



2025 Alzheimer's Disease & Related Dementia State Plan



Katie Hobbs, Governor
State of Arizona

Debbie Johnston, Director
Arizona Department of Health Services

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH PREVENTION SERVICES
BUREAU OF CHRONIC DISEASE AND HEALTH PROMOTION

150 North 18th Avenue, Suite 310
Phoenix, Arizona 85007
Phone: 602-364-0824; Fax: 602-542-1890
www.azdhs.gov

The Arizona Department of Health Services is an Equal Employment Opportunity Agency. Permission to quote from or reproduce materials from this publication is granted when due acknowledgment is made.

TABLE OF CONTENTS

TABLE OF CONTENTS	3
ACKNOWLEDGEMENTS	4
EXECUTIVE SUMMARY	8
ABOUT ALZHEIMER’S DISEASE AND RELATED DEMENTIA	10
ADRD STRATEGIC PLAN	17
GOAL 1 - Increase Access to Care, Support, and Treatment.....	17
GOAL 2 - Improve the Quality & Safety of Care.....	22
GOAL 3 - Advance Risk Reduction, Early Detection, and Diagnosis.....	24
GOAL 4 - Ensure a coordinated statewide response to Alzheimer’s Disease and related dementias.....	27
APPENDICES	34
APPENDIX A: Arizona Alzheimer’s Disease and Related Dementia Surveillance Data.....	34
APPENDIX B: Listening Session Report.....	35
APPENDIX C: Lead Agencies.....	36
APPENDIX D: Helpful Terms.....	37

[This plan meets the legislative requirements of Session Law 2023, Chapter 139, Section 5 \(D\).](#)

ACKNOWLEDGEMENTS

The Arizona Department of Health Services extends its sincere gratitude to the many partners, stakeholders, and community members who contributed to the development of this strategic plan. Your insight, experience, and dedication have been essential in shaping a path forward to reduce the impact of Alzheimer’s disease and related dementias (ADRD) across our state. As Arizonans united in this effort, your collaboration strengthens our collective ability to enhance support systems, expand access to services, and improve quality of life for individuals living with dementia and their caregivers. Thank you for your continued partnership and commitment to building healthier, more supportive communities for all.

Arizona Department of Health Services

Amal Chamberlain
Amanda Swanson, MPH
Carin Watts, MPH
Celia Nabor, MPA
Gerilene Haskon, MPH
Jackson Turner III
LCDR Keisha Jenkins, DrPH, MPH
Megan Thomas
Tenneh Turner-Warren, MS
Teresa Aseret-Manygoats, MPA
Teresa Malak Salama, MHA

Academia

David Coon, PhD*, Associate Dean & Professor - R.I.S.E., Edson College of Nursing and Health Innovation at Arizona State University*
Lisa O’Neill, DBH, MPH, Associate Director of Research & Education, UA Center on Aging
Clinical Assistant Professor, Medicine*

Alzheimer’s Disease and related dementias (ADRD) Stakeholders in Arizona

AllThrive 365 (FSL)	Duet: Partners in Health & Aging*
Alzheimer’s Association, Desert Southwest Chapter*	Health Services Advisory Group (HSAG)
American Association of Retired Persons (AARP)*	Inter Tribal Council of Arizona (ITCA)
Arizona Alzheimer’s Consortium	Mariposa Community Health Center
Arizona Area Agencies on Aging	Navajo Nation Division of Aging and Long-Term Care Support
Arizona Caregiver Coalition*	Northern Arizona Council of Governments (NACOG)
Arizona Health Care Association (AHCA)	Phoenix Police Department
Arizona Peace Officer Standards and Training Board (AZ POST)	So’ Tsoh Foundation
Banner Neurological Institute	SouthEastern Arizona Governments Organization (SEAGO)
COPA Health	St. Mary’s Food Bank

ADRD REVISED STATE PLAN

Valleywise Health
Virginia G. Piper Charitable Trust

Vitalyst Health Foundation
Western Arizona Council of Governments
(WACOG)

State Agency Partners

*Arizona Department of Administration
(ADOA)*

Amanda Accatino, MSED*

*Arizona Department of Economic Security
(ADES)*

Anthony H Dekker, DO*

Debra White

Lindsey Bankhead, BSW*

Lita Nelson, BS

Rana Simms BS, CPM*

*Arizona Health Care Cost Containment
System (AHCCCS)*

Danielle Ashlock, BS

Dara Johnson, MS*

Jakenna Lebsock, MPA*

*Governor's Office of Youth, Faith and
Family (GOYFF)*

Ann Carver*

Latrisha Centers

Belinda Ray

County Health Departments

Cochise County Health Department

Coconino County Health Department

Maricopa County Department of Public Health*

Pima County Health Department*

Pinal County Health Department

Yavapai County Community Health Department

Note:

Asterisks (*) denote individuals and organizations who served in an advisory capacity or as key contributors during the development of the plan.



Dear Arizonans,

The Arizona Department of Health Services (ADHS) is honored to share the 2024-2029 Arizona Alzheimer's Disease State Plan—an important step forward in our commitment to improving the lives of individuals living with Alzheimer's Disease, their families, and caregivers across the state.

This updated State Plan was made possible through state funding from Senate Bill (SB) 1726 in fiscal year 2024, and more importantly, through the voices and partnership of Arizonans who live with the realities of Alzheimer's and Related Dementias every day. We are deeply grateful to our dedicated partners, individuals with lived experience, family members, and caregivers who helped shape this plan with their insights, experiences, and unwavering dedication.

Arizona's aging population continues to grow steadily. In calendar year 2024, approximately 1.47 million individuals aged 65 and older lived in our state, representing nearly one in five Arizonans. With this increase, ADHS has prioritized healthy aging and the well-being of older adults in our chronic disease prevention efforts. Our annual State Health Assessment (SHA) includes targeted data on this population, and in 2023, we welcomed a Population Health Program Administrator focused on older adult health.

Alzheimer's Disease is the fifth leading cause of chronic disease-related death in Arizona. In 2023, 2,655 Arizonans age 65 or older died from Alzheimer's disease. While we saw a slight decline from the previous year, disparities persist. Women, especially Black, Hispanic, and White non-Hispanic women, experience higher mortality rates. Urban communities also face greater impacts than rural ones. These realities remind us of the urgent need for comprehensive support.

To meet this need, ADHS continues to work with statewide partners and state agencies—including the Arizona Department of Economic Security (ADES), the Arizona Health Care Cost Containment System (AHCCCS), and the Governor's Office of Youth, Faith and Families (GOYFF)—alongside the Governor's Advisory Council on Aging (GACA). Together, we are committed to strengthening services and resources across the entire continuum of care: from prevention and early detection to diagnosis, treatment, and caregiver support.

Katie Hobbs | Governor

Debbie Johnston | Director

Over the next four years, the Plan will focus on four key priorities:

- Increasing access to care, support, and treatment
- Improving safety and quality of care
- Advancing risk reduction, early detection, and diagnosis
- Aligning our work with the [National Healthy Brain Initiative](#) and the [U.S. Department of Health and Human Services' National Plan to Address Alzheimer's Disease](#)

As we move into implementation, we will continue to center compassion and dignity in our efforts. ADHS and our partners remain committed to building systems that create lasting, sustainable change, ensuring a healthier future for all Arizonans.

We invite you to join us in this important work.

Sincerely,



Debbie Johnston
Director

Katie Hobbs | Governor

Debbie Johnston | Director

EXECUTIVE SUMMARY

The Arizona State Plan for Alzheimer’s Disease and Related Dementias (ADRD) was developed in response to Senate Bill 1726. This legislation designated the Arizona Department of Health Services (ADHS) as the lead agency to address the complex and growing needs of persons living with dementia (PLWD). Through statewide collaboration, the plan establishes strategic priorities in four key areas: expanding access to care, improving quality of care, advancing risk reduction, and coordinating a comprehensive statewide response to ADRD.

Alzheimer’s disease and related dementias are irreversible, progressive brain disorders that cause cognitive decline, behavioral changes, and loss of functional ability, deeply impacting individuals, families, and caregivers across Arizona. According to the Centers for Disease Control and Prevention (CDC), an estimated 6.9 million Americans were living with dementia in 2020, with that number projected to rise to nearly 14 million by 2060.¹ In Arizona alone, the *2025 Alzheimer’s Disease Facts and Figures* report estimated that 151,500 adults aged 65 and older were living with Alzheimer’s Disease in 2020, representing approximately 11% of the state’s older adult population.²

Arizona’s population is aging rapidly. The *Arizona Aging Report* and the *Arizona State Plan on Aging 2023–2026* highlight significant demographic shifts, noting consistent year-over-year growth in adults aged 60 and over.^{3,4} From 2014 to 2024, the population of Arizonans aged 65 and over increased by 44%.⁵ These trends underscore both a pressing need and a strategic opportunity to strengthen aging and dementia-related supports across the state’s health and social service systems.

Family caregivers are the cornerstone of dementia care in Arizona, yet many face physical, emotional, and financial strain. In 2024, approximately 240,000 Arizonans provided an estimated 377 million hours of unpaid caregiving, valued at more than \$9.56 billion. Among these caregivers, a majority reported health concerns: 59.3% had at least one chronic health condition, 24.0% experienced depression, and 13.8% were in poor physical health.⁶ These figures underscore the critical necessity for policies and programs that support caregiver well-being and strengthen existing support frameworks to help caregivers navigate complex healthcare systems.

¹ Centers for Disease Control and Prevention. (2023). *Projected prevalence of Alzheimer’s disease and related dementias in the United States, 2020–2060*. <https://www.cdc.gov/alzheimers-dementia/about/index.html>.

² Alzheimer’s Association. (2025). *2025 Alzheimer’s Disease Facts and Figures: Arizona*. *Alzheimer’s & Dementia*, 21(5).

³ Arizona Department of Economic Security. (2022). *Arizona state plan on aging: 2023–2026*. <https://des.az.gov>.

⁴ Arizona Department of Health Services. (2020). *Healthy aging data report*. <https://www.azdhs.gov>.

⁵ Calculation based on data from Arizona Department of Health Services. (2023). *Aging in Arizona: Leading causes and risk factors of death among Arizona residents 65 years and older, 2023*. Phoenix, AZ: Arizona Department of Health Services. <https://www.azdhs.gov/prevention/chronic-disease/healthy-aging/index.php>; and Arizona Department of Health Services. (2024). *Population denominators and vital statistics, 2014–2024*. Phoenix, AZ: Arizona Department of Health Services. <https://pub.azdhs.gov/health-stats/menu/info/pop/index.php>.

⁶ Alzheimer’s Association, *Alzheimer’s Disease Facts and Figures: Arizona*, 2025.

At the same time, **Arizona faces a severe shortage of health professionals trained in geriatrics and dementia care.** In 2021, only 115 geriatricians were practicing in the state. To meet the projected demand by 2050, the number of geriatricians would need to increase by nearly 190.4%.⁷ Workforce development and dementia-specific training programs will be essential to ensure that individuals living with ADRD receive timely, high-quality, and person-centered care.

The economic impact of ADRD is also substantial. Rising medical and long-term care costs, as well as lost productivity among caregivers, place increasing financial pressure on families and the state's healthcare system. In 2025, Alzheimer's and related dementias will cost the nation \$384 billion, and by 2050, those costs could rise to nearly \$1 trillion.⁷ A coordinated, sustainable approach is needed to strengthen infrastructure, optimize care delivery, and manage the growing economic burden of dementia across Arizona.

This strategic plan represents a collaborative effort led by the Arizona Department of Health Services (ADHS) in partnership with a broad network of state agencies and local stakeholders committed to building a dementia-capable Arizona. The Arizona Alzheimer's State Plan outlines a unified vision to address the growing impact of Alzheimer's disease and related dementias through coordinated, data-informed strategies. It provides strategic recommendations to advance health equity, support caregivers, strengthen the workforce, and guide an integrated public health response to this pressing challenge.

⁷ Ibid.

ABOUT ALZHEIMER'S DISEASE AND RELATED DEMENTIA

OVERVIEW PROVIDED BY ALZHEIMER'S ASSOCIATION DESERT SOUTHWEST CHAPTER

Dementia is a general term for a particular group of symptoms caused by brain changes that result in nerve cell damage (neurons). The brain's neurons are essential to all human activities, including thinking, talking, and walking. This damage interferes with brain neurons' ability to communicate, resulting in a loss of cognitive functioning.

Alzheimer's, a degenerative brain disease, is the most common cause of dementia, and symptoms progress over years.⁸ Increasing age is the most significant known risk factor for Alzheimer's, with risk increasing after age 65. However, Alzheimer's is not limited to those over 65. Much less common, younger-onset (also known as early-onset) Alzheimer's affects people younger than age 65 and is rarely diagnosed.⁹

Disease progression and the abilities affected vary from person to person. Some common symptoms are difficulties with memory, language, problem-solving, and other thinking skills that affect a person's ability to perform everyday activities. The most severe stage of dementia is when the person must depend entirely on others for basic activities of daily living (ADLs) due to loss of mobility, balance, and essential bodily functions. Ultimately, Alzheimer's disease is fatal.¹⁰

Proactive management of Alzheimer's and other dementias can improve the quality of life of affected individuals and their caregivers. Proactive management includes actions by the person living with dementia and their caregivers, and actions by health care providers and other health care workforce members. Additionally, there are now [treatments](#) that may slow disease progression for people in the early stage of Alzheimer's, making a timely diagnosis critically important.¹¹ Early detection of Alzheimer's or another dementia offers significant benefits for the person diagnosed and their loved ones, including greater access to treatment options and the ability to plan for the future.

[The table in this report](#) provides an overview of the most common causes of dementia, collectively referred to as "Alzheimer's disease and related dementias" or "ADRD" by the scientific and public health communities. The table is reproduced from the Alzheimer's Association's 2024 Facts and Figures Report.

⁸ Alzheimer's disease is the most common cause of dementia, making up 60%-80% of cases. Alzheimer's Association. 2024 Alzheimer's Disease Facts and Figures. *Alzheimers Dement* 2024;20(5).

⁹ Alzheimer's Association <https://www.alz.org/alzheimers-dementia/what-is-alzheimers/younger-early-onset>

¹⁰ 2024 Alzheimer's Disease Facts and Figures. *Alzheimers Dementia* 2024;20(5).

<https://www.azdhs.gov/documents/prevention/chronic-disease/alzheimers/resources/2024-alzheimers-facts-and-figures.pdf>

¹¹There are many potential treatments advancing in the pipeline. The Alzheimer's Association is supporting promising research that is tackling the disease from multiple angles. Stay up to date: <http://alz.org/treatments>
Alzheimer's Association. (2024).

PLAN BACKGROUND

In 2023, Governor Katie Hobbs signed bipartisan legislation designating the Arizona Department of Health Services to lead the state's efforts in addressing Alzheimer's disease and related dementias. The bipartisan legislation was widely supported by community stakeholders, including people living with the disease and their caregivers. The legislation directed the Arizona Department of Health Services to work with a team of subject matter experts, state agency representatives, and community providers to create a plan for Arizona that assesses the current state of Alzheimer's in Arizona, identifies gaps, and creates a strategic plan including recommendations for state action that would address the growing impact of the disease.

This plan assesses the following:

1. Current and future impact of the disease on Arizona; and
2. Existing state services for people living with dementia and their caregivers; and
3. Needs of people from all cultural backgrounds who are living with this disease; and
4. Impact on Arizonans living with the disease, including younger-onset, early-stage, middle-stage, and late-stages of the disease; and
5. Arizona's capacity to provide diagnoses and early detection of Alzheimer's; and
6. Gaps and policy opportunities to close those gaps.

Arizona Alzheimer's Key Statistics

Leading Cause of Death



- #5 overall cause of death in Arizona (2022)

Caregiver Burden



- 9% of Arizona Adults care for someone with Alzheimer's
- 28% provide 40+ hours/week

Racial & Ethnic Disparities



*Data per 100,000 individuals.

Lowest median age at death

American Indian/Alaska Natives: 82
Rural residents: 75



Hospitalization Trends



79% of visits in urban areas

83% of patients: non-Hispanic White

Average hospital stay rose to 4.86 days

2015-2023 Data

- For more information on Alzheimer's Disease and Related Dementia Statistics in Arizona, see [Appendix A](#).

Development Timeline

The Arizona State Plan for addressing Alzheimer’s Disease and Related Dementias (ADRD) adopts a comprehensive public health approach, targeting modifiable upstream factors that influence the risk of developing dementia. This approach emphasizes the role of systems and environments in shaping population health outcomes, focusing on interventions that can reduce risk, enhance early detection, and improve care across the continuum.

Guided by evidence-based frameworks such as the CDC’s [Healthy Brain Initiative Road Map](#), [Roadmap for Indian Country](#), and the [National Plan to Address Alzheimer’s Disease](#), the State Plan is designed to meet current care and treatment needs while proactively preparing for the future; including: improving data collection, management, and sharing to support informed decision-making and system-level improvements.

In October 2023, the Arizona Department of Health Services (ADHS) appointed an Alzheimer’s Disease and Related Dementias (ADRD) Program Manager to lead the coordination, development, and implementation of the State Plan.

In November 2023, ADHS convened a Core ADRD Leadership Team and established a project timeline. The first meeting of the Core Leadership Team was held on December 11, 2023. This multidisciplinary group comprises representatives from key sectors, including public policy, academia, statewide associations, state agencies, nonprofit organizations, community advocates, healthcare systems, Area Agencies on Aging, and local county health departments.

During the initial convening, Core Team members received an orientation, reviewed the project timeline, and were introduced to the proposed methodology for plan development.

To ensure the plan is informed by those most impacted, ADHS hosted a series of Listening Sessions across Arizona in Spring 2024. These sessions were held in person and virtually to encourage broad participation and accommodate individuals from urban and rural communities. The sessions were designed to elevate the voices and lived experiences of individuals living with Alzheimer’s Disease and related dementias, caregivers (both paid and unpaid), community members, and professionals with subject matter expertise. Participants shared personal stories, identified service gaps, and offered recommendations for improvement across the care continuum.

To ensure the State Plan reflected the most recent input and evolving needs of Arizona communities, the Core ADRD Leadership Team reconvened in Fall 2024 to review the draft plan. During this phase, members provided additional guidance, evaluated the integration of community feedback, and made necessary revisions to strengthen alignment with Arizonans’ critical needs, stakeholder priorities, and broader statewide health initiatives.

Input gathered throughout the planning process has been thoroughly reviewed and thoughtfully incorporated into the final version of the State Plan. As a result, the plan represents an

ADR REVISED STATE PLAN

inclusive, evidence-informed, and actionable roadmap for addressing Alzheimer’s Disease and related dementias across Arizona.

Workgroups focused on each Goal area, and the Core Leadership Team will continue meeting in 2025 to implement the plan.



The following icons represent the additional resources required to implement the activities listed in the plan.



This icon indicates **policy changes** needed to implement the activities listed in the plan.



This icon indicates **additional funding** needed to implement the activities listed in the plan.



This icon indicates an activity that will be included in the **centralized hub**.

ADRD STRATEGIC PLAN

Vision for Arizona

A future where every Arizonan impacted by Alzheimer's Disease and related dementias (ADRD) receives the care, support, and resources to enhance their quality of life.

Disclaimer

This State Plan to Address Alzheimer's Disease and Related Dementias represents a shared vision shaped by data, collaboration, and community insight. While we are committed to the goals and strategies outlined here, it's important to acknowledge that a range of external factors—such as shifts in federal policy, funding availability, and changes in workforce or infrastructure—may impact what is feasible over time.

While this Plan sets a strategic vision and direction, it does not represent a binding commitment of resources or guarantee of implementation. The State Agency remains committed to monitoring these factors and will adjust priorities and actions to align with current realities and emerging needs.

GOAL 1 - Increase Access to Care, Support, and Treatment

Many Arizonans, particularly those in rural and tribal communities, individuals with limited English proficiency, and people living with or at risk for ADRD, continue to face significant barriers in accessing the care, support, and treatment they need. These challenges include navigating fragmented systems of care, limited availability of dementia-capable providers and services, inadequate access to culturally and linguistically appropriate supports, and gaps in affordable, person-centered care that addresses the progression and complexity of ADRD. **Goal 1** addresses these challenges through a comprehensive strategy that expands access to dementia services, strengthens the dementia care workforce, improves crisis response, and bolsters support for caregivers across care settings and communities.

Strategies & Recommendations for Action

Recommended Leads: ADHS & State Agencies



Develop a centralized resource hub that provides Arizonans with seamless access to dementia-related resources for education, training, services, and referrals to support people living with Dementia, their caregivers, providers, and other professionals.

Recommended Lead: ADHS



Reduce barriers and ensure individuals with dementia have **supportive engagement in receiving residential and home and community-based services (HCBS)**.

Recommended Lead: AHCCCS



Evaluate Medicaid reimbursement rates for Arizona Long Term Care System (ALTCS) providers, including residential, home and community-based services (HCBS) providers, who serve the unique needs of people with dementia.



Review and determine any feasible next steps regarding the ALTCS Preadmission Screening (PAS) tool, incorporating current evidence-based research on cognitive decline and appropriate methods for virtual screenings.



Explore opportunities to reduce caseloads by expanding staff and providing ongoing dementia-specific training for all Assessors to improve care quality and responsiveness.



Evaluate and enhance the ALTCS dementia training for Managed Care Organization (MCO) staff, including case managers and customer service representatives, to ensure the training supports positive outcomes for people living with dementia and equips staff to understand and respond to the unique challenges they face.

- Review Medicaid coverage for dementia HCBS in-home services and update to ensure the services are evidence-based.



Develop a Family support service that provides tailored navigation support and resources for people living with dementia and their caregivers.



Create a statewide workgroup to evaluate the need for ALTCS MCO dementia navigator positions to support people with dementia and their caregivers.

Recommended Leads: ADHS/AHCCCS/DES/AZ POST

- **Support the statewide crisis response system** to better support the unique behavioral needs of persons living with dementia.



Conduct a needs assessment that convenes a study group of first responders (law enforcement, fire personnel, EMTs, etc.) to identify challenges, best practices, and actionable recommendations for supporting individuals with dementia and their caregivers.

- **Identify partnerships to provide evidence-informed training and promote this dementia-specific training for all first responders** (law enforcement, fire personnel, and emergency medical technicians). Training should focus on the following:
 - Identifying common dementia-related behaviors during emergencies.
 - Applying de-escalation techniques tailored for individuals with dementia.
 - Engaging with caregivers during crises.
- **Review dementia-specific training programs** for Adult Protective Services, Long-Term Care Ombudsmen, Arizona Long Term Care System (ALTCS) Case Managers, and ALTCS functional screening assessors. Consider the following when reviewing programming:

Curriculum relevance and depth

- Covers core dementia-related topics: types of dementia, symptoms, progression, and behavioral changes.
- Includes person-centered approaches, de-escalation techniques, and strategies for working with individuals at various stages of cognitive decline.
- Address legal and ethical considerations specific to each profession's role (APS, Ombudsmen, Medicaid screeners).

Cultural competency

- Incorporates training on working with diverse populations, including racial, ethnic, and socio-economic groups and individuals with disabilities or language barriers.
- Offers guidance on understanding how cultural backgrounds may influence perceptions of dementia and care-seeking behavior.

Practical Application and Skill Development

- Provides real-world scenarios, role-play exercises, and case studies relevant to each group's responsibilities.
- Includes opportunities for hands-on practice, such as conducting cognitive screenings or responding to complex behavioral issues.

Trauma-Informed and Person-Centered Care Approaches

- Emphasizes respectful, trauma-informed care, promoting dignity and autonomy for individuals with dementia.
- Aligns with person-centered care models, focusing on individualized needs and preferences.

Impact on Service Quality and Outcomes

- Measures the effectiveness of the training through follow-up evaluations, monitoring the impact on staff performance and service outcomes.
- Evaluate whether the training results in enhanced detection, reporting, and support for individuals with dementia.

Alignment with Regulatory and Policy Standards

- Aligns with relevant state and federal guidelines, including Medicaid requirements, adult protective services protocols, and long-term care regulations.

Continuous Improvement and Updates

- Ensure the curriculum is regularly updated to reflect new research, best practices, and evolving policy requirements.
- Incorporate feedback from participants and stakeholders to improve future iterations of the program.

Recommended Leads: ADHS/NCIA/AHCCCS/GOWC

- **Strengthen the healthcare workforce** by minimizing shortages and creating incentives and career pathways to recruit and retain professionals who specialize in all levels of dementia care.
 - **Create a streamlined career pathway** for paid caregivers, encompassing licensing, training, and registration to minimize bureaucracy and enhance professionalism. Integrate Direct Care Workers (DCWs), paid caregivers, and CNAs under a unified framework. Establish financial incentives to support and promote professional growth, ensuring access to dementia-specific training.
 - **Identify opportunities to implement financial incentives**, such as loan forgiveness and grant programs, to attract physicians, physician assistants, nurse practitioners, nurses, physical therapists, occupational therapists, pharmacists, and psychologists with specialized training in geriatrics, neurology, and dementia care.
 - Ensure that the needs of people with dementia are considered in workforce commissions, councils, task forces, workgroups, and study groups.
 - Offer Community Health Workers (CHWs) dementia-specific training to support their efforts to increase awareness, reduce stigma, and improve early detection and diagnosis of dementia.

Recommended Leads: ADES & AZ Caregiver Coalition

- **Strengthen programs that offer support to caregivers of individuals with dementia, regardless of their financial situation.**
 - Identify opportunities to partner on and support the Caregiver Strategic Plan.
 - Evaluate internal caregiver support programs and identify opportunities for improvement.



Create a one-stop shop for caregiver resources.

Recommended Leads: ADHS & ADES



Establish a statewide dementia care navigation program with standardized training to help individuals with ADRD and their care partners access coordinated care, resources, and support across Arizona.

- Facilitate breakout sessions at the annual caregiver summit focused on dementia caregivers to promote evidence-based strategies for supporting their well-being.
- Promote the Guiding an Improved Dementia Experience (GUIDE) Model and assist in the development of a GUIDE Coalition to support providers and their teams who offer the program.



Update the ADHS website with resources for caregivers.

GOAL 2 - Improve the Quality & Safety of Care

Arizona's rapidly aging population has led to a marked rise in the number of individuals diagnosed with ADRD. This demographic shift reinforces the urgent need to ensure that those living with dementia receive high-quality, person-centered care that protects their health, dignity, and safety across all care settings. **Goal 2** responds to this imperative by outlining a comprehensive approach to strengthening dementia care delivery statewide, advancing provider competency, regulatory standards, caregiver support, and oversight mechanisms.

Recommended Leads: ADHS/AHCCCS/ADES

- **Enhance healthcare providers' capacity** to deliver high-quality, person-centered care by **increasing their dementia competency** through targeted, dementia-specific, and population-responsive training.
 - Identify and promote evidence-based training opportunities and resources for providers.
 - Provide education to licensed healthcare professionals within their scope of practice on evidence-based clinical assessment and diagnostic practice guidelines.

Recommended Leads: ADHS & ADES

- **Promote person-centered care planning approaches** for individuals and families living with dementia.
 - Update the ADHS website with person-centered, evidence-based care planning resources.

Recommended Leads: ADOA & ADHS

- **Promote supportive policies and programs for employees** who are family caregivers and model healthy worksites for Arizona employers.
 - Develop supportive training, resources, tools, policies, and programs for State employees who are caring for someone living with dementia. Training, resources, or tools to support employees acting as caregivers should include:
 - Supportive management
 - How to check in and talk to your employee
 - How caregiving impacts employees (i.e., stress)
 - Caregiver leave/Family Medical Leave Act (FMLA)
 - Resources, such as the Site Employee Assistance Program (EAP) Services & ComPsych Guidance
 - Leverage insurance contracts to ensure the availability of support for employees.
 - Incorporate ADRD awareness, resources, and risk reduction efforts into the Healthy Arizona Worksites Program (HAWP).
 - Work with health insurers to cover Alzheimer's treatments for state employees that align coverages with FDA standards for approved dementia treatments (ASRS & PSRS).

Recommended Leads: Alzheimer's Association & ADHS

Improve residential and home licensing requirements for dementia care through evidence-based and person-centered models.

- Ensure that rules follow evidence-based and person-centered care planning.
- Convene stakeholders by July 1, 2028, to discuss the effectiveness of memory care rules to determine whether those rules have achieved their intended effect or impact, or if they need to be amended.

Recommended Leads: AHCCCS & ADHS

- **Strengthen oversight, transparency, and quality of care** for individuals with dementia in long-term care settings.
 - Conduct a comprehensive review of quality care indicators, including cognitive assessments, staffing ratios, antipsychotic use, preventable hospitalizations, and critical incidents, and use findings to inform Medicaid and state reimbursement policies and make recommendations for changes to licensing statutes and rules.
 - Strengthen collaboration between AHCCCS, ADHS, and Managed Care Organizations (MCOs) to share data and report on and investigate complaints, track involuntary discharges, ensure dementia-specific training, and monitor provider performance.



Create a centralized and transparent platform to share quality-of-care metrics, enabling consumers to make informed decisions about long-term care options.

Recommended Lead: ADHS

- **Ensure the protection of vulnerable adults** living with dementia.
 - Promote policies and partnerships that support guardianship systems where individuals with dementia under court-ordered guardianship are cared for by guardians who have specialized dementia education and training, aligning with national strategies to prevent elder abuse, neglect, and exploitation.

Recommended Leads: State Agencies

- Review recommendations from the Attorney General’s Taskforce Against Senior Abuse (TASA) and the Vulnerable Adult Study Committee to determine applicability to reduce the financial exploitation of vulnerable adults.
- ADHS to establish contact and partnership with the Administrative Office of the Courts.
- Support the inclusion and representation of individuals with dementia and their unique needs in state plans, summits, reports, program planning, and committees.



Inform the community and caregivers about Adult Protective Services (APS) and the APS Registry.



Expand community awareness of existing tools and resources for recognizing and reporting signs of abuse, neglect, and exploitation of vulnerable adults such as Speakup AZ (campaign has ended).

- Provide accessible support and recommend training for both family and paid caregivers to enhance their skills, reduce stress, and improve the quality of care for individuals living with Alzheimer’s Disease and Related Dementias (ADRD).

Recommended Lead: ADHS

- **Strengthen facility preparedness to support caregivers during public health emergencies.**
 - Develop a checklist for Arizona decision-makers to ensure the needs of family caregivers supporting individuals living with ADRD are addressed during public health emergencies, including access to essential services, communication, and respite support.

GOAL 3 - Advance Risk Reduction, Early Detection, and Diagnosis

As dementia prevalence rises, so does its impact on individuals, families, communities, and the healthcare system. Many cases of ADRD remain undiagnosed until later stages, limiting the effectiveness of interventions and support. Moreover, many Arizonans are unaware that certain modifiable risk factors, such as physical inactivity, hypertension, diabetes, depression, smoking, and social isolation, can increase the likelihood of developing dementia.¹² Without proactive and coordinated efforts to promote brain health, encourage early detection, and reduce stigma, the state will face growing challenges in managing the personal and societal burden of dementia.

Goal 3 addresses these concerns by promoting a public health approach to dementia prevention and early intervention. Through investment in education, risk reduction messaging, cross-sector collaboration, and community engagement, Arizona aims to empower individuals and providers to recognize early signs of cognitive decline, seek timely diagnosis, and adopt healthy behaviors that support lifelong cognitive health.

¹² Centers for Disease Control and Prevention. (n.d.). *Risk reduction for Alzheimer's disease and related dementias*. U.S. Department of Health & Human Services. https://www.cdc.gov/alzheimers-dementia/about/alzheimers.html?CDC_AAref_Val=https://www.cdc.gov/aging/aginginfo/alzheimers.htm

Recommended Lead: ADHS

- **Identify and apply for funding** to support healthy aging and dementia-related programming and education for Arizonans.
 - Partner with the Alzheimer’s Association, ASTHO, and other national public health organizations when dementia-related funding or support opportunities arise.
 - Apply for the BOLD Grant in the next funding cycle.
 - Collaborate with County Health Departments that receive BOLD funding to coordinate efforts and share lessons learned.

Recommended Leads: ADHS & County Health Departments

- **Incorporate dementia risk reduction into existing public health programs**, especially chronic disease prevention and education initiatives throughout Arizona.
 - Partner with BOLD-funded counties and local health promotion programs funded by other funding sources to provide guidance on integrating dementia risk reduction into local public health programs, share resources, and identify opportunities for expanding dementia awareness and training in rural and underserved communities.
 - Continue to improve and enhance efforts to address modifiable risk factors.

Recommended Lead: Alzheimer’s Association

- **Strengthen ongoing education of clinicians** on early detection and diagnosis, treatment, and care of individuals living with Alzheimer’s disease and other dementias as part of regular continuing medical education.



Survey clinicians to gain a deeper understanding of how professionals evaluate and treat cognitive decline and dementia across Arizona. Clinicians refers to medical professionals who would be in a position to diagnose dementia, including but not limited to geriatricians, neurologists, physician assistants, nurse practitioners, general practitioners, psychologists, and psychiatrists.



Develop a comprehensive and inclusive public health messaging strategy for Arizona to promote dementia risk reduction and cognitive health across the life course.

Recommended Lead: ADHS & Local Agency Partners



Update the ADHS website to reflect a life-course approach for decreasing dementia risk. Offer accessible, age-specific information on cognitive health and emphasize preventive steps that can be taken at each stage of life.

- Collaborate with key partners to design messaging that is accessible, impactful, has expanded reach, and addresses the needs of vulnerable populations.

Things to Consider: Messaging that Supports All Audiences

Design and disseminate messaging that is evidence-based, accessible, current, and impactful, with expanded reach across diverse Arizona communities. Messaging should be informed by best practices in health communication and tailored to reflect the following considerations:

- Incorporate health literacy best practices and evidence-based approaches.
- Normalize conversations about cognitive health and dementia by making it an everyday topic.
- Encourage early discussions about aging and cognitive health.
- Utilize value-based messaging to emphasize the significance of early detection and risk reduction.
- Integrate messaging with current related topics, such as retirement planning and life insurance.
- Promote the initiation of earlier transition planning in adolescence or early adulthood, along with regular updates, for individuals with Intellectual and Developmental Disabilities (IDDs).
- Create approaches to reach people who don't regularly use digital media (e.g., phone, computer, etc.), such as those in rural areas or with unique access needs.

Recommended Leads: ADHS & County Health Departments

- **Expand access to education and resources** in diverse and underserved communities to **reduce stigma and increase early detection and diagnosis** of dementia.
 - Incorporate strategies for local health promotion programs funded by Proposition 303 monies or other funding sources to prioritize Alzheimer's awareness and education of minority and underserved populations as appropriate.

GOAL 4 - Ensure a coordinated statewide response to Alzheimer's Disease and related dementias

As Arizona confronts a rising number of residents living with ADRD, there is a critical need for a unified and strategic statewide response. Fragmented efforts across sectors, though well-intentioned, can result in duplication, inefficiencies, and missed opportunities to connect to supports and improve care and outcomes. **Goal 4** focuses on strengthening coordination among state agencies to ensure that Arizona's approach to dementia is collaborative, streamlined, and aligned with national best practices.

Recommended Leads: ADHS & GOYFF

- **Establish a workgroup comprised of state agencies** that meets regularly to identify dementia-specific activities and identify opportunities to align and coordinate state plans and actions, reduce duplication, and enhance the efficiency and responsiveness of state efforts.
 - Develop and maintain an internal statewide calendar that highlights major dementia initiatives, reports, working groups, state plans, and other relevant information.
 - Incorporate dementia into state aging, caregiving, and ADRD plans.
 - Identify opportunities for support and collaboration across State Agencies.
 - Develop an ongoing meeting cadence and leadership structure.
- **Promote the Healthy Brain Initiative Roadmap** to guide and support dementia efforts throughout Arizona.
 - Share the HBI Roadmap with local agency partners to find implementation opportunities.



Update the ADHS website dementia page to include information on the HBI Roadmap and the Roadmap for Indian Country.

- **Strengthen dementia-related data collection, analysis, and sharing** to inform evidence-based decision-making, support early intervention, and promote health for all communities.



Develop a website that provides accessible dementia data for public consumption, including relevant data from other state agencies.



Pending funding availability, implement the BRFSS Caregiver and Cognitive Decline modules every other year and use the findings to inform programs and enhance public awareness.

- Coordinate with statewide dementia-related initiatives to align efforts and ensure that systems are linked for seamless access to data and resources.

- **Leverage evaluation, data, and information to support the implementation and ongoing updates of the ADRD Plan.**

- Connect regularly with state agency, local, and community stakeholder workgroups
- Incorporate the latest news and updates from federal programs, including the CDC and NIH, regarding Dementia and the National Plan to Address Alzheimer's
- Incorporate feedback, reports, recommendations, or other work products of state agencies that have contributed to this area, including but not limited to:
 - [Arizona Auditor General's Audit Report 23-114](#) evaluates the Department of Economic Security's Division of Aging and Adult Services and its implementation of recommendations related to adult protective services. This report highlights areas of progress and remaining gaps, offering valuable oversight that helps inform accountability and system improvements.
 - [Arizona State Plan on Aging \(2023–2026\)](#) outlines the State's priorities for serving older adults and provides a policy and programmatic framework for aging services. It serves as a key reference for aligning with federal Administration for Community Living (ACL) requirements and for guiding coordinated planning across aging networks.
 - [Arizona Family Caregiver Action Plan \(2025–2028\)](#) focuses on enhancing support for unpaid caregivers and advancing equity in caregiving services. It identifies key strategies, goals, and implementation actions that are critical to meeting the growing demand for caregiver support in Arizona.
 - [Arizona Health Improvement Plan \(AzHIP\) \(2021–2025\)](#) offers a broad roadmap for public health priorities in the state, including social determinants of health, health equity, and access to care, factors that significantly influence the well-being of older adults and caregivers.
 - [Governor's Office of Youth, Faith and Family \(GOYFF\)](#) and its Arizona Governor's Advisory Council on Aging (GACA) provide coordination across aging initiatives, engage community stakeholders, and offer policy recommendations that help ensure older Arizonans are supported statewide.

- [Arizona Memory Care Rules](#): The Department has amended the rules in 9 A.A.C. 10, Articles 1 and 8, to comply with new statutory changes imposed by Laws 2024, Chapter 100. The new rules establish memory care services standards in assisted living facilities, requiring eight hours of initial training and four hours of annual continuing education for staff and contractors, as well as specific training for managers. Rehired staff and contractors after a 12-month gap must complete the initial training within 30 days. Facilities must document staff and contractor training for compliance inspections, and penalties apply for non-compliance. On-site monitoring inspections, associated fees, and in-service training requests will be formalized. Additionally, civil penalties will increase up to \$1,000 per resident or patient impacted, per day, and take other considerations into account (i.e. repeats, etc.). The Department may pursue court, administrative, or enforcement action against a licensee, even if the health care institution is in the process of being sold or transferred or has closed. Health care institutions failing to pay penalties may have their licenses revoked, and applications may be denied if resident or patient safety is at risk. After receiving rulemaking approval pursuant to A.R.S. § 41-1039, the Department completed a rulemaking to adhere to the statutory changes identified above. The revised rules are effective as of **June 30, 2025**.

Recommended Leads: Alzheimer’s Association



Continue to fund the Dementia Services Program at the Arizona Department of Health Services

Other Recommendations



Continue or increase Alzheimer’s Research Funding in the state budget (Alzheimer’s Consortium)

Why Sustained or Increased Alzheimer’s Funding in the State Budget is Important —

Alzheimer’s disease is one of the most significant public health challenges facing Arizona and the nation. With an aging population and the escalating prevalence of dementia, comprehensive funding to address Alzheimer’s is critical, not just for research but also for care, support services, and education. Strategic investment in these areas ensures the health, dignity, and well-being of Arizonans affected by this devastating disease.

1. Expanding Public Health Crisis

Alzheimer’s currently impacts just under 7 million Americans. By 2050, the number of people living with the disease is projected to double. An estimated **151,500 Arizonans aged 65 and older**, or **11%** of the state’s older adult population, were living with Alzheimer’s in 2020.¹³

2. Economic and Social Costs

The financial burden of Alzheimer’s disease is staggering. In 2023 alone, Alzheimer’s and other dementias cost the nation nearly \$350 billion.¹⁴ In Arizona, an estimated **292,000 caregivers** provided approximately **483 million hours** of unpaid care for individuals with Alzheimer’s and other dementias in 2023. The value of unpaid care in Arizona is estimated at over **\$10.2 billion**, underscoring the significant economic and societal impact of caregiving in the state. These figures underscore the critical need for continued caregiver support and investments in programs that alleviate challenges. Medicaid costs for individuals with Alzheimer’s and related dementias are also rising exponentially in Arizona. Funding is essential to offset these costs through early interventions, caregiver support, and community-based initiatives that reduce reliance on expensive institutional care.

3. Supporting Caregivers and Families

Alzheimer’s doesn’t just impact those diagnosed—it profoundly affects families and caregivers. Over 80% of care for individuals with Alzheimer’s is provided by unpaid caregivers, often at significant personal and financial costs. Increased funding ensures access to caregiver education, respite care, and mental health support, helping families sustain their caregiving efforts without sacrificing their well-being.

¹³ Alzheimer’s Association. (2024). *2024 Alzheimer’s disease facts and figures*. Alzheimer’s & Dementia, 20(3), 561–660. <https://doi.org/10.1002/alz.70235>

¹⁴ Alzheimer’s Association, *Facts and Figures*, 2025.

4. Strengthening Community-Based Programs

Funding is crucial for sustaining programs that provide local resources, including memory care centers, adult day services, and support groups. These services enable people with Alzheimer's to remain in their communities longer, reducing institutionalization and improving quality of life. Increased investment in such programs benefits both individuals and the broader healthcare system.

5. Public Awareness and Education

Early diagnosis of Alzheimer's can significantly improve outcomes, yet many individuals and families remain unaware of the early signs of the disease or available resources. Funding for public awareness campaigns ensures more Arizonans can access timely diagnoses, treatment, and support.

6. Maintaining Arizona's Leadership Role

Arizona is home to innovative initiatives, such as the Arizona Alzheimer's Consortium, and has the potential to lead the nation in developing holistic approaches to Alzheimer's care. Continued investment in these programs bolsters Arizona's standing as a leader in addressing the challenges of dementia, ensuring our state remains a model for comprehensive care and support.

7. A Holistic Approach to a Growing Challenge

Comprehensive funding for Alzheimer's is more than a financial commitment. It's a commitment to the health, dignity, and futures of thousands of Arizonans. Arizona can better meet its residents' needs while preparing for the challenges ahead by investing in research, care services, community programs, and public awareness. This is a critical opportunity to prioritize compassion, innovation, and sustainability in our state's approach to Alzheimer's disease.

Promote participation in Alzheimer’s research studies with underrepresented groups.

Why it’s Important to Promote Participation in Alzheimer’s Research Studies, Especially Among Underrepresented Groups — Alzheimer’s research is key to advancing our understanding of the disease and developing effective treatments, prevention strategies, and, ultimately, a cure. However, the success of this research depends on diverse participation in clinical trials and studies. Promoting involvement, particularly among underrepresented groups, is essential to ensuring equitable progress in the fight against Alzheimer’s.

1. Diversity that Reflects Arizona’s Population

Alzheimer’s disease does not affect all populations equally. For example, African Americans (AA) are twice as likely, and Hispanic/ Latinos (HL) are 1.5 times more likely to develop Alzheimer’s compared to non-Hispanic Whites. Yet, AA & HL populations are often underrepresented in research studies.¹⁵ Without participation by AA & HL populations, findings may not fully reflect the disease’s impact or account for genetic, cultural, and environmental factors that influence risk and progression.

2. Equitable Treatment Development

A lack of diversity in research can lead to inequities in treatment efficacy. Medications or therapies developed based on limited demographic data may not work as effectively, or at all, for all groups. Broadening participation ensures that new treatments are safe and effective for everyone, regardless of race, ethnicity, gender, or socioeconomic status.¹⁶

3. Addressing Health Disparities

Populations not represented in clinical research often face barriers to early diagnosis, access to care, and participation in research. Promoting inclusion in Alzheimer’s research studies can help identify these disparities, inform targeted interventions, and improve health equity. Research that includes diverse populations ensures they are not left behind in advancements against the disease.

4. Building Trust and Awareness

Historical inequities in research and healthcare have led to distrust among some communities. Promoting participation requires understanding and utilizing engagement practices (i.e., outreach, education, partnerships) that reach trusted community organizations. Engaging

¹⁵ Alzheimer’s Association. (2024). *2024 Alzheimer’s disease facts and figures*. *Alzheimer’s & Dementia*, 20(3), 1–198. <https://www.alz.org/facts>.

¹⁶ Oh, S. S., Galanter, J., Thakur, N., Pino-Yanes, M., Barcelo, N. E., White, M. J., ... & Burchard, E. G. (2015). Diversity in clinical and biomedical research: A promise yet to be fulfilled. *PLoS Medicine*, 12(12), e1001918. <https://doi.org/10.1371/journal.pmed.1001918>

populations meaningfully increases participation and fosters trust in the broader healthcare system.

5. Accelerating Discoveries for All

Alzheimer's is a global challenge, and everyone who participates in research contributes to the collective understanding of the disease. Participation by diverse populations enhances the speed and accuracy of discoveries, enabling researchers to identify both universal patterns and population-specific differences in risk factors, biomarkers, and treatment responses.

6. Creating a More Inclusive Research Infrastructure

Promoting participation among populations not represented also strengthens the research infrastructure. By prioritizing diversity, studies can build more robust recruitment networks, improve accessibility, and develop inclusive practices that benefit future research across all diseases.

7. Everyone's Role in Advancing Research

Promoting participation in Alzheimer's research, for example, TrialMatch,¹⁷ especially among populations not represented, is vital for making meaningful progress against the disease. Researchers, policymakers, community leaders, and healthcare providers must collaborate to eliminate barriers, raise awareness, and develop inclusive opportunities for participation. By ensuring all voices are heard in Alzheimer's research, we take a critical step toward achieving equitable health outcomes and a brighter future for everyone affected by the disease.

¹⁷ **TrialMatch** is a free, easy-to-use service offered by the Alzheimer's Association that connects individuals, whether living with Alzheimer's, at risk, or healthy volunteers, with current research studies and clinical trials. By participating, individuals can contribute to advancing scientific understanding and treatment of Alzheimer's and other dementias.

APPENDICES

APPENDIX A: Arizona Alzheimer's Disease and Related Dementia Surveillance Data

[APPENDIX A: ALZHEIMER'S DISEASE & RELATED DEMENTIA SURVEILLANCE DATA](#)

APPENDIX B: Listening Session Report

[Arizona ADRD State Plan Listening Session Summary.pdf](#)

APPENDIX C: Lead Agencies

Lead agencies reflect the partner organization designated to coordinate and oversee the implementation of specific goals or initiatives. This agency bears the primary responsibility for managing resources, aligning efforts across various stakeholders, and working to achieve the objectives outlined.

Arizona Department of Administration (ADOA)

Arizona Department of Health Services (ADHS)

Arizona Caregiver Coalition (ACC)

Arizona Department of Economic Services (ADES)

Arizona Health Care Cost Containment System (AHCCCS)

Arizona Peace Officer Training & Standards Board (AZPOST)

Governor's Office of Youth, Faith and Family (GOYFF)

Governor's Office of Workforce Development Workforce Committee (GOWC)

Nursing Care Institution Administrators & Assisted Living Facility Manager (NCIA Board)

APPENDIX D: Helpful Terms

Understanding dementia and the systems that support people living with it can involve unfamiliar or technical language. This section provides clear definitions of key terms that you may encounter while reading this plan. Whether you are a caregiver, community member, healthcare provider, or someone living with dementia, we hope these explanations make the information easier to understand and use.

ADRD State Plan

A roadmap created by the Arizona Department of Health Services (ADHS) and partners to guide how our state supports people affected by Alzheimer's and other dementias.

Adult Protective Services

Arizona [Adult Protective Services](#) (APS) is a program within the Department of Economic Security Division of Aging and Adult Services and is responsible for investigating any allegations of abuse, exploitation and neglect of vulnerable adults.

Advance Care Planning

Process of thinking about and communicating your preferences for future medical care if you become unable to speak for yourself. It involves discussing your values and care goals with loved ones and healthcare providers, and documenting those wishes through legal tools such as a living will, medical power of attorney, durable power of attorney for healthcare, and advance directives. Advance care planning helps ensure that your choices are respected and can prevent confusion or conflict among family members during times of medical crisis.

Alzheimer's Disease

It is the most common form of dementia. It is a degenerative neurocognitive disorder affecting the brain, causing problems with memory, thinking, and behavior. It is a progressive disease with no known cure. Although not an aging disease, age is the most common risk factor for Alzheimer's disease, with risk increasing exponentially after age 65.

Alzheimer's Disease and Related Dementias (ADRD)

An umbrella term commonly used to refer to Alzheimer's Disease and less common forms of dementia, including vascular dementia, Lewy Body dementia, frontotemporal dementia, Parkinson's disease, and many others.

Arizona Long Term Care System (ALTCS)

Arizona's Medicaid program provides long-term care services to Arizona residents who qualify financially and are functionally at risk for institutionalization due to being unable to perform certain activities of daily living. ALTCS offers services in various settings, including individuals' homes, assisted living facilities, and nursing homes, to support individuals in maintaining their independence and quality of life.

Area Agencies on Aging (AAAs)

Regional organizations across Arizona that help older adults, individuals with disabilities, and

their caregivers find services to support health, safety, and independence. Arizona has seven AAAs that serve all 15 counties, including urban, rural, and tribal communities. They offer support such as home-delivered meals, transportation, caregiver assistance, and information on aging and dementia-related services. AAAs are a key resource for navigating long-term care and aging services across the state.

BRFSS (Behavioral Risk Factor Surveillance System)

A national survey that collects health information from adults, which can include questions about memory loss and caregiving. It helps track trends and needs over time.

Caregiver

Any individual, paid or unpaid, who provides ongoing help and support to someone who is experiencing challenges due to aging, chronic illness, disability, or cognitive conditions such as ADRD. Caregivers can be family members, friends, neighbors, or professional care providers who assist with everyday tasks such as bathing, dressing, meal preparation, medication management, transportation, and emotional support.

Community Health Representative (CHR)

A frontline public health worker who serves tribal communities by providing health education, outreach, and support services. CHRs often share cultural and community backgrounds with the people they support, helping individuals and families connect to medical care, social services, and wellness resources. They play a vital role in improving health outcomes and ensuring respectful, appropriate care.

Community Health Worker (CHW)

A trusted person in the community who helps connect people with health services, education, and support. CHWs often share backgrounds similar to those of the people they serve.

Dementia

A group of symptoms that affect memory, thinking, and social abilities in ways that interfere with daily life. Alzheimer’s is the most common type.

Early Detection and Diagnosis

Refers to the process of identifying a disease or condition in its initial stages, often before symptoms become severe or noticeable. Early detection usually involves screening or monitoring to find potential health problems in people without symptoms, while diagnosis is the official confirmation of a condition based on clinical evaluation and testing.

Intellectual and Developmental Disabilities (IDD), including Down Syndrome

Conditions that begin before adulthood and affect a person’s learning, communication, or daily living skills. Down syndrome is one example of an intellectual and developmental disability. People with Down syndrome are at higher risk of developing Alzheimer’s disease as they age. Individuals with IDD may need extra support with education, work, health care, or independent living. With the right services, they can lead meaningful, fulfilling lives in their communities.

Listening Sessions

Meetings or events where community members, caregivers, and professionals are invited to share their experiences and ideas to help shape programs and plans.

Long-Term Care

Support and services offered to individuals who need help with everyday activities over an extended period due to aging, illness, injury, or disability. Long-term care may include assistance with daily tasks like bathing, dressing, eating, and managing medications. It can be provided at home, in assisted living communities, or nursing homes, and can be delivered by family members, family caregivers, or professional caregivers.

Medicaid

A state and federal program that provides free or low-cost health coverage to people with low income, including some older adults and individuals living with disabilities. Medicaid may help cover services that Medicare does not, such as long-term care at home or in a residential facility, for individuals who meet specific financial and functional requirements established by the State.

Medicare

A federal health insurance program for people age 65 and older, and some younger people with disabilities. Medicare helps cover the cost of doctor visits, hospital care, and some other medical services.

People Living with Dementia (PLWD)

A respectful way to refer to individuals who have been diagnosed with any type of dementia.

Person-Centered Care

Care focuses on individual preferences, needs, values, and dignity. It puts the person living with dementia at the center of care decisions.

Public Health Approach

Looking at the bigger picture to improve the health of whole communities through education, prevention, and support services.

Risk Reduction

Making healthy choices to lower the risk of developing dementia, such as staying active, eating a healthy diet, managing stress, and maintaining a healthy brain and heart.

Support Services

These programs and resources support individuals with dementia and their caregivers, including adult day programs, support groups, respite care, and counseling. These can also include education and assistance from paid care providers.