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; DMH; VA Health Care System; MSHCA

CC1c. Collaborate and coordinate with other organizations in the state e.g. the American Heart Association, Diabetes Foundation, Mississippi State Medical Association, Office of Preventive Health, and the Mississippi Health Care Association, to establish state specific education programs to insure inclusion and focus on dementia care.

Time Frame and Measurable Outcomes: Cultivate collaborations with organizations in Mississippi who are involved in providing education to health care providers and professional by September 29, 2024.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; Alzheimer's Association MS Chapter; MSDH; American Heart Association; Diabetes Foundation; Mississippi State Medical Association (MSMA); Office of Preventive Health; MSHCA; Mississippi Nurses' Association (MNA)VA Health Care System

CC1d. Create awareness about dementia care programs with target audiences and determine incentives for program completion such as a specific certification or designation.

Time Frame and Measurable Outcomes: By September 29, 2020 and continuing each year thereafter, create and disseminate a quarterly newsletter (“Mind Minute”) to health care providers across the state on topics to support the prevention and treatment of ADRD.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; Alzheimer’s Association MS Chapter; MSDH; DMH; VA Health Care System; MSHCA

CC1e. Support education and training on cognitive care planning, coordinated care management codes, and transitional care management for healthcare providers working in dementia care.

Time Frame and Measurable Outcomes: By September 29, 2022 and continuing each year thereafter, deliver a Continuing Medical Education Symposium to provide training for health care providers on cognitive care planning; primary, secondary and tertiary prevention strategies for ADRD; coordinated care management; improving care transitions; preventing and addressing co-morbidities of ADRD; and prevention of potentially unavoidable hospitalizations.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; MSMA; DMH; VA Health Care System; MSHCA

CC1f. Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.

Time Frame and Measurable Outcomes: Partner with the Brain Health, Caregiver Support, and Community Awareness Goal Groups to develop content, and provide speakers for, educational programs to promote prevention and treatment of ADRD and to support family caregivers by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Coordinated Care Group Members; Caregiver Support Group Members; Community Awareness Group Members; The MIND Center at UMMC; MSDH; DMH; VA Health Care System; MSHCA

OBJECTIVE CC2: CARE COORDINATION

Improve the management and coordination of care for persons with Alzheimer's disease and dementia from presentation of illness through end of life.

STRATEGIC PRIORITIES:

CC2a. Promote earlier diagnosis through the inclusion of cognitive assessment screening as part of the annual Medicare wellness visit by primary care and family medicine physicians.

Time Frame and Measurable Outcomes: Include training in the Annual CME Symposium and Quarterly Mind Minute Newsletters to promote earlier diagnosis of ADRD and the inclusion of cognitive assessment and care planning in Annual Medicare Wellness Visits by September 29, 2022

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; MSMA; DMH; VA Health Care System; MSHCA

CC2b. Update licensed healthcare providers on the latest research and best practices for care management of patients with Alzheimer's disease and other dementias.

Time Frame and Measurable Outcomes: Include training in the Annual CME Symposium and in the quarterly Mind Minute Newsletters on the latest research and best practices for care management of patients with Alzheimer's disease and other dementias by September 29, 2022.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; MSMA; DMH; VA Health Care System; MSHCA

CC2c. Support the implementation of dementia care guidelines across all health care settings (such as home health, hospitals, rehabilitation, Department of Motor Vehicles and long-term care) regarding the management and transition of care for persons with Alzheimer's and other dementias and their families/caregivers.

Time Frame and Measurable Outcomes: Promote community-clinical linkages with state agencies, health care organizations and the private sector to promote safety of older adults and improve management and care transitions for persons living with ADRD by September 29, 2024.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; Alzheimer's Association MS Chapter; DMH; VA Health Care System; MSHCA

CC2d. Encourage healthcare providers to include Alzheimer's disease and dementia in chronic disease management plans.

Time Frame and Measurable Outcomes: Include training in the Annual CME Symposium and Quarterly Mind Minute Newsletters to promote earlier diagnosis of ADRD and the inclusion of cognitive assessment and care planning in Annual Medicare Wellness Visits by September 29, 2022.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; MSMA; DMH; VA Health Care System; MSHCA

CC2d. Encourage healthcare providers to include Alzheimer’s disease and dementia in chronic disease management plans.

Time Frame and Measurable Outcomes: Include training in the Annual CME Symposium and Quarterly Mind Minute Newsletters to promote earlier diagnosis of ADRD and the inclusion of cognitive assessment and care planning in Annual Medicare Wellness Visits by September 29, 2022.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; MSMA; DMH; VA Health Care System; MSHCA

CC2e. Promote prevention of abuse, neglect and exploitation of people with dementia.

Time Frame and Measurable Outcomes: Incorporate training regarding prevention of abuse, neglect and exploitation of older adults and persons with ADRD in the Annual CME Symposium, quarterly Mind Minute Newsletters, and ongoing educational programs for health care providers, professionals, caregivers and community partners by September 29, 2023.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; MSMA; DMH; VA Health Care System; MSHCA

CC2f. Address co-morbidities of ADRD and potentially preventable hospitalizations.

Time Frame and Measurable Outcomes: Provide training to health care providers and professionals to address co-morbidities of ADRD and potentially preventable hospitalizations by September 29, 2022.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; MSMA; DMH; VA Health Care System; MSHCA

OBJECTIVE CC3: ACCESS TO CARE

Expand access to dementia care through enhanced awareness and availability of dementia care services and resources.

STRATEGIC PRIORITIES:

CC3a. Improve health care access by addressing transitions of care, lack of knowledge regarding available services, and distrust of care providers.

Time Frame and Measurable Outcomes: Deliver training to health care providers and professionals on improving care transitions and disseminate information regarding available state and private resources and services for persons with ADRD by September 29, 2023. Review data related to health care disparities in ADRD and promote delivery of culturally competent care through education and outreach programs by September 29, 2023.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; MSMA; Alzheimer's Association MS Chapter; DMH; VA Health Care System; MSHCA

CC3b. Identify locations and services of current health care providers and gaps in accessibility to dementia care.

Time Frame and Measurable Outcomes: Conduct a statewide telephone survey to identify health care organizations/practices providing comprehensive, outpatient dementia care in Mississippi by September 29, 2022. Partner with the State Plan Research Alliance to complete a disparate analysis of gaps in dementia care services in Mississippi; summarize and publish findings by September 29, 2023.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; MSMA; Alzheimer's Association MS Chapter; DMH; VA Health Care System; MSHCA

CC3c. Create guidelines to identify comprehensive dementia care centers in Mississippi including those that offer diagnosis and treatment for Alzheimer's and dementia, as well as care delivery in the outpatient and/or inpatient arena, care coordination, counseling, and caregiver support services.

Time Frame and Measurable Outcomes: Conduct an analytic review of data and studies on delivery of comprehensive dementia care in an outpatient setting and develop guidelines for Comprehensive Outpatient Dementia Care Centers by September 29, 2022.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; MSMA; Alzheimer's Association MS Chapter; DMH; VA Health Care System; MSHCA

CC3d. Educate community healthcare providers, patients, and families regarding where comprehensive dementia care centers exist and how to access them.

Time Frame and Measurable Outcomes: Develop a listing of organizations and practices across Mississippi that provide comprehensive dementia care in an outpatient setting in Mississippi and deliver training to health care providers, patients and families regarding how to access care for evaluation and treatment of ADRD by September 29, 2023.

Key Stakeholders: Coordinated Care Group Members; Community Awareness Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; DMH; VA Health Care System; MSHCA

CC3e. Promote awareness of current telemedicine initiatives and sites and support statewide access to dementia care for medically underserved and rural communities.

Time Frame and Measurable Outcomes: Incorporate training regarding telemedicine access to dementia care across the state in educational programs for health care providers and professionals, family caregivers and persons living with ADRD by September 29, 2024.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Center for Telehealth; Rural Health Association; MSDH; Alzheimer’s Association MS Chapter; DMH; VA Health Care System; MSHCA

CC3f. Create collateral materials to distribute to providers, health departments and pharmacists regarding available dementia care resources and “need to know” information including the Medicare Annual Wellness visit for cognitive/dementia screenings.

Time Frame and Measurable Outcomes: Create and distribute a quarterly newsletter to health care providers and professionals across the state by September 29, 2022 and annually thereafter.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; DMH; VA Health Care System; MSHCA

CC3g. Address the impact of cost-related medication underuse on health outcomes in persons with ADRD.

Time Frame and Measurable Outcomes: Provide training on the impact of cost-related medication underuse on health outcomes in persons with ADRD to health care providers and professionals by September 29, 2024.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; UMMC Division of Geriatrics; MSDH; Alzheimer’s Association MS Chapter; DMH; VA Health Care System; MSHCA

CC3h. Assess data on incidence and prevalence of persons with early-onset ADRD and association with SDOH; identify and publicize referral sites for evaluation and diagnosis.

Time Frame and Measurable Outcomes: Complete assessment of available data on incidence and prevalence of early-onset ADRD in Mississippi and its association with social determinants of health; publish list of referral sites for evaluation, diagnosis and treatment of ADRD by September 29, 2024.

Key Stakeholders: Coordinated Care Group Members; The MIND Center at UMMC; Health Equity Ambassadors; MSDH; Alzheimer’s Association MS Chapter; DMH; VA Health Care System; MSHCA



CAREGIVER SUPPORT INTRODUCTION

In the state of Mississippi there are 130,000 caregivers of persons with Alzheimer’s disease and related dementias who provide 226 million hours of unpaid care at a value of \$2.9 billion dollars.¹ These numbers are expected to significantly increase as our population ages and baby boomers become seniors in need of help.

Unpaid caregivers (often family members and women) are a valuable resource to protect our most vulnerable and largest growing population from being at even greater risk of institutionalization and exploitation. Family caregivers prevent health care systems from being overloaded with patients living with Alzheimer’s disease and related dementias.

To best help caregivers, we need to identify the current support services and resources that exist in our state, insure they are being utilized, and close any resource gaps. The most critical services for caregivers are respite care, adult day care, and home- and community-based services across the state. These services provide adjunct care so caregivers are able to take a break, may continue to work, and can take care of themselves as well as their loved one. Comprehensive support for caregivers is vital to prevent caregiver burnout and institutional placement.

A key goal is to educate family caregivers who are providing care for loved ones with Alzheimer’s and dementia in the home or other settings. Caregivers are much more likely to report high stress levels, be on antidepressant medication, and develop medical issues of their own than the general population, and these issues then interfere with caregiving responsibilities. Research findings indicate that if caregivers are informed and educated they are better able to manage stress and have fewer medical illnesses of their own.

Supporting caregivers is an essential piece of the complicated puzzle of Alzheimer’s disease and related dementias, to maintain a person’s independence and allow them to age in place in their own home as long as possible, but caregivers need help to maintain their loved ones’ independence and dignity.

Reference

¹ Alzheimer’s Association, 2022 Alzheimer’s Disease Facts and Figures report at [alz.org/facts](https://www.alz.org/facts) (retrieved December 2022).

GOAL 4: CAREGIVER SUPPORT

Enhance the availability of and access to support services for family caregivers of individuals with Alzheimer's disease and dementia.

OBJECTIVE CS1: RESOURCES

Identify all available caregiver support services and resources across the state and make them available to the public and health care professionals.

STRATEGIC PRIORITIES:

CS1a. Develop an online Interactive Map of Community Services for Older Adults and Persons Living with ADRD to function as a centralized clearinghouse of information of available public and private caregiver support resources.

Time Frame and Measurable Outcomes: An online Interactive Map of Community Services will be launched by September 29, 2024.

Key Stakeholders: Caregiver Support Group Members; The MIND Center at UMMC; UMMC Division of Information Systems; UMMC Web Strategy; MSDH; Alzheimer's Association MS Chapter; DMH; Area Agencies on Aging (AAAs); Planning and Development Districts (PDDs); Veterans Administration (VA) Health Care System; American Association of Retired Persons (AARP)

CS1b. Add Senior Centers to the Interactive Map of Community Services for Older Adults and Persons Living with ADRD.

Time Frame and Measurable Outcomes: Senior Centers will be included in the online Interactive Map of Community Services which will be launched by September 29, 2024.

Key Stakeholders: Caregiver Support Group Members; The MIND Center at UMMC; UMMC Division of Information Systems; UMMC Department of Web Strategy; MSDH; Alzheimer's Association MS Chapter; DMH; AAAs; PDDs; VA Health Care System; AARP

CS1c. Promote continued collaboration and involvement of all community partners, both public and private, in centralizing information regarding available caregiver support services.

Time Frame and Measurable Outcomes: Collaboration among public and private community partners will be promoted by September 29, 2023 and annually thereafter.

Key Stakeholders: Caregiver Support Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; DMH; MAC; Mississippi Department of Human Services (MDHS); MAC; AAAs; PDDs; VA Health Care System; AARP

OBJECTIVE CS2: RESOURCES

Support the delivery of educational programs to enhance public awareness of available support services in Mississippi and to better equip family caregivers to deliver quality care at home while maintaining their physical and psychological well-being.

STRATEGIC PRIORITIES:

CS2a. Identify and collaborate with organizations and agencies that are currently providing educational information and training programs for communities, faith-based services, caregivers, family members, and health care providers to expand availability as well as to identify underserved areas or groups.

Time Frame and Measurable Outcomes: The delivery of education for family caregivers/care partners will be promoted through collaboration with partner organizations and agencies by September 29, 2023 and annually thereafter.

Key Stakeholders: Caregiver Support Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; AARP; Alzheimer's Association MS Chapter; DMH; Mississippi Division of Aging and Adult Services; Hattiesburg Clinic Memory Center; Brain Injury Association of Mississippi/United Spinal Association; AAAs; PDDs; VA Health Care System

CS2b. Assist with providing materials to community groups, caregivers, health care providers and facilities through a centralized mechanism including online resources.

Time Frame and Measurable Outcomes: Resource information and materials will be distributed to targeted ListServes by September 29, 2023 and on an ongoing basis thereafter.

Key Stakeholders: Caregiver Support Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; DMH; MAC; MGS; AARP; AAAs; PDDs; VA Health Care System

CS2c. Provide training and resource materials to health care providers and the medical community to enhance knowledge of available resources and support services for caregivers.

Time Frame and Measurable Outcomes: Partner with the Coordinated Care Goal Group to support the delivery of training and resource information to providers across the state regarding caregiver resources and support services by September 29, 2023 and on an ongoing basis.

Key Stakeholders: Caregiver Support Group Members; Coordinated Care Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; DMH; MSMA; MNA; AARP; AAAs; PDDs; VA Health Care System

CS2d. Deliver education to family caregivers on best practices for care delivery in the home as well as methods to reduce caregiver stress and burnout.

Time Frame and Measurable Outcomes: Training for family caregivers will be delivered through key stakeholder partnerships by September 29, 2023 and annually thereafter

CS2d. Deliver education to family caregivers on best practices for care delivery in the home as well as methods to reduce caregiver stress and burnout.

Time Frame and Measurable Outcomes: Training for family caregivers will be delivered through key stakeholder partnerships by September 29, 2023 and annually thereafter.

Key Stakeholders: The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; DMH; Hattiesburg Clinic Memory Center (disentangleAD); Division of Aging and Adult Services; AARP; AAAs; PDDs; VA Health Care System

CS2e. Embed program evaluation into training and caregiver support programs to determine accessibility, effectiveness and impact.

Time Frame and Measurable Outcomes: Session and program evaluations will be collected following the delivery of each caregiver training and support program by September 29, 2023 and annually thereafter.

Key Stakeholders: The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; DMH; AARP; AAAs; PDDs; VA Health Care System

CS2f. Engage for-profit and non-profit foundations, the business community, and the state and federal government, to provide funding for caregiver training, support materials, and services.

Time Frame and Measurable Outcomes: Funding opportunities will be explored and pursued to support the delivery of caregiver training, support and services by September 29, 2023 and on an ongoing basis thereafter.

Key Stakeholders: Caregiver Support Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; UMMC Center for Telehealth; DMH; AARP; AAAs; PDDs; VA Health Care System

CS2g. Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.

Time Frame and Measurable Outcomes: The Caregiver Support Goal Group will partner with the Brain Health and Coordinated Care Goal Groups to promote brain health and risk reduction strategies by September 29, 2023 and on an ongoing basis thereafter.

Key Stakeholders: Caregiver Support Group Members; Brain Health Group Members; Coordinated Care Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; AAAs; PDDs; VA Health Care System; DMH; AARP

OBJECTIVE CS3: SERVICES

Increase access to and availability of caregiver support services with a focus on the delivery of (1) respite care; (2) adult daycare; and (3) home and community-based services across the state including rural and urban areas with under-served populations.

STRATEGIC PRIORITIES:

CS3a. Identify available resources in the areas of respite care, daycare and home/community-based services, and promote expansion to remote and underserved areas.

Time Frame and Measurable Outcomes: An environmental scan will be conducted to identify respite and adult day care services in Mississippi as well as other home and community-based services for older adults and persons with ADRD; measures to promote expansion to underserved areas will be explored and supported by September 29, 2023.

Key Stakeholders: Caregiver Support Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; DMH; Mississippi Family Caregiver Coalition; Division of Aging and Adult Services; AARP; AAAs; PDDs; VA Health Care System

CS3b. Support legislative initiatives and pursue appropriation of state and federal funding for the expansion of respite care, adult daycare, and home/community-based services as well as adjunct services such as transportation.

Time Frame and Measurable Outcomes: Advocate for the appropriation of state and/or federal funding to support home and community-based services for older adults and persons with ADRD by September 29, 2022 and on an ongoing basis thereafter.

Key Stakeholders: Caregiver Support Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; Division of Aging and Adult Services; MS Family Caregiver Coalition; AARP; DMH; AAAs; PDDs; VA Health Care System



BRAIN HEALTH INTRODUCTION

More than 6.5 million Americans and over 57,000 Mississippians are currently living with Alzheimer's and these numbers are projected to more than double by 2050¹ unless we implement strategies to prevent, slow or stop this devastating and costly disease.¹ Promising prevention and brain health research is now focused on eliminating risk factors that contribute to the development of Alzheimer's disease and dementia, promoting behaviors which encourage brain health beginning early in life, and supporting earlier diagnosis and treatment.

We know that changes in the brain can occur many years before the first symptoms of Alzheimer's appear. These early brain changes point to a possible window of opportunity to prevent or delay debilitating memory loss and other symptoms of dementia. While research may identify specific interventions that will prevent or delay these diseases in some people, it's likely that many individuals may need a combination of treatments based on their own risk factors.

Maintaining a healthy heart can help to maintain a healthy brain. We have long known that the diseases and conditions that clog the arteries of the heart also clog the arteries of the rest of the body, including the brain. It all boils down to damage of the arteries, the blood vessels critical for blood flow and oxygen delivery to the organs in the body. Arterial damage leads to blockages, which lead to heart disease and heart attacks, strokes, peripheral vascular disease, and vascular dementia.²

Meanwhile, more and more research is linking Alzheimer's and dementia to the same risk factors that cause heart disease including obesity, high blood pressure, high cholesterol, and diabetes. Research is still evolving, but evidence is strong that people can reduce their risk of cognitive decline by making key lifestyle changes, including participating in regular physical activity, staying socially engaged, and maintaining good heart health.

The objectives and strategies of the *State Plan* Brain Health Group are aimed at changing the trajectory of cognitive decline and improving brain health in Mississippi beginning early in life by focusing on assessing the severity and impact of cognitive decline in the state; including brain health in strategic planning for all Mississippi public health efforts; mobilizing community partners and stakeholders to join forces to promote brain health; and increasing community awareness and educating health care providers about the prevention and treatment of Alzheimer's disease and dementia, the correlation between Alzheimer's and chronic conditions (such as heart disease), and the benefit of early diagnosis and intervention.

References

¹Alzheimer's Association, Mississippi Alzheimer's Statistics, *2022 Alzheimer's Disease Facts and Figures* report at [alz.org/facts](https://www.alz.org/facts) (retrieved December 2022).

² Tello, Monique. "Brain health rests on heart health: Guidelines for lifestyle changes." Harvard Health Blog. June 12, 2019. www.health.harvard.edu/blog/whats-good-for-the-heart-is-good-for-the-mind-2-2019061216812

GOAL 5: BRAIN HEALTH

Implement initiatives that improve brain health and promote healthy aging in Mississippians.

OBJECTIVE BH1: SURVEILLANCE

Leverage use of surveillance systems and survey mechanisms to assess the level of understanding about ways to promote brain health as well as the public health impact of declining brain function, inform public health policy and strategies, and monitor progress toward promoting improved quality of life.

STRATEGIC PRIORITIES:

BH1a. Continue use of survey tools such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Alzheimer’s State Plan Survey to collect health outcomes data for persons with impaired brain function, Alzheimer’s disease and related dementias, including the impact of social determinants of health (SDOH).

Time Frame and Measurable Outcomes: The BRFSS Caregiver and Cognitive Decline modules as well as the Alzheimer’s State Plan Survey will each be administered on a bi-annual basis by September 29, 2020 and on an ongoing basis thereafter.

Key Stakeholders: Brain Health Group Members; MSDH; The MIND Center at UMMC; Alzheimer’s Association MS Chapter; DMH

BH1b. Review surveillance data on an ongoing basis to identify trends in brain health knowledge and understanding within the state.

Time Frame and Measurable Outcomes: Available surveillance data will be reviewed and analyzed by September 29, 2020 and on an ongoing basis thereafter.

Key Stakeholders: Brain Health Group Members; The MIND Center at UMMC; MSDH; DMH; Alzheimer’s Association MS Chapter; UsA2

BH1c. Utilize surveillance data to inform the public and state government regarding the scope of brain function impairment in Mississippi and to guide the efforts of the Brain Health Group.

Time Frame and Measurable Outcomes: Surveillance data will be incorporated into the annual State Plan Progress Report and shared with state legislators by September 29, 2020 and annually thereafter.

Key Stakeholders: Brain Health Group Members; The MIND Center at UMMC; MSDH; DMH; Alzheimer’s Association MS Chapter; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; Veterans Administration (VA) Nursing Home; Brain Injury Association/United Spinal Association; Jackson State University (JSU) Department of Behavioral Health Promotion and Education; The Partnership for a Healthy Mississippi (MS); Mississippi (MS) Development Authority; American Heart Association (AHA)

BH1d. Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving.

Time Frame and Measurable Outcomes: Surveillance data will be utilized to inform and guide public health efforts to address risk reduction strategies and provide caregiver support for persons with ADRD by September 29, 2023.

Key Stakeholders: Brain Health Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

BH1e. Assess food deserts and availability of produce stands and stores in Mississippi; overlay findings with ADRD map of prevalence/incidence to evaluate correlation.

Time Frame and Measurable Outcomes: Conduct an environmental scan in MS to identify gaps in availability of produce stands and stores with healthy food options by September 29, 2024.

Key Stakeholders: Brain Health Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

OBJECTIVE BH2: PUBLIC AWARENESS AND EDUCATION

Develop a public awareness campaign incorporating culturally sensitive strategies to educate Mississippians about brain health across the life span and increase public awareness about Alzheimer's disease and other dementias.

STRATEGIC PRIORITIES:

BH2a. Focus the public awareness campaign on the link between heart health and brain health and the importance of including brain health initiatives in wellness campaigns across the life course including younger audiences (K-12).

Time Frame and Measurable Outcomes: Develop and implement a "Brain Health is Public Health" awareness campaign to promote brain health across the life course and deploying multiple media modalities e.g. social media, email marketing, TV and radio PSAs, and evergreen podcasts by September 29, 2023.

Key Stakeholders: Brain Health Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; The Partnership for a Healthy MS; MS media partners; UsA2; AHA; Diabetes Foundation of MS; Brain Injury Association/United Spinal Association; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; JSU Department of Behavioral Health Promotion and Education; MS Development Authority

BH2b. Emphasize the role that nutrition, exercise, smoking cessation and management of comorbid health conditions such as hypertension, diabetes and obesity play in healthy aging and prevention of Alzheimer's and dementia.

Time Frame and Measurable Outcomes: The awareness campaign will address primary risk reduction strategies to promote brain health and be implemented by September 29, 2023.

Key Stakeholders: Brain Health Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; The Partnership for a Healthy MS; MS media partners; UsA2; AHA; Diabetes Foundation of MS; Brain Injury Association/United Spinal Association; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; JSU Department of Behavioral Health Promotion and Education; MS Development Authority

BH2c. Tailor educational programs to address the stigma associated with Alzheimer's disease and dementia.

Time Frame and Measurable Outcomes: The awareness campaign will address the stigma associated with ADRD and be implemented by September 29, 2023.

Key Stakeholders: Brain Health Group Members; Health Equity Ambassadors; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; The Partnership for a Healthy MS; MS media partners; UsA2; AHA; Diabetes Foundation of MS; Brain Injury Association/United Spinal Association; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; JSU Department of Behavioral Health Promotion and Education; MS Development Authority

BH2d. Deliver outreach education on the early signs and symptoms of Alzheimer’s disease and dementia and promote the benefits of early detection and diagnosis.

Time Frame and Measurable Outcomes: Coordinate and deliver the Annual Brain Health Inequities Symposium with continuing education credits for nurses and social workers, focused on promoting brain health, promoting early detection and diagnosis, and identifying and addressing disparities in ADRD by September 29, 2021 and annually thereafter.

Key Stakeholders: Brain Health Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; UsA2; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

BH2e. Include education on the risk of environmental /occupational hazards on brain health.

Time Frame and Measurable Outcomes: Education on the effect of environmental/occupational hazards on brain health will be included as a topic in the Brain Health Inequities Symposium by September 29, 2024 and annually thereafter.

Key Stakeholders: Brain Health Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

BH2f. Address cultural considerations/sensitivities surrounding diet and nutrition including the link between food insecurity due to financial instability.

Time Frame and Measurable Outcomes: Cultural sensitivities surrounding diet and nutrition will be addresses as well as other social determinants of health for ADRD in awareness campaign and Brain Health Inequities Symposium by September 29, 2023.

Key Stakeholders: Brain Health Group Members; Health Equity Ambassadors; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

BH2g. Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.

Time Frame and Measurable Outcomes: The Brain Health Goal Group will partner with the Coordinated Care and Caregiver Support Goal Groups to promote brain health and risk reduction strategies by September 29, 2023 and on an ongoing basis thereafter.

Key Stakeholders: Brain Health Group Members; Caregiver Support Group Members; Coordinated Care Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

OBJECTIVE BH3: PUBLIC HEALTH PRIORITY

Include brain health as a major consideration in strategic planning for all public health efforts, chronic diseases and issues related to aging and caregiving in Mississippi; engage and mobilize public and private community partners at both the national and state level to promote brain health.

STRATEGIC PRIORITIES:

BH3a. Leverage strategies outlined in “The Healthy Brain Initiative,” the “Brain Health Partnership Prospectus,” and other brain health campaigns available for public use to promote healthy aging in Mississippi.

Time Frame and Measurable Outcomes: Incorporate strategies from The Healthy Brain Initiative Roadmap in awareness campaigns and education to promote brain health and healthy aging in MS by September 29, 2023 and on an ongoing basis thereafter.

Key Stakeholders: Brain Health Group Members; Centers for Disease Control and Prevention (CDC); Alzheimer’s Association MS Chapter; The MIND Center at UMMC; MSDH; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

BH3b. Integrate brain health strategies and recommendations into state and local public health plans where appropriate.

Time Frame and Measurable Outcomes: Partner with state agencies to integrate brain health and ADRD risk reduction into chronic disease management and public health strategies by September 29, 2023.

Key Stakeholders: Brain Health Group Members; MSDH; Division of Aging and Adult Services; DMH; The MIND Center at UMMC; Alzheimer’s Association MS Chapter; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

BH3c. Establish and mobilize a broad network of partners in the areas of business, education, manufacturing, and other community-based employers and organizations to implement and promote brain health and wellness programs.

Time Frame and Measurable Outcomes: Collaborate with key stakeholders to support strategies to build Age-Friendly and Dementia-Friendly Communities and Health Systems in MS by September 29, 2025.

Key Stakeholders: Brain Health Group Members; MSDH; The MIND Center at UMMC; Alzheimer’s Association MS Chapter; DMH; The John A. Hartford Foundation; Trust for America’s Health; Institute for Healthcare Improvement (IHI); American Hospital Association; Catholic Health Association of the United States; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

BH3d. Develop partnerships with non-profits and public health programs in the state including, but not limited to, American Heart Association, Diabetes Foundation, Brain Injury Association, Office of Preventive Health, and Partnership for a Healthy Mississippi to prioritize brain health in public health policy.

Time Frame and Measurable Outcomes: Invite representatives from MS non-profit organizations and public health programs involved in promoting healthy aging and addressing diseases and health factors that contribute to cognitive decline, to join the Brain Health Goal Group and become involved in State Planning efforts by September 29, 2022.

Key Stakeholders: Brain Health Group Members; MSDH; The MIND Center at UMMC; Alzheimer’s Association MS Chapter; DMH; Diabetes Foundation of MS; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

OBJECTIVE BH4: HEALTH CARE EDUCATION

Deliver educational programs to inform health care providers about current and emerging research findings in the areas of brain health promotion, prevention, and early diagnosis of Alzheimer's disease and dementia.

STRATEGIC PRIORITIES:

BH4a. Develop and implement continuing education programs that improve the ability of health care providers to: (1) promote brain health and healthy aging, (2) recognize early signs and symptoms of Alzheimer's disease and other dementias utilizing brain health screening and assessment tools in a variety of clinical settings, and (3) provide guidance to patients and families on where to seek treatment and support.

Time Frame and Measurable Outcomes: Partner with the Coordinated Care Goal Group to support the delivery of continuing education programs for health care providers to promote brain health and early diagnosis and intervention by September 29, 2022.

Key Stakeholders: Brain Health Group Members; Coordinated Care Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; MSMA; DMH; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA;

BH4b. Encourage health care providers to make brain health check-ups standard practice as part of annual physicals and wellness visits.

Time Frame and Measurable Outcomes: Partner with the Coordinated Care Goal Group to support the delivery of continuing medical education programs for health care providers to encourage the inclusion of cognitive assessment in annual Medicare wellness visits by September 29, 2022.

Key Stakeholders: Brain Health Group Members; Coordinated Care Group Members; The MIND Center at UMMC; MSDH; Alzheimer's Association MS Chapter; MSMA; DMH; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

BH4c. Develop strategies to insure health care professionals recognize the role of families in the delivery of care for individuals with Alzheimer’s disease and the importance of caregiver stress management and promotion of their health and well-being. Target the higher prevalence of Alzheimer’s and dementia among African-Americans and Hispanics and empower health care providers to promote disease prevention by addressing risk factors such as heart disease, diabetes, and obesity.

Time Frame and Measurable Outcomes: Partner with the Coordinated Care Goal Group to support the delivery of continuing medical education programs to address the stress and well-being of ADRD caregivers as well as risk reduction strategies for ADRD with a focus on disproportionately affected communities by September 29, 2022.

Key Stakeholders: Brain Health Group Members; Coordinated Care Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; MSMA; DMH; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

BH4d. Embed course evaluation into educational/training programs to determine accessibility, effectiveness and impact.

Time Frame and Measurable Outcomes: Session and program evaluations will be collected following the delivery of each caregiver training and support program by September 29, 2023 and annually thereafter.

Key Stakeholders: Brain Health Group Members; Coordinated Care Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; MSMA; DMH; AARP; UMMC Department of Pediatrics and Child Development; UMMC Department of Pathology; St. Dominic Health System; VA Nursing Home; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA



NEXT STEPS

The same level of collaboration among individuals and organizations that went into developing the 2015 – 2020 State of Mississippi Strategic Plan for Alzheimer’s Disease and Related Dementias is anticipated as Mississippi continues to implement the 2020 – 2025 State Plan. As part of the process of creating the plan, it became clear that many Alzheimer’s-related resources currently exist in Mississippi and that significant benefit will be derived from examining the existing industries, services and resources that address the needs of persons with Alzheimer’s disease and dementia, their families and caregivers. Achievement of the State Plan goals and objectives will be accelerated by coordinating, combining, and leveraging identified resources. Further, state policies and responses to the provision of clear and coordinated services will be addressed through enhanced partnerships.

Project partners have expressed eagerness to begin working on the strategic priorities identified in the 2023-2025 State Plan, and these efforts will begin immediately upon publication of the revised plan. The MIND Center at the University of Mississippi Medical Center, the Mississippi State Department of Health, the Mississippi Department of Mental Health, and the Alzheimer’s Association Mississippi Chapter, will coordinate implementation activities and track progress toward meeting goals and objectives outlined in the plan.

Full implementation and timely execution of the plan will be dependent on the involvement and contributions of a broad constituency of community partners. Given the high level of interest and commitment among individuals and organizations involved in the process thus far, it is expected that the plan will achieve results that will have a significant and lasting impact on Mississippi’s caregivers, health care professionals, and persons living with Alzheimer’s disease and related dementias.

The 2022 State Plan updates illustrate an increased emphasis on data-driven decision making and the use of evidence-based practices to improve dementia care. With the collaboration of the MS BOLD program, a strong public health approach to Alzheimer’s disease and related dementias has been integrated within both policy and practice. To accomplish the goals of this public health approach, project partners and stakeholders will continue utilizing data to set priorities, to develop public health actions, to address social determinants of health (SDOH), and to provide support for caregivers who take care of persons with dementia. With the addition of the Health Equity Ambassador role to the State Plan Goal Groups, efforts to address health disparities and health-related risk factors are further emphasized across the life span.

Moving forward, project partners are energized to accelerate efforts to achieve health equity goals towards a competent, culturally sensitive, and comprehensive dementia care workforce and implementation of educational programs. The 2023 – 2025 State Plan priorities and objectives will continue to build upon a coordinated system of care to increase the number of Mississippians knowing where and how to seek care and support, including communities with an identified high burden of Alzheimer’s disease and other dementias.

2020 - 2025 STATE PLAN GOAL GROUP MEMBERS AND STAKEHOLDERS

The progress that has been made to date in creating and implementing the *2020 – 2025 State of Mississippi Strategic Plan for Alzheimer’s Disease and Related Dementias* and incorporating the enhancements in 2022 to strengthen the *2023 – 2025 State Plan* would not have been possible without the collaborative effort of many individuals from the public and private sector who contributed precious time, financial resources, and professional expertise. With appreciation and gratitude to the following leaders for their input, guidance and commitment to the development and implementation of the *State Plan*.

Mary Armstrong, MD, Medical Consultant, Hearing Officer, Mississippi State Department of Health – Member, Coordinated Care Group

Melinda Bertucci, Associate State Director – Advocacy, AARP Mississippi – Member, Community Awareness Group; Member, Brain Health Group

Augusta Bilbro, Bureau Director, Heart Disease and Stroke Prevention Program Director, Mississippi Department of Health – Member, Coordinated Care Group

Kathy Burk, MSW, LCSW, CPM, Community Member, Retired – Member, Community Awareness Group

Ken Butler, PhD, Professor of Medicine, Project Administrator – ARIC Study, The MIND Center at the University of Mississippi Medical Center (UMMC) – Member, Research Group

Lee Corlew, MIND Center Board Member and Alzheimer’s Advocate – Member, Caregiver Support Group

Ivory Craig, Associate State Director for Community Outreach, AARP Mississippi – Member, Caregiver Support Group; Member, Coordinated Care Group

Chelsea B Crittle, PhD, Aging Program Director, Central Mississippi Planning and Development District – Member, Caregiver Support Group

Kristen Davis, LMSW, Program Coordinator, Alzheimer’s Association Mississippi Chapter – Member, Caregiver Support Group

Yolanda Diaz, MSW, LCSW, Resource Consultants - Member, Research Group; Member, Community Awareness Group

Mary Nell Doris, Executive Director, First Friends Respite Center – Member, Coordinated Care Group

Patty Dunn, Director of Budget and Business Planning, VSS, LLC – Co-Leader, Brain Health Group

Deborah Eakin, PhD, Associate Professor, Dept. of Psychology, Mississippi State University – Member, Research Group

Amy Easley, RN, BSN, Inpatient Adult Psychiatry, UMMC – Member, Coordinated Care Group

Tamikia Forkner, MS, RD, LD, Older Adult Nutrition Program Director, Division of Aging & Adult Services, Mississippi Department of Human Services

B. Heath Gordon, PhD, APBB, Clinical Neuropsychologist, Clinical & Forensic Neuropsychology Services, LLC Member, Coordinated Care Group

TJ Harvey, Executive Director, Alzheimer’s Mississippi – Leader, Brain Health Group

Vanessa Henderson, Executive Director, Mississippi Health Care Association – Member, Coordinated Care Group

Matt Herr, CCRC, Study Coordinator, Precise Research Centers - Member, Research Group

John Hodnett, DNP, Med, RN, LPC, Director of Clinical Operations, Sharkey-Issaquena Community Hospital – Member, Coordinated Care Group

Lee Jenkins, Executive Director, Brain Injury Association of Mississippi – Member, Brain Health Group

Ryan Kelly, Executive Director, Mississippi Rural Health Association – Member, Community Awareness Group

Wanda Kennedy, Director of Professional Development, Mississippi Health Care Association – Member, Coordinated Care Group

Jennifer Knight, RN, BSN, RN Care Coordinator, The MIND Center at UMMC – Co-Leader, Caregiver Support Group

Joseph Kwentus, MD, Director, Precise Research Centers – Member, Research Group

Denise Lafferty, RN, BSN, Chief Strategy and Operations Officer, The MIND Center at UMMC – Leader, Research Alliance; Member, Caregiver Support Group; Member, Brain Health Group

Andrew Majeste, RN, BSN, Project Manager, Clinical Research and TeleMIND, The MIND Center at UMMC – Co-Leader, Coordinated Care Group; Member, Research Group

Mae McDaniel, RN, Education and Regulatory Services, Mississippi Health Care Association – Member, Community Awareness Group; Member, Coordinated Care Group

Sue A Meng, LCSW, Geriatric Social Worker, The MIND Center at UMMC – Co-Leader, Caregiver Support Group

Thomas Mosley, PhD, Director and Chair, The MIND Center at UMMC – Member, Research Group

Stacey Naylor, RN, MSN, CCRP, Director of Clinical Research, The MIND Center at UMMC - Member, Research Group; Member, Community Awareness Group

Caroline Newkirk, Community Health Programs Manager, Mississippi Department of Health Office of Preventive Health – Member, Brain Health Group

Laura Pannell, PhD, Credentialed Gerontologist, Lead Faculty Itawamba Community College, Psychology and Social Work, Certified Trainer State of Mississippi Law Enforcement Training Academies – Member, Community Awareness Group

Ashley Parker, LCSW, Geriatric Social Worker and Consultant, Ashley Parker, LLC – Member, Caregiver Support Group

Molly Portera, Director, Division of Outreach and Training, Mississippi Department of Mental Health – Member, Community Awareness Group

H.L. “Hank” Rainer, LCSW, BCD, Social Worker and Activity Consultant – Member, Caregiver Support Group

Melissa Robinson, Major Gifts Officer, The MIND Center at UMMC – Member, Community Awareness Group

Sara Sanders, MD, Assistant Professor, Division of Geriatrics, UMMC – Member, Coordinated Care Group

Ronald Schwartz, MD, Director, Hattiesburg Clinic Memory Center - Member, Research Group

Bidisha Sengupta, PhD, Associate Professor, Chemistry and Physics, Tougaloo College - Member, Research Group

Mary Shaw, PhD, Department Chair and Professor, Behavioral Health Promotion and Education, School of Public Health, Jackson State University – Member, Brain Health Group

Mary Shearrill, Director, Mississippi Access to Care (MAC) Center and Lifespan Respite program; Mississippi Department of Human Services Division of Aging and Adult Services – Member, Community Awareness Group

Sandra Shelson, JD, Executive Director, Partnership for a Healthy Mississippi – Member, Brain Health

Janette Sylvania, RN, MSN, APGCNS, APGPN, CRRN, Restorative Nurse Coordinator, Gulf Coast Veterans Health Care System – Member, Coordinated Care Group

Alice Skelton, Director of Development and Outreach, Alzheimer’s Mississippi – Member, Caregiver Support Group

Leah Smith, LCSW, Outreach Coordinator, St. Dominic’s Behavioral Health Services – Member, Caregiver Support Group

Victor Smith, Executive Director, The Blake at Township – Member, Coordinated Care Group

Kimberly R. Smith-Russ, PhD, President, Rho lambda Omega Chapter of Alpha Kappa Alpha Sorority, Inc. – Member, Caregiver Support Group

Brenda Townsend, RN, Community Member – Member, Community Awareness Group; Member, Coordinated Care Group

Adina Welker, The Longest Day Coordinator, Alzheimer’s Association Mississippi Chapter – Member, Brain Health Group

Marilyn Winborne, Community Member – Member, Coordinated Care Group

Kathy Van Cleave, LMSW, LCMHT, Director of Education and Outreach, The MIND Center at UMMC – Leader, Community Awareness Group; Member, Caregiver Support Group

NEW 2020 - 2025 STATE PLAN GOAL GROUP MEMBERS AND STAKEHOLDERS

Sondra Lee-Bell, Healthy Aging Director, Office of Community Health Improvement, Mississippi State Department of Health, Goal Leader and Member, Research Alliance, Community Awareness, Coordinated Care, Caregiver Support and Brain Health Groups

KenYada Blake-Washington, M.Ed., CIRIS/AD, Mississippi's State Unit on Aging Director, Division of Aging and Adult Services, Mississippi Department of Human Services, Co-Leader, Community Awareness Group

Susan Buttross, MD, Professor, UMMC School of Medicine, Pediatrics and Child Development – Member, Brain Health Group

Jessica Buckner, Administrative Assistant, Alzheimer's Association Mississippi Chapter – Member, Brain Health Group

Cynthia Casey, DNP, RN, HEA, Associate Professor, UMMC Health Science Program, School of Health Related Professions – Member, Research Alliance

Marshea Cooper, Department of Human Services Division of Aging and Adult Services – Member, Community Awareness; Health Equity Ambassador

Roshanda Culberson, Caregiver Counseling Coordinator, Southern Mississippi Planning and Development District Area Agency on Aging (SMPDD) – Member, Caregiver Support

Hayes Dale, RN, BSN, Care Coordinator, The MIND Center at UMMC – Member, Coordinated Care

Lyndsey Dill, MSN, AG-ACNP, Nurse Practitioner, UMMC Division of Geriatrics and The MIND Center – Co-Leader, Coordinated Care Group

Durnene Farmer, Outreach Director, Mississippi Band of Choctaw Indians (MBCI) – Member, Coordinated Care and Community Awareness Groups

Pepper Ginder, MSN, AANC Board Certified Informatics Nurse Specialist, Gulf Coast Veterans Health Care System – Member, Coordinated Care Group

Judy Gordy, PhD, Adjunct Instructor, UMMC Department of Health Sciences, School of Health Related Professions – Member, Research Alliance

David Gordy, PhD, MBA, Assistant Professor, UMMC Department of Health Sciences, Department of Radiology – Member, Research Alliance

Rosanna Grayer, Gulf Coast Veterans Health Care System – Member, Coordinated Care Group

Sara Hall, RN, CCRC, Clinical Site Manager, Precise Research Centers – Member, Research Alliance

Kay Henry, RN, FAAN, Director of Nursing, Mississippi Public Health Association – Member, Community Awareness Group

Jennifer Hopping, Executive Director, American Heart Association Mississippi Chapter – Member, Brain Health Group

Gabe Ibarra, PA-C, Physician Assistant, St. Dominic Health System, VA Nursing Home – Member, Brain Health Group

Melora Jackson, MS, VDT Clinical Manager, Second Wind Dreams – Member, Community Awareness Group

Racheal Jackson, PhD., RN, Assistant Nurse Manager, Gulf Coast Veterans Health Care System – Member, Coordinated Care Group

Meegie Jordan, Associate State Director for Community Outreach, AARP of Mississippi – Member, Caregiver Support Group

Peggy Kelly, Director of Education and Regulatory Services, Mississippi Health Care Association – Member, Coordinated Care Group, Community Awareness Group

Annah Katherine Kleinpeter, Program Administrator – Digital Media and Event Coordination, The MIND Center at UMMC – Member, Brain Health Group

Jennifer Knight, RN, Nurse Manager, The MIND Center at UMMC – Co-Leader, Caregiver Support Group

Laney McNeer, JD, Public Policy Director, Alzheimer’s Association Mississippi Chapter – Member, Research Group, Coordinated Care Group

Kristin K. Merritte, Ph.D., Chief Clinical Officer, Community Operations, Mississippi Department of Mental Health

Dixie Myrick, Project Manager and Caregiver University Coordinator, The MIND Center at UMMC – Member, Research Group, Coordinated Care Group

Ja’Quila Newsome, MS, Director of Suicide Prevention, Mississippi Department of Mental Health – Member, Community Awareness

Chad Polk, Executive Director, Alzheimer’s Association Mississippi Chapter – Member, Research Group, Coordinated Care Group, Community Awareness Group, Caregiver Support Group, Brain Health Group

Danielle Powell, MSN, RN, Nurse Manager, Gulf Coast Veterans Health Care System – Member, Coordinated Care Group

Karen Richardson, PhD, LPC, Center Director, Precise Research Centers – Member, Research Group

Aggie Sikora, MBA, Senior International Trade Manager, Mississippi Development Authority International Trade Bureau – Member, Brain Health

LaKeca Smith, Healthy Aging Coordinator, Mississippi State Department of Health – Member, Research Group, Coordinated Care Group, Community Awareness Group, Caregiver Support Group, Brain Health and Caregiver Support Groups

Mary Smith, DNP, MSL, APRN, Alzheimer’s Advocate – Member, Community Awareness Group, Coordinated Care Group

Kevin Sullivan, PhD, MPH, Assistant Professor, Division of Geriatrics, Assistant Director, Neuroepidemiology Core, The MIND Center at UMMC – Member, Research Group

Kimberly C. Tarver, MD, Associate Professor, Director Division of Geriatrics, Director of Clinical Services, The MIND Center at UMMC – Co-Leader, Coordinated Care Group

Patricia Terry, Community Member – Member, Community Awareness Group

Monica Tobias, Executive Director, Our Time Alzheimer’s Day Services – Member, Community Awareness Group

Cindy Walker, RN, BSN, MBA, Caregiver Support Group Facilitator and Caregiver – Member, Caregiver Support Group

Kina White, DrPH, MHSA, FACHE, Director, Office of Community Health Improvement, Mississippi State Department of Health – Member, Research Group, Coordinated Care Group, Caregiver Support Group, Community Awareness Group, Brain Health Group

CHANGES TO 2020 - 2025 STATE PLAN GROUP MEMBERS AND STAKEHOLDERS

Augusta Bilbro, Director of Cardiovascular Health Programs, Office of Health Promotion and Chronic Disease Prevention, Mississippi State Department of Health

Patty Dunn, HEA, Department Business Administrator, UMMC Department of Pathology – Member, Brain Health Group

Kristen Davis White, LMSW, Program Manager, Alzheimer’s Association Mississippi Chapter – Member, Caregiver Support Group, Research Group, Brain Health Group

TJ Harvey, Alzheimer’s and Public Policy Advocate – Co-Leader, Brain Health Group

Lee Moss, Executive Director, Brain Injury Association of Mississippi/United Spinal Association Mississippi Chapter – Member, Brain Health Group

Jennifer Knight, RN, BSN, Nurse Manager, The MIND Center at UMMC – Co-Leader, Caregiver Support Group

Caroline Newkirk, Evaluation Specialist, Mississippi Public Health Institute – Member, Brain Health Group

Melissa Robinson, DHA, Director of Philanthropy and Engagement, The MIND Center at UMMC – Co-Leader, Brain Health Group

Alice Skelton, Alzheimer’s Advocate and Caregiver – Member, Caregiver Support Group; Health Equity Ambassador

Leah Smith, LCSW, Director of Outreach, MDB Health Services – Member, Caregiver Support Group

Kathy Van Cleave, LMSW, LCMHT, Director of Education and Outreach, The MIND Center at UMMC – Co-Leader, Community Awareness Group; Member, Caregiver Support Group, Coordinated Care Group, Brain Health Group

