



Indiana
Family and Social Services Administration

Dementia Strategic Plan
Annual Report

State Fiscal Year 2024

In compliance with IC 12-9.1-5

Dementia Strategic Plan Annual Report

December 2024

Table of Contents

Background	3
Basis for the Dementia Strategic Plan.....	6
Dementia Strategic Plan 2024 Progress.....	8
Dementia Strategic Plan Outcomes, Recommendations, and Progress.....	11
Table 1: 2024 Indiana Dementia Care Advisory Board Participants.....	22
Table 2: Indiana Dementia Care Steering Committee.....	23
Table 3: Dementia Strategic Plan Workgroups Meeting Cadence.....	23

Background

The Strategic Plan to Address Dementia was established during the 2021 legislative session through House Enrolled Act (HEA) 1177. Under Indiana Code (IC) 12-9.1-5, the Indiana Family and Social Services Administration (FSSA) Division of Aging (DA) is required to develop a Dementia Strategic Plan (DSP) to identify and significantly reduce the prevalence of dementia in Indiana.

As outlined in the Code, the DSP must do the following:

1. Assess Indiana's current and future status concerning dementia
2. Identify strategies to increase awareness of dementia
3. Identify strategies to enhance Indiana's dementia-based workforce
4. Identify strategies to increase access to home and community-based services for individuals with dementia
5. Identify strategies to enhance the quality of care for individuals with dementia
6. Recommend strategies to decrease health disparities concerning dementia
7. Identify and increase state-based support for Alzheimer's disease research
8. Identify needed state policies or actions to act upon findings

This Annual Report is being submitted for consideration in compliance with IC 12-9.1-5-3. The report outlines the steps taken in 2024 by Indiana's DSP Advisory Board, Workgroups, Steering Committee and Coordinator to identify actionable recommendations to address the needs of Hoosiers living with dementia and their caregivers.

There are nearly 7 million Americans living with Alzheimer's disease as reported by the Alzheimer's Association. In Indiana, over 121,300 individuals aged 65 and older have Alzheimer's. This number does not include people living with dementias other than Alzheimer's; there is a gap not only in Indiana but across the nation of accurate data on the prevalence of Alzheimer's and other dementias. Additionally, according to data from the Behavioral Risk Factor Surveillance System, 11.2% of people aged 45 and older in Indiana have subjective cognitive decline. The prevalence of Alzheimer's disease is growing and expected to reach 13.8 million Americans by 2060.

Although it is well known that Alzheimer's disease and related dementias cause cognitive impairment, that impairment can also impact functional status leaving an individual dependent on others for activities of daily living support. Much of this caregiving role is filled by unpaid caregivers. As reported by the Alzheimer's Association, there are 216,000 unpaid caregivers of people living with Alzheimer's with 322 million hours of unpaid care provided by caregivers in Indiana. The number of hours and value of this unpaid care are overwhelming with the value estimated at over five billion in Indiana. Caregiving is further complicated by the need to manage concurrent chronic health conditions, behavioral symptoms, and mobility complications. Caregivers themselves are often struggling with depression and poor physical health.

Beyond the informal caregiving network, formal health systems are also feeling the strain. According to the [Direct Service Workforce Needs Assessment](#) compiled by the Indiana University School of Medicine Bowen Center for Health Workforce Research and Policy, in 2020 there was 44,848 home health and personal care aides working in our state. Although this number is expected

to increase to 54,467 by 2030, there will be an estimated shortfall of over 67,000 workers to fill open and needed positions. The 2022 [Indiana Direct Service Workforce Plan](#) drafted by FSSA outlines short-term, mid-term, and long-term strategies to combat the many challenges we face in Indiana and as a nation in recruiting and retaining direct service workers. Some but not all strategies outlined in the workforce plan include 1) conducting a staff stability survey 2) implementing the HCBS rate methodology 3) establishing a wages and benefits action group and 4) addressing benefits cliffs.

Similarly, to the direct service workforce, the pipeline of specially trained geriatricians is not keeping up with the rate that will be needed to meet the demand for their services. In order to meet the geriatric specialty, need in 2050, there will need to be a 353% increase. Currently, most of the Alzheimer's disease and dementia care is being provided by family medicine and general practice providers. Recognizing the majority of persons living with dementia (PLWD) are residing in community settings and being cared for by family medicine practices, it is imperative that we have a well-trained workforce and the services available across our long-term services and supports (LTSS) system to meet the needs of persons living with dementia and their caregivers.

Indiana continues to diligently work toward improving FSSA's LTSS system. LTSS promotes the health and well-being of people living with cognitive impairment who need assistance with activities of daily living. These services can include in-home personal care, adult day centers, caregiver support, assisted living and nursing facility care. With the launch of Indiana's Managed LTSS program, Indiana PathWays for Aging in 2024, there is focused attention on ensuring high quality and coordinated care throughout the continuum of services. As reported by the Alzheimer's Association, the estimated Medicaid costs of caring for people with Alzheimer's in Indiana is estimated to be over 1 billion dollars. The Managed LTSS program reform aligns with the values of participant choice, quality, and sustainability. The goals of Indiana PathWays for Aging are to ensure there are person-centered services and supports, smooth transitions between services and levels of care, and access to services as identified by participants' choice. Additionally, the goal is to serve 75% of all new LTSS members in a home and community-based setting. It is important to note there are many Hoosiers living with Alzheimer's and other dementias that do not access the State's LTSS system because they do not qualify or are unaware of services. While LTSS system reform is necessary, an intentional focus on the overall, cross-state dementia service landscape is critical. In addition to focused attention on LTSS, the state has recently enacted an Indiana State Plan on Aging which has special attention to dementia. One of the key goals of the State Plan on Aging is to "support efforts to create a dementia-capable Indiana in alignment with Indiana Code 12-9.1-5". The Dementia Strategic Plan and the State Plan on Aging will continue to provide much needed concentrated effort on dementia across our state.

Additionally, the Division of Aging has launched Indiana's first Multi-sector Plan for Aging (MPA). A MPA is a state-led, multi-year planning process that convenes cross-sector stakeholders to collaboratively address the needs of older adults and people with disabilities. Often the act of developing and executing an MPA will result in increased public awareness of the strengths and challenges older adults face. Public awareness can promote the understanding of older adults as the foundation of our communities and bring an increased allocation of resources and critical services to this population. PLWD and their caregivers will be an important consideration under the MPA.

In addition to our State's recognition, our federal government recognizes the need to launch several

programs and initiatives to address dementia across our nation. Indiana's DSP Steering Committee recognizes the need to leverage the momentum and resources these national initiatives bring to our state. These include, but are not limited to, 1) the Centers for Medicare and Medicaid Services' Guiding an Improved Dementia Experience (GUIDE) model which focuses on comprehensive, coordinated dementia care and aims to improve quality of life for people with dementia, reduce strain on their unpaid caregivers, and enable people with dementia to remain in their homes and communities through Medicare payments 2) US Centers for Disease Control and Prevention's Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act which directs CDC to create a strong public health infrastructure to support and promote dementia risk reduction, early detection and diagnosis, prevention of avoidable hospitalizations, and dementia caregiving and 3) Health Resources & Services Administration's Geriatric Workforce Enhancement Program (GWEP) which educates and trains the health care and supportive care workforces to care for older adults by collaborating with community partners.

Indiana has synthesized the many efforts happening across the state to address Alzheimer's and other dementias into one energized advocacy body. The DSP Advisory Board is this body. This report will outline the work of the Advisory Board including the basis for the DSP and progress made in 2024 on actionable recommendations tied to the Plan's objectives.

Basis for the Dementia Strategic Plan and Annual Report

IC 12-9.1-5 is the basis for the Dementia Strategic Plan and Annual Report. The code has three sections and is reproduced below.

IC 12-9.1-5

Chapter 5. Strategic Plan to Address Dementia

[12-9.1-5-1](#)Division required to develop dementia strategic plan

[12-9.1-5-2](#)Dementia strategic plan requirements

[12-9.1-5-3](#)Annual report

IC 12-9.1-5-1

Division required to develop dementia strategic plan

Sec. 1. The division shall develop a dementia strategic plan to identify and significantly reduce the prevalence of dementia in Indiana.

As added by P.L.36-2021, SEC.1.

IC 12-9.1-5-2

Dementia strategic plan requirements

Sec. 2. (a) The dementia strategic plan must include the following:

- (1) Proposed state actions.
- (2) Implementation steps.
- (3) Recommendations to carry out the purposes of the plan.

(b) The dementia strategic plan must do the following:

- (1) Assess Indiana's current and future status concerning dementia, including the following:
 - (A) Determine Indiana trends concerning the diagnosis of dementia, and the current and future economic cost on Indiana.
 - (B) Evaluate the services, resources, and care available to address the needs of individuals with dementia, and their families and caregivers.
 - (C) Identify methods to reduce the financial costs of dementia care while improving care and services in Indiana.
- (2) Identify strategies to increase awareness of dementia, including the following:
 - (A) Educate health care providers:
 - (i) on the importance of early detection and diagnosis of Alzheimer's disease and dementia;
 - (ii) on the importance of an annual wellness visit for cognitive health; and
 - (iii) of Medicare having a billing code for individuals with cognitive impairment.
 - (B) Promote culturally appropriate public health campaigns to increase understanding and awareness of early warning symptoms of dementia, and the value of early detection and diagnosis.
 - (C) Incorporate messages on brain health, including how to reduce the risk of cognitive decline, in existing public health campaigns and in diverse community settings where there is a greater risk of developing dementia.

(3) Identify strategies to enhance Indiana's dementia based workforce, including the following:

- (A) Analyze dementia specific training requirements for paid professionals engaged in the care of individuals with dementia in institutions and home and community based settings.
- (B) Increase the number of individuals pursuing careers in dementia care and geriatric occupations to meet future state needs.
- (C) Enhance the capacity of adult protective services workers and law enforcement to properly respond to individuals with dementia.
- (4) Identify strategies to increase access to home and community based services for individuals with dementia, including the following:
 - (A) Identify the type, cost, and variety of dementia services in Indiana.
 - (B) Assess capacity and access to adult day care, respite care, assisted living, and long term care services.
 - (C) Identify methods to expand Indiana's health care system capacity to meet the growing number and needs of individuals with Alzheimer's disease and dementia.
- (5) Identify strategies to enhance the quality of care for individuals with dementia, including the following:
 - (A) Assess quality care measures for long term care facilities, assisted living facilities, and residential programs available to care for individuals with dementia.
 - (B) Uncover any existing gaps in dementia services and determine a plan to cover the gap in service.
 - (C) Identify methods to improve dementia services provided in home and community based settings.
- (6) Recommend strategies to decrease health disparities concerning dementia in ethnic and racial populations in Indiana.
- (7) Identify and increase state based support for Alzheimer's disease research through Indiana universities and other resources.
- (8) Identify needed state policies or actions to act upon findings under this section and implement the recommendations of the plan, setting forth a time frame for implementation.

As added by P.L.36-2021, SEC.1.

IC 12-9.1-5-3

Annual report

Sec. 3. (a) Beginning December 1, 2021, the division shall submit annually:

- (1) a summary of the dementia strategic plan; and
 - (2) a report concerning outcomes from implementation of the dementia strategic plan;
- to the general assembly.

(b) The dementia strategic plan and report required under subsection (a) must be submitted in an electronic format under [IC 5-14-6](#).

As added by P.L.36-2021, SEC.1.

Dementia Strategic Plan 2024 Progress

The context outlined in the background of this report regarding our state's dementia rates, caregiver needs, the need for workforce development and training, and the necessary reform of our LTSS system highlights the continued need for a comprehensive state dementia plan. The Dementia Strategic Plan's goal, as codified under Indiana Code (IC) 12-9.1-5, is identifying and significantly reducing the prevalence of dementia in Indiana.

Ms. Shannon Effler, MSW continues to serve as the Dementia Strategic Plan Coordinator. She is currently employed through the Indiana University School of Medicine as the Director of Geriatric Programs and Associate Director of Innovating, Maximizing, and Advancing Geriatric Education (imAGE). This year the Division of Aging hired the inaugural full-time State Dementia Care Specialist Program (DCSP) Senior Manager, Kimberly Woods. Though Ms. Woods is new to the DA, she is not new to the State of Indiana; she has worked for the State for fourteen years in the Bureau of Disability Services and Serve Indiana which is a division within the Indiana Department of Workforce Development. Ms. Woods has a bachelor's degree in political science from Alabama A&M University and a master's degree in applied Sociology from the University of Indianapolis. She is excited to bridge all her experience, education, and background into this unique role at the DA. Ms. Woods is grateful to the Dementia Strategic Plan Steering Committee and Shannon Effler for their diligent efforts that have led to the creation of this role, the first of its kind to specifically address dementia-related programming for the State of Indiana. She hopes to build a strong relationship with all of the Indiana's Area Agencies on Aging (AAA's) to build a program that truly meets the needs of Hoosiers that are living with dementia related illness and their families.

The State DCSP Senior Manager is responsible for managing the DCSP per HEA 1422. The DCSP launched in 2024 and places one full-time Dementia Outreach Specialist (DOS) at each Area Agency on Aging (AAA) in Indiana. The DOS provides localized education, resources, and increased capacity to continue to build the infrastructure of dementia services in Indiana. In addition to launching the DCSP, the Division of Aging has approved the Aging Brain Care (ABC) Community program as a caregiver training service under the Older Americans Act (OAA) Title III National Family Caregiver Support Program, and Indiana's CHOICE program - Community and Home Options to Institutional Care for the Elderly and Disabled. This provides the infrastructure for a full-time Dementia Care Coach in participating AAAs. Dementia Care Coaches provide evidence-based education and support to informal caregivers of PLWD in order to increase the ability of the PLWD to remain in their home or community. These two programs, DCSP and ABC Community, have brought and will continue to bring a tremendous amount of dementia services and resources to Indiana.

Recommendations from last year's report were to establish three workgroups in addition to the following that were operational in 2023: 1) Public Awareness 2) Workforce 3) HCBS Access 4) Quality of care. The additional three established in 2024 include 1) Policy and State Needed Resources 2) Research 3) PLWD, Care Partners, and Health Equity. Additionally, the Steering Committee identified that in order to promote workgroup efficiency and progress, the Public Awareness, Workforce, and HCBS Access workgroups needed to develop taskforces tied to specific thematic areas of the DSP. The taskforces include the following: 1) Health Provider Education & Public Health Campaign taskforces under the Public Awareness workgroup and 2) Dementia Specific Training Requirements, Increase Geriatric Workforce, & Adult Protective Services and Law Enforcement taskforces for the Workforce Development workgroup.

In 2024, workgroups and taskforces routinely met to work on specific recommendations tied to each objective of the DSP. Significant efforts were made to recruit new workgroup leads and members. This recruitment resulted in a dramatic increase in the organization representation from 36 in 2023 to 49 in 2024. The full list of representation is included in Table 1: 2024 Indiana Dementia Care Advisory Board Participants. The increase in representation continues to ensure we have the right people at the table, including people living with dementia, caregivers, equitable representation, and individuals residing across the state.

A major development in 2024 has been the execution of three different dementia initiatives: 1) Dementia dashboard roadmap 2) National state comparison of dementia strategic plans and 3) Documentation of research on dementia in Indiana. The dementia dashboard roadmap initiative directly ties to the first, “(1) Assess Indiana’s current and future status concerning dementia...” and fourth, “(i)dentify strategies to increase access to home and community-based services for individuals with dementia...” sections. In 2023, the DSP advisory board provided a recommendation to develop a dashboard that curated available data about dementia and dementia services in Indiana for all Hoosiers, regardless of payer source. The roadmap will outline the information, data, metrics, and strategies needed to create the dashboard.

The initiative worked to identify the target audiences for this dashboard and provide input on the look and feel of the final product based on a survey of existing dashboards. Based on feedback from representatives of the target audience groups (policy makers/program leaders; legislators; individuals/caregivers/advocates), data and metrics to include were identified along with sources and recommendations for subgroup analysis. The HCBS Access workgroup recommended to the initiative that metrics for capacity and quality of services be included in the dashboard to give full context of the state of dementia services in Indiana. To achieve this, the HCBS Access workgroup is working closely with the Quality workgroup to identify metrics for quality and a system of assessment.

The full roadmap, including the data and metrics, descriptions of look and feel for the format, and technical specifications will be completed by the end of 2024. This road map will include detailed documentation for the creation, governance, and suggested maintenance of a dashboard that provides the status of dementia and dementia services in Indiana. Once completed, this dashboard will support the DSP Advisory Board, the State’s DCSP Senior Manager, the Dementia Outreach Specialists, and others in the identification of gaps and opportunities across the state. It is anticipated this will include ways to expand access and capacity for services, opportunities for improving the health system’s capacity for supporting PLWD, and geographic regions or service lines where increased training and supports will be most impactful for increasing access to HCBS services for people living with dementia.

Many states have created and implemented Dementia Strategic Plans, some of which may provide additional insights and guidance for our work in Indiana. In 2024, the Quality of Care workgroup designed and implemented a nationwide analysis of state and territorial dementia strategic plans to provide task force and workgroup members relevant information about the contents of peer strategic plans. The goal is to learn from other States’ strategies, while situating Indiana’s dementia strategy within a larger domain of state-specific approaches to improving dementia risk reduction, diagnosis, and support and care.

The seventh section of the DSP is to “Identify and increase state-based support for Alzheimer’s disease research through Indiana universities and other resources.” Progress in 2024 includes

collating a description of dementia related research occurring in Indiana Universities and institutions. Once work is completed, a sortable excel table and a written report will be developed and provided to the Advisory Board.

Community engagement and involvement was a high priority in 2024. The DSP, recommendations, and progress was presented at the University of Southern Indiana's Mid-America Institute on Aging and Wellness Conference and the Alzheimer's & Dementia Services of Northern Indiana's 2024 Midwest Dementia Summit. Additionally, as mentioned above, for the first time people living with dementia and caregivers are now active participants in the DSP Advisory Board.

Progress made in 2024 on the identified recommendations tied to each DSP objective are outlined in the next section. In November 2023, the Advisory Board convened to review progress on the dementia initiatives, hear directly from people living with dementia and their caregivers, discuss health equity, and receive information on FSSA's Direct Service Worker Strategic Plan. In early 2025, the entire Advisory Board will, again, convene for a working meeting to establish the path forward for 2025. This will include identifying the plan to make continued progress on the short-term recommendations and laying the groundwork for progress on the mid and long-term recommendations.

Dementia Strategic Plan Outcomes & Recommendation Progress

Since last year's report, the focus of the dementia strategic plan steering committee has been to lead and facilitate workgroups charged with advancing recommendations tied to each of the Plan's objectives. We are very grateful to the many individuals who have devoted, many volunteering, their time and effort to serve individuals living with dementia and their caregivers in this capacity. Over 2024, many hours of discussion and preparatory work occurred. Below is a summary of the work groups' recommendation advancement as it relates to each element of the Dementia Strategic Plan.

IC 12-9.1-5-2(b)

(1) Assess Indiana's current and future status concerning dementia, including the following:

(A) Determine Indiana trends concerning the diagnosis of dementia, and the current and future economic cost on Indiana.

(B) Evaluate the services, resources, and care available to address the needs of individuals with dementia, and their families and caregivers.

(C) Identify methods to reduce the financial costs of dementia care while improving care and services in Indiana.

Short-term (1 to 3 years), Mid-term (3 to 5 years), and Long-term (5 to 8 years) Recommendations

- Some assessment of Indiana's current and future status concerning dementia has occurred by the DSP Steering Committee. Although, more extensive analysis is recommended to occur ongoing. It is recommended that the State DCSP Coordinator, once hired, lead this on-going effort and develop a systematic and centralized method of collecting and storing the analyses.
 - 2024 Progress: The DCSP program was launched and the DCSP Coordinator, Kim Woods, was hired in August 2024. The dementia initiatives described above of InterRAI and the dementia dashboard roadmap will further assess the dementia status in Indiana.

(2) Identify strategies to increase awareness of dementia, including the following:

(A) Educate health care providers:

- i. **on the importance of early detection and diagnosis of Alzheimer's disease and dementia;**
- ii. **on the importance of an annual wellness visit for cognitive health; and**
- iii. **of Medicare having a billing code for individuals with cognitive impairment**

Short-term (1 to 3 years) Recommendations:

- Ensure the public awareness work group includes the necessary expertise to increase provider awareness by recruiting new members. Membership should include at least one expert in early

detection and diagnosis, at least one provider who has experience using the Medicare care planning code, and at least one primary care provider. This expertise is imperative for the development and dissemination of provider education.

- 2024 Progress: Workgroup participation requires consistent ongoing time and commitment, which is a limited resource for health care providers. As such, the workgroup recommends conducting one-on-one or small group listening sessions with experts in early detection and diagnosis, Medicare codes for dementia and caregiving, and primary care in 2025. The goal of these listening sessions would be to capture input from the target audiences to inform the future strategy, and to do so in an efficient manner.
- Develop a collaborative relationship with at least one statewide organization that focuses on provider education as a core part of its mission and activities for the purpose of creating and delivering education specific to Alzheimer's and dementia diagnosis. Partners may include but are not limited to the Indiana State Medical Association, Rural Health Association, Minority Health Coalition, and universities.
 - 2024 Progress: The Director of Education and Physician Resources at the Indiana State Medical Association agreed to join this work group. This individual brings significant expertise in developing and disseminating healthcare provider education, which could lead to a future organizational partnership or collaboration with the State.
- Review provider education resources and best practices, including materials from the CDC BOLD Center of Excellence on early detection, and assess the opportunity to leverage an existing national curriculum or build upon the work of another state that has had success in this area.
 - 2024 Progress: the taskforce catalogued existing provider education resources and examples of other states that have taken action to increase health care provider education related to dementia. The resources identified include two free and widely available existing CME courses for health care providers by the Alzheimer's Association and several toolkits that health care providers can implement for cognitive assessment and care planning.

Mid-term (3 to 5 years) Recommendations:

- Launch a basic Continuing Medical Education (CME) course for Indiana healthcare providers regarding the importance of early detection and diagnosis, the potential to bill for dementia services, and emerging treatment options.
 - 2024 Progress: Based on the research completed by the taskforce, which identified existing provider education resources, the task group recommends disseminating existing provider education resources in Indiana instead of creating a new CME course, which could be time consuming and costly. Task group members recommend that the state leverage existing relationships and networks, and collect input from the target audience, to more broadly disseminate existing resources to Indiana health care providers.

(B) Promote culturally appropriate public health campaigns to increase understanding and awareness of early warning symptoms of dementia, and the value of early detection and diagnosis.

Short-term (1 to 3 years) Recommendations:

- Explore, understand, and catalog existing public awareness materials, training and educational opportunities, community outreach programs, and existing public awareness campaigns. Some suggested organizations' materials to review include Alzheimer's Association, Dementia Friends, Dementia Friendly Communities, Administration for Community Living, National Alzheimer's and Dementia Resource Center, and other locally produced resources.
 - 2024 Progress: The taskforce developed a shared document to begin capturing materials for community outreach, education, and public health. This document also outlines the approaches to public awareness taken by other state governments. These approaches include allocating state funds to public awareness mass media campaigns, hosting centralized websites to promote key public calls to action (risk reduction, early detection or caregiving), leveraging social media, collaborating with other disease states (for example, heart health and brain health), and initiatives that target specific populations, including rural or underserved communities.
- As HEA 1422 is implemented and dementia care specialist program coordinators are hired in all Indiana Area Agencies on Aging, consider aligning responsibilities that involve increasing public awareness with this plan.
 - 2024 Progress: Dementia Outreach Specialists in Area Agencies on Aging and the Dementia Care Specialist Program Coordinator at the Division of Aging were hired. The aim of this program is to strengthen community outreach, awareness and education. The taskforce recommends strengthening the consistency of responsibilities and outcomes to align with best practices in increasing public awareness and a public health approach to risk reduction, early detection, diagnosis, and caregiving.

Mid-term (3 to 5 years) Recommendations:

- Study and further understand the unique challenges of increasing public awareness, and early detection and diagnosis, in hard-to-reach communities through the state including but not limited to hard-to-reach urban populations, communities of color, rural and agricultural communities, and immigrant and non-English speaking communities.
 - 2024 Progress: This continues to be an important mid-term goal and should include community listening sessions with partners serving these hard-to-reach communities, so that our strategy is designed with the needs in mind.
- Secure funding to develop and execute a robust, Indiana-specific public health awareness campaign focused on early detection and diagnosis, and treatment options for Alzheimer's and dementia.
 - 2024 Progress: This recommendation remains, as it will require state government resources beyond the current scope of this plan to increase public awareness of dementia in a meaningful way.

(C) Incorporate messages on brain health, including how to reduce the risk of cognitive decline, in existing public health campaigns and in diverse community settings where there is a greater risk of developing dementia.

Short-term (1 to 3 years) Recommendations:

- Establish a clear role for the Indiana Department of Health in efforts to increase public Alzheimer's and dementia awareness and early detection and diagnosis efforts and identify a liaison from the Department of Health to co-lead public awareness initiatives.
 - 2024 Progress: In August, the Director of the Division of Chronic Disease, Primary Care and Rural Health at the Indiana Department of Health joined this task group. This involvement is an important first step.

Mid-term (3 to 5 years) Recommendations:

- Seek public funding to increase the Indiana Department of Health's ability to implement and manage the duties and responsibilities pursuant to goal "Objective C. Year 1 Recommendations (1)".
 - 2024 Progress: It is a recommendation that the Indiana Department of Health will likely require additional, focused staffing or resources to engage in a meaningful way in the work around dementia as a public health issue. The CDC Building Our Largest Dementia (BOLD) Infrastructure program is a potential funding source for state and local public health departments. Since this program's inception, it has awarded 66 grants to 45 state, local and tribal public health departments. The taskforce recommends Indiana apply for this initiative at the next opportunity, likely in three years.
- In collaboration with the Indiana Department of Health, consider existing public health campaigns and existing activities to reach diverse communities and identify opportunities to incorporate brain health messaging and strategies into these existing activities.
 - 2024 Progress: The taskforce's documentation of resources and examples includes other Indiana initiatives, like Tobacco Free Indiana, Be Well Indiana, Start Smart, Behind the Haze, and You Are Not Alone. The most likely opportunities for brain health messaging in these campaigns could be Tobacco Free Indiana and Be Well Indiana.

(3) Identify strategies to enhance Indiana's dementia-based workforce, including the following:

(A) Analyze dementia specific training requirements for paid professionals engaged in the care of individuals with dementia in institutions and home and community-based settings.

Short-term (1 to 3 years) Recommendations

- Assess and evaluate other state's models of reimbursement rates with training/certifications. Identify best practices and explore feasibility in Indiana. Evaluation shall include the number of state models explored/reviewed as well as a list of best practices gathered from other state models.

- 2024 Progress: For this milestone, the taskforce is awaiting details uncovered from the national dementia state plan comparison conducted through this year's FSSA Dementia State plan review initiative.
- Explore, understand, and catalog existing, evidence-based training and educational opportunities which enhance workforce in order to develop specific recommendations for required dementia training in Indiana. Analysis shall include:
 - Minimum-required topics
 - Minimum-required hours and frequency for continuing education
 - Overarching person-centered care focus
 - Competencies to be tested in order to validate training efficacy.
 - Models to address disparities with a focus on equitable outcomes.
 - Review on a regular interval developed models/training for alignment with current evidence-based practices.
 - 2024 Progress: Similar to the above recommendation, the taskforce is awaiting details uncovered from the national dementia state plan comparison conducted through this year's FSSA Dementia State plan review initiative.
- Facilitate communication between IDOH and unlicensed AL facilities on requirements and documentation expectations.
 - 2024 Progress: The taskforce has identified the complete list of Indiana unlicensed assisted living facilities. A questionnaire is in the development stage to determine specifics of dementia educational programs in place, hiring practices related to dementia knowledge, and documentation of training in unlicensed assisted living.
- Convene a formal conversation and data collection between advocacy organizations and industry, to minimize impact to the workforce.
 - 2024 Progress: The taskforce recommends reaching out to constituents after the taskforce learns more about proposed training requirements.
- Coordinate and implement with community colleges, universities, and high school/career centers health science programs to include dementia training into medical training curriculum. Recommend curriculum added to CNA, CCMA, QMA, Nursing, Doctor of Medicine, and Emergency Medical Technician/Paramedic Education.
 - 2024 Progress: A leader from Ivy Tech Community College was recruited to the taskforce.

(B) Increase the number of individuals pursuing careers in dementia care and geriatric occupations to meet future state needs.

Short-term (1 to 3 years) Recommendations

- Align with FSSA Direct Service Worker planning and all state-wide initiatives focused on workforce development.
 - 2024 Progress: Taskforce composition is designed to begin to meet alignment goals with the addition this past year of representation from Indiana's Division of Mental Health and Addiction and Department of Health.

- Explore nationwide models of tiered wage opportunities, benefits and leadership opportunities in direct service workers and staff working in nursing homes, assisted livings, and adult day cares.
 - 2024 Progress: For this milestone, the taskforce is awaiting details uncovered from the national dementia state plan comparison conducted through this year's FSSA Dementia State plan review initiative.
- Explore the current State of professionals and community resources to understand Indiana's current landscape. Explore with assessment to identified community and professionals.
 - Complete community asset mapping and needs assessment.
 - Use mapping and assessment to identify gaps and opportunities.
 - 2024 Progress: Taskforce plans explored and will continue to explore current data sets identified by taskforce members including the Bowen Center- Bowen Center Report of Indiana's Health Workforce Board (<https://bowenportal.org/workforce-dashboards/>). In order to complete a community mapping and needs assessment, the State will need to allocate financial resources for its completion.
- State to develop a focused outreach plan about careers in aging, personal mentorship and job shadowing, internships, and outreach to high schools.
 - 2024 Progress: Over this past year, the taskforce prioritized other milestones.
- Collaborate with entities such as community colleges, the Governor's Council workforce cabinet, Indiana's Geriatric Workforce Enhancement Programs, Commission for Higher Education, etc. to normalize aging and dementia focused career development opportunities along the full course of education (grade school through graduate level).
 - 2024 Progress: New taskforce members were recruited who represent community colleges and the Governor's Workforce cabinet.

Mid-term (3 to 5 years) Recommendations

- With a focus on equity, identify ways to address and overcome financial barriers to necessary training and/or education in dementia focused careers, including but not limited to loan forgiveness programs and employer work study models.
 - 2024 Progress: Representation on the taskforce from community colleges occurred over the past year.

(C) Enhance the capacity of adult protective services workers and law enforcement to properly respond to individuals with dementia.

Short-term (1 to 3 years) Recommendations

- Establish a taskforce to explore capacity to include members of the workforce advisory group as well as representation from Adult Protection Services (APS), First Responders (Police, EMT, Fire Dept), and Homeland Security.
 - 2024 Progress: The taskforce was established but substantial work did not occur due to competing priorities, including a major transition of APS in our state.

(4) Identify strategies to increase access to home and community-based services for individuals with dementia, including the following:

- 2024 Progress: In assessing the recommendations made by the workgroup in 2023 and feasible progress towards achieving those recommendations, the HCBS Access workgroup identified the need for interim steps to help achieve the overall recommendations. This primarily focused on the need to have one source of data about the current status of dementia and dementia services in Indiana to better understand the prevalence, the areas (geographically and in services) of need, and the capacity of the system to address those needs. The workgroup moved existing recommendations to longer term recommendations and drafted new short-term recommendations for each of the three focus areas. This is outlined below.

(A) Identify the type, cost, and variety of dementia services in Indiana.

Short-term (1 to 3 years) Recommendations

- Create a dashboard that provides timely and accurate information about the type, cost and variety of dementia services in Indiana. The dashboard will provide geographic, capacity, and quality information about dementia across the state.
 - 2024 Progress: Dementia dashboard roadmap is currently in development.

Long-term (5 to 7 years) Recommendations

- Establish training requirements for Indiana's Direct Service Workers providing in-home assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to PLWD toward achieving competence in recognizing, understanding, and meeting the unique needs of PLWD and their caregivers.
 - 2024 Progress: A national state dementia strategic plan comparison is currently being conducted. This comparison will look for best practices on training requirements.
- An analysis was started on the type, cost, and variety of dementia services in Indiana. Indiana has services available to support people living with dementia (PLWD), but these services are not dementia-capable or specific to supporting PLWD and their caregivers. In order to develop appropriate training requirements a national analysis should be completed to identify best-practice dementia service training requirements.
 - 2024 Progress: A national state dementia strategic plan comparison is currently being conducted. This comparison will look for best practices on training requirements.

(B) Assess capacity and access to adult day care, respite care, assisted living, and long-term care services.

Short-term (1 to 3 years) Recommendations

- Create a dashboard that provides timely and accurate information about the adult day care, respite care, assisted living, and long-term care services in Indiana. The dashboard will include geographic, capacity, and quality information about these services across the state.

- 2024 Progress: Dementia dashboard roadmap is currently in development.
- Add information about dementia specific supports within these services to the dashboard to provide full context for dementia services across Indiana.
 - 2024 Progress: Dementia dashboard roadmap is currently in development.

Long-term (5 to 7 years) Recommendations

- Increase the capacity and access to training and support of informal caregivers of PLWD. An analysis of the capacity and access of adult day care, respite care, assisted living, and long-term care services was started. Services in Indiana are available with the exception of informal caregiver training and support offerings specific to those caring for PLWD. Skilled and supported informal caregivers allow PLWD to reside in the home and community. A national analysis should be completed to identify best practices in supporting informal caregivers.
 - 2024 Progress: A national state dementia strategic plan comparison is currently being conducted. This comparison will look for best practices on training requirements.

(C) Identify methods to expand Indiana's health care system capacity to meet the growing number and needs of individuals with Alzheimer's disease and dementia.

Short-term (1 to 3 years) Recommendations

- Create a dashboard that illustrates current prevalence of dementia in Indiana. Include estimates/predictions on future rates of dementia across the state.
 - 2024 Progress: Dementia dashboard roadmap is currently in development.
- Assess predicted trends for dementia in Indiana to understand areas of largest need and increase in dementia.
 - 2024 Progress: The workgroup prioritized the fundamental step of developing a dementia dashboard roadmap. The information on the dashboard will allow the State to predict future trends and identify needs.

Long-term (5 to 7 years) Recommendations

- Increase awareness and access to home and community-based services through statewide proactive referrals of PLWD and their caregivers by healthcare providers, health systems and health plans to Aging and Disability Resource Centers (ADRCs) for information and assistance.
 - 2024 Progress: The workgroup prioritized the dementia dashboard roadmap this year.
- Collaborations between health care providers and ADRCs will help meet the needs of PLWD and their caregivers as demonstrated by the work of Indiana FSSA with Medicare health plans and Indiana's Area Agencies on Aging (AAAs). One of the key roles of the DA and AAA Dementia Outreach Specialists to establish relationships with healthcare

providers and health plans to promote care coordination and dementia-friendly activities. As this objective is further explored and recommendations are refined, it is recommended to have additional representation from health care providers in the work group.

- 2024 Progress: The workgroup prioritized the dementia dashboard roadmap this year. Information from the dashboard, including the presence and location of providers and health systems in each DOS's service region, allowing them to identify the largest areas of need and opportunity for developing these collaborations.

(5) Identify strategies to enhance the quality of care for individuals with dementia, including the following:

(A) Assess quality care measures for long term care facilities, assisted living facilities, and residential programs available to care for individuals with dementia.

Short-term (1 to 3 years) Recommendations

- Funding for a data analyst should be allocated to support the state Dementia Strategic Plan coordinator position. This person would sit in the Department of Health and should have access to relevant databases and charged with comprehensive analysis of data tied to dementia regardless of payor source.
 - 2024 Progress: The workgroup continues to support this recommendation.
- The Medicaid managed long term services and supports (mLTSS) Indiana Pathways for Aging program will have extensive data related to the care experience of people receiving LTSS in home, ALFs, and nursing homes. All analyses related to care transitions and quality of care of Pathways members should include sub-setted analyses for the population with a diagnosis of dementia. It is important to note that this will not provide data for all PLWD as not all PLWD access services through Medicaid.
 - 2024 Progress: The workgroup continues to emphasize the importance of analyzing Pathways data regarding people with dementia, as well as the impact of Pathways on providers who serve this population. In addition, as Pathways is collecting data on caregivers, we recommend analyses examining outcomes of people with dementia with and without caregivers. Further, the workgroup recommends that outcomes of Pathways members with dementia, and their caregivers, be shared with the DSP Steering Committee.
- New quality programs will be implemented for Indiana's mLTSS program, Indiana Pathways for Aging in 2024. The Dementia State Coordinator and Dementia Data Analyst should examine the quality indicators from the lens of the experience of people living with dementia and include results in a public facing report. This will not provide a comprehensive view of the quality of services being delivered to those PLWD but will provide a snapshot.
 - 2024 Progress: The workgroup recommends that the OMPP data team (or the Dementia State coordinator and Dementia Data Analyst, should these positions be filled) share results of quality measurement programs for people with dementia in Pathways, both living in the community and in long term care facilities with the DSP Steering Committee. We continue to advocate for public facing quality measurement reporting of these data as well.

(B) Uncover any existing gaps in dementia services and determine a plan to cover the gap in service.

Short-term (1 to 3 years) Recommendations

- More analysis of existing quality of care gaps in dementia services needs to be completed. It is recommended that analyses of all state dementia data, including but not limited to Pathways data (objective A) should be published in reports available to the public, including a description of the care experience for persons with dementia receiving LTSS.
 - 2024 Progress: The workgroup continues to recommend this and supports the development of a dashboard that would aid in dissemination of the data in these reports. In addition, the workgroup should consider additional metrics relevant to the quality of dementia care services, including: provider accessibility (e.g.- distance to nearest geriatrician); number of calls made to AAA hotline that reference dementia; number of long-term care facilities that certify or provide additional dementia training to staff. An additional recommendation is the development of forums to share best practices statewide regarding provision of dementia care, for example, implementation strategies of the GUIDE model.

(C) Identify methods to improve dementia services provided in home and community-based settings.

Short-term (1 to 3 years) Recommendations

- A critical aspect of HCBS is the role of caregivers. Skilled and supported informal and paid caregivers allow PLWD to reside in the home and community. The State of Indiana has authorized new efforts to learn more about the needs and characteristics of Indiana's caregivers and the social, economic, and health impacts of giving care. First, Indiana's Pathways for Aging program mandates caregiver assessments, covering Hoosier families of Medicaid eligible members. Second, a statewide caregiver survey was completed this year to understand the impact of caregiving on Indiana caregivers, which will be repeated in 2024. To analyze and mobilize the results of these two efforts for use by the State and other stakeholders, data from these two assessments should be synthesized and reported in an accessible way, with the aim of creating a public-facing, systematic description of caregivers and their needs in the State of Indiana.
 - 2024 Progress: The workgroup continues to recommend ongoing data collection and sharing of data related to Indiana caregivers.

(6) Recommend strategies to decrease health disparities concerning dementia in ethnic and racial populations in Indiana.

Over the past year, the PLWD, Care Partners, and Health Equity workgroup was established and leadership was identified. This workgroup is charged with ensuring the voices of people living with dementia and their care partners are present and active in the full work of the DSP. The workgroup is

also charged with ensuring health equity is at the forefront of the DSP recommendations and workgroup discussion. Workgroup members include people living with dementia, their care partners, and professionals representing health equity organizations. In 2024, the workgroup was charged with developing a process for the structure of the DSP to incorporate the voices of the workgroup members. The process identified this year that will be implemented in 2025 includes on at least an annual basis, each DSP workgroup (Public Awareness, Workforce Development, HCBS Access, Quality of Care, Research, and Policy) will present their progress to the workgroup for discussion and input. Workgroup members of the PLWD, Care Partners, and Health Equity will be invited to participate in the DSP's Advisory Board meetings as an Advisory Board member.

In 2025, the DSP leadership will initiate collaboration with FSSA's Office of Healthy Opportunities. The goals will be to ensure they are informed of the DSP work and can provide constructive feedback on the work of the DSP moving forward.

(7) Identify and increase state-based support for Alzheimer's disease research through Indiana universities and other resources.

This past year the Research workgroup was established with identified leadership. The workgroup is charged with collating a description of dementia related research occurring in Indiana universities and institutions. The 2024 dementia initiative of documenting research supports this workgroup in achieving this charge. An outline of this initiative's progress was included in the "Dementia Strategic Plan 2024 Progress" section of this report.

(8) Identify needed state policies or actions to act upon findings under this section and implement the recommendations of the plan, setting forth a time frame for implementation.

In 2024, the Policy workgroup was established with identified leadership. The workgroup was charged with identifying recommendations to further the awareness and impact of the DSP among the public and policy makers. The workgroup recommends the following actions. First, a dementia-focused public facing landing page should be created and housed on the Division of Aging webpage under FSSA. This webpage should include the most recent, and previous, reports of the Dementia Strategic Plan; an executive summary of the current year's strategic plan; information about what services are available for individuals living with the disease including a link to the Indiana Pathways for Aging website, local provider information, how to reach local area agencies on aging and their Dementia Outreach Specialists, and the Alzheimer's Associations 24/7 Helpline information; and a cross comparison of Pathways for Aging, the statewide dementia care specialist program, and the ABC community program.

Next, the workgroup recommends that public information sessions should be made available targeting key constituencies including those living with the disease and their care partners, public policy leaders, and other stakeholder organizations. These sessions should be conducted with the support of the Division of Aging to increase their reach. During the presentations it's suggested that members of the steering committee, particularly workgroup chairs, share information about their work, and then clearly address current recommendations of the report and the strategies that will be utilized to see that they are implemented. The workgroup does believe there should be an opportunity to specifically address lawmakers as part of this initiative.

Finally, in 2025, the Policy Workgroup will make a concerted effort to reach out to the media to

increase public interest stories on the plan and its recommendations. There are a number of policy focused news outlets that should be interested in such a story. As the media is contacted the dementia strategic plan should be tied to other critically important policy topics such as the growth in Indiana's Medicaid spending since a number of recommendations in the report could ultimately help slow dementia-specific growth over time.

Table 1: 2024 Indiana Dementia Care Advisory Board Participants

1. AARP Indiana
2. Aging & In-Home Services of NE Indiana (Area 3)
3. Alzheimer's Association Greater Indiana Chapter
4. Bowen Center for Health Workforce Research and Policy
5. Careforth
6. Caregivers
7. CHOICE Board
8. CICOA Aging & In-Home Solutions (Area 8)
9. Commission on Aging
10. Dementia Friends Indiana (DFI)
11. Division of Aging (DA)
12. Down Syndrome of Indiana
13. Hoosier Hills Career Center
14. Holy Cross Village at Notre Dame
15. Indiana Adult Protective Services
16. Indiana Assisted Living Association
17. Indiana Association of Adult Day Services (IAADS)
18. Indiana Association of Area Agencies on Aging (IAAAA)
19. Indiana Association for Home & Hospice Care (IAHHC)
20. Indiana Center for Aging Research
21. Indiana Center for Assisted Living (INCAL)
22. Indiana Department of Health (IDOH)
23. Indiana Division of Mental Health and Addiction
24. Indiana Governor's Workforce Cabinet
25. Indiana Health Care Association (IHCA)
26. Indiana Hospital Association (IHA)
27. Indiana Office of Medicaid Policy and Planning
28. Indiana State Medical Association
29. Indiana University Center for Aging Research (IU CAR)
30. Indiana University Center for Health Innovation and Implementation Science (IU CHIIS)
31. Indiana University Geriatrics
32. Indiana University Geriatrics Workforce Enhancement Program (IU GWEP)
33. Indiana University Health Bloomington
34. Ivy Tech Community College
35. LeadingAge
36. LifeStream Services (Area 6 & Area 9)
37. Mitch Daniels Leadership Foundation
38. Persons Living with Dementia
39. Primary Record

40. Purdue University
41. Qsource, Medicare Quality Improvement Organization (QIO)
42. REAL Services (Area 2)
43. Rural Dementia Network
44. Sandra Eskenazi Center for Brain Care Innovation (SECBCI)
45. The Solutions Center
46. Thrive Alliance (Area 11)
47. Tipton Library
48. University of Indianapolis Center for Aging & Community (UIndy CAC)
49. University of Southern Indiana Geriatrics Workforce Enhancement Program (USI GWEP)

Table 2: Indiana Dementia Care Steering Committee

- Alzheimer’s Association Greater Indiana Chapter
- CICOA Aging & In-Home Solutions
- Division of Aging (DA)
- Indiana University Geriatrics
- Indiana University Health
- Indiana University School of Medicine
- Purdue University
- University of Indianapolis’ Center for Aging & Community
- University of Southern Indiana Geriatrics Workforce Enhancement Program (USI GWEP)

Table 3: Dementia Strategic Plan Work Groups’ Meeting Cadence

Plan Element #	Strategy Name	Assigned Group
1	Status/Trends	Monthly by the Steering Committee
2	Public Awareness	Quarterly by Taskforce
3	Workforce Professional Development	Quarterly by Taskforce
4	Access HCBS	Quarterly by Workgroup
5	Quality of Care	Quarterly by Workgroup
6	Health Disparities	Quarterly by Workgroup

7	State-based research	Monthly by the Steering Committee
8	State Recommendations	Quarterly by Workgroup