



LOUISIANA ALZHEIMER'S DISEASE AND RELATED DEMENTIAS STATE PLAN



STRATEGIC FRAMEWORK

2023-2028

Alzheimer’s Disease and Related Dementias State Plan



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Louisiana Alzheimer's Coalition Stakeholders

Well-Ahead Louisiana would also like to extend sincere appreciation to all Louisiana Alzheimer's Coalition (LAC) stakeholders—especially the LAC Executive Committee. Together, we are moving Louisiana's health forward.

Executive Committee

- **Well-Ahead Louisiana** (Well-Ahead), the Bureau of Chronic Disease Prevention and Healthcare Access within the Louisiana Department of Health, drives collaboration throughout the state and connects communities to tools and resources that can improve the health of our residents where they live, work, learn, play, and pray. Well-Ahead is committed to educating and empowering leaders across the state with actionable steps to move Louisiana's health forward. Well-Ahead's vision is to reduce the burden of chronic disease and assure access to quality healthcare for all Louisiana residents.
- The **Alzheimer's Association Louisiana Chapter** (AALC) serves all parishes across the state. The association helps all those facing AD/DRD by providing support groups and educational resources, while advancing crucial research and public policy initiatives. Their mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. And their vision is a world without Alzheimer's disease.
- The **Louisiana Governor's Office of Elderly Affairs** (GOEA) serves as a focal point for Louisiana's senior citizens and administers a broad range of home and community based services through a network of Area Agencies on Aging. GOEA offers the Aging and Disability Resource Center/Louisiana Answers, Legal Assistance, Protective and Advocacy Services, and Senior Community Service Employment.
- The **Louisiana Department of Health Office of Aging and Adult Services** (OAAS) is a healthcare reform initiative, bringing together all of the long-term care programs that serve senior citizens and

people with adult-onset disabilities. The OAAS aims to develop, provide and enhance services that offer meaningful choices for people in need of long-term care. The office is committed to developing a long-term care system that provides choice, ensures quality, meets the needs of consumers and caregivers, and does so in a fiscally responsible manner. OAAS offers Facility- Based Programs, Home and Community Based Services, Long-Term Care Systems Change, Permanent Supportive Housing, Protective Services, the Palliative Care Advisory Council, and additional resources.

Coalition Members

- Alzheimer’s Association Louisiana Chapter
- The Bridge Alzheimer’s and Dementia Resource Center
- Alzheimer’s Services of the Capital Area
- Caregivers, Advocates
- Louisiana 211
- Louisiana Assisted Living Association
- Louisiana Association of United Ways
- Louisiana Department of Health - Office of Aging and Adult Services
- Louisiana Department of Health - Office of Citizens with Developmental Disabilities
- Louisiana Enhancing Aging with Dignity through Empowerment and Respect (LEADER)
- Louisiana Governor’s Office of Elderly Affairs
- Louisiana Nursing Home Association
- Louisiana Ombudsman Program
- Louisiana Primary Care Office
- Louisiana Rural Health Association
- Louisiana State Office of Rural Health
- Louisiana State Medical Society
- Louisiana State University Health Sciences Center Shreveport
- Louisiana State University School of Social Work
- Ochsner Medical Center
- Pennington Biomedical Research Center
- Resources for Independent Living
- Southern University and A&M College
- Tulane University School of Public Health
- University of Louisiana Monroe
- Well-Ahead Louisiana
- Xavier University of Louisiana

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For More Information

Please contact Well-Ahead Louisiana at wellahead@la.gov or visit our website www.wellaheadla.com

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KEY ACRONYMS

The following acronyms are used frequently throughout this document:

- **AALC:** Alzheimer's Association Louisiana Chapter
- **ACS:** American Community Survey
- **ADRD:** Alzheimer's disease and related dementias
- **BOLD:** Building Our Largest Dementia
- **BRFSS:** Behavioral Risk Factor Surveillance System
- **CDC:** Centers for Disease Control and Prevention
- **GOEA:** Governor's Office of Elderly Affairs
- **GWEP-LA:** Louisiana State University School of Social Work - Geriatric Workforce Enhancement Program
- **HBI-RM:** Healthy Brain Initiative Road Map
- **LAC:** Louisiana Alzheimer's Coalition
- **LAC-EC:** Louisiana Alzheimer's Coalition Executive Committee
- **NACDD:** National Association of Chronic Disease Directors
- **NAPA:** National Alzheimer's Project Act
- **OAAS:** Office of Aging and Adult Services
- **OCDD:** Office of Citizens with Developmental Disabilities
- **PCP:** Primary Care Providers
- **PSE:** Policy, systems and environmental change
- **SCD:** Subjective Cognitive Decline

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EXECUTIVE SUMMARY

Summary and Description

Well-Ahead Louisiana (Well-Ahead), the Bureau of Chronic Disease Prevention and Healthcare Access within the Louisiana Department of Health (LDH), works with community leaders to improve our state's health statistics and promote wellness. Well-Ahead was awarded funding in July 2021 through the Centers for Disease Control and Prevention's (CDC) Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act to build core capacity in Louisiana to implement effective Alzheimer's interventions, including reducing the risk of Alzheimer's Disease and related dementias (ADRD), boosting early detection and diagnosis, preventing avoidable hospitalizations, increasing connections to services, and attention to those caring for loved ones with ADRD. Through this funding, Well-Ahead has convened over 30 organizations to form the **Louisiana Alzheimer's Coalition** (LAC) in development of Louisiana's five-year strategic plan to combat ADRD. The coalition used the HBI-RM to provide strategic direction in improving health outcomes related to policy, systems, and environmental (PSE) changes for residents with ADRD and their caregivers. This strategic plan will be used to set priorities, develop action plans across multisector, address social determinants of health, and provide support for those who serve as caregivers to persons living with dementia.

One of the core activities of the BOLD grant was the creation of a five-year statewide strategic plan for the full spectrum of ADRD goals and objectives. The strategic planning process was designed to be collaborative and inclusive. Louisiana has strong statewide stakeholder organizations that play critical roles in contributing experience, expertise and local knowledge to health disparities and chronic disease. Through a series of six meetings, the stakeholder organizations developed goals, objectives, and strategies that are designed to be evidence based and effective at improving the health of Louisiana residents, all while reflecting the intentions, plans and goals of partner organizations.

The LAC led by an Executive Committee consisting of representatives from Well-Ahead, the Alzheimer's Association Louisiana Chapter (AALC), Louisiana Department of Health Office of Aging and Adult Services (OAAS), and the Governor's Office of Elderly Affairs (GOEA) enveloped this document with assistance from NARA, Inc. The LAC used the 2018 -2023 Healthy Brain Initiative Road Map (HBI-RM) as a guidebook and source on recommended actions in drafting Louisiana's plan. In addition, the National Alzheimer's Project Act (NAPA) goal six and newly released statistics from the Alzheimer's Association was used in developing a coordinated state plan. The HBI-RM improves understanding of brain health as a central part of public health practice. This initiative:



CREATES AND SUPPORTS PARTNERSHIPS



COLLECTS AND REPORTS DATA



INCREASES AWARENESS OF BRAIN HEALTH: PROMOTING RISK REDUCTION AND EARLY DETECTION



SUPPORTS POPULATIONS WITH A HIGH BURDEN OF ADRD, AND ENCOURAGES THE USE OF ITS HBI-RM SERIES

The Strategic Planning Process

The goal of the strategic planning process is to use a public health approach to expand our state's capacity in ADRD and set goals for future activity implementation. CDC defines public health as what we do together as a society to ensure the conditions in which everyone can be healthy. This includes embracing already existing clinical and community interventions. The LAC used a public health lens to look at the activities as a connector and convener in bringing a wide array of diverse organizations and individuals together.

The work of the LAC aims to connect the clinical and community pieces together to form a comprehensive and connected network of partners, services and interventions for those living with ADRD and those that care for them. The LAC understood the bigger picture with new emerging science and framing the perspective to our role in the strategic planning process. The LAC used data, along with the NAPA, the HBI-RM, partnerships with community stakeholders (state and local health departments, community-based organizations, educational institutions, health care providers, research facilities, caregivers), and collaborations among state health departments to develop this five-year coordinated strategic plan.



The goal of the strategic planning process is to use a public health approach to **expand our state's capacity** in ADRD and **set goals for future activity implementation**.

The HBI-RM outlines how together we can promote cognitive health, address cognitive impairment for people living in our communities, and help meet the needs of caregivers. The HBI-RM provides an action agenda for how our coalition can and should respond to the growing dementia crisis. It provides a clear guide to how our coalition can implement the most effective work that can move our state's health forward related to ADRD.

Throughout the strategic planning process, the LAC utilized the HBI-RM Conceptual Framework to inform the four Essential Services of Public Health: **Educate and Empower**; **Assure a Competent Workforce**; **Develop Policies and Mobilize Partnerships**; and **Monitor and Evaluate**.

FOUR ESSENTIAL SERVICES OF PUBLIC HEALTH



EDUCATE AND EMPOWER



ASSURE A COMPETENT WORKFORCE



DEVELOP POLICIES AND MOBILIZE PARTNERSHIPS



MONITOR AND EVALUATE

The HBI-RM describes these four domains of public health, and lists 25 recommended actions. During the six strategic planning meetings, coalition members reviewed and addressed the six questions listed in the HBI-RM:

1. Which Road Map actions best fit state or local priorities, opportunities, and capabilities?
2. How can available data and other information be used to identify a reasonable and relevant set of actions?
3. How can identified actions best be integrated into existing initiatives? Are any new initiatives needed?
4. Who are potential partners? Can any current partnerships be leveraged to implement actions?
5. What are possible funding sources, and how can they be secured?
6. How will implementation and impact be evaluated? How and with whom will progress be shared?



Goals for the strategic plan focused on accelerating risk reduction, advancing early detection and diagnosis, and ensuring safety and quality of care. The plan presented below reflects the actions and supportive activities that best address the largest needs of Louisiana, especially around providing coordinated and comprehensive care in risk reduction and early detection efforts for people with ADRD, supporting caregivers, and developing an infrastructure to enable the successful functioning of the coalition. This document presents a summary of recommended activities for each goal area. Each strategy has been assigned to a lead organization or agency. The agencies who served as activity leads include Well Ahead, AALC, GOEA, OAAS, Ochsner Medical Center, University of Louisiana Monroe, Xavier University, Louisiana State University Health Sciences Center Shreveport, and Alzheimer’s Services of the Capital Area. These organizations are responsible for conducting or directing the work necessary to complete each strategy and report to the larger group of partners on progress each quarter. As such, responsibility for implementing the plan is shared by all statewide partners.

Louisiana ADRD State Plan

Within each of the four content areas of the strategic plan (educate and empower, assure a competent workforce, policies and partnerships, and monitor and evaluate) goals were created and designed to reduce health disparities that have been identified. Under each goal, coalition members identified specific activities, stakeholders responsible to complete each activity and measures of success. Data collection is also important to tracking the success of state plan implementation and is an important piece in tracking efforts.

The LAC will meet quarterly, review available data, and assess progress toward goals as well as any potentially unintended consequences of activities undertaken by state partners in the area of health equity. The elements of the strategic plan were developed based on the contributions of all statewide partner organizations to date and attempts to fill the gaps between these organizations by creating a mechanism for coordination of all of Louisiana’s ADRD state efforts. Strengthening relationships with partners is the primary focus for 2022-2023 identify the engagement happening between statewide partners and their community partners.

Alzheimer's Disease and Related Dementias State Plan



OVERVIEW

Louisiana Trends

The prevalence of Alzheimer's disease is rising. It is the fifth leading cause of death for people aged 65 years or older in the US and the sixth leading cause of death overall. By 2060, approximately 14 million Americans are expected to have Alzheimer's disease, a nearly three-fold increase, with minority populations being affected the most.¹ This means the need for a well-coordinated public health approach is essential to support those with Alzheimer's disease and related dementias (ADRD) and their caregivers.

Projections between 2020 and 2025 indicate every state across the country will experience an increase of at least 6.7% in the number of people with Alzheimer's disease. According to the Alzheimer's Association 2022 Facts and Figures, Louisiana has a projected increase between 17.4% and 22.6%.¹ The projected increase in rates amplifies Louisiana's need for a coordinated public health response that is critical to ensure vulnerable communities, providers, and caregivers are supported with the most current information and resources.



Louisiana has a projected increase between **17.4% and 22.6%** in the number of people with Alzheimer's disease between 2020 and 2025.

The Alzheimer's Association 2022 *Alzheimer's disease Facts and Figures* report estimates a 19.6% increase in the total number of individuals 65 and older diagnosed with Alzheimer's disease by 2025.¹ This increase brings the projected number of individuals living with Alzheimer's disease in Louisiana from 92,000 to 110,000.¹ This projection is likely an underestimation for Louisiana, because it is solely based on the increase in rates of diagnosis in the 65 and older population and specifically focuses on Alzheimer's disease.

Disparities in ADRD

Health disparities happen when health outcomes and risk factors for health outcomes, such as access to healthy food, healthy environments, access to healthcare, and education is inequitably distributed among different communities. National data and research shows ADRD disproportionately affects individuals over 65, women, minority racial groups, those with other chronic diseases, and those with lower education attainment.¹ Among those aged 65 and older, 4 million women have ADRD, compared with 2.5 million men. This represents 12% of women and 9% of men age 65 and older in the United States who have ADRD.¹ Almost two-thirds of older Americans with Alzheimer's disease are women.¹ Some studies show Black Americans are twice as likely as older White Americans to have Alzheimer's disease and Hispanic Americans are one and a half times more likely than White Americans to have Alzheimer's disease,¹ but 3 out of 10 Hispanic Americans do not believe they will live long enough to develop ADRD.² Disparities also exist in outcomes for those with ADRD. Discrimination is a barrier to seeking health care. These specific populations reported discrimination of some kind when seeking care: 50% of Black Americans, 42% of Native Americans, 34% of Asian Americans, 33% of Hispanic Americans.³ Among Black Americans, only 53% trust that a future cure for ADRD will be shared equally

¹ Alzheimer's Association, 2022 *Alzheimer's Disease Facts and Figures*, 2022. <https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf>

² Alzheimer's Association. <https://www.alz.org/>

³ Hall W, Chapman, M, Lee K, Merino Y, *Implicit Racial/Ethical Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review*. *American Journal of Public Health*, 2015.

regardless of race, color, and ethnicity. Attitudes and behaviors of healthcare providers are contributing factors to health disparities. Implicit attitudes exist outside of conscious awareness and can influence behavior among healthcare provider interactions within specific populations affected by ADRD.

POPULATIONS THAT REPORTED DISCRIMINATION WHEN SEEKING CARE		
50%	OF	BLACK AMERICANS
42%	OF	NATIVE AMERICANS
34%	OF	ASIAN AMERICANS
33%	OF	HISPANIC AMERICANS

Risk Reduction

Including risk reduction in state, local, and tribal plans addressing ADRD is essential to reducing the risk of cognitive decline. The 2020 recommendations of The Lancet Commission on Dementia Prevention, Intervention and Care suggest that addressing modifiable risk factors might prevent or delay up to 40% of dementia cases.⁴ There is a growing need for risk reduction strategies. Studies show that the majority of Americans have at least one risk factor for dementia or cognitive decline. The risk for ADRD can increase in people with diabetes by 73%,⁵ midlife obesity by 34%,⁶ hypertension by 38%,⁷ and in those who use tobacco by 27%.⁸ According to America’s Health Rankings, Louisiana has some of the highest prevalence in the nation of these chronic diseases as well as risk behaviors for chronic diseases. Risk reduction is critical to addressing ADRD in Louisiana’s communities, due to a high prevalence of ADRD risk factors.



Louisiana has some of the highest prevalence in the nation of these chronic diseases as well as risk behaviors for chronic diseases.

Socialization and cognitive stimulation improve the quality of life for individuals living with ADRD. Having periods of isolation and social distancing limited their ability to connect with others and get the much-needed social interactions. From the start of the COVID-19 Pandemic in 2020 alone, dementia deaths were 26.8% higher.¹

Early Detection

Early detection of ADRD is important to take notice to when it begins to affect activities of daily living. Detection before the crisis occurs is paramount to addressing care. Often times symptoms go unreported and can include changes in memory and the ability to do daily tasks. Using early detection as a complementary approach to care in addressing other chronic disease can promote early detection and diagnosis efforts. Cognitive assessment methods and regular conversations with primary care providers is the first step in early

⁴ Livingston G, Huntley J, Sommerlad A, Ames D, Ballard C, Banerjee S, *Dementia prevention, intervention, and care: 2020 report of the Lancet Commission*, The Lancet, 2020.

⁵ Gudala K, Bansal D, Schifano F, Bhansali A, *Diabetes mellitus and risk of dementia: A meta-analysis of prospective observational studies*, 2013.

⁶ Kivimaki M, Luukkonen R, Batty GD, Ferrie JE, Pentti J, Nyberg ST, *Body mass index and risk of dementia: Analysis of individual-level data from 1.3 million individuals*, 2018.

⁷ Rönnemaa E, Zethelius B, Lannfelt L, Kilander L, *Vascular risk factors and dementia: 40-year follow-up of a population-based cohort*, 2011.

⁸ Anstey KJ, von Sanden C, Salim A, O’Kearney R, *Smoking as a risk factor for dementia and cognitive decline: A meta-analysis of prospective studies*, 2007.

detection efforts. Cognitive screening tools to include performance based screeners and informant based screeners are best methods for initial assessment measures.

The role of individuals, family, friends, health systems, and communities requires a coordinated approach to efforts for early detection measures. According to data from 2015 to Behavioral Risk Factor Surveillance System (BRFSS), there are an estimated 203,000 caregivers in Louisiana, who provide 316 million hours of unpaid care.⁹ Half or more of dementia caregivers of color say they have faced discrimination when navigating health care settings for their care recipient. If the primary caregiver feels discriminated upon then they are less likely to seek care from providers.¹ Many caregivers report their health has gotten worse because of their caregiving. In addition, financial hardships have increased healthcare costs because of caregiving. Caregiver burnout exists with caregivers having to assist with daily caregiving, which includes eating, bathing, getting in and out of bed, and managing daily care.¹



There are an estimated 203,000 caregivers in Louisiana, who provide **316 million hours of unpaid care.**

ADRD Providers and Professionals

In addition to caregivers, primary care providers (PCP) are an important front line defense for reducing the risk for dementia, detecting dementia early, and providing referrals to those living with dementia and their caregivers. A national survey of PCPs conducted by the Alzheimer's Association found that 75% say they are on the front lines of providing dementia care, but only 49% report being comfortable diagnosing mild cognitive impairment due to Alzheimer's disease. One of the most cited challenges when making a mild cognitive impairment diagnosis was difficulty differentiating mild cognitive impairment from normal aging. Other healthcare professionals that support caregivers and patients can include community health workers, nurses, first responders, and public health workers. Providing these professionals with the required education and skills is of utmost importance in continuing to grow the ADRD providers and professionals workforce. Training surrounding early detection and warning signs can assist in providers feeling comfortable in diagnosing mild cognitive impairment due to ADRD.

Data and Surveillance






Population-based data to shape policies and programs to promote cognitive health and address cognitive decline is crucial. BRFSS is the nation's data system of health related telephone surveys, which collects state data about the nation's residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS, administered by each state with funding support from the CDC, collects data in all 50 states including the District of Columbia and three U.S. territories. Over the course of each year, BRFSS completes more than 400,000 adult interviews, making it the largest continuous health survey system.

The number of people living with Alzheimer's disease in Louisiana by 2025 is expected to increase by 19.6%. This provides a need in collecting behavioral health risk data at the state and local level. BRFSS has data modules that can measure the extent of subjective cognitive decline (SCD) and caregiver characteristics within Louisiana. Data collected through the BRFSS Cognitive Decline Module measures SCD and its associated effects on function and daily living. Data collected from the BRFSS Caregiver Module provides information about persons who self-identify as caregivers and provide some form of care to another person with a health problem or disability. Analyzing this information can assist decision makers in identifying programs and policies that meet the needs of both populations.

⁹ Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System Report*, 2015. https://www.cdc.gov/brfss/data_documentation/index.htm

National Response

Evidence suggests that most health problems can be effectively addressed through complex, multifaceted approaches. As a public health concern, ADRD, both nationally and in Louisiana requires a multidimensional strategy in order to achieve the outcomes of interest: improving the health of Louisiana residents. On January 4, 2011, the National Plan to Address Alzheimer’s Disease Act, NAPA, was enacted which required the Secretary of Health and Human Services to establish coordination across federal agencies, work to improve outcomes, and create an advisory council to review, implement, and maintain an integrated national plan.

NATIONAL ALZHEIMER’S PROJECT ACT (NAPA) GOALS		
	1	PREVENT AND EFFECTIVELY TREAT ALZHEIMER’S DISEASE BY 2025
	2	OPTIMIZE CARE QUALITY AND EFFICIENCY
	3	EXPAND SUPPORT FOR PEOPLE WITH ALZHEIMER’S DISEASE AND THEIR FAMILIES
	4	ENHANCE PUBLIC AWARENESS AND ENGAGEMENT
	5	TRACK PROGRESS AND DRIVE IMPROVEMENT
	6	IN 2021, A GOAL WAS ADDED: ACCELERATE ACTION TO PROMOTE HEALTHY AGING AND RISK REDUCTION FACTORS FOR ADRD.

The Healthy Brain Initiative’s *State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map* ([HBI-RM](#)) charts a course for state and local public health agencies and their partners. The HBI-RM prepares all communities to act quickly and strategically by stimulating policy, systems, and environmental changes. Alignment of HBI-RM actions with essential services of public health ensures that initiatives to address Alzheimer’s disease can be incorporated easily and efficiently into existing public health initiatives.

The four traditional domains of public health initiatives include:

- Monitor and Evaluate
- Educate and Empower the Nation
- Develop Policies and Mobilize Partnerships
- Assure a Competent Workforce

On December 31, 2018, the **Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer’s Act** was passed into law. This Act directs the CDC to:

1	ESTABLISH ADRD PUBLIC HEALTH CENTERS FOR EXCELLENCE
2	PROVIDE FUNDING TO SUPPORT PUBLIC HEALTH DEPARTMENTS
3	INCREASE DATA ANALYSIS AND TIMELY REPORTING

Public health agencies, nonprofit, and governmental partners at the national, state, and local levels are encouraged to work together on the actions to make Alzheimer’s disease the next public health success story.

Louisiana State Response

Previous attempts to establish coordinated efforts in Louisiana to address ADRD in the state includes legislation from the Louisiana 2008 Regular Session. Senate Concurrent Resolution 80 of the 2008 Regular Session created the Louisiana Alzheimer's Disease Task Force to study and make recommendations to the legislature concerning the current and future impact of ADRD on Louisiana citizens. The Louisiana Alzheimer's Disease Task Force made 27 recommendations in the areas of coordination, programs and services, caregiver support, public awareness, health care and health services, professional workforce, surveillance and data collection, advanced planning, and research. It was determined that full implementation of this recommendation will require the cooperation of multiple state agencies and non-governmental organizations. Of the 27 recommendations, the most important identified were in the area of coordination. Coordination can provide Louisiana with a framework to steadily progress in achieving workable solutions for people living with ADRD.

Louisiana State Policy Measures

In 2019, the Louisiana GOEA released the State Plan on Aging State Fiscal Year 2020-2023. GOEA prepares the State Plan on Aging every four years that complies with the guidance and instructions required by the Administration for Community Living (ACL/AOA-PI 14-01), which is under the U.S. Department of Health and Human Services. Louisiana has 35 area agencies on aging to serve the older citizens of the state; four multi-parish area agencies and 32 single parish area agencies. According to the American Community Survey (ACS) five year estimate for 2017, there are 936,828 persons over age 60 in the state of Louisiana. Census projections reflect by 2030, all baby boomers will be older than 65 and older adults will outnumber children by 2034.



Census projections reflect by 2030, all baby boomers will be older than 65 and older **adults will outnumber children by 2034.**

In order for Louisiana to continue to plan and serve the ongoing and future needs of Louisiana's older adults and their caregivers, and to meet the requirements of Section 307 of the Older Americans Act (OAA), GOEA uses the State Plan on Aging as a guide to deliver services to the state's aging population. GOEA works collaboratively with older citizens, their caregivers, the aging network of state and community agencies who provide supportive services and all other stakeholders within Louisiana. The Louisiana State Plan on Aging addresses challenges in meeting the needs of the aging population and their caregivers, but we must strive to address and overcome as many challenges as possible to continue to move forward in our service to the elderly of the state of Louisiana.

The 2021 Louisiana Legislature passed House Bill 397 (Chapter 11 of Title 40 of the Louisiana Revised Statutes of 1950 and to enact R.S. 40:2200.7.1 and 2200.7.2) to provide education, early detection, and promulgation of rules by the Louisiana Department of Health. The Louisiana legislature's intent of the legislation passed is to leverage existing health programs and services to educate healthcare professionals on early detection and timely diagnosis of cognitive impairment and dementia, increase understanding and awareness of ADRD, and provide access to guidance and education programs for healthcare providers regarding ADRD.

In addition, the legislation specified that the Louisiana Department of Health may use existing public health programs to educate healthcare professionals and may include provisions in existing public health outreach programs that address at minimum:

- 1 INCREASING THE AWARENESS OF ADRD, INCLUDING ANY LINK TO CHRONIC DISEASE, SUCH AS VASCULAR RISK FACTORS**
- 2 ADVISING THE PUBLIC OF THE VALUE OF EARLY DETECTION OF ADRD ALONG WITH INFORMATION ON THE EARLY SIGNS OF THE DISEASES**
- 3 EDUCATING THE PUBLIC ON THE IMPORTANCE OF IDENTIFYING AND REPORTING SIGNS OF ADRD TO HEALTHCARE PROVIDERS FOR TIMELY DIAGNOSIS**
- 4 INCREASING THE DATA AND SURVEILLANCE APPLICABLE TO ADRD AND ENCOURAGING ADDITIONAL DATA ANALYSIS AND ACCURATE REPORTING ON DEATH CERTIFICATES**

Legislation includes the Louisiana Department of Health shall consult with the AALC and other experts, advocates, or associations to facilitate the distribution of educational materials that address ADRD. In addition, The Louisiana Department of Health may promulgate rules and regulations in accordance with the Administrative Procedure Act as are necessary to implement this Subpart. The rules and regulations may include but not be limited to the type of cognitive assessment tools available to healthcare providers. The department shall consult with and seek input from the AALC and other experts, advocates, or associations in the promulgation of the rules and regulations.

Alzheimer's Disease and Related Dementias State Plan



EDUCATE AND EMPOWER

1

GOAL #1 (E1/E2)

Educate the public about brain health and cognitive decline risk factors based on the best available evidence.

Note: This goal combines E1 and E2, recognizing that in Louisiana, we have a long way to go to educate adults on brain health and risk factors for ADRD. **Original E1:** Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis. **Original E2:** Integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic condition management for people across the lifespan.

ACTIVITY 1

- A** Catalog all educational efforts that are currently happening in Louisiana (including webinars, workshops, etc.). Create a category of educational efforts that focus on modifiable risk factors for ADRD, especially within minority populations that bear a disproportionate burden of ADRD (e.g., Black Americans and Hispanic American populations).
- B** Create a list of dissemination networks that could be used to share information and resources about ADRD, care planning, etc. Incorporate networks that conduct outreach to minority populations and rural communities (e.g., faith-based organizations).

ACTIVITY 2

Create a repository of educational materials that include modifiable risk factors, and the importance of early detection/screening. These materials can be incorporated into health care visits, worksite wellness, chronic disease education, support networks, and other dissemination networks (possible addition: identification or creation of Public Service Announcement campaigns).

ACTIVITY 3

- Disseminate educational materials and information through existing networks/partners/programs.
- Identify evidence-based tools and supports for ADRD Risk Reduction and management.
 - Integrate ADRD messaging into chronic disease programs and other programs that have been identified as risk factors for ADRD (heart disease, diabetes, obesity prevention, and tobacco prevention and control).
 - Integrate ADRD messaging in faith-based settings.

Partners

- Well-Ahead Louisiana
- Alzheimer's Association Louisiana Chapter
- Louisiana Governor's Office of Elderly Affairs
- Louisiana Office of Citizens with Developmental Disabilities
- Louisiana State University School of Social Work - Geriatric Workforce Enhancement Program
- Louisiana Statewide Independent Living Council members
- Ochsner Medical Center
- University of Louisiana Monroe
- Southern University School of Nursing
- Tulane University
- The Bridge Alzheimer's & Dementia Resource Center
- Alzheimer's Services of the Capital Area
- Caregivers

Measures of Success

INCREASED DETECTION AND DIAGNOSIS EVENLY ACROSS THE STATE (MEANS MORE WILL NEED TO HAPPEN IN RURAL AREAS)

INCREASED NUMBER OF OUTREACH EVENTS

INCREASED NUMBER OF ORGANIZATIONS USING ADRD MATERIALS IN REGULAR COMMUNICATIONS WITH PATIENTS/MEMBERS

Data Sources

- Brief surveys (self-reported Subjective Cognitive Decline)
- Identify existing channels of data collection

2

GOAL #2 (E1/E2)

Educate on the importance of talking to your doctor about memory issues or early detection.

ACTIVITY 1

Raise awareness about brain health and changes in cognition that merit a conversation with a healthcare professional and improve access to available information.

Partners

- Well-Ahead Louisiana
- Alzheimer's Association
- Louisiana State Office of Rural Health
- Louisiana Primary Care Office
- Alzheimer's Services of the Capital Area

Resources

- WellSpot Designation Resources and Well-Ahead Regional Representatives
- Alzheimer's Association resources
- CDC Healthy Aging Resources

Measures of Success

INCREASED DETECTION AND DIAGNOSIS IN A MORE EVEN FASHION ACROSS THE STATE (MEANS MORE WILL NEED TO HAPPEN IN RURAL AREAS)

INCREASED NUMBER OF PRIMARY CARE PROVIDERS USING ADRD MATERIALS IN REGULAR COMMUNICATIONS WITH PATIENTS/MEMBERS

Data Sources

- Surveys
- Existing channels of data collection

3

GOAL #3 (E5)

Provide information and tools to help people with dementia and their caregivers to anticipate, avert, and respond to challenges that typically arise during the course of dementia.

ACTIVITY 1

Catalog all educational efforts that are currently happening in Louisiana (webinars, workshops, etc.).

- Create a list of dissemination networks that could be used to share information and resources about ADRD, care planning, etc.

ACTIVITY 2

Create a repository of educational materials that can be incorporated into health care visits, worksite wellness, chronic disease education, support networks, and other dissemination networks (possible addition: identification or creation of PSA campaigns).

ACTIVITY 3

Disseminate educational materials and information through existing networks/partners/programs.

Partners

- Well-Ahead Louisiana
- Alzheimer's Association Louisiana Chapter
- Louisiana Office of Aging and Adult Services
- Louisiana Governor's Office of Elderly Affairs
- Louisiana State University Shreveport Health Science Center
- Louisiana Statewide Independent Living Council members
- Southern University School of Nursing
- Louisiana State University School of Social Work
- The Bridge Alzheimer's & Dementia Resource Center
- Alzheimer's Services of the Capital Area
- Caregivers

Resources

- Funding for a repository of materials
- Maintenance of the repository including potential locations to house resource
- Meetings or ways to communicate with partners about what the repository contains and how it can be used

Measures of Success

COALITION MEMBER ORGANIZATIONS ARE AWARE OF, AND USE, THE LOUISIANA ADRD STATE PLAN

INCREASED NUMBER OF PEOPLE DIAGNOSED WITH ADRD HAVE A CARE PLAN

INCREASED NUMBER OF CAREGIVERS SEEKING SUPPORT FROM, PRIMARY CARE PROVIDERS, COMMUNITY SUPPORTS, AND HEALTH PROVIDERS

Data Sources

- Focus groups with caregivers
- Surveys
- Reports from coalition member organizations

Alzheimer's Disease and Related Dementias State Plan



ASSURE A COMPETENT WORKFORCE

1

GOAL #1 (W3)

Educate public health professionals about the best available evidence on dementia risk reduction, early detection, and dementia caregiving, the role of public health, and sources of information, tools, and assistance to support public health action.

Note: Action W3 was selected by the coalition because ADRD needs to be framed as a public health issue, not just a clinical problem. The group also selected action W4 because while robust activities are taking place in the continuing education space for ADRD, they need to be coordinated. The group also noted there is a general lack of education about geriatrics and ADRD in academic programs that prepare health professionals. Therefore, the word “initial” has been added to action item W4 to read “foster initial and continuing education” Finally, the group noted the significant contributions that caregivers make to the people living with ADRD and therefore selected action W7 in hopes of improving caregiver health and well-being. Recommended action item W3 reflects much of the same work as the Educate and Empower group is undertaking. However, where the Educate and Empower group is focused on the public, at-large, the Assuring a Competent Workforce group is focused on training the public health professionals. Therefore, there will be many shared resources, but the implementation, specific target audience, and depth of content may differ across the two groups.

ACTIVITY 1

Name the specific groups of people in Louisiana who should be considered “public health professionals” who should receive this education.

- Consider the following groups: local and state government entities, non-profits, community organizations, healthcare networks with public health arms, community health workers, community health education specialists, faculty of public health programs, state public health associations, etc.
- Establish ways to communicate effectively with the public health professionals around ADRD education.

ACTIVITY 2

Ensure inclusion of ADRD education in public health academic programs.

- Consider experiential learning opportunities related to ADRD.
- Include ADRD in the curriculum in a way that characterizes them as public health concerns—not just a medical diagnosis.
- Prepare students for conversations in their public health careers at the intersection of health equity, ADRD, and cognitive decline.
- Advocate for policies that require addressing ADRD in public health programs—in partnership with Policies and Partnerships group.

ACTIVITY 3

Provide continuing education about ADRD for public health professionals.

- Inventory the resources already existing for continuing education regarding ADRD that would be appropriate for public health professionals.
- Consider experiential learning opportunities related to ADRD.
- Provide easy-to-access and on-demand resources about ADRD for public health professionals.

Partners

- Well-Ahead Louisiana
- Alzheimer’s Association Louisiana Chapter
- LAC stakeholders working within Educate and Empowerment
- LSU School of Social Work
- Tulane University
- Academic programs and schools of public health in Louisiana
- Public health workforce professional organizations

Resources

- Collaboration among LAC workgroups providing additional resources
- Schools and programs of public health: syllabi, lesson plans, modules, educational materials, speaker lists, and social media channels
- TRAIN learning network
- Develop course catalog for Louisiana to include ADRD trainings for healthcare providers and public health professionals

Measures of Success

NUMBER OF PUBLIC HEALTH SCHOOLS OR PROGRAMS THAT INCLUDE ADRD EDUCATION INTO THEIR CURRICULUM

NUMBER OF CONTINUING EDUCATION OFFERINGS FOR PUBLIC HEALTH PROFESSIONALS

ATTENDANCE AT CONTINUING EDUCATION OFFERINGS FOR PUBLIC HEALTH PROFESSIONALS

GROWING LIST OF COURSES OR PORTIONS OF COURSES THAT ADDRESS ADRD IN PUBLIC HEALTH AND RELATED PROGRAMS

Data Sources

- Identify entities that train public health professionals
- Identify continuing education programs offered in Louisiana
- Identify entities offering ADRD courses
- Emails and surveys to public health programs
- Continuing education compliance data

2

GOAL #2 (W4)

Foster initial and continuing education to improve healthcare professionals' ability and willingness to promote risk reduction efforts, support early diagnoses and disclosure of dementia, provide effective care planning at all stages of dementia, offer counseling and referral, and engage caregivers, as appropriate, in care management.

Note: We see this as very closely linked to P2: Assure academic programs, professional associations, and accreditation and certification entities incorporate the best available science about brain health, cognitive impairment, and dementia caregiving into training for the current and future public health workforces. The biggest challenge here seems to be centralizing the information and making it easy to access. There is a lot of work already being done to train healthcare professionals.

ACTIVITY 1

Implement diagnostic criteria for diagnosis of Alzheimer's disease. Identify a lead organization for championing the implementation of diagnostic criteria.

- Establish workflows that ensure diagnostic criteria are used.
- Work with health systems and family practice/general medicine practitioners to implement workflows.

ACTIVITY 2

Provide initial and continuing education about ADRD for healthcare professionals, especially primary care and family practice, as well as chronic disease specialists.

- Inventory the resources already existing for continuing education regarding ADRD that would be appropriate for healthcare professionals.
- Consider experiential learning opportunities related to ADRD.
- Create or provide easy-to-access and on-demand resources about ADRD for healthcare professionals with a specific focus on:
 - Modifiable risk factors.
 - Care plan development.
 - Diagnostic criteria (e.g., Wisconsin "flow chart").
 - Antipsychotic drug use.
- Focus on educational opportunities that increase the number of Black Americans and Hispanic Americans trained health care professionals.
- Advocate for policies that require addressing ADRD in healthcare programs through accreditation mechanisms—in partnership with Policies and Partnerships group.

Partners

- Well-Ahead Louisiana
- Louisiana Governor's Office of Elderly Affairs
- Louisiana Office of Behavioral Health
- Louisiana Primary Care Office
- Louisiana Hospital Association
- State Office of Rural Health
- Southern University School of Nursing
- Louisiana State University Shreveport Health Sciences Center

- Louisiana State University School of Social Work
- University of Louisiana Monroe
- Schools of Medicine
- Preadmission Screening and Resident Review (PASRR)
- Medical associations for general practice, family practice
- Health systems

Resources

- Civil penalties money (CMS) grant funding for projects to prioritize funding to pay for continuing education
- [Louisiana Conrad 30/J-1 Visa Waiver Program](#): Recruitment needed for primary care and specialty physicians (Geriatricians)
- Long term care setting requirements for continuing education for ADRD that is mandated by the state
- AALC workgroups

Measures of Success

NUMBER OF PEOPLE USING THE DIAGNOSTIC CRITERIA IN PRACTICE

HIGHER AWARENESS AMONG HEALTH CARE PROFESSIONALS OF MODIFIABLE RISK FACTORS, AND EFFORTS TO ADDRESS THEM WITH PATIENTS

HEALTH CARE PROFESSIONALS ASSISTING PATIENTS IN DEVELOPING CARE PLANS (CAN WE LINK THIS TO CLAIMS DATA? IS THERE A CODE FOR COUNSELING REGARDING CARE PLANS?)

NUMBER OF SCHOOLS OF MEDICINE THAT HAVE GERONTOLOGY CLASSES, AND REQUIRE THEM

NUMBER OF HEALTHCARE SCHOOLS/PROGRAMS THAT HAVE MODULES OR ACTIVITIES RELATED TO GERONTOLOGY AND WHETHER THEY ARE REQUIRED

INCREASED PROPORTION OF HEALTH CARE PROFESSIONALS USING THE DIAGNOSTIC CRITERIA FOR EVERY ADULT OVER 55

INCREASED NUMBER OF DIAGNOSES

DECREASE IN AVERAGE AGE OF DIAGNOSIS

INCREASE IN GERIATRICS PROGRAMS, PEOPLE STUDYING GERIATRICS, AND TRAINED GERIATRICIANS PRACTICING IN THE STATE

IS THERE A CODE FOR COUNSELING REGARDING CARE PLANS? CLAIMS DATA? 99241 MAY BE A CODE TO RESEARCH

Data Sources

- Data within Ochsner Medical Center (chart reviews, use of diagnostic criteria and coding)
- Continuing education and compliance entities (Louisiana Department of Health public survey collection tracked in CMS to process whether facilities are compliant)
- Data collected from the Alzheimer's Association

3

GOAL #3 (W7)

Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services.

ACTIVITY 1

Incorporate identification of caregivers for all persons with ADRD into charting and quality measures, as well as questions about caregiver burden.

- Develop or locate a questionnaire to use to address caregiver burden.
- Establish workflows that ensure the survey/screening tool is used.
- Work with health systems and family practice/general medicine practitioners to implement workflows.

ACTIVITY 2

Catalog and centralize available information and tools, including support programs and services, repackage for reading level and language and ease of distribution from healthcare professionals to caregivers.

ACTIVITY 3

Institute protocols to screen for caregiving activities at regular office visits, provide information and tools, and make referrals to supportive programs and services.

- Educate providers on the tools available for caregivers.
- Establish workflows to make necessary referrals for caregivers.
- Work with health systems and family practice/general medicine practitioners to implement workflows.

Partners

- Well-Ahead Louisiana
- Louisiana Governor's Office of Elderly Affairs
- Office of Behavioral Health
- Ochsner Medical Center
- Schools of Medicine, Institute of Gerontology
- Louisiana State University Health Sciences Center - New Orleans and Shreveport
- Tulane University
- Preadmission Screening and Resident Review (PASRR)
- Louisiana Primary Care Office

- Louisiana Enhancing Aging with Dignity through Empowerment and Respect (LEADER)
- Alzheimer's Services of the Capital Area

Resources

- Educational materials from Educate and Empower group
- Caregiver support groups
- TRAIN Learning Network
- Develop course catalog for Louisiana to include ADRD trainings for healthcare providers and public health professionals

Measures of Success

INCREASE PROPORTION OF ADRD PATIENTS WITH AT LEAST ONE CAREGIVER IDENTIFIED IN PATIENT CHART

INCREASE PROPORTION OF ADULTS SCREENED FOR CAREGIVING ACTIVITIES

INCREASE DISTRIBUTION OF INFORMATION AND TOOLS

INCREASE NUMBER OF REFERRALS TO SUPPORTIVE PROGRAMS AND SERVICES

Data Sources

- Healthcare system data (chart reviews, number of identified caregivers, referral services)
- Alzheimer's Association data (caregiver support)

Alzheimer's Disease and Related Dementias State Plan



DEVELOP POLICIES AND MOBILIZE PARTNERSHIPS

1

GOAL #1 (P1)

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.

ACTIVITY 1

Increase standardization of screening, diagnosis, and documentation of ADRD.

- Standard diagnosis process and criteria for ADRD, including updating the Legal Memo of required documentation needed to determine Dementia during PASRR.
- Require collection of cognitive assessments in healthcare quality measures (from P4).

ACTIVITY 2

A As a coalition group, identify opportunities and advocate for policy change.

- Establish advocacy group and initiate meetings.
- Identify and research policy issues.
- Set policy change priorities as a coalition.
- Bring proposed policy changes to legislature and/or LDH or other entities.

B Lawmaker education on ADRD:

- Identify and use of personal stories and dialogue to connect with lawmakers.
- Identify likely champions and develop relationships with them (ongoing as elected officials change).
- Specify policy topics to consider in advocacy: variety of options for care beyond nursing homes, protect and promote the rights of long-term care facility residents, incorporate geriatrics into academic medical and public health programs.

Note: This activity supports P3, which is no longer included as a separate action in the plan but is included within this action.

ACTIVITY 3

Explore creating a learning community where a network of partners shares best practices for programs (likely requires involvement of multiple domains).

- My Choice Louisiana diversion program.
- Permanent Supportive Housing (PSH).
- Louisiana Community Choices Waiver.

Partners

- Well-Ahead Louisiana
- Office of Behavioral Health
- Louisiana Department of Health
- Academic institutions
- Legislators willing to take on the cause
- National organizations
- Louisiana State Medical Society
- Southern University and A&M College
- Louisiana Chapter Alzheimer's Association
- Professional associations of medical doctors and primary care provider
- Louisiana Assisted Living Association
- Louisiana Nursing Home Association
- Provider organizations and associations

Resources

- Trainings programs
- Alzheimer's Association resources
- Well-Ahead Louisiana WellSpot Designation Program
- Community-based organizations (The Bridge Center in Shreveport, Alzheimer's Services of the Capital Area in Baton Rouge)
- CDC Healthy Brain website
- State Office of Rural Health, Rural Health Association

Measures of Success

NUMBER OF POLICY CHANGES IMPLEMENTED

REPORTS FROM AALC POLICY GROUP MEETINGS

NUMBER OF PROGRAMMATIC LEARNING COMMUNITIES ESTABLISHING BEST PRACTICES/NETWORKS

NUMBER OF ENTITIES ADOPTING STANDARDIZED SCREENING/DIAGNOSTIC CRITERIA

NUMBER OF PEOPLE GOING THROUGH STANDARDIZED SCREENING

IDENTIFICATION OF CRITERIA AND POLICIES USED TO ENFORCE A STANDARD CHECKLIST AND SCREENING FOR DIAGNOSIS

NUMBER OF LAWMAKERS WHO HAVE CHAMPIONED THE CAUSE

LEGISLATION PASSED

Data Sources

- Policy data from Alzheimer's Association
- Diagnostic information from health systems that are part of the coalition

2

GOAL #2 (P2)

Assure academic programs, professional associations, and accreditation and certification entities incorporate the best available science about brain health, cognitive impairment, and dementia caregiving into training for the current and future public health workforces.

ACTIVITY 1

- A** Establish ADRD representation on workforce development coalitions.
- Advocate for ADRD education and training in workforce development.
-
- B** Establish a network of organizations and agencies committed to incorporating an ADRD perspective into their work (building on Activity 1A).
- Create statement of commitment to include an ADRD perspective and expertise into the organization or agency's protocols and procedures.
 - Include training materials on avoidable hospitalizations.
 - Provide these entities with best practices, resources, etc.
 - Build understanding of what committed partners need, challenges they experience related to ADRD.
 - Examples of entities include emergency response, law enforcement, APS/EPS workers, and state agencies.
 - Coalition serves as a source of connections, resources for these agencies.
 - Model for partnership that includes resources and support and flexibility over time.

ACTIVITY 2

Increase Advocate for policy changes that support academic programs, professional associations, and accreditation and certification entities incorporate Alzheimer's and dementia (perhaps specifically adding gerontology).

- Identify where the levers of change are—state level, accreditation level, or institution level.
- Work with policy group (P1) to advocate for policy change and implementation.

Partners

- Well-Ahead Louisiana
- Academic Institutions (include schools of Social Work, Public Health, Nursing, Physicians)
- Tulane School of Public Health
- Xavier University
- University of Louisiana Monroe
- Louisiana State University Shreveport
- Organizations providing training to medical professionals and physicians on dementia care prior to entering the field

Resources

- CDC Healthy Aging website
- Louisiana Department of Health - Office of Behavioral Health
- Louisiana Nursing Home Association
- Louisiana State University School of Social Work
- Health Resource and Service Administration grant (GWEP-LA)
- Louisiana Hospital Association
- The Bridge Center in Shreveport
- Pennington Biomedical Research Center
- Professional Association of Medical Doctors and Primary Care Providers
- Association of Family Physicians
- State partnerships
- CMS data

Measures of Success

CREATION OF COMMITMENT STATEMENT

NUMBER OF ENTITIES THAT SIGN ON TO COMMITMENT

COALITION ACTIVITIES THAT SUPPORT COMMITTED ENTITIES

INCREASE IN GERIATRICS PROGRAMS/PEOPLE STUDYING

POLICY CHANGES IMPLEMENTED

Data Sources

- Alzheimer's Association
- Track who is reached via coalition stakeholder activities
- Academic institutions within the coalition

Alzheimer's Disease and Related Dementias State Plan



MONITOR AND EVALUATE

1

GOAL #1 (M1)

Implement the BRFSS optional module for Cognitive Decline and Caregiving on a regular rotating basis.

Note: Much of the work described under **Monitor and Evaluate** requires close coordination with the work in other domains. We see the need for a specific data workgroup to be formed (see M3) that includes representatives from many stakeholder organizations to share information, break down silos, and identify opportunities for using data to improve prevention, diagnosis, and treatment for people with ADRD. M1, M4, and M5 could be directed and guided by this data workgroup.

ACTIVITY 1

Purchase BRFSS modules for Cognitive Decline and Caregiving.

ACTIVITY 2

Inform stakeholders of data that will be collected and identify ways to use data (see M3).

Partners

- Well-Ahead Louisiana
- Louisiana Department of Health - Office of Public Health
- Louisiana Department of Health - Office of Aging and Adult Services

Resources

- Funding for both modules, if available
- Analysis expertise (Office of Public Health, Well-Ahead Louisiana, LPHI)
- Dissemination networks

Measures of Success

FIELD THE SURVEY, ANALYZE DATA

DISSEMINATE AVAILABLE DATA

Data Sources

- Include both survey modules in BRFSS each year

2

GOAL #2 (M3)

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.

ACTIVITY 1

A Establish a data workgroup among coalition stakeholders.

B

Create the infrastructure for collecting and analyzing data from multiple sources in Louisiana.

- Identify data sources available (BRFSS and others).
- Collect and analyze data.
- Possibly hire or work with a bioinformatics specialist.

ACTIVITY 2

Create a plan for collecting and analyzing available data and identify data needs not currently met.

- Coordinate with Policy and Partnerships; Educate and Inform; and Assure a Competent Workforce to share data effectively.

ACTIVITY 3

Create a plan for using data to inform and improve program and policy responses.

- Led by workgroup.
- This would also include work to evaluate the impact of policy changes.

Partners

- Well-Ahead Louisiana
- Louisiana Department of Health - Office of Aging and Adult Services
- Louisiana Association of United Ways
- Louisiana Chapter Alzheimer's Association
- Louisiana State University Shreveport Health Sciences Center
- Louisiana Department of Health - Medicaid Office
- Louisiana Health Science Center - New Orleans
- Tulane University
- Academic Institutions
- Primary Care Providers

Resources

- BRFSS
- Louisiana Association of United Ways Asset Limited Income Constrained Employees (ALICE) data
- Alzheimer's Association Facts and Figures
- CMS Claims data (identify regions of highest need)
- Funding for a bioinformatics specialist / LSU bioinformatics fellowship

Measures of Success

DATA WORKGROUP ESTABLISHED AND MEETS REGULARLY

PLAN FOR COLLECTING AND ANALYZING DATA CREATED

PLAN FOR USING DATA TO INFORM PROGRAM AND POLICY RESPONSE CREATED

Data Sources

- Data workgroup regular reports

3

GOAL #3 (M4)

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

Note: M4 was selected due to the importance of evaluation being embedded in programs. M4 as an activity under the purview of the data workgroup (see M3) focuses on evaluation at a macro level, and provides a structure for programs to assess accessibility, effectiveness, and impact consistently. M4 does not include members of the data workgroup providing technical assistance to individual programs, or checking in with program staff to confirm evaluation is taking place.

ACTIVITY 1

Work with Workforce and Educate/Empower group to catalog training and caregiving support programs.

ACTIVITY 2

Create standard evaluation questions/measures that programs can use consistently (e.g., standard questions could help us answer what programs exist, who is eligible to be served, who are they serving, where do we need to target awareness/recruitment efforts?)

Partners

- Workgroup members (see M3)
- Program staff (for programs being evaluated)

Resources

- Requires program funding to be allocated for evaluation efforts
- Can program funders require evaluation data to be collected on accessibility, effectiveness, and impact?

Measures of Success

INCREASE IN PROPORTION OF TRAINING AND CAREGIVER SUPPORT PROGRAMS THAT EVALUATE ACCESSIBILITY, EFFECTIVENESS, AND IMPACT

USE OF PROGRAM EVALUATION DATA TO IMPROVE PROGRAM OFFERINGS

Data Sources

- Catalog of training and caregiver support programs, and contact persons
- Annual survey of program contact persons? (Do they have evaluation in place?)
- Collect evaluation data that is accessible (requires someone to do this)

4

GOAL #4 (M5)

Estimate the gap between workforce capacity and anticipated demand for services to support people with dementia and their caregivers.

Note: M5 is a specific example of work to be done under M3, and would be directed by the data workgroup as described in M3.

ACTIVITY 1

Identify all data sources to estimate workforce capacity.

- Define what we mean by “workforce,” define benchmarks (minimum and ideal), and baseline.
 - Healthcare practitioners (and specific subcategories), caregivers, respite care, nursing home care, medical assistants, social workers, psychiatrists, general practitioners, family care, screening, other chronic diseases.
-

ACTIVITY 1

Identify all data sources to estimate size of patient population/demand for services.

- Seek out states already doing this work well (other BOLD grantees, mentoring opportunities)
-

Partners

- Well-Ahead Louisiana
- Louisiana Department of Health - Office for Citizens with Developmental Disabilities
- Louisiana Association of United Ways
- Louisiana Chapter Alzheimer’s Association
- University Alzheimer’s Disease Research Centers
- HRSA
- GWEP-LA
- Louisiana State University School of Social Work
- Provider organizations
- American Association of Retired Persons (AARP) Louisiana

Resources

- ALICE data to help understand financial vulnerability in Louisiana from Louisiana Association of United Ways (LAUW)
- Cognitive assessments collected as part of healthcare quality measures
- Number of ADRD providers per capita Data on number of geriatricians in Louisiana
- American Medical Association data on providers in Louisiana
- AARP has data on caregiving
- Alzheimer's Association Facts and Figures, number of patients, number of caregivers
- Home health agencies, planning data, employment pieces
- BRFSS
- Louisiana Geriatric Workforce Enhancement project, collecting data since 2018 on number of nurses, social workers, and physicians being trained in ADRD curriculum. Ochsner Medical Center is a partner providing 29 training sites in Louisiana.
- Louisiana Office of Citizens with Developmental Disabilities - Downs syndrome and other disabilities - tracking incidence of ADRD
- Parish Councils on Aging
- Funding for bioinformatics specialist / LSU bioinformatics fellowship
- Data on ADRD among those with disabilities or chronic conditions
- Provider training programs

Measures of Success

INCREASED DATA COLLECTION ON THE NUMBER OF PRIMARY CARE PROVIDERS TRAINED

Data Sources

- Data on caregiver capacity collected (baseline)
- Data on care demand collected (baseline)

Alzheimer's Disease and Related Dementias State Plan



CLOSING

The Louisiana ADRD State Plan began with the 2008 Legislative efforts to establish a coordinated approach in Louisiana to address ADRD.

The LAC continues to meet quarterly to prioritize and mobilize state plan goals and activities for future implementation. The development of the coordinated ADRD state plan and the establishment of the LAC in Louisiana has created a baseline infrastructure and a great deal of momentum to enhance policy, programs, services, research, and support across multiple sectors. The ADRD creates opportunities to leverage resources to implement a coordinated approach with identified goals, activities, measure for success, resources, and data collection. The outline of our plan moving forward for the next five years will be to create synergy, cohesiveness, and consistency with all of these aforementioned priority activities.

Over the next five years, we plan to continue building connections in Louisiana to bolster ADRD infrastructure by working in cohesion with state agencies and provide support for the stakeholder organizations participating in the LAC. Mobilization and prioritization of goals is important for future implementation efforts in the following areas:

FOUR ESSENTIAL SERVICES OF PUBLIC HEALTH	
	EDUCATE AND EMPOWER
	ASSURE A COMPETENT WORKFORCE
	DEVELOP POLICIES AND MOBILIZE PARTNERSHIPS
	MONITOR AND EVALUATE

Louisiana will continue to focus on expanding existing services and closing the gap on critical needs in our ADRD population. The LAC will support proposed legislation to enhance ADRD awareness and policy development. Louisiana will continue to identify areas of workforce development as mentioned throughout the state plan. Educating providers, bridging the gap to promote screenings and educate providers is important to our workforce, and meeting the needs of Louisiana's aging population. Health disparities exist within Louisiana based on data listed in the background section of this document. The LAC will continue to identify areas underserved populations disproportionately affected by ADRD.

The Louisiana ADRD State Plan offers a narrative of the landscape of ADRD in Louisiana and background to previous state efforts to present day. The combination of ADRD initiatives and priority areas outlined in the state plan and support from key organizations within the LAC will ensure success in state plan implementation.



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