



STATE of MISSISSIPPI

Strategic Plan for Alzheimer's Disease and Related Dementias

2025 – 2030



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

2025 – 2030

I, the undersigned, express support for the State of Mississippi Strategic Plan for Alzheimer's Disease and Related Dementias 2025 – 2030 which reflects updates and enhancements made in 2025 to advance its strategic priorities and address the many challenges facing persons living with Alzheimer's disease and related dementias in Mississippi.



1/26/26

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LIST OF ABBREVIATIONS

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

INTRODUCTION

The State of Mississippi Strategic Plan for Alzheimer’s Disease and Related Dementias (State Plan) is a collaborative project led by The MIND Center at the University of Mississippi Medical Center in partnership with the Mississippi State Department of Health (MSDH), Mississippi Department of Mental Health (DMH), and the Alzheimer’s Association Mississippi Chapter, along with state agencies and other stakeholders from across the state. More than 80 representatives are members of the State Plan “Coalition” and have participated in its development and implementation. Coalition members include persons living with Alzheimer’s disease or related dementia (ADRD), family care partners, direct care workers, health care providers and professionals, and affiliates from organizations and occupations across the state such as long-term care, hospice, home health, clinical research, social work, nursing, public safety and pharmacy.

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

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

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

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

Overview of Alzheimer’s Disease and Related Dementias

Dementia is a broad term used to describe a decline in cognitive abilities severe enough to interfere with daily life. It occurs when brain cells, called neurons, become damaged and lose their ability to communicate, eventually leading to cell death. As this damage progresses, individuals may experience memory loss, behavioral changes, confusion and difficulties with reasoning and judgment.¹

Major medical organizations—including the National Institutes of Health, the Alzheimer’s Association and the American Psychiatric Association—have developed clinical guidelines to support the diagnosis of Alzheimer’s disease. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM5) classifies dementia under major and mild neurocognitive disorders. Major neurocognitive disorders involve cognitive decline that disrupts everyday activities and may require assistance, while mild neurocognitive disorders involve more modest decline that does not significantly interfere with daily functioning.² Updated diagnostic criteria released in 2011 emphasize that Alzheimer’s disease typically begins with a slow, gradual decline in memory in a person who remains fully alert.³

There are several types of dementia, including Alzheimer’s disease, vascular dementia, Lewy body dementia, frontotemporal dementia, mixed dementia, and Parkinson’s disease dementia. Each type has distinct symptoms and patterns of brain changes. Some medical conditions can appear similar to dementia but are actually reversible with proper treatment. These include infections, immune disorders, metabolic or endocrine problems, nutritional deficiencies, medication side effects, subdural hematomas, poisoning, brain tumors, lack of oxygen and normal pressure hydrocephalus.

Alzheimer’s disease is the most common form of dementia, accounting for an estimated 60% to 80% of all cases. As the disease progresses, individuals gradually lose the ability to perform basic bodily functions such as walking and swallowing, eventually requiring complete care. Alzheimer’s disease is ultimately fatal.¹

References

¹ National Institute on Aging. (n.d.). *Alzheimer’s disease fact sheet*. <https://www.nia.nih.gov/health/alzheimers>

² American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

³ National Institute on Aging, & Alzheimer’s Association. (2011). *2011 recommendations for the diagnosis of Alzheimer’s disease*. U.S. Department of Health and Human Services.

⁴ Alzheimer’s Association. (n.d.). *Types of dementia*. <https://www.alz.org/alzheimers-dementia/what-is-dementia/types-of-dementia>

Alzheimer's Disease and Dementia Prevalence

Alzheimer's disease continues to have a profound and growing impact across the United States. According to the 2025 Alzheimer's Disease Facts and Figures, an estimated seven million Americans aged 65 and older are now living with Alzheimer's dementia—marking the first time that national prevalence has surpassed seven million and underscoring the scale of the challenge ahead.

Mississippi reflects this national pattern in striking ways. In 2025, an estimated 62,500 Mississippians were living with Alzheimer's dementia, meaning that 12.5% of adults over age 65 in the state are affected. The consequences are especially evident in mortality data: with more than 1,600 deaths attributed to Alzheimer's in 2022, Mississippi ranks first in the nation for Alzheimer's related mortality. This mirrors the broader national reality, where Alzheimer's disease claims more lives each year than breast cancer and prostate cancer combined.

The impact of Alzheimer's extends well beyond those diagnosed, shaping the daily lives of millions of families. Nationally, more than 16 million Americans continue to provide unpaid care for individuals with Alzheimer's or other dementias, contributing billions of hours of support each year. Although the 2025 report highlights the growing strain on caregivers, the most recent national valuation remains 18.5 billion hours of unpaid care valued at \$234 billion. Mississippi's caregiving community mirrors this intensity: roughly 92,000 care partners provide 174 million hours of unpaid care annually, a contribution valued at about \$2.5 billion. These caregivers also face significantly higher health care costs—an estimated \$142 million more than caregivers of individuals without dementia—reflecting the emotional, physical, and financial pressures they shoulder.

The economic consequences of Alzheimer's continue to intensify as well. The 2025 report projects that the number of Americans living with Alzheimer's will nearly double to 13 million by 2050, placing unprecedented strain on families, health systems, and long term care infrastructure. National care costs, which surpassed a quarter of a trillion dollars in 2018, are expected to reach \$1.1 trillion by mid century. Mississippi's Medicaid program is already feeling this pressure: spending for Alzheimer's care was \$791 million in 2025 while per capita Medicare spending on people with dementia in 2024 was \$32,192. These trends highlight the urgency of developing sustainable care strategies and expanding support systems for families and communities.



As the population ages, the demand for services such as nursing homes, assisted living facilities, home health care, personal assistance services, and adult day programs continues to grow. Health care providers across all settings increasingly require specialized training to meet the complex needs of individuals living with Alzheimer’s disease and related dementias. This includes expertise in dementia specific care, behavioral management, communication strategies, and person centered approaches. The scale of these challenges underscores the importance of Mississippi’s State Plan for Alzheimer’s Disease and Related Dementias, which provides a strategic framework for improving care, strengthening supports, and guiding the state’s response to the growing impact of dementia.

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- ² National Institute on Aging. (n.d.). *Alzheimer’s disease fact sheet*. <https://www.nia.nih.gov/health/alzheimers>
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HISTORY

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

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

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

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

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

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

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

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

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

In December 2021, for the first time following the Plan’s inception, the Department of Health and Human Services (HHS) added a new national goal to the National Alzheimer’s Project Act (NAPA). This goal focused on healthy aging and reducing risk factors for cognitive decline and dementia. With the addition of this goal, new action items were related to better understanding of health disparities in Alzheimer’s and encouraging people to change their health behaviors regarding known risk factors such as physical inactivity, unhealthy diet, smoking or drinking, and by better integrating risk reduction strategies for hypertension and diabetes into clinical practice. To ensure effective implementation of these new actions, the Steering Committee incorporated new strategic priorities and objectives within the State Plan.

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

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

The strategy proposes five main goals:

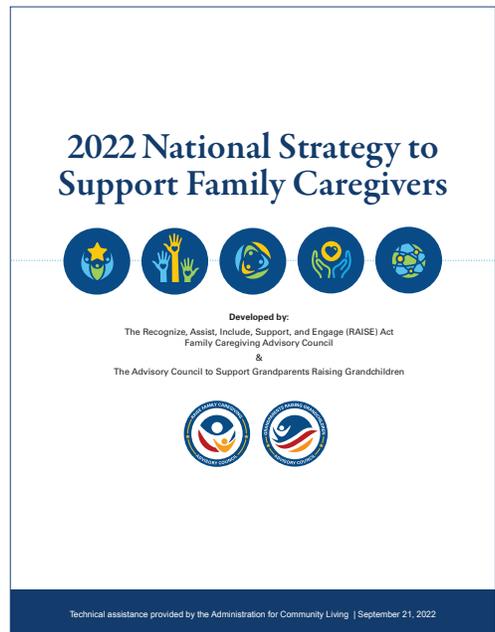
- 1) Increase awareness and outreach;
- 2) Build partnerships and engagement with family caregivers;
- 3) Strengthen services and supports;
- 4) Ensure financial and workplace security;
- 5) Expand data, research, and evidence-based practices.

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

On January 20, 2023, the 2023-2025 State Plan was announced during the 11th Annual Mississippi State Planning Summit. Effective September 30, 2023, the Centers for Disease Control and Prevention (CDC) awarded the Mississippi State Department of Health (MSDH) a five-year Enhanced Capacity Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer’s Act cooperative agreement (P.L. 115-406). This award strengthened Mississippi’s capacity to implement and sustain statewide Alzheimer’s disease and related dementias (ADRD) public health strategies.

In 2024, Mississippi gained national recognition when it was selected as one of only three states featured on the Healthy Brain Resource Center (HBRC) website as a “Story from the Field,” highlighting innovative efforts to promote brain health and dementia risk reduction. During this time, stakeholders continued to educate professionals and the public on modifiable dementia risk factors and comorbidities, aligning with emerging research, including the Lancet Commission on Dementia, which identified two additional risk factors.

In 2025, the Alzheimer’s Association advanced its equity-focused work through the development of the Healthy Brain Initiative (HBI) Roadmap for American Indian and Alaskan Native People, strengthening engagement with Tribal communities. Following the departure of Dr. Kina White from MSDH, Paulita Edwards-Childs, Healthy Aging Director, was appointed as the BOLD Principal Investigator, ensuring continuity of leadership and continued progress toward statewide dementia-friendly and brain health initiatives.



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

ACKNOWLEDGEMENTS

The State of Mississippi Strategic Plan for Alzheimer’s Disease and Related Dementias 2025 - 2030 (State Plan) continues through the collaborative efforts of key stakeholder organizations and volunteer contributors who have invested countless hours in the development and implementation of its goals and objectives. The State Plan is led by The Memory Impairment and Neurodegenerative Dementia (MIND) Center at the University of Mississippi Medical Center in partnership with the Mississippi State Department of Health, the Mississippi Department of Mental Health, and the Alzheimer’s Association Mississippi Chapter.

The State Plan Steering Committee would like to thank the many individuals across Mississippi who shared their feedback about the challenges experienced by individuals living with cognitive decline and dementia and their care partners. We especially want to thank the Leaders of the State Plan Goal Groups, Members of the State Plan Goal Leader Committee, and Health Engagement Ambassadors listed below who dedicated considerable time and energy to create the 2025 - 2030 State Plan.

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

State Plan Leadership:

Wendy Bailey, Executive Director, Mississippi Department of Mental Health; Member, State Plan Steering Committee

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Brain Health Goal Group:

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Indigenous Communities:

Durnene Farmer, Outreach Director, Mississippi Band of Choctaw Indians



RESEARCH INTRODUCTION

Alzheimer's disease and related dementias continue to affect millions of people, but research in recent years has made meaningful progress. Scientists around the world are working to better understand what causes these conditions and how to diagnose them earlier. Large research efforts—such as those supported by the National Institutes of Health—show that we now know more about the brain changes involved in dementia than ever before.¹

One of the biggest advances is in early detection. Researchers are developing new tools, including blood tests and improved brain scans, that can spot signs of Alzheimer's long before memory problems begin. These tools help doctors identify the disease earlier and allow scientists to test treatments at the stages when they may work best.¹ This shift toward early detection is giving families more time to plan and opening the door to earlier, more effective care.

Treatment research is also expanding. While some new medications focus on clearing harmful proteins or plaques from the brain, scientists are now exploring many other approaches—such as reducing inflammation, improving brain cell communication, and supporting overall brain health. Reports from 2024 highlight promising new drugs being tested for early stage Alzheimer's, as well as progress in managing symptoms like agitation and sleep problems.² At the same time, studies continue to show that healthy lifestyle habits—like staying active and managing blood pressure—may play a significant role in lowering the risk or delaying the onset of dementia.

Researchers are also learning more about who is at risk and why. According to the Alzheimer’s Association, about 6.9 million Americans aged 65 and older are living with Alzheimer’s dementia, and that number is expected to grow as the population ages.³ Studies are identifying both risk factors (such as heart disease and diabetes) and protective factors (such as education and social engagement). Understanding these patterns helps guide public health efforts and gives families clearer information about prevention across the lifespan.

Overall, the field is moving forward quickly. While there is still no cure, scientists are making steady progress in early diagnosis, treatment development and understanding how lifestyle and genetics influence the disease. These advances offer hope that future treatments will be more effective and that more people will be able to maintain their cognitive health for longer. This action plan supports greater participation in active clinical studies and deeper collaboration among researchers to accelerate discoveries that improve early diagnosis, expand treatment options and ultimately enhance quality of life for those affected by Alzheimer’s and related dementias in our state.

References

¹ National Institute on Aging. (2024). *2024 NIH Alzheimer’s and Related Dementias Research Progress Report: Advances and Achievements*. <https://www.nia.nih.gov/sites/default/files/2024-08/2024-alzheimers-progress-report.pdf>

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GOAL 1: RESEARCH AND DATA

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

OBJECTIVE RD1: RESEARCH COLLABORATION

Promote research collaboration in Mississippi and surrounding Southeastern states to support development of new treatments and methods of prevention for Alzheimer's disease and related dementias.

STRATEGIC PRIORITIES:

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

Time Frame and Measurable Outcomes: The Brain Aging Research Alliance will be maintained throughout the State Plan period of 2025 - 2030.

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

RD1b. Periodically conduct a survey of state universities, colleges, hospitals and independent research organizations in Mississippi and surrounding Southeastern states to identify what research is currently being conducted in the areas of brain aging.

Time Frame and Measurable Outcomes: The survey will be repeated periodically throughout the State Plan period of 2025 - 2030.

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

*BOLD is a non-research cooperative agreement.

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

Time Frame and Measurable Outcomes: Utilize results of survey to identify researchers and organizations who are currently conducting brain aging and Alzheimer's and dementia research in Mississippi and surrounding Southeastern states by September 30, 2027.

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

RD1d. Finalize and launch a brain aging research page on the State Plan website to publish and maintain research information about active studies in Mississippi and surrounding Southeastern states and make it accessible to patients, families, physicians, researchers, and research affiliates.

Time Frame and Measurable Outcomes: The State Plan website and research page will be launched by September 30, 2027, and made accessible to persons living with ADRD and their families as well as physicians and researchers in Mississippi and surrounding states.

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

RD1e. Convene a periodic Brain Aging Research Symposium targeting researchers, research staff, health care providers and allied health care professionals from Mississippi and surrounding Southeastern states to share updates regarding latest studies, theories and discoveries and to promote networking and collaboration.

Time Frame and Measurable Outcomes: The first Brain Aging Research Symposium will be hosted by September 30, 2025, and continued annually throughout the State Plan period of 2025 - 2030.

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

OBJECTIVE RD2: RESEARCH PARTICIPATION

Develop comprehensive goals and strategies to enhance research recruitment and increase enrollment and participation in ADRD and brain aging clinical trials and research studies.

STRATEGIC PRIORITIES:

RD2a. Develop and implement public and community awareness programs to address distrust and stigma surrounding clinical research as well as the importance of participation.

Time Frame and Measurable Outcomes: An action plan will be developed and implemented to promote research participation in active ADRD studies by September 30, 2027.

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

RD2b. Create and distribute culturally sensitive and appropriately tailored informational materials focused on improving demographic balance and participation in clinical trials from communities with limited access to resources.

Time Frame and Measurable Outcomes: An awareness campaign to disseminate information about the importance of research participation will be developed and implemented in collaboration with the State Plan Community Awareness Goal Group by September 30, 2028.

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

RD2c. Partner with the State Plan Community Awareness Goal Group to create and disseminate resource information about the brain aging research webpage on the State Plan website to patients, families, researchers and primary care providers to improve access to available research studies.

Time Frame and Measurable Outcomes: Resource information about the webpage will be created and disseminated by September 30, 2028.

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

RD2d. Collaborate and partner with private, state, and federal partners and organizations to raise awareness regarding available research studies in Mississippi and surrounding Southeastern states.

Time Frame and Measurable Outcomes: Information regarding active ADRD research studies in Mississippi will be disseminated to private, state and federal partners by September 30, 2028.

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

RD2e. Engage health care providers to encourage referral to and participation in ADRD research projects and clinical studies.

Time Frame and Measurable Outcomes: Partner with the State Plan Coordinated Care Goal Group by September 30, 2029 to educate health care providers in Mississippi and surrounding Southeastern states to promote referral to, and participation in, active ADRD research studies.

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

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

Time Frame and Measurable Outcomes: Information regarding websites that link patients, families and providers with active ADRD research studies will be included in resource materials and virtual and in-person training programs by September 30, 2028, and on an ongoing basis.

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

RD2g. Educate the public on the availability, purpose and value of Alzheimer’s and dementia research to encourage participation in current and future clinical trials and research studies.

Time Frame and Measurable Outcomes: Information will be incorporated into ongoing educational programs to improve awareness about active research studies in Mississippi and the importance of research study participation by September 30, 2027.

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

RD2h. Develop and implement strategies to address access to available research studies in Mississippi and surrounding Southeastern states and to increase participation by communities with limited access to resources in our state.

Time Frame and Measurable Outcomes: An action plan will be developed and implemented to increase research participation by communities in remote areas of the state by September 30, 2030.

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

OBJECTIVE RD3: DATA REVIEW AND ANALYSIS

Review and evaluate current data and research on preventing and treating ADRD, and share or publish the findings to support state planning efforts.

STRATEGIC PRIORITIES:

RD3a. Continue and deepen the analytic review of existing research and data sources to assess social and environmental factors that affect the prevention, diagnosis and treatment of ADRD in Mississippi.

Time Frame and Measurable Outcomes: Analytic review of social and structural drivers of health for ADRD in Mississippi will be expanded by September 30, 2028.

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

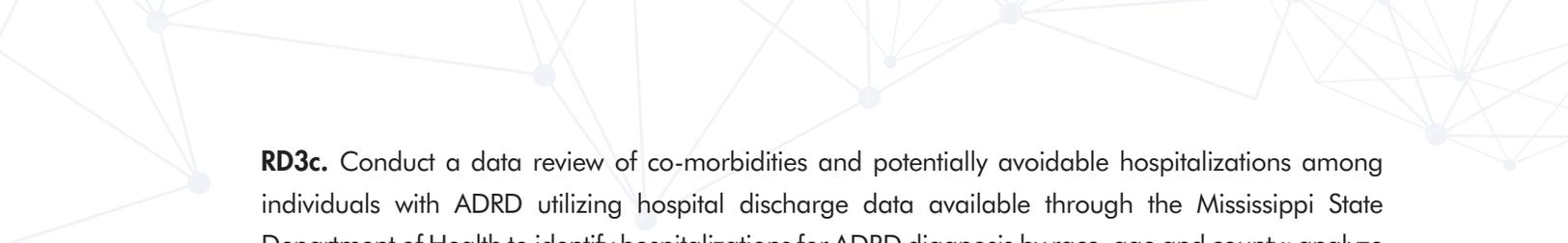
*BOLD is a non-research cooperative agreement.

RD3b. Keep abreast of emerging data and research in ADRD prevention and treatment as well as social and structural drivers of health; share findings with state planning teams to support implementation of priority goals and objectives.

Time Frame and Measurable Outcomes: Updates regarding new ADRD data and research will be sourced and shared with State Plan Goal Group throughout the State Plan period of 2025 - 2030.

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

*BOLD is a non-research cooperative agreement.

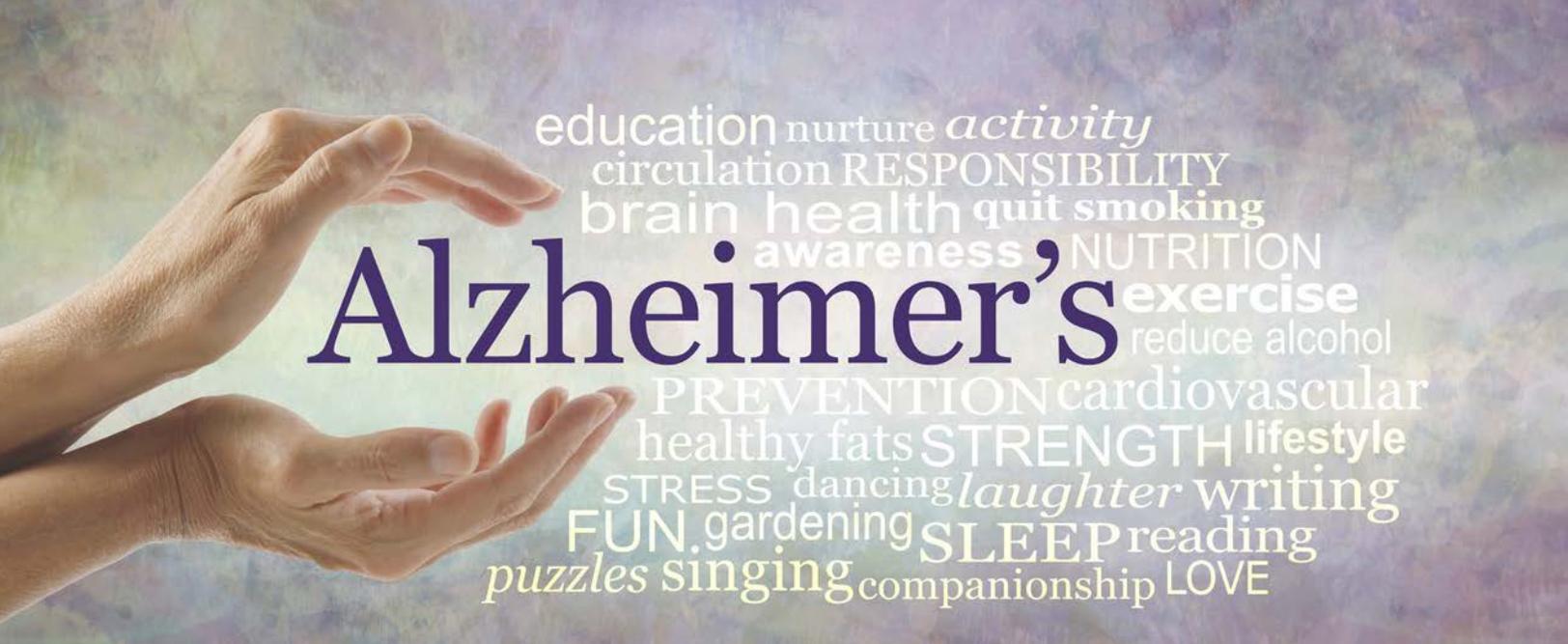


RD3c. Conduct a data review of co-morbidities and potentially avoidable hospitalizations among individuals with ADRD utilizing hospital discharge data available through the Mississippi State Department of Health to identify hospitalizations for ADRD diagnosis by race, age and county; analyze and publish findings.

Time Frame and Measurable Outcomes: Analytic data review of ADRD co-morbidities and potentially avoidable hospitalizations will be completed by September 30, 2026.

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

*BOLD is a non-research cooperative agreement.



COMMUNITY AWARENESS INTRODUCTION

Raising awareness about Alzheimer’s disease and related dementias is essential for building a community that understands, supports and empowers those affected. Many people still hold outdated beliefs about dementia, including the misconception that it is simply a normal part of aging. These misunderstandings can delay diagnosis, limit access to care and prevent families from seeking help early. Increasing public knowledge helps individuals recognize symptoms sooner and encourages timely medical evaluation, which can improve quality of life and support planning for the future.¹

Public misperceptions also contribute to stigma, which remains one of the most significant barriers faced by people living with dementia. Stigma can lead to social isolation, reluctance to discuss symptoms and fear of judgment from others. Families and caregivers may also feel shame or uncertainty about how others will respond. Research shows that stigma reduces help-seeking behavior and can negatively affect emotional well-being for both individuals with dementia and their care partners.² Addressing these beliefs through education and open communication helps normalize conversations about cognitive health and encourages supportive community attitudes.

Community-wide awareness efforts strengthen local systems of care by ensuring that residents, service providers and community leaders understand the realities of Alzheimer’s and dementia. When people are informed, they are better prepared to respond with empathy, adapt environments to be more dementia friendly, and connect families to available resources. Awareness campaigns also help highlight early detection, risk reduction strategies, and the importance of supportive services—information that many families may not otherwise encounter.³

This action plan focuses on reducing stigma, correcting misinformation, and equipping the community with accurate, accessible knowledge about Alzheimer’s and dementia. By promoting understanding and fostering inclusive attitudes, the plan aims to improve the well-being of individuals living with dementia and strengthen the community’s capacity to support them. Through coordinated outreach, education and collaboration, we can create a community where every person affected by dementia feels respected, understood and valued.¹

References

¹ Alzheimer’s Association. (2024). *2024 Alzheimer’s Disease Facts and Figures: Executive Summary*. <https://www.alz.org/getmedia/76e51bb6-c003-4d84-8019-e0779d8c4e8d/alzheimers-facts-and-figures.pdf>

² Alzheimer’s Los Angeles. (2024). *Alzheimer’s Research Summary 2024*. <https://www.alzheimersla.org/alzheimers-research-summary-2024/>³ National Institute on Aging. (2024). *2024 NIH Alzheimer’s and Related Dementias Research Progress Report: Advances and Achievements*. <https://www.nia.nih.gov/sites/default/files/2024-08/2024-alzheimers-progress-report.pdf>

GOAL 2: COMMUNITY AWARENESS

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

OBJECTIVE CA1: EDUCATION

Educate the public about ADRD by sharing informational materials across a wide range of venues, including schools, civic and faith-based organizations, media events, and public service announcements.

STRATEGIC PRIORITIES:

CA1a. Disseminate content for public awareness campaigns to address a wide range of topics including prevention strategies, promotion of early detection and diagnosis, recognizing the stages of ADRD progression, improving care transitions and accessing available resources.

Time Frame and Measurable Outcomes: Information, education and resources regarding prevention and management of ADRD will be shared with older adults, persons living with ADRD and the general public throughout the State Plan period of 2025 - 2030.

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

CA1b. Determine optimal venue and delivery format for outreach and education programs.

Time Frame and Measurable Outcomes: Outreach and education delivery format and venue will be determined for each program by the planning committee with consideration given to use of virtual platforms to reach a broader and more diverse audience by September 30, 2026, and on an ongoing basis.

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

CA1c. Promote the use of social media such as Facebook, X (Twitter) and Instagram as well as traditional media including print, radio and television when disseminating public education and awareness messaging.

Time Frame and Measurable Outcomes: Dissemination of resource information and available educational opportunities will be promoted via digital and traditional media by September 30, 2026, and on an ongoing basis.

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

CA1d. Ensure that training and resource materials are tailored to the needs of the intended audience. Provide content that reflects varying levels of literacy and health literacy, offer translations in multiple languages and present materials in formats—such as appropriate reading levels, language options and clear, accessible font sizes—that support a multi-cultural community.

Time Frame and Measurable Outcomes: All training/resource materials will be reviewed and revised to insure cultural and linguistic competence for all populations by September 30, 2026, and on an ongoing basis.

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

CA1e. Educate public health and health care professionals on sources of reliable information about brain health and ways to use the information to inform those they serve.

Time Frame and Measurable Outcomes: Partner with the Brain Health Goal Group to host and promote the Annual Brain Health Innovations Symposium and to deliver educational webinars each year with continuing education credits for nurses, social workers and allied health care professionals involved in the care and support of persons living with ADRD. Educational programs will be delivered by September 30, 2026, and on an annual basis thereafter.

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

CA1e. Continue to coordinate and deliver annual educational seminars with offerings of continuing education credits to address primary, secondary and tertiary strategies for ADRD as outlined in the Healthy Brain Initiative Roadmap.

Time Frame and Measurable Outcomes: Educational webinars with continuing education credits for nurses and/or social workers will be delivered by September 30, 2026, and annually thereafter.

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

OBJECTIVE CA2: COMMUNITY PARTNERSHIPS

Identify, develop, and strengthen essential community and organizational partnerships across the state to support ADRD awareness initiatives.

STRATEGIC PRIORITIES:

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

Time Frame and Measurable Outcomes: Community partners will be identified by September 30, 2026, and on an ongoing basis.

Key Stakeholders: Community Awareness Goal Group Members

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

Time Frame and Measurable Outcomes: Community-clinical linkages will be promoted between community and clinical sectors to support ADRD prevention and improve delivery of quality care to persons living with ADRD by September 30, 2026, and on an ongoing basis thereafter.

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

CA2c. Explore educational program models to assist community gatekeepers such as first responders, faith-based leaders, financial service/bank representatives and members of the general public with identifying individuals with cognitive impairments who are at risk and may need support in the community.

Time Frame and Measurable Outcomes: Provide dementia simulations and training (e.g. the Virtual Dementia Tour® [VDT]) to law enforcement officers and first responders as well as other key community organizations/members to protect and support vulnerable adults and persons with cognitive impairments and ADRD by September 30, 2026, and on an ongoing basis thereafter as funding allows.

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

OBJECTIVE CA3: REGIONAL RESOURCE SITES

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

STRATEGIC PRIORITIES:

CA3a. Identify and review existing information and referral sources, including established clearinghouses, to ensure current resource and service listings are accurate and comprehensive.

Time Frame and Measurable Outcomes: Assess availability of state and private information and resource repositories for persons living with ADRD by September 30, 2026.

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

CA3b. Update, expand and enhance publicly available information on ADRD by improving websites and other platforms with thorough, user-friendly resource listings.

Time Frame and Measurable Outcomes: Review of resource/information for persons living with ADRD will be completed by September 30, 2027, and maintained throughout the duration of the State Plan period.

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

CA3c. Maintain the *Navigating Alzheimer's Resource Guide: A Roadmap for Families* and keep it as up-to-date and accurate as possible for distribution to persons diagnosed with ADRD, family caregivers, health care providers and allied health professionals, public health agencies, health care organizations and other entities in Mississippi who provide care and support for persons and families living with ADRD.

Time Frame and Measurable Outcomes: Review of resource/information for persons living with ADRD will be completed by September 30, 2026.

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

OBJECTIVE CA4: COLLABORATION

Promote collaborative projects and activities related to the goals and initiatives outlined in the State Plan.

STRATEGIC PRIORITIES:

CA4a. Identify, develop and/or maintain information sharing networks.

Time Frame and Measurable Outcomes: Continue to build Listservs to capture email/ mailing lists for key Alzheimer's State Plan stakeholders and targeted audiences (including, but not limited to, faith-based organizations, caregivers, legislators and public health agencies) throughout the State Plan period.

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

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

Time Frame and Measurable Outcomes: Collaborate with State Plan Goal Leaders to identify and disseminate information about upcoming educational programs, projects and initiatives by September 30, 2026, and on an ongoing basis thereafter.

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

CA4c. Support State Plan Goal Groups in the dissemination and distribution of resources and other materials developed through their strategic projects and priorities.

Time Frame and Measurable Outcomes: Collaborate with State Plan Goal Leaders to identify and disseminate information about upcoming educational programs, projects and initiatives on an ongoing basis throughout the State Plan period of 2025 - 2030.

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



COORDINATED CARE INTRODUCTION

Ensuring that individuals living with Alzheimer’s disease and related dementias receive the highest quality and most coordinated care is a critical responsibility of health care providers and professionals. Dementia is a complex, progressive condition that affects cognitive, behavioral and functional abilities, requiring ongoing assessment, tailored interventions and seamless communication across care settings. Federal resources emphasize that diagnosing, treating and managing dementia demands collaboration among clinicians, community organizations and family members, with health care professionals serving as the central point of guidance and expertise.¹ Without strong professional coordination, care often becomes fragmented, leading to preventable complications and diminished quality of life.

High quality, well coordinated care for individuals living with Alzheimer’s disease and related dementias (ADRD) is increasingly essential as the landscape of diagnosis and treatment rapidly evolves. Health care providers now play a pivotal role not only in managing symptoms but also in identifying the disease at its earliest stages. Early detection has become more critical than ever with the emergence of new diagnostic tools—such as FDA-approved blood tests capable of detecting Alzheimer’s biomarkers—and the availability of disease modifying anti-amyloid therapies. These advances allow clinicians to intervene sooner, offering patients access to treatments that may slow cognitive decline and improve long-term outcomes.²

Research shows that coordinated dementia care models significantly improve health outcomes and reduce unnecessary hospital utilization. The Alzheimer’s Association highlights that care coordination remains inconsistent in many primary care environments, despite evidence that structured navigation programs reduce emergency room visits, lower hospital readmissions, shorten hospital stays, and delay long-term care placement.³ These benefits underscore the essential role of health care professionals in organizing care plans, monitoring disease progression and ensuring that patients receive timely and appropriate services.

Coordinated care is especially important after diagnosis, as individuals receiving anti-amyloid therapies require ongoing monitoring, multidisciplinary support and clear communication among providers. Research highlights that fragmented or inconsistent care can undermine treatment effectiveness and increase care-

giver burden. Conversely, structured care coordination—linking primary care, neurology, imaging services, infusion centers, and community supports—helps ensure safety, continuity and optimal clinical outcomes for patients undergoing these complex therapies.

This action plan builds on these developments by outlining strategies to strengthen early detection, streamline diagnostic processes and enhance professional care coordination for individuals with ADRD. By prioritizing interdisciplinary collaboration, evidence-based care pathways and proactive communication, health care providers can better support patients and families navigating both traditional dementia care and emerging therapeutic options. Ultimately, early diagnosis combined with high quality, coordinated professional care offers the best opportunity to improve quality of life and slow disease progression in the era of emerging treatments.

References

¹ Alzheimer's.gov. (n.d.). *Resources for health care providers: Alzheimer's and related dementias*. <https://www.alzheimers.gov/professionals/health-care-providers>

² Johns Hopkins Medicine. (2025). *FDA approved blood test detects early markers of Alzheimer's disease*. <https://www.hopkinsmedicine.org/news/articles/2025/06/fda-approved-blood-test-detects-early-markers-of-alzheimers-disease>

³ Alzheimer's Association. (n.d.). *Dementia care navigation guiding principles*. <https://www.alz.org/professionals/health-systems-medical-professionals/dementia-care-guiding-principles>

⁴ Alzheimer's Association. (2024). *American perspectives on early detection of Alzheimer's disease in the era of treatment*. <https://www.alz.org/getmedia/3d226bf2-0690-48d0-98ac-d790384f4ec2/alzheimers-facts-and-figures-special-report.pdf>

GOAL 3: COORDINATED CARE

Enhance the delivery of coordinated, competent, and comprehensive dementia care by health care providers and professionals to improve the quality of life for persons with Alzheimer's disease and related dementias.

OBJECTIVE CC1: EDUCATION

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

STRATEGIC PRIORITIES:

CC1a. Identify and capture in a reference, currently available training programs for health care providers and professionals relative to dementia care, and support the expanded delivery of existing evidence-based education.

Time Frame and Measurable Outcomes: Identify and promote available training programs for health care providers and professionals to promote quality care delivery for persons living with ADRD by September 30, 2027, and on an ongoing basis.

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

CC1b. Collaborate and coordinate with other organizations in the state, e.g. the Alzheimer's Association, American Heart Association, Diabetes Foundation of Mississippi, Mississippi State Medical Association, Mississippi Pharmacists Association, Mississippi Family Practice Association, Mississippi Rural Health Association, and the Mississippi Health Care Association, to establish state specific educational programs focused on enhancing dementia care.

Time Frame and Measurable Outcomes: Cultivate collaborations with organizations in Mississippi who are involved in providing education to health care providers and professionals by September 30, 2026, and on an ongoing basis thereafter.

Key Stakeholders: Coordinated Care Goal Group Members; The MIND Center at UMMC; Alzheimer's Association MS Chapter; MSDH; American Heart Association; Diabetes Foundation; Mississippi State Medical Association (MSMA); Mississippi Pharmacists Association; Mississippi Family Practice Association; Mississippi Rural Health Association; MSHCA; Mississippi Nurses' Association (MNA); and the VA Health Care System

CC1c. Create awareness about dementia care training programs with target audiences, e.g. social workers, nurses, mid-level providers and physical, occupational and speech therapists, and determine incentives for program completion such as a specific certification or designation.

Time Frame and Measurable Outcomes: Identify dementia care training opportunities and create an awareness strategy by September 30, 2029.

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

CC1d. Support education and training on cognitive care planning, coordinated care management codes, and transitional care management for health care providers working in dementia care.

Time Frame and Measurable Outcomes: Incorporate training on these topics in the annual CME Symposium beginning in 2026 and continuing throughout the State Plan period.

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

OBJECTIVE CC2: CARE COORDINATION

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

STRATEGIC PRIORITIES:

CC2a. Promote the use of the Cognitive Care Planning E & M and Chronic Care Management of dementia by primary care and family medicine physicians.

Time Frame and Measurable Outcomes: Continue to include training in the annual CME Symposium and quarterly Mind Minute Newsletters to promote earlier diagnosis of ADRD and the inclusion of cognitive assessment and care planning in Annual Medicare Wellness Visits by September 30, 2026, and annually thereafter.

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

CC2b. Deliver the annual Demystifying Dementia: CME Symposium to update licensed health care providers on the latest research and best practices for care management of patients with Alzheimer’s disease and related dementias.

Time Frame and Measurable Outcomes: Continue to include training in the Annual CME Symposium and in the quarterly Mind Minute Newsletters on the latest research and best practices for care management of patients with Alzheimer’s disease and related dementias by September 30, 2026, and annually thereafter.

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

CC2c. Support the implementation of age- and dementia-friendly initiatives across community and health care settings (such as home health, hospitals, rehabilitation centers, Department of Motor Vehicles and long-term care) regarding the management and transition of care for persons with ADRD and their families and care partners.

Time Frame and Measurable Outcomes: Promote age- and dementia-friendly initiatives on an ongoing basis throughout the State Plan period.

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

CC2d. Promote prevention of abuse, neglect and exploitation of persons with ADRD through education of health care providers and professionals including encouraging a focus on supporting the health and well-being of family care partners.

Time Frame and Measurable Outcomes: Incorporate training regarding prevention of abuse, neglect and exploitation of older adults and persons with ADRD in the Annual CME Symposium, quarterly Mind Minute Newsletters, and ongoing educational programs for health care providers, professionals, caregivers and community partners by September 30, 2027, and throughout the State Plan period.

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

CC2e. Continue to address co-morbidities of ADRD and potentially preventable hospitalizations.

Time Frame and Measurable Outcomes: Continue to include training in the Annual CME Symposium for health care providers and professionals to address co-morbidities of ADRD and potentially preventable hospitalizations by September 30, 2027.

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

OBJECTIVE 3: ACCESS TO CARE

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

STRATEGIC PRIORITIES:

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

Time Frame and Measurable Outcomes: Continue to deliver training to health care providers and professionals on improving care transitions and disseminate information regarding available state and private resources and services for persons with ADRD by September 30, 2027, and on an ongoing basis.

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

CC3b. Continue to identify locations and services of current dementia care providers and gaps in accessibility to dementia care.

Time Frame and Measurable Outcomes: Update the prior statewide telephone survey to identify new/additional health care organizations and provider practices providing dementia care in Mississippi by September 30, 2026, and on an ongoing basis.

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

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

Time Frame and Measurable Outcomes: Conduct a review of data and available guidelines on delivery of quality and comprehensive dementia care in an outpatient setting and develop guidelines for outpatient dementia care delivery by September 30, 2028.

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

CC3d. Educate community health providers regarding where comprehensive dementia care services exist in Mississippi and what the patient referral process entails. Promote awareness about current telehealth initiatives and associated billing practices to support statewide access to dementia care for underrepresented populations.

Time Frame and Measurable Outcomes: Develop a listing of organizations and practices across Mississippi that provide comprehensive dementia care in an outpatient setting in Mississippi and deliver training to health care providers, patients and families regarding how to access care for evaluation and treatment of ADRD by September 30, 2028.

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

CC3e. Expand the MIND MINUTE newsletter distribution to providers, health departments and pharmacists regarding available dementia care resources and “need to know” information such as including cognitive screening in Annual Medicare Wellness visits.

Time Frame and Measurable Outcomes: Create and distribute the quarterly newsletter to an expanded list of health care providers and professionals in Mississippi by September 30, 2026, and annually thereafter.

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

CC3f. Address the impact of cost-related medication and treatment underuse on health outcomes in persons with ADRD; include access to sleep studies and CPAP treatment as well as hearing evaluation and treatment.

Time Frame and Measurable Outcomes: Provide training on the impact of cost-related medication underuse on health outcomes in persons with ADRD to health care providers and professionals via the MIND MINUTE newsletter and annual CME Symposium by September 30, 2027.

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

CC3g. Assess data on incidence and prevalence of younger onset ADRD, Mild Cognitive Impairment (MCI), early stage/early diagnosed ADRD, and association with social and structural drivers of health; identify and publicize referral sites for evaluation and diagnosis.

Time Frame and Measurable Outcomes: Complete assessment of available data on incidence and prevalence of younger onset ADRD, MCI and early stage ADRD in Mississippi and associated social and structural drivers of health; publish list of referral sites for evaluation, diagnosis and treatment of ADRD by September 30, 2029.

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

CC3h. Evaluate currently available, published clinical pathways for dementia diagnosis and treatment and work to develop a Mississippi-specific plan to enhance access to care and improve care outcomes for persons with ADRD in our state.

Time Frame and Measurable Outcomes: A clinical pathway for dementia diagnosis and treatment in Mississippi will be developed by September 30, 2029.

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



CAREGIVER SUPPORT INTRODUCTION

Alzheimer’s disease and related dementias present a growing public health challenge in Mississippi, affecting families, communities, and the state’s long-term care infrastructure. Because most individuals with dementia rely on informal, unpaid support, family care partners remain the cornerstone of dementia care across Mississippi. Family care partners in Mississippi shoulder an especially heavy burden. Approximately 92,000 Mississippians provide unpaid care to a loved one with Alzheimer’s or another dementia, contributing 174 million hours of care annually—valued at more than \$2.5 billion.¹

The intensity of this caregiving is among the highest in the nation; Mississippi ranks 6th in average hours of care per caregiver. The toll on caregiver health is significant: 57% of dementia caregivers report at least one chronic health condition, 25.9% experience depression, and 22.2% report poor physical health.¹ These figures highlight the profound strain placed on families who often provide care with limited formal support. The overlapping responsibilities amplify emotional stress, financial pressure, and the risk of burnout—particularly in rural areas where access to dementia capable services is limited.

Given these realities, Mississippi’s Alzheimer’s State Plan places family care partners at the center of its strategies. Strengthening care partner support through respite services, culturally responsive education, care navigation, and improved access to community-based resources is essential to sustaining families and reducing preventable health system costs. By prioritizing the well-being of care partners, Mississippi will ensure that individuals living with Alzheimer’s disease and related dementias receive compassionate, high-quality care while enabling families to maintain stability, dignity and resilience throughout the caregiving journey.

Reference

¹ Alzheimer’s Association. (2025). Mississippi Alzheimer’s Facts and Figures 2025. <https://www.alz.org/getmedia/6a6f1f1c-c311-4d9f-b77e-d3f46629597e/mississippi-alzheimers-facts-figures.pdf>

GOAL 4: CAREGIVER SUPPORT

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

OBJECTIVE CS1: RESOURCES

Identify caregiver support services and resources across the state and make them available and accessible to family caregivers/care partners and the general public.

STRATEGIC PRIORITIES:

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

Time Frame and Measurable Outcomes: An online Interactive Map of Community Services will be launched by September 30, 2028.

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

CS1b. Promote continued collaboration and involvement of all community partners, both public and private, in centralizing information regarding available caregiver support services.

Time Frame and Measurable Outcomes: Collaboration among public and private community partners will be promoted by September 30, 2026, and annually thereafter.

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

CS1c. Maintain/update existing resources produced by the Caregiver Support Goal Group, including the Newly Diagnosed one-pager and State Agency Reference for Older Adults. Identify strategies to expand dissemination of these resources.

Time Frame and Measurable Outcomes: Current resources will be updated and maintained on an ongoing basis throughout the State Plan period.

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

OBJECTIVE CS2: EDUCATION

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

STRATEGIC PRIORITIES:

CS2a. Identify and collaborate with organizations and agencies that are currently providing educational information and training programs for family caregivers/care partners, communities and faith-based services, to expand availability with a focus on underrepresented groups.

Time Frame and Measurable Outcomes: The delivery of education for family caregivers/care partners will be promoted through collaboration with partner organizations and agencies by September 30, 2026, and annually thereafter.

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

CS2b. Develop a one-page reference sheet listing recurring state and national training programs for family caregivers/care partners with links to websites, if available.

Time Frame and Measurable Outcomes: The one-page reference sheet will be developed and promoted by September 30, 2025, and on an ongoing basis thereafter.

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

CS2c. Assist with providing materials to community groups, caregivers/care partners, health care providers and facilities through a centralized mechanism including online resources.

Time Frame and Measurable Outcomes: Resource information and materials will be distributed to targeted Listservs by September 30, 2026, and on an ongoing basis thereafter.

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

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

Time Frame and Measurable Outcomes: Training for family caregivers will be delivered through key stakeholder partnerships by September 30, 2026, and annually thereafter.

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

CS2e. Continue to review feedback from educational program evaluations to determine accessibility, effectiveness and impact, and to guide planning and development of future training programs.

Time Frame and Measurable Outcomes: Session and program evaluations will be collected following the delivery of each caregiver training and support program by September 30, 2026, and on an ongoing basis thereafter.

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

OBJECTIVE CS3: SERVICES

Support increased access to and availability of caregiver support services with a focus on the delivery of (1) respite care; (2) adult daycare; and (3) home and community-based services across the state in all areas with a focus on areas with limited access to care.

STRATEGIC PRIORITIES:

CS3a. Support the delivery and expansion of current, federally-funded respite care, daycare and home/community-based services in our state with a focus on improving access in underrepresented communities.

Time Frame and Measurable Outcomes: An environmental scan will be conducted to identify respite care and home and community-based services for older adults and persons with ADRD; measures to promote expansion to underserved areas will be explored and supported by September 30, 2027, and on an ongoing basis thereafter.

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

CS3b. Partner with the Coordinated Care Goal Group to pinpoint communities with gaps in support for persons with Intellectual and Developmental Disabilities (IDD) or amongst Indigenous Peoples and support efforts to expand services for these populations.

Time Frame and Measurable Outcomes: Home and community-based services for persons with IDD or Indigenous Peoples with ADRD will be expanded by September 30, 2026 and on an ongoing basis thereafter.

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

CS3c. Explore the potential benefits of developing a caregiver mentoring program to connect current or prior family caregivers/care partners with caregivers of newly diagnosed persons with ADRD.

Time Frame and Measurable Outcomes: Current ADRD caregiver mentoring programs across the US will be identified and assessed by September 30, 2026, and the potential to develop and launch a program in Mississippi evaluated by September 30, 2027.

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

CS3d. Identify the needs of, and support services for, newly diagnosed persons with ADRD including younger onset ADRD, Mild Cognitive Impairment (MCI) or earlier diagnosed/early-stage dementia.

Time Frame and Measurable Outcomes: Available support services for persons with younger onset or earlier diagnosed/early-stage dementia will be evaluated by September 30, 2026, and opportunities to enhance services identified on an ongoing basis thereafter.

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



BRAIN HEALTH INTRODUCTION

Promoting brain health and healthy aging in Mississippi has become an urgent public health priority, especially as the state faces some of the nation’s highest rates of Alzheimer’s disease and related dementias (ADRD). Mississippi ranks third in the United States for Alzheimer’s prevalence among adults over 65, underscoring the need for coordinated, statewide strategies that support cognitive well-being across the lifespan. As the older adult population continues to grow, the state must adopt proactive, evidence-based approaches that strengthen resilience, reduce risk factors and improve quality of life for aging Mississippians.

Research increasingly shows that lifestyle choices—such as physical activity, nutrition, social engagement, and chronic disease management—play a significant role in maintaining cognitive function and delaying the onset of dementia.¹ Mississippi’s public health leaders have already begun emphasizing these connections through initiatives like the Be Brain Mighty campaign, which encourages residents to make daily decisions that support long-term brain health.² Expanding and integrating such efforts statewide can help ensure that all communities have access to the resources they need.

Healthy aging, however, extends beyond individual behaviors. The Mississippi Public Health Association highlights that nonmedical factors influence older adults’ well-being even more strongly than clinical care, reinforcing the need for age-friendly systems and environments that promote independence, dignity and social connection. An effective action plan must therefore address both personal and social/structural contributors to brain health.

A statewide action plan focused specifically on brain health and healthy aging helps to unify partners across sectors—public health, health care, education, community organizations, and tribal and local governments—to implement coordinated strategies that reduce risk, enhance early detection and support caregivers.

References

¹ The Lancet, 404(10452), 572-628. *Dementia prevention, intervention, and care: 2024 report of the Lancet Standing Commission*. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01296-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01296-0/fulltext)

² University of Mississippi Medical Center. *Be Brain Mighty*. <https://umc.edu/mindcenter/Clinical-Care-and-Support/Resources/Change%20Your%20Name-Be%20Brain%20Mighty.html>

³ Mississippi Public Health Association. (n.d.). *Age-Friendly Mississippi*. <https://www.mspha.org/age-friendly-mississippi/>

GOAL 5: BRAIN HEALTH

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

OBJECTIVE BH1: SURVEILLANCE

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

STRATEGIC PRIORITIES:

BH1a. Continue use of survey tools such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Alzheimer’s State Plan Survey to collect health outcomes data to identify persons affected by impaired cognition and Alzheimer’s disease and related dementias, including the impact of structural and social drivers of health.

Time Frame and Measurable Outcomes: The BRFSS Caregiver and Cognitive Decline modules as well as the Alzheimer’s State Plan Survey will be administered on an ongoing basis throughout the State Plan period.

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

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

Time Frame and Measurable Outcomes: Available surveillance data will be reviewed and analyzed by September 30, 2026, and on an ongoing basis thereafter.

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

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

Time Frame and Measurable Outcomes: Surveillance data will continue to be incorporated into the annual State Plan Progress Report and shared with state legislators by September 30, 2026, and annually thereafter.

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

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

Time Frame and Measurable Outcomes: Surveillance data will be utilized to inform and guide public health efforts to address risk reduction strategies and provide caregiver support for persons with ADRD throughout the State Plan period.

Key Stakeholders: Brain Health Goal Group Members; The MIND Center at UMMC; MSDH; Alzheimer’s Association MS Chapter; AARP; Brain Injury Association/United Spinal Association; JSU Department of Behavioral Health Promotion and Education; The Partnership for a Healthy MS; MS Development Authority; AHA

BH1e. Assess the impact of structural and social drivers of health for ADRD in Mississippi; overlay findings with ADRD map of prevalence/incidence to evaluate correlation.

Time Frame and Measurable Outcomes: Partner with the Research Alliance to evaluate the impact of structural and social drivers on brain health and healthy aging in Mississippi by September 30, 2027.

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

OBJECTIVE BH2: PUBLIC AWARENESS AND EDUCATION

Continue public awareness campaigns, such as “Change your mind, Mississippi” and “Be Brain Mighty,” that incorporate culturally sensitive strategies to educate Mississippians about brain health across the lifespan and increase public awareness about ADRD.

STRATEGIC PRIORITIES:

BH2a. Focus public awareness campaigns on the role that nutrition, exercise, smoking cessation and management of comorbid health conditions such as hypertension, diabetes and obesity play in healthy aging and preventing or delaying the onset of Alzheimer’s and dementia.

Time Frame and Measurable Outcomes: Continue to leverage the “Be Brain Mighty” awareness campaign to promote brain health across the life course through various media modalities as funding allows, e.g., social media, email marketing, PSAs, and evergreen podcasts, by September 30, 2026, and on an ongoing basis thereafter.

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

BH2b. Include information in awareness campaigns and educational programs on structural and social drivers of health for ADRD that affect brain health and healthy aging.

Time Frame and Measurable Outcomes: Education on the effect of environmental/occupational hazards on brain health will be shared in the Brain Health Innovations Symposium and incorporated into awareness campaigns by September 30, 2026, and annually thereafter.

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

BH2c. Promote the use of evidence-based interventions and best practices to protect brain health across the life span.

Time Frame and Measurable Outcomes: The Brain Health Goal Group will partner with the Coordinated Care and Caregiver Support Goal Groups to promote brain health and risk reduction strategies by September 30, 2026, and on an ongoing basis thereafter.

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

OBJECTIVE BH3: PUBLIC HEALTH PRIORITY

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

STRATEGIC PRIORITIES:

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

Time Frame and Measurable Outcomes: Incorporate strategies from The Healthy Brain Initiative Roadmap in awareness campaigns and education to promote brain health and healthy aging in MS by September 30, 2026, and on an ongoing basis thereafter.

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

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

Time Frame and Measurable Outcomes: Partner with state agencies to integrate brain health and ADRD risk reduction into chronic disease management and public health strategies by September 30, 2026, and on an ongoing basis thereafter.

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

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

Time Frame and Measurable Outcomes: Collaborate with key stakeholders to support strategies to build age-friendly and dementia-friendly communities and health systems in MS by September 30, 2027, and for the duration of the State Plan period.

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

BH3d. Strengthen partnerships with non-profits and public health programs in the state, e.g., the American Heart Association, Diabetes Foundation, Brain Injury Association, ACT Center, Uproot Mississippi, Mississippi Council on Developmental Disabilities, Mississippi State University Extension Service, Mississippi Community Health Workers Association and Partnership for a Healthy Mississippi, to prioritize brain health in public health policy.

Time Frame and Measurable Outcomes: Invite representatives from MS non-profit organizations and public health programs involved in promoting healthy aging and addressing diseases and health factors that contribute to cognitive decline, to join the Brain Health Goal Group and become involved in State Planning efforts by September 30, 2027.

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

OBJECTIVE BH4: HEALTH CARE EDUCATION

Collaborate with the Coordinated Care Goal Group to deliver educational programs that inform health care professionals about current and emerging evidence-based strategies to promote brain health as well as prevention, early diagnosis and treatment of Alzheimer's disease and related dementias.

STRATEGIC PRIORITIES:

BH4a. Develop and implement continuing education programs that improve the ability of health care professionals to:

- (1) promote brain health and healthy aging,
- (2) recognize early signs and symptoms of Alzheimer's disease and related dementias utilizing brain health screening and assessment tools in a variety of clinical settings and
- (3) provide guidance to patients and families on where to seek treatment, support and resources.

Time Frame and Measurable Outcomes: Partner with the Coordinated Care Goal Group to support the delivery of continuing education programs for health care providers to promote brain health and early diagnosis and intervention by September 30, 2028.

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

BH4b. Continue to host the Annual Brain Health Innovations Symposium (BHIS) to promote brain health and healthy aging with a focus on underrepresented communities.

Time Frame and Measurable Outcomes: Host the Annual Brain Health Innovations Symposium by March 31, 2026, and annually thereafter.

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

BH4c. Continue to review feedback from the Brain Health Innovations Symposium and other educational programs to determine accessibility, effectiveness and impact, and to guide planning and development of future training programs.

Time Frame and Measurable Outcomes: Session and program evaluations will be collected following the delivery of each training program by March 31, 2026, and annually thereafter.

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



NEXT STEPS

Over the past five years, Mississippi has made substantial progress in advancing the strategic priorities outlined in the State of Mississippi Strategic Plan for Alzheimer’s Disease and Related Dementias. The strong collaboration that guided the implementation of the 2020–2025 plan is expected to continue as the state moves forward with the 2025–2030 State Plan. During the development of the updated plan, it became evident that Mississippi already possesses a wide range of Alzheimer’s related resources. By examining and aligning existing industries, services and supports that serve individuals living with Alzheimer’s disease and other dementias—as well as their families and caregivers—the state is positioned to maximize the impact of these assets. Coordinating, integrating and leveraging these resources will accelerate progress toward achieving the plan’s goals. In addition, strengthened partnerships will help ensure that state policies and service delivery systems are clear, coordinated and responsive.

Project partners have expressed strong enthusiasm for advancing the strategic priorities identified in the 2025–2030 State Plan, with implementation efforts set to begin immediately following publication of the revised plan. The MIND Center at the University of Mississippi Medical Center, the Mississippi State Department of Health, the Mississippi Department of Mental Health and the Alzheimer’s Association Mississippi Chapter will jointly lead implementation activities and monitor progress toward the plan’s objectives.

Successful and timely execution of the plan will rely on the voluntary engagement and contributions of a broad network of community partners. Given the high level of commitment demonstrated by individuals and organizations throughout the planning process, the state anticipates meaningful and lasting improvements for caregivers and care partners, health care professionals, and Mississippians living with Alzheimer’s disease and related dementias.

The 2025–2030 State Plan reflects an increased focus on data-driven decision making and the use of evidence-based practices to strengthen dementia care. Through collaboration with the MS BOLD program, a robust public health approach to Alzheimer’s disease and related dementias has been embedded across both policy and practice. To advance this approach, project partners and stakeholders will continue using data to set priorities, guide public health actions, address structural and social drivers of health affecting ADRD and enhance support for caregivers and care partners.

Looking ahead, project partners remain committed to expanding access to dementia care and support across Mississippi by cultivating a skilled, culturally responsive and inclusive dementia care workforce and by broadening the reach of high-quality educational programs. The priorities and objectives of the 2025–2030 State Plan will further strengthen a coordinated system of care, increasing the number of Mississippians who know where and how to seek support—particularly in communities experiencing a high burden of Alzheimer’s disease and other dementias.

2025 – 2030 STATE PLAN GOAL GROUP MEMBERS & STAKEHOLDERS

The advancement of the *2025–2030 State of Mississippi Strategic Plan for Alzheimer’s Disease and Related Dementias* reflects the collective dedication of countless individuals across both the public and private sectors. Their generous contributions of time, resources and expertise have been essential to shaping and carrying out this important work. Deep appreciation is extended to the volunteers and stakeholders listed here whose insight, guidance and steadfast commitment have made the development and implementation of the State Plan possible.

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

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

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Monica Tobias, Executive Director, Our Time Adult Day Services – Member, Community Awareness Goal Group

Brenda Townsend, RN, Community Member – Member, Community Awareness and Coordinated Care Goal Groups

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Cindy Walker, RN, BSN, MBA, Registered Nurse, HCA Healthcare; Caregiver Support Group Leader – Member, Caregiver Support Goal Group

Shelby Walker, Mississippi Long Term Care Ombudsman, Division of Aging and Adult Services, Mississippi Department of Health and Human Services – Member, Community Awareness Goal Group

Kristen White, LMSW, Program Manager, Alzheimer’s Association Mississippi Chapter – Co-Leader, Caregiver Support Goal Group; Member, Goal Leader Group

Stacy Winstead, East Mississippi State Hospital – Member, Community Awareness Goal Group

