

State Response to Alzheimer's Disease and Related Dementias

Report highlights

December 2020

No entity is charged with executing or updating the state plan to address Alzheimer's disease and related dementias.

Dementia would be the **3rd** leading cause of death if all types were ranked as a group.

40% of dementia cases could be delayed or prevented by targeting modifiable risk factors.

Less than **50%** of Idaho stakeholders we spoke with had heard of the state plan to address dementia before our interview.

85% of Alzheimer's support group leaders surveyed said not knowing where to start was a barrier for family caregivers to access resources and information about dementia.

5 out of 6 neighboring states have higher standards than Idaho for assisted living facilities. They require a specific number of dementia training hours for staff at onboarding, annually, or both.



Recommendations

The Legislature should consider establishing a system-wide oversight entity to improve collaboration and to ensure ongoing accountability for outcomes.

The state should establish an ongoing position in the Division of Public Health to develop prevention efforts, help drive the dementia task force, and improve service coordination.

The impact of dementia on state budgets is profound since the high cost of care depletes family resources and increases the likelihood of needing Medicaid.

Although state agencies play an important role in helping Idahoans with dementia and their family caregivers, neighboring states have more robust prevention efforts, fewer barriers to service coordination and outreach, and stronger system-wide oversight.



A lot of the time people get shuffled around. We don't have a very streamlined process for people with dementia. —Commission on Aging staff



Findings

Idaho has made **little progress** on its plan to address Alzheimer's disease and related dementias.

Idahoans die of dementia at a **consistently higher rate** than the national average, even when adjusting for our high share of seniors.

The state faces a **shortage of professionals** who can diagnose and care for people with dementia.

Despite potential to reduce dementia prevalence, Idaho does not have a public health response to dementia like it does other chronic diseases. The Division of Public Health has **no employees** fully dedicated to dementia work.

Idahoans with dementia face **more barriers to finding residential care**. Idaho's Medicaid reimbursement formula likely does not adequately account for the time it takes to care for someone with limited cognitive function.

Idaho has **lower dementia training standards** for residential care staff than neighboring states. Not having adequate staff training could lead to stressful situations or even resident expulsions that could have been avoided.

View the report:
www.legislature.idaho.gov/ope/

