


Alzheimer's Disease and Related Dementias State Plan
2025

A ROAD MAP FOR ADDRESSING ALZHEIMER'S DISEASE AND RELATED DEMENTIAS




MONTANA DPHHS
DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

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The updated state plan is available online at www.mtalzplan.org and dphhs.mt.gov/publichealth/Alzheimers/AlzheimersandDementiaProgram.

Vision Statement

As Montanans prepare to address the challenges associated with Alzheimer's disease and related dementias, we want to assure that:

- **Montanans** are aware of and comfortable talking about aging issues and topics inherent to the aging process including Alzheimer's disease and related dementias, associated legal and financial issues, preparation for end-of-life care, the need to create aging and dementia friendly communities, and where to find resources and support. Furthermore, we want to ensure the citizens of Montana are aware of how to reduce the risk of dementia, the early signs and progression of the disease, the value and importance of caregivers, and the need for first responders, advocates, and citizens to be able to identify and competently support people living with dementia.

- **Individuals living with dementia** participate in decision-making to the best of their abilities, remain independent as long as possible, and receive dignified, high quality, person-centered care throughout their lives regardless of where they live, their financial status, culture, or gender. They are aware of opportunities to participate in research and clinical trials.

- **Family caregivers** experience support as they care for family members living with dementia throughout the disease course, are valued for the work that they do, and receive person-centered care for themselves.

- **Health care providers** use evidence-informed practices to diagnose and manage dementia effectively. They recognize the benefit of risk reduction and early disease detection, a multidisciplinary team approach to care, and early referral to community resources and support. Montana health care providers exist as a workforce in adequate numbers and are valued for the work they do caring for individuals with these complex diseases.

- **Montana policy makers and state officials** understand the public health crisis Alzheimer's Disease and Related Dementias (ADRD) present, including:
    - The need to focus on upstream approaches to ADRD, including adopting healthy behaviors throughout life;
    - The financial impacts on family and the state and challenges for family and professional caregivers in Montana's communities;
    - The need to implement policies and systems to strengthen the quality of care provided;
    - The need to sustain the ability of individuals with dementia to live independently as long as possible; and
    - The need to support research that proposes innovative ways to detect, prevent, treat, and manage dementia.

Background – Why an Update is Needed

Public Health Approach for Dementia: Alzheimer's disease and related dementias (going forward referred to as "dementia") are degenerative brain diseases that damage nerve cells in the brain responsible for normal brain function.[1] Although there are several types of dementia, Alzheimer's disease is the most common, accounting for 60-80% of cases. It is the seventh leading cause of death in the U.S.

The course of dementia, especially Alzheimer's disease, spans many years, even decades.[1] Initially, changes in brain function show no noticeable symptoms (healthy cognitive functioning and pre-symptomatic stages). Then changes in memory and thinking occur that are serious enough to affect a person's ability to do everyday tasks (mild cognitive impairment and dementia stages). Eventually, the ability to carry out basic bodily functions such as walking and swallowing are affected. Individuals in the final stage of the disease often require 24-hour care. Growing evidence supports healthy behaviors, such as those shown to prevent cancer, diabetes, and cardiovascular disease, may also reduce the risk for brain health decline and possibly dementia.[1,2]

Dementia is a growing U.S. public health crisis. The number of Americans living with dementia is predicted to increase from 6.7 million currently to nearly 14 million in 2050.[1] Accompanying this upward trend will be rising associated health care costs and increased challenges and costs to family and friends who care for people living with dementia. Montanans are not exempt from this crisis. Dementia statistics for Montana (Appendix A) show 27,000 Montanans will have dementia by 2025, cared for by over 17,000 unpaid caregivers.

Emerging evidence supports the use of a public health approach for dementia to help reduce the risk of brain health decline, improve early detection and diagnosis, enhance quality of life for people living with dementia, and improve health outcomes.[2,3] Public health agencies have both the authority and influence to change health care policies, systems, and environments that can promote brain health. Public health systems can work to reduce modifiable risk factors and other chronic diseases that can cause brain health decline and dementia. Modifiable risk factors include smoking, traumatic brain injuries, physical inactivity, hypertension, diabetes, and obesity.[1,2]

Using the Alzheimer's Association and the Centers for Disease Control and Prevention (CDC) Healthy Brain Initiative Road Maps[2,3] as guides, this state plan update was developed to aid Montana stakeholders in creating an effective healthy brain and dementia action plan, a "road map," to meet the current and future needs of Montanans, including those at highest risk for and those currently living with dementia, their families, and caregivers.

The Montana Alzheimer's and Dementia State Plan History: The initial Montana Alzheimer's and Dementia State Plan, Addressing the Current and Future Needs of Individuals and Families with Alzheimer's Disease and Related Dementias (www.mtalzplan.org), was published in December 2016 by the Montana Alzheimer's and Dementia Work Group, a voluntary coalition of health care professionals, advocacy organizations, caregivers, educators, and other community partners formed in 2014. This group is now called the ADRD Coalition (Coalition). The state plan was written to address the significant public health and financial crises Montanans face due to the projected increase in the number of Montanans living with dementia and their unmet health care and community needs.[1]

The 2016 state plan identified 11 proactive goals and made recommendations for a statewide action plan to improve dementia care and services in Montana. These goals focused on promoting public awareness, improving early dementia detection and caregiver support and resources, and providing "dementia capable" health care statewide. Since 2016, multiple community partners and state officials have been actively working to implement these recommendations in their communities and across the state. Given emerging evidence over the past decade supporting a public health approach to dementia,[2,3] the coalition in partnership with the Montana Alzheimer's and Dementia Program is publishing the Montana Alzheimer's and Dementia State Plan Update, A Road Map for Addressing Alzheimer's Disease and Related Dementias, to supplement the initial state plan and ensure it remains current and relevant.

Rationale for State Plan Update: Since publishing the initial Montana Alzheimer's and Dementia State Plan in 2016, knowledge about addressing ADRD has grown.[1,5] Evidence-informed best practices have identified core elements of high-quality dementia care including early detection as well as risk reduction to meet the changing medical and psychosocial needs of people living with dementia, caregivers, and families.[1,5] These best practices include a standardized approach to assessment and care management that is individualized, comprehensive, collaborative, and person-centered. In the past year, medications have been approved by the Food and Drug Administration (FDA) that have the potential to delay the course of the disease.[1] Other emerging treatment options should be available in the next few years.

Several modifiable risk factors for developing dementia have been identified.[1] These include traumatic brain injury, smoking, obesity, physical inactivity, cardiovascular risk (diabetes and high blood pressure), and other modifiable factors. Adopting a healthy lifestyle could improve overall brain health and quality of life. Implementing these practices using a broad community-based public health approach would improve health care and caregiver outcomes. This includes changing the way health care organizations in urban and rural communities, and tribal communities provide health care to people living with dementia in Montana and across the U.S.[1,2]

As directed by the BOLD Act of 2018, the CDC established the Public Health Centers of Excellence for Dementia and authorized funding to support state public health departments.[4] Funded health departments are charged with promoting a strong public health approach to dementia, focusing on changing systems, environments, and policies to promote risk reduction, improve early diagnosis, prevent and manage comorbidities, prevent avoidable hospitalizations, connect to care and services, and support dementia caregivers. In the fall of 2023, the CDC provided five-year grant funding to multiple state health departments including the Montana Department of Public Health and Human Services.

Updated State Plan Focus: To effectively address the needs and national initiatives of ADRD, a comprehensive approach is needed by health care organizations and professionals, state, local, and tribal governments, private sector organizations, and community partners. Specifically, this updated state plan calls for establishing a statewide comprehensive public health approach to dementia and brain health across the jurisdiction and among the identified partners. Its five new goals and recommended actions help provide a "road map" for stakeholders to ensure Montanans receive timely, evidence-informed, and relevant dementia information and programming.

Process for Updating the State Plan

The Montana Alzheimer's and Dementia State Plan update is a grassroots effort conducted by the coalition in partnership with the Montana Alzheimer's and Dementia Program. The collective effort of several state, local, and national partners interested in improving care and support to Montanans living with dementia, their families, and caregivers yields a comprehensive list of steps Montana can take to achieve greater brain health and dementia support. The update was completed in three phases as addressed below. More information about the coalition can be found at www.mtalzplan.org.

PHASE I: UPDATE STATE PLAN GOALS, STRATEGIES, AND RECOMMENDED ACTIONS
The Montana Alzheimer's Disease and Dementia Coalition (formerly Work Group), established in June 2014, remains a statewide partnership of national, state, and local partners that meet six times a year. In preparation for writing the Montana Alzheimer's and Dementia State Plan Update, coalition members identified four proactive goals to address over the next five years. The coalition also delineated multiple strategies and recommended actions to achieve each goal. Current knowledge about what defines addressing ADRD[1,5] and the new national public health initiatives[2,3] helped shape these efforts.

PHASE II: WRITE THE MONTANA ALZHEIMER'S AND DEMENTIA STATE PLAN UPDATE
The coalition formed an editing committee to write and edit the state plan update based on the goals, strategies and recommendations put forth by the entire coalition. This manuscript is a supplement to the initial 2016 state plan. It contains updated goals with recommended actions based on emerging evidence about dementia. Members of the coalition reviewed the plan for clarity and readability.

A major focus of this state plan update recommends establishing a statewide comprehensive public health approach to dementia and brain health in the Montana Department of Public Health and Human Services (DPHHS). Health care organizations, professionals, caregivers, tribal leaders, and anyone interested in dementia are encouraged to read it and take action. Several references and resources containing useful information for health care professionals and caregivers are provided in Appendix B. The new plan is available at www.mtalzplan.org.

PHASE III: CDC AND BOLD STEERING COMMITTEE REVIEW
As mentioned above, Montana was awarded the BOLD grant in 2023. In the Spring of 2024, a steering committee specific to meeting the requirements of the grant was established. The committee reviewed the updated plan to further ensure that it is a comprehensive plan and meets the needs of Montana's communities and supports a public health approach to address ADRD.

Special Considerations
When addressing dementia in Montana, there are areas requiring special consideration. To ensure equal access and effectiveness, programs and services must be designed to serve those living in rural and frontier communities and on the seven American Indian reservations as well as those living in urban areas. The unique barriers, challenges, and issues affecting Montanans should be part of a larger conversation to ensure fair treatment, dignity, respect, and compassionate and inclusive dementia care.

Executive Summary

A major U.S. public health challenge, Alzheimer's disease and related dementias (going forward referred to as "dementia") are common, irreversible, progressive, and deadly diseases that affect millions of Americans.[1] These feared diseases slowly damage the nerve cells in the brain responsible for normal brain function. Although there are several types of dementia, Alzheimer's disease is the most common, making up about 60-80% of cases. Other common forms of dementia include vascular, lewy body, frontotemporal, and mixed dementia. The course of dementia, especially Alzheimer's disease, spans many years, even decades.[1] Initially, changes in brain function show no noticeable symptoms (healthy cognitive functioning and pre-symptomatic stages). Changes in memory and thinking eventually become significant enough to impact a person's ability to do everyday tasks, marking the stages of mild cognitive impairment and dementia. In the last stage of the disease, 24-hour care is often needed.

The number of Americans living with dementia is rapidly growing and is associated with increased health care costs.[1] It also presents challenges and costs to family and friends who care for them throughout the course of the disease. According to the Alzheimer's Association 2024 Facts and Figures (see Appendix A), the number of people living with dementia is expected to double, nationally, by 2050.[1]

Over the past decade, we have gained more knowledge about what defines high-quality dementia care and have identified modifiable risk factors that predispose to dementia.[1] Emerging evidence supports the use of a public health approach for dementia[2,3] to help reduce the risk of memory loss, improve early detection and diagnosis, enhance medical care and quality of life for people living with dementia, and improve health outcomes.

Modifiable risk factors for developing dementia include high blood pressure, diabetes, traumatic brain injury, excessive alcohol use, smoking, sleep, and hearing loss. A full list is available in Appendix D.

Public health agencies have both the opportunity and influence to change health care policies, systems, and environments to promote brain health. Public health systems can work to decrease modifiable risk factors and other chronic diseases and traumatic brain injuries that can cause a decline in brain health and dementia.

To address this public health concern nationally, the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act was passed into law in December 2018.[4] The activities outlined in the BOLD Act are designed to create a uniform national public health infrastructure with a focus on issues such as reducing risk, increasing early detection and diagnosis, preventing avoidable hospital admissions, access to and utilization of care and services, and supporting caregivers for those living with dementia. The BOLD Act will help the Centers for Disease Control and Prevention (CDC) implement, with state, local, and tribal partners, the Healthy Brain Initiative Dementia Road Map series.[2,3] This series provides actionable steps to promote brain health, address brain health decline, and the needs of caregivers. Many of these steps have been incorporated into this state plan update and can be adopted by state, local, and tribal governments.

Given the current knowledge about what defines a comprehensive life-course approach to addressing ADRD[1,5] and the new national public health initiatives,[4] an update to the initial state plan is needed. This state plan update, A Road Map for Addressing Alzheimer's Disease and Related Dementias, was developed to aid community partners and other stakeholders to create an effective healthy brain and dementia action plan to meet the current and future needs of Montanans, including those at higher risk of, or currently living with dementia, their families, and caregivers.

The five major goals of the Montana Alzheimer's and Dementia State Plan Update are to:

1. Increase Public Awareness Around Risk Reduction and Brain Health Strategies
2. Improve Early Detection of Dementia
3. Enhance the Quality, Access, and Coordination of Dementia Care
4. Enhance and Expand Support for Family Caregivers
5. Advance Dementia Research and Health Care Evaluation

Specifically, this state plan update is a call to action for Montana to establish a statewide comprehensive public health approach to dementia and brain health. The five new major goals and recommended actions help provide a "road map" to ensure Montanans, including those living in tribal communities, receive timely, evidence-informed, and relevant dementia care.

Current Dementia Initiatives in Montana

Since the Montana Alzheimer's and Dementia State Plan was published in December 2016, initiatives to improve dementia awareness, training, and caregiver support were started and are ongoing. These efforts work to increase public awareness of dementia and dementia risk reduction, workforce education, American Indian initiatives, legal and financial issues, caregiver support, and public policy. All are supported by the Montana Alzheimer's Disease and Dementia Coalition, as well as the recently created BOLD Steering Committee, and many were initiated by its members. Several initiatives are highlighted below.

Public Awareness Statewide initiatives focused on increasing public awareness about dementia and available services. Examples are included in Table 1.

Table 1: Statewide Dementia Initiatives Regarding Public Awareness

Purpose	Initiative	Organization
Educate Montanans about dementia, early detection, and available resources.	Public service announcements. Television commercials. Aging Horizons television show. Public educational programs in multiple Montana communities.	Senior & Long-Term Care division, Montana Department of Public Health and Human Services (DPHHS) Alzheimer's Association (AA) Montana Chapter Montana Geriatric Education Center (MTGEC) AA Montana Chapter outreach staff and volunteers Governor's Conference on Aging
Increase support to caregivers for people living with dementia. Provide training for Montana Aging and Disability Resource Centers (ADRC) staff to improve communication between them and people living with dementia and family.	Expansion of caregiver respite services. Staff training at Montana Area Agencies on Aging (AAA). Local care and support programs.	Montana Respite Programs Senior & Long-Term Care Division, Montana DPHHS Montana AAA
Support estate and end-of-life planning for Montana families. Support dementia awareness for people in agriculture.	Planning webinars for older adults. Published documents, called MontGuides.	Montana State University Extension MTGEC
Educate children about dementia by making storybooks available at long term care facilities and libraries and for childcare providers and extension agents.	Storybooks about Alzheimer's disease.	Local community libraries
Work one-on-one with families of people diagnosed with dementia to ensure estate planning is completed.	Estate planning clinics with families of people living with dementia.	The Legal Services Developer Program

Table 1: Statewide Dementia Initiatives Regarding Public Awareness, cont.

Purpose	Initiative	Organization
Fund proposals supporting dementia awareness activities, workforce and caregiver training, community events, support groups, and Memory Cafes.	Annual Dementia Project Awards – dozens awarded.	MTGEC Museums and libraries for Memory Cafes
Funding for many of these initiatives came from Health Resources and Services Administration (HRSA) and Administration for Community Living (ACL).		

Community initiatives were diverse and included the following:

- Several communities started caregiver support groups. The Senior and Long-Term Care Division of the Montana DPHHS, the Alzheimer's Association Montana Chapter, and the Montana Geriatric Education Center helped support these efforts.
- Four communities established Dementia Friendly Community programs. These programs focus on raising awareness about dementia, providing education and support to people living with dementia and their caregivers, and encouraging the public, organizations, and businesses to assist people living with dementia to remain active in their communities.
- Several communities opened Memory Cafes catering to people living with dementia and family members, some in local public libraries.
- Missoula Aging Services started a Memory Care Support Services program in July 2020, funded by an Administration for Community Living Alzheimer's Disease Programs Initiative (ADPI) Grant. This three-year grant allowed Aging Services to partner with the Ravalli County Council on Aging and Opportunity Resources, Inc. to create a dementia-specific home and community-based services program. The overarching goal is to provide support to people living with dementia who live alone, people at high risk of developing dementia (specific to those with developmental disabilities), and family members providing care to people living with dementia. Other supports include home safety evaluations by an occupational therapist, home modifications, funding for respite care, and support from experienced care managers.

Education and Training initiatives focused on educating health care and legal professionals, long term care staff, law enforcement, and community members. They included the following:

- The Legal Services Developer Program provided clinics for legal professionals and presentations for health care professionals at statewide conferences focusing on estate and end of life advance care planning.
- Quality Centered Care LLC and Mind Works LLC offered Positive Approach® to Care (PAC) training to health care workers and community members, including law enforcement and first responders. Positive Approach® to Care training provides a wide variety of services to enhance awareness and increase dementia care skills.
- The MTGEC offered remote continuing education dementia programs to health care providers, funded by the Health Resources and Services Administration. Teaching modules covered such topics as Cognitive Decline and Dementia in Older Adults, Patients as Partners, Screening for Cognitive Impairment, and Dementia Care: What Matters.
- Alzheimer's Association Montana Chapter implemented a project in June 2021 called Community Coaching funded by Montana state civil money penalties dollars. It is an eight-month program with the goal of implementing and evaluating the use of dementia care practice recommendations into long term care culture. Working with Montana long term care (LTC) communities, a coach met monthly to develop action plans and strategies on how to implement action plans into their community's care practices.
- Montana State University Extension provides a packet of educational materials for family caregivers and libraries. Family caregiver retreats are being held across the state.

Policy Initiatives were joint ventures among the Montana Alzheimer's Disease and Dementia Coalition, Alzheimer's Association, American Association of Retired Persons (AARP), and other community partners. Examples include:

- Members from all these groups attended multiple state legislative sessions, provided expert testimony at subcommittee meetings, and proposed and supported legislative bills that help Montanans living with dementia, their families, and caregivers.
- The Montana Caregiver Act, a bill proposed by AARP, was passed into law in 2017. The Act allows a patient to designate a caregiver in their medical record when they enter a hospital. It then requires the hospital to notify and meet with the designated caregiver to discuss the patient's discharge plan of care prior to the patient's discharge home or transfer to another care facility.
- The Coalition, AARP, and the Alzheimer's Association supported the collection of Montana specific data on subjective cognitive decline and caregiving (including dementia caregivers). To that end, caregiving and cognitive decline questions were included in the 2016 Montana Behavioral Risk Factor Surveillance System (BRFSS) survey. The cognitive decline questions were included in the 2023 survey. The Alzheimer's Association and AARP helped fund these efforts. The 2025 BRFSS will include the caregiving module questions. Inclusion of these questions in Montana's BRFSS enables public health officials to anticipate dementia care and caregiving needs going forward.

Goals and Recommended Action Steps

This state plan update calls for establishing a statewide comprehensive public health approach to dementia and brain health. The five major goals, strategies, and recommended actions, delineated in the table below, will aid the state government, partners, and community members in creating an action plan, a "road map," to ensure all Montanans receive timely, evidence-informed, and relevant dementia care.

GOAL 1: Increase Public Awareness around Risk Reduction and Brain Health Strategies

Strategy	Recommended Actions
A. Establish a statewide public health approach to dementia and brain health.	• Establish a permanent, full-time public health position(s) within Montana DPHHS to promote statewide awareness, prevention, and early detection of dementia and other brain health initiatives. • Build a strong state government collaborative effort with other stakeholders, including tribal governments, to ensure broad public awareness, prevention, early detection of dementia, and healthy brain initiatives. • Seek funding to support state, local and tribal public health initiatives. • Support funding for the expansion of telehealth and virtual or web-based resources for family caregivers, particularly in rural and under-resourced communities. • Prioritize populations and geographic areas that have the highest prevalence of Alzheimer's disease and related dementias, in alignment with the BOLD Act. • Prepare dementia-related pandemic and emergency preparedness plans. • Strive to create a dementia capable state with dementia friendly communities. • Work with partners to include dementia and brain health training in the curriculum of all health care educational institutions (such as medical, nursing, and social work programs) and as part of ongoing health care professional education.
B. Increase public awareness about risk reduction and dementia.	• Develop a multi-pronged public awareness campaign about the effects of chronic disease on dementia and brain health. • Identify national, state, local, and tribal resources available to Montanans living with dementia and their caregivers and ensure these dementia-related resources are disseminated by state agencies and other community providers. • Identify educational materials available to Montanans regarding brain health and risk reduction. • Expand or replicate existing efforts that promote dementia awareness and resources. • Promote the use of culturally appropriate, evidence-based, and trusted information. • Educate Montanans on the necessity to identify brain health (cognitive) changes in individuals and adequately prepare for those changes. • Encourage Montanans to include a dementia provision in their advanced care directives and health care powers-of-attorney. • Educate fiduciary agents and guardians about their roles and responsibilities to limit exploitation of people living with dementia.
C. Reduce the risk of cognitive decline and advance healthy brain strategies.	• Align with the national emphasis on innovation, such as the CDC Healthy Brain Initiative, to promote brain health and dementia risk reduction knowledge throughout the state. • Include brain health messaging in existing publicly funded health promotion and chronic disease management activities, ensuring all efforts are made to identify and reach populations at high risk. • Include brain health messaging in school-based health programs from middle school through university to promote lifelong brain health. • Promote educational opportunities regarding public health issues, pandemic, and emergency preparedness planning pertinent to people living with dementia and family members. • Encourage participation in brain health and dementia research studies.

GOAL 2: Early Detection of Dementia

Strategy	Recommended Actions
A. Increase early detection and diagnosis.	• Educate Montanans about: o The value of an early diagnosis; o Availability of biomarker testing to assist in the diagnostic process and disease management; o How to address cognitive concerns and treatment options with their health care providers; and o Covered benefits available that help identify and manage dementia, such as the Annual Wellness Visit and the Cognitive Impairment Care Planning Visit. • Advance early cognitive screening for people with dementia risk factors, including those at risk for younger onset Alzheimer's, or those with Down syndrome, traumatic brain injury, and developmental disability. • Work to ensure health care professionals are prepared to evaluate, diagnose, including the use of biomarker testing, and discuss dementia diagnosis and care plans with patients and family caregivers.

GOAL 3: Enhance the Quality, Access, and Coordination of Dementia Care

Strategy	Recommended Actions
A. Establish a statewide public health approach to dementia care.	• Lead policy and cultural change to support innovative public health approaches to dementia. • Create collaborative public health-health care advisory groups and partnerships that focus on putting present knowledge to work, strengthening and building capacity within our public health and health care organizations, and evaluating impact of our efforts. • Build collaboration among DPHHS, Montana universities, health care boards, community and clinical organizations, and tribal health care facilities to ensure effective statewide dementia care • Work with partners to include dementia and brain health training in the curriculum of all health care educational institutions (such as medical, nursing, and social work programs) and as part of ongoing health care professional education.
B. Build a diverse, interdisciplinary workforce with the training and skills to provide high-quality dementia care.	• Form diverse, interdisciplinary highly trained and educated health care teams. • Train health care providers, such as physicians, nonphysician providers, nurses, pharmacists, and other health care professionals: o To provide high-quality care to people living with dementia and their family caregivers; o To pursue additional training in dementia; and o To have open and honest conversations with patients and family members/caregivers about dementia prognosis and to assist families and caregivers to make compassionate choices. • Educate health care professionals about: o Best practice dementia care guidelines that use a comprehensive interdisciplinary team-based, person-centered approach across all care settings as the disease progresses; o Available community dementia services and supports and encourage referral of patients and families to those resources early and throughout the disease process; o End-of-life decision making including palliative care, medical-aid-in-dying, and hospice, which can be offered to people living with dementia and their caregivers throughout the disease process; o Special challenges, issues, and available resources when working with people with developmental disabilities and their family; and o Special challenges, issues, and available resources working with people with younger onset Alzheimer's and their families.

GOAL 3: Enhance the Quality, Access, and Coordination of Dementia Care, cont.

Strategy	Recommended Actions
B. cont. Build a diverse, interdisciplinary workforce with the training and skills to provide high-quality dementia care.	• Increase access to best practice dementia training for health care providers and care team members. • Determine the challenges doctors and other health professionals face in making a diagnosis of dementia and communicating it to patients and their families. • Support the increased use of nurse practitioners and physician assistants to address the needs of people living with dementia and their caregivers to help fill the gap of physician shortages. • Form collaborative partnerships among state, local, and tribal governments, community-based organizations, academic institutions, health care boards, and health care professional educational associations to: o Identify existing and other innovative programs that address ways to enhance workforce, care access, and quality of care for people living with dementia and their caregivers; o Develop curricula that promote interprofessional approaches to dementia care; o Encourage brain health and dementia education for health care providers who work with people living with dementia, their family, and caregivers; o Build a network of community health workers trained in engaging people living with dementia, their families, and health care providers; and o Strengthen local, tribal, and state government and private sector (such as financial and legal) workforces' dementia knowledge and capabilities through educational programs.
C. Increase access to high quality dementia care and support across the course of the disease.	• Create ways for communities to network with each other about existing services and resources. • Seek funding to support innovative approaches to dementia care. • Promote greater education and access to care for community populations. • Work with hospitals, nursing homes, and home and community-based service agencies to train their workforce to have the cultural and clinical expertise to care for people living with dementia across all settings. • Enhance coordination of care, support for family, and communication with health care professionals across the course of the disease with particular attention to change in care settings. • Ensure access to community-based and facility-based behavioral health services. • Expand access to specialty care, such as psychiatric, geriatric, and palliative services. • Use emerging telehealth technologies to increase access to care and support. • Ensure access to new treatment options and the most advanced technology for diagnosis. • Promote the use of end-of-life services such as palliative and hospice care.
D. Advance evidence-informed dementia care in non-home living settings.	Partner with nursing homes, assisted living facilities, and group homes to: • Develop and implement patient-centered, evidence-informed approach to dementia care in care facilities; • Develop and implement standardized dementia guidelines for use in care facilities; • Evaluate staff's willingness to adopt new approaches to dementia care; • Create educational materials for use by staff in care facilities; and • Seek input from patients and their families.
E. Promote health care policies, innovations, and evidence-informed programs that improve quality and coordination of dementia care.	• Encourage health systems and care facilities to enroll in payment models that incentivize implementing geriatric and evidence-informed approaches to dementia care. • Train health systems and providers to leverage the underutilized benefits from Centers for Medicare and Medicaid Services (CMS), such as the Annual Wellness Visit, Cognitive Impairment and Care Planning Visit, and Chronic Care Management. • Develop a Montana dementia friendly or age-friendly endorsement to recognize workforce expertise and evidence-informed program implementation in the health care setting. • Review state legislation and regulations for licensure of professions, facilities, and providers to identify gaps and opportunities to enhance evidence-informed dementia care. • Require patient-centered dementia care training for licensure in nursing homes and assisting living facilities, such as the Alzheimer's Association EssentiALZ® certification examination. • Require annual training for law enforcement and first responders on the best practice methods of interacting with people living with dementia by integrating this training into the current Crisis Intervention Training (CIT) program including law enforcement academy.

GOAL 4: Enhance and Expand Support for Family Caregivers	
Strategy	**Recommended Actions**
A. Establish a statewide public health approach to dementia caregiver support and resources.	• Maintain and support a BOLD funded position(s) within Montana Department of Public Health and Human Services (DPHHS) to promote coordinated ongoing statewide dementia caregiver support and resources. • Request legislative support to fund and make the above position permanent. • Develop language to include in education materials, campaigns, and literature to reduce stigma surrounding the disease and its progression. • Build collaborative relationships between DPHHS, professional and grassroots organizations, dementia caregiver advocacy agencies, and urban, rural, and tribal communities to support caregivers for people living with dementia.
B. Provide person-centered care to people living with dementia.	• Promote the inclusion of the designated caregiver for the person living with dementia as part of the care team to promote caregiver-provider communication, person-centered decision-making, and coordinated care across all health care settings. • Educate family caregivers about the Montana Caregiver Act (MT law 10/2017) which states designated caregivers must be notified when patients with memory problems are being discharged from the hospital and instructed on care needs after leaving the hospital. • Promote the use of state resources that can benefit family caregivers, such as the Montana Aging and Disability Resource Centers (ADRCs), DPHHS's Adult Protective Service's referral line, and the online directory for information on all available services (Montana-ADRC.org). • Explore housing options to support people living with dementia and caregivers through the progression of the disease. • Develop and promote awareness of caregiver services for a variety of community members. • Promote national and state toll-free helplines that provide caregiver support, such as Alzheimer's Association Helpline, Suicide and Crisis Lifeline, Adult Protective Services, Area ADRCs, and Veterans Caregiver Support. • Promote a focus on support for those receiving treatment for mild cognitive impairment (MCI)/ADRD. • Provide resources and educational opportunities to service providers on implementing person-centered care for the caregivers.
C. Promote and expand family caregiver supports across care settings.	• Create, maintain, and publicize support groups that use best practice curricula to educate and provide emotional support for those living with dementia and their caregivers. • Develop and promote programs in local and tribal communities that socially engage people living with dementia and/or family caregivers such as memory cafés, adult day care centers, and respite care. • Encourage people living with dementia and their caregivers to have open and honest conversations with health care providers about dementia prognosis, and their desire to be active members of the care team. • Educate people living with dementia and caregivers about end-of-life decision-making including palliative care, medical-aid-in-dying, and hospice. • Encourage faith-based communities to support families and caregivers by disseminating educational materials and providing training opportunities for parishioners and community.
D. Address the health and wellness of the family caregiver.	• Recognize caregiving as a physical and mental health risk factor that deserves public health attention. • Include facts in public health campaigns and programs about the health risks for caregivers. • Increase availability and access to support groups (such as in-person, virtual, hybrid formats). • Expand and publicize respite care services for caregivers such as those offered by the local ADRCs, community respite programs, and the Montana Lifespan Respite Coalition program.

GOAL 4: Enhance and Expand Support for Family Caregivers, cont.	
Strategy	**Recommended Actions**
E. Address employment-related challenges to caregiving.	• Educate employers about the issues facing caregivers and families and the potential economic impacts. • Develop and promote training opportunities for employers to help meet the needs of employees. • Establish workplace policies that address such issues as flextime, telecommuting/working remotely, referral services, on-site support programs, and counseling through Employee Assistance Programs. • Expand and promote paid or unpaid leave options specific to employees who are caregivers such as the Family Medical Leave Act (FMLA), extended leave benefits, or Medicaid. • Establish state tax credits for caregivers and families, such as the childcare tax credit. • Explore ways to ensure family caregivers are adequately reimbursed for the services they provide.
F. Assist families in planning for legal, financial, estate, and health care decisions.	• Educate the public about the importance of discussing advance directives and end-of-life wishes early in the disease course so that the person living with dementia can be involved in the decision-making process. • Encourage both caregivers and people living with dementia to complete estate planning documents, such as a will, trust, financial directives, and health care powers of attorney. • Promote the document preparation services provided by the Montana Legal Services Developer Program or other local offerings. • Encourage health care providers to distribute legal and financial information, such as the packet developed by the Montana State University Extension, to people living with dementia and their caregivers. • Encourage state agencies and private sector organizations to utilize social media and their websites to promote Montana-specific legal and financial resources.

GOAL 5: Advance Dementia Research and Health Care Evaluation	
Strategy	**Recommended Actions**
A. Establish a statewide public health approach to dementia research and population health data management.	• Build collaborative relationships among DPHHS divisions and national, regional, and state research organizations. Specifically, the Alzheimer's Association and the national BOLD Centers of Excellence. • Define and track performance and evaluation measures identified in the Healthy Brain Initiative Road Map Series. The four domains include Strengthen Partnerships and Policies, Measure, Evaluate, and Utilize Data, Build a Diverse and Skilled Workforce, and Engage and Educate the Public. • Fund and conduct dementia research initiatives through partnerships with local research institutes and universities. • Identify and promote effective strategies to address research needs in underrepresented populations.
B. Design an effective statewide approach for dementia population health monitoring and evaluation.	• Establish a statewide data reporting process using existing national and state health status and disparities data. • Partner with Mountain Pacific Quality Health Foundation, Veterans Administration, Big Sky Connect, and other state and private sector health data collection agencies. • Track key health care and psychosocial data, such as: o Hospital admission data including admission diagnosis and preventable hospital admissions; o Provider use of covered Medicare benefits that help identify and manage dementia, such as the Annual Wellness Visit and the Cognitive Impairment Care Planning Visit; o Modifiable dementia risk factor data from Medicare and Medicaid; o Proportion of Adult Protective Service calls and death certificate diagnoses related to dementia; and o Medicaid waiver program use and the number of people waiting to be admitted to the program. • Track patterns of primary care provider clinical practice to determine barriers to making initial diagnosis. • Implement the CDC optional modules for caregiving and subjective cognitive decline in the Behavioral Risk Factor Surveillance System (BRFSS) survey alternating modules annually. • Explore admission and discharge diagnoses for Medicare stays in long term care facilities. • Distribute population health outcome findings to stakeholders on a regular basis. • Support national data collection on dementia and caregiving.

GOAL 5: Advance Dementia Research and Health Care Evaluation, cont.	
Strategy	**Recommended Actions**
C. Promote quality dementia research.	• Support research collaboration among regional health care organizations, Montana University System, and research organizations, such as the Weissman Hood Institute. • Support Weissman Hood Institute collaboration with other national and international research groups. • Identify challenges to conducting dementia clinical trials and health service research in the underrepresented and underserved populations, such as rural and American Indian communities, in Montana and develop solutions that increase participation. • Support participation in Trial Match (Alzheimer's Association). • Participate in research and scientific conferences such as the Alzheimer's Association International Conference. • Share research findings locally, statewide, and nationally. • Utilize research findings to design new innovative approaches to brain health, dementia care, and caregiver support across the state and in tribal communities.

Looking to the Future

Similar to the Healthy Brain Initiative Road Maps actions,[2,3] the state plan goals are intended to strengthen Montana's ability to meet the needs of its residents today and tomorrow. With funds from the CDC awarded in September 2023, the Montana Department of Public Health and Human Services plans to establish a statewide public health approach to dementia. Over the next three years, they will establish and educate a diverse stakeholder coalition to implement this strategic plan which will address dementia risk reduction, early detection and diagnosis, linkages to treatment, care and services, prevention and management of comorbidities, and caregiving for persons living with dementia.

Through partnerships, dedication, and hard work, fewer families will experience the impacts of dementia and we will see the first survivor of Alzheimer's. We will create understanding, decrease stigma and increase conversations about brain health, end of life plans, and memory concerns in primary care settings. All families will have access to support and care throughout the dementia continuum. All Montanans will be represented in brain research which will lead to a better understanding of effective risk reduction strategies and possible treatments. Together, community members, public, and private stakeholders can move towards achieving greater cognitive health for all Montanans.

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EDITING COMMITTEE

Co-chairs

Beki Glyde Brandborg, Meeting Facilitator, Helena

Renee Brooksbank, Attorney, LNHA, Associate Director, Montana Geriatric Education Center, Missoula

Patricia Coon, MD, Retired Geriatrician, Billings Clinic, Billings

Members

Patrick Kelley, ADRC Program Manager, State Unit on Aging, Montana Department of Public Health and Human Services, Helena

Claire Marshall Palmer, Former Manager of Public Policy, Alzheimer's Association Montana, Helena

Gretchen Philip, Program Coordinator, Montana Geriatric Education Center, Missoula

Sue Warren, RN, MSN, Retired Director of Nursing/Senior Services, Benefis Health System, Great Falls

REVIEWERS

Marsha Goetting, Ph.D., CFP, CFCS, Professor and Extension Family Economics Specialist, Montana State University, Bozeman

Claire Palmer, Former Manager of Public Policy, Alzheimer's Association Montana, Helena

Kerrie Reidelbach, Director, State Unit on Aging, Montana Department of Public Health and Human Services, Helena

Kyla Rock, Program Manager, Montana Alzheimer's and Dementia Program, Helena

Andrew Ross, Director, State Affairs, Alzheimer's Association, Boston

Jan Smith, BSBA, Caregiver Representative, Billings

Heather Welch, Section Supervisor, Montana Chronic Disease Prevention and Health Promotion Bureau, Helena

Melanie Williams, Program Director, Alzheimer's Association – Montana, Billings

PARTICIPANTS IN PREPARATION PROCESS

Beki Glyde Brandborg, Meeting Facilitator, Helena

Renee Brooksbank, Attorney, LNHA, Associate Director, Montana Geriatric Education Center, Missoula

Connie Rollins Brown, Former Care Community Coach, Alzheimer's Association Montana, Billings

Kathleen Burke, Caregiver Representative, Billings

Patricia Coon, MD, Retired Geriatrician, Billings Clinic, Billings

Jami Funyak, Executive Director, Alzheimer's Association Montana, Billings

Susan Gobbs, Attorney, Legal Service Developer Program, Senior and Long-Term Care, Montana Department of Health and Human Services, Helena

Marsha Goetting, Ph.D., CFP, CFCS, Professor and Extension Family Economics Specialist, Montana State University, Bozeman

Gayle Hudgins, Retired Pharm. D., CGP, Skaggs School of Pharmacy, University of Montana, Missoula

Patrick Kelley, ADRC Program Manager, Montana Office of Aging, Helena

Becky Meisenheimer, Former Care Community Coach, Alzheimer's Association Montana, Billings

Gretchen Philip, Program Coordinator, Montana Geriatric Education Center, Missoula

Linda Roers, MBA, PAC, CDP, CADDCT, Former Geriatric Education Program Manager, Montana Family Medicine Residency Program, Billings

Denise Smith, Former Director, Alzheimer's Association Montana, Billings

Jan Smith, BSBA, Caregiver Representative, Billings

Sue Warren, RN, MSN, Retired Director of Nursing/Senior Services, Benefis Health System, Great Falls

LaDawn Whiteside, AARP Caregiver Support, Helena

Melanie Williams, Program Director, Alzheimer's Association Montana, Billings

Key References

1. *2024 Alzheimer's Disease Facts and Figures*

2. Healthy Brain Initiative State and Local Road Map for Public Health, 2023-2027

3. Healthy Brain Initiative Road Map for American Indian and Alaska Native Peoples, published December 2024

4. Centers for Disease Control and Prevention BOLD Infrastructure for Alzheimer's Act page – https://www.cdc.gov/aging-programs/php/bold/?CDC_AAref_Val=https://www.cdc.gov/aging/bold/index.html

5. Gerontologist, Volume 58, Issue suppl_1, February 2018, Pages S1–S9, https://doi.org/10.1093/geront/gnx182

Glossary of Terms

Administration for Community Living (ACL): an operating division of the U.S. Department of Health and Human Services (HHS), founded on the fundamental principle that older adults and people of all ages with disabilities should be able to live where they choose, with the people they choose, and with the ability to participate fully in their communities. The ACL funds services provided primarily by networks of community-based organizations, and with investments in research, education, and innovation.

Adult day care centers: centers that provide care and companionship for older adults who need assistance or supervision during the day. They offer relief to family members and caregivers, allowing them to work, handle personal business, or just relax while knowing their relative is well cared for and safe.

Annual Wellness Visit (AWV): a yearly appointment with a primary care provider or clinician to create or update a personalized preventive medical plan. The goal of the plan is to help prevent illness based on a person's current health and risk factors. The AWV requires screening to detect memory loss. This is a Medicare benefit.

Area Agencies on Aging (AAA) or Aging and Disability Resource Centers (ADRCs): public or private non-profit agencies designated federally and by the state to address the needs and concerns of all older persons and those living with disability regionally and locally.

BOLD Infrastructure for Alzheimer's Act: an Act passed into law in December 2018. The activities outlined in the BOLD (Building Our Largest Dementia) Infrastructure for Alzheimer's Act 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.

Brain health: the ability to draw on the strengths of the brain to remember, learn, play, concentrate, and maintain a clean, active mind; it involves making the most of the brain's capacity and helping to reduce some risks that occur with aging.

Caregiver: anyone who provides care to a person with dementia. Caregivers can be family members, friends, or paid professional caregivers. Caregivers may provide full- or part-time help. Also known as care partner.

Centers for Disease Control and Prevention (CDC): a federal agency under the Department of Health and Human Services. CDC is the national public health agency of the United States located in Atlanta, Georgia.

Centers for Disease Control and Prevention (CDC) Healthy Brain Initiative: an initiative designed to promote implementation of the CDC Healthy Brain Initiative State and Local Partnerships to Address Dementia: The 2023 – 2027 Healthy Brain Initiative Road Map and the 2018 – 2023 Healthy Brain Initiative Road Map for Indian Country. The Road Map series provides actionable steps to promote brain health, address cognitive impairment, and address the needs of caregivers, many of which have been incorporated into this state plan update and which can be adopted by Montana state, local, and tribal governments.

Cognitive impairment: when a person has trouble remembering, learning new things, concentrating, or making decisions that affect everyday life.

Cognitive Impairment Care Planning Visit: a Medicare benefit introduced in 2017, calls for a structured, multidomain assessment and written care plan by a primary care provider that is shared with patients and their family caregivers. These visits can occur yearly or twice a year.

Chronic disease: a chronic disease is one lasting for a long time (usually three months or more) and generally cannot be prevented by vaccines or cured by medications, nor do the symptoms disappear on their own. Risk behaviors—particularly tobacco use, lack of physical activity, and poor eating habits—are often major contributors to chronic disease.

Dementia: describes a group of symptoms associated with a decline in memory, thinking, and social abilities severe enough to reduce an individual's ability to perform everyday activities. Alzheimer's disease is the most common type of progressive dementia in older adults. Other common types include vascular dementia, Lewy body dementia, and Frontotemporal dementia.

Dementia Capable State: a state that is able to help people living with dementia, their families, and caregivers using a public health approach.

Dementia Friendly Communities: a city, town, or village where people living with dementia are understood, respected, supported, and confident they can contribute to community life in a dementia friendly community.

Fiduciary agent: a person or organization that manages someone else's money and other assets. Fiduciaries are required by law to always act in that person's best interests.

Geriatricians: Physicians concerned with the diagnosis, treatment, and prevention of disease in older adults. They specialize in managing conditions specific to aging, including dementia.

Health care professionals: physicians, physician assistants, registered nurses, nurse practitioners, dentists, pharmacists, physiotherapists, optometrists, and others who use principles and procedures of evidence-based medicine and caring to study, diagnose, treat, and prevent human illness, injury, and other physical and mental impairments in accordance with the needs of the populations they serve.

Hospice Care: is generally provided to individuals with a life expectancy of six months or less. Rather than seeking a cure, hospice care aims to make an individual's remaining time as comfortable and as meaningful as possible. Hospice is a Medicare benefit.

Long-term care facility: a nursing home or assisted living center designed to provide a variety of services, including both medical and personal care, to individuals who are unable to manage independently in the community.

Medicaid: a joint federal and state program that helps with medical costs for qualified individuals with limited income and resources. Medicaid can also provide benefits not normally covered by Medicare, including long-term nursing home care and personal care services.

Medicaid waiver program: a home and community based service waiver program that provides Medicaid-funded long-term care services in home and community settings rather than institutional settings.

Medical-Aid-In-Dying: the practice of a physician providing a competent, terminally ill patient—at the patient's request—with a prescription for a lethal dose of medication that the patient intends to use to end his or her own life.

Medicare: a federally funded government health insurance program for people aged 65 and older and for certain younger individuals with disabilities.

Memory Café: a community group for people living with dementia and their care partner that enables them to meet others in the same situation and usually takes place in a local community space, like a library, church, or community center.

Mild Cognitive Impairment (MCI): a condition in which people have more memory or thinking problems than other people their age. The symptoms of MCI are not as severe as those of dementia. People with MCI can usually take care of themselves and carry out their normal daily activities.

Montana Department of Public Health and Human Services (DPHHS): a state government agency dedicated to improving and protecting the health, well-being, and self-reliance of all Montanans.

Montana Legal Services Developer Program: provides elder law training and resources for older adults, family members and social outreach workers. The program also develops pro bono and local legal services referrals, training materials and provides telephone assistance to older adults on related matters.

Montana Lifespan Respite Coalition program: a program in partnership with the Aging and Disability Resource Center (ADRC) that has made available a public website of resources focusing on Montana seniors and people with disabilities. The LSR Coalition collects respite services available in Montana and this information is included in the ADRC Resource Directory searchable database (www.montana-adrc.org).

Palliative care: medical and/or surgical methods to ease the pain of a serious or incurable illness.

Person-centered care: refers to health care and social services designed to reflect the individual's unique preferences, values and needs, identified and agreed upon in partnership with the medical providers, the patient, and other family members when appropriate. The goal is for people to be treated as individuals and to receive appropriate and timely care that meets their needs.

Power-of-attorney form: a legal document designating someone to act on another person's behalf when making major decisions such as medical and financial decisions when an individual is unable to make those decisions him/herself. Montana has a statutory power-of-attorney form.

Respite care: provides a caregiver temporary relief from the responsibility and stress of caring for individuals with chronic physical or mental disabilities. Examples of respite care include in-home assistance, a short- or long-term care facility stay, or day care programs for adults.

Risk reduction: steps individuals and the health care profession can take to lower the risk for developing dementia.

Rural and frontier communities: For the purposes of this state plan update, rural communities in Montana with a total population of fewer than 25,000.

Appendices

Appendix A: Dementia Statistics for Montana

2024 Montana Alzheimer's Association Facts and Figures

Montana Alzheimer's Facts and Figures 2024

Every year the Alzheimer's Association updates the Alzheimer's facts and figures for every state in the union. The most recent version for all United States as well as Montana can be found at

www.alz.org/alzheimers-dementia/facts-figures.

Appendix B: Dementia References and Resources

Current and accurate resources can be located at, but not limited to, the following websites:

Montana Alzheimer's/Dementia Coalition
www.MTalzplan.org
Alzheimer's Association
www.alz.org/
State of Montana Aging and Disability Resource Center
https://montana.my-adrc.org/
AARP
www.aarp.org
Montana State University Extension
www.montana.edu/extension
Dementia Friendly America
www.dfamerica.org
Centers for Disease Control and Prevention (CDC) Healthy Brain Initiative Road Map Series
www.cdc.gov/aging-programs/php/nhbi/roadmap.html
BOLD Infrastructure for Alzheimer's Act
www.cdc.gov/aging-programs/php/bold/

Appendix C: Risk Factors and Healthy Brain Habits

10 Healthy Habits for Your Brain | Alzheimer's Association
www.alz.org/help-support/brain_health/10-healthy-habits-for-your-brain
Dementia Risk Reduction | CDC
www.cdc.gov/alzheimers-dementia/prevention
Risk Reduction | Alzheimer's Association
www.alz.org/professionals/public-health/public-health-topics/risk-reduction