

Appendix A

Arkansas Department of Health



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Under Act 391 of the State of Arkansas 93rd General Assembly, the Arkansas Department of Health, the ADH Arkansas Minority Health Commission, and the Arkansas Department of Human Services are to submit implementation information to be reported every even-numbered year to address the steps the state agency has taken to implement the recommendations of the Alzheimer's and Dementia Arkansas State Plan, and if applicable, the reasons for failing to implement all or any part of the plan.

The Alzheimer's and Dementia Arkansas State Plan 2022-2026 identified which recommendations or tasks the individual state agencies need to complete. The 2024 Annual Report's first draft, dated August 2024, did not include implementation information provided by the Arkansas Department of Health. Information from the agency was not solicited for the draft report.

Public Awareness and Education

Data Collection (pg. 7)

- *The Arkansas Health Department will include the Cognitive Decline and Caregiver Modules in the annual Behavioral Risk Factor Surveillance System (BRFSS), alternating them every year to complete each module at least once every six years.*

The Cognitive Decline module was included in the 2020 survey, and the Caregiving module was included in the 2021 survey. The Cognitive Decline module is set to be included in the 2026 BRFSS survey, and the Caregiving module will be included in the 2027 BRFSS survey.

Pending Recommendations (pg. 9-11)

- *Require the Health Department to incorporate messaging about brain health, risk reduction, and the benefits of early detection and diagnosis in their existing public health campaigns. This approach will ensure that the state remains competitive in future federal funding opportunities. Note: This is mentioned twice and is the only recommendation repeated in the report. (pg. 9)*

ADH has sought materials from the Arkansas Alzheimer's Association to include in regular communications with ADH clients and make available in the Local Health Units statewide.

The ADH does not have funding for activities to incorporate messaging about brain health, risk reduction, and the benefits of early detection and diagnosis, even as part of existing public health campaigns. Requirements of current funding being used for existing campaigns may restrict the ability of the agency to incorporate messaging without matching funds.

- *Establish a state-level Alzheimer's and Dementia Registry to track the prevalence of these conditions and monitor trends over time. (pg. 10-11)*

The state Dementia Services Coordinator position is to be housed at DHS and has not been filled

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- As DHS is housing the Dementia Services Coordinator and will be responsible for the Alzheimer's and Dementia Registry, it would seem appropriate for DHS to take the lead on creating a strategy. ADH could coordinate with DHS to distribute materials and educational messages through local health units and state programming as appropriate.

Barriers to Policy Recommendations

- Services provided at LHUs are targeted and usually outside the scope of programming for Alzheimer's (e.g., reproductive health, WIC, immunizations). Some other chronic diseases can be linked to our clients receiving other services, such as gestational diabetes during pregnancy for one of our maternity clients, cardiovascular disease issues such as hypertension when using certain types of birth control for a reproductive health client, or vaccines for children during a WIC visit. The education and funding can be tied together, but Alzheimer's is an outlier for most of our direct services.
- The age demographics for a majority of ADH local health unit clients does not put them in a category in which Alzheimer's or dementia is a top concern to the individual based on age being a potential risk factor.

Potential Additional Recommendations

- It might be helpful to suggest physicians consider assessments on individuals who are at a higher risk for developing Alzheimer's or related dementia or individuals after they reach a certain age, much like the newly enacted law that requires providers to offer depression screening to women at the time of birth (Act 316 of 2023), or providing a higher rate of reimbursement for completing an assessment on an individual within certain categories.