

SOUTH DAKOTA

Alzheimer's Disease & Related Dementias

STATE PLAN

2025



SOUTH DAKOTA
DEPARTMENT OF HEALTH

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Dear Stakeholders and Community Members,

I am pleased to present the South Dakota Alzheimer’s Disease and Related Dementias (ADRD) State Plan, a pivotal initiative aimed at improving the health and well-being of individuals affected by these conditions in our state. As the Secretary of Health, I recognize the profound impact ADRD has on our families, caregivers, and communities. This state plan serves as a vital roadmap to guide our collective efforts in addressing the challenges posed by ADRD, promoting brain health, and enhancing the quality of care for those in need.



The development of this plan has been a collaborative endeavor, bringing together diverse stakeholders—including healthcare providers, caregivers, policymakers, community organizations, and advocates—who share a common goal: to create a supportive and informed environment for individuals and families living with ADRD. Together, we have identified key priorities and actionable strategies that will guide our work over the next several years.

Our commitment to improving brain health is not just about addressing the medical aspects of ADRD; it is about fostering a comprehensive approach that incorporates education, support, and collaboration among all sectors of our community. By leveraging the expertise and resources of our partners, we can enhance data literacy, implement effective referral systems, and empower caregivers and families with the tools they need to navigate the challenges associated with these diseases.

As we move forward, I invite each of you to engage actively with this state plan. Your involvement is crucial as we work together to build a healthier future for all South Dakotans impacted by ADRD. Together, we can make a meaningful difference in the lives of those we serve and create a state that prioritizes brain health across the lifespan.

Thank you for your dedication and commitment to this compelling cause.

Sincerely,

Melissa Magstadt

South Dakota Secretary of Health

ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

Alzheimer's Disease and Related Dementias (ADRD) include a group of conditions caused by progressive degenerative changes in the brain. These diseases affect both physical and cognitive functions, such as balance, memory, language, and judgment. As ADRD progresses, individuals gradually lose the ability to perform daily activities like managing finances, personal care, and navigating their environment, eventually needing full-time support. In later stages, basic functions like walking or swallowing may also be impacted.

ADRD significantly reduces the quality of life for individuals and imposes profound emotional, physical, and financial burdens on families and caregivers. Understanding the full impact of ADRD is needed to improve care, support caregivers, guide policy development, and promote brain health across the lifespan.

This State Plan was created through collaborative input from community stakeholders, healthcare professionals, caregivers, state and national partners, and advocates, all dedicated to improving dementia care in South Dakota. Their insights helped develop a comprehensive approach that promotes risk reduction, early detection, and better access to clinical and community supports for individuals living with ADRD and their care partners.

UNDERSTANDING THE IMPACT OF ADRD IN SOUTH DAKOTA

ADRD are increasingly common in South Dakota. Alzheimer's Disease accounts for between 60 to 80% of all dementia cases, making it the most common form of dementia.¹ Recent estimates suggest that around 16,500 residents over age 65 are living with Alzheimer's disease – roughly 1 in every 10 older adults in South Dakota.⁴ Projections show that the number of adults with Alzheimer's disease will double by 2060.³ Annually, 435 people die in South Dakota from Alzheimer's Disease, ranking it the 5th leading cause of death.⁴

The financial impact of ADRD is substantial. In 2025, the cost to South Dakota Medicaid of caring for people with Alzheimer's Disease is projected at more than \$230 million, which includes direct medical expenses and long-term care.⁴ Medicare costs on average are three times higher for those with ADRD compared to those without ADRD.⁵

The increasing number of individuals with ADRD also places pressure on healthcare providers and services. South Dakota will need an additional 720 trained home health aides in the next 10 years to meet the growing care needs of those with ADRD.³ South Dakota also has an insufficient number of ADRD specialty care providers, including geriatricians and skilled hospice providers, available to meet the growing demand.

Many communities in South Dakota face challenges in providing adequate resources and support for individuals with ADRD and their families. Access to specialized care, support groups, and educational resources is limited, particularly in rural areas.³ ADRD impacts are especially pronounced in American Indian communities and among low-income rural residents, highlighting the need for culturally responsive and accessible services.

Ninety-two percent of older adults with ADRD receive care from a family member or friend,³ and an estimated 27,000 South Dakotans provide care to a person with ADRD.⁴ Over half of the ADRD caregivers provide support to a parent or parent-in-law, and 10% of caregivers report providing care to a spouse.³ Estimates show that the value of this unpaid caregiving is \$925 million in SD alone.⁴

The family and loved ones of the person with ADRD are significantly impacted. On average, a caregiver of a person with ADRD in SD provides 25 hours a week of care.⁴ Caregiving can cause a significant emotional and financial burden, with approximately 59% of caregivers in the state reporting high levels of emotional stress, affecting their well-being and ability to provide care.⁶

There is a critical need for increased awareness and education about ADRD in SD. Understanding the signs, symptoms, and available resources will help reduce stigma surrounding ADRD and will improve support for ADRD-affected individuals and families in South Dakota. Collaborative efforts among state agencies, healthcare providers, and community organizations are essential to enhance access to care and quality of life for all people impacted by ADRD.

BUILDING OUR LARGEST DEMENTIA INFRASTRUCTURE (BOLD)

In 2018, Congress passed the Building Our Largest Dementia Infrastructure for Alzheimer's, or BOLD Act.⁷ The BOLD Act directed the Centers for Disease Control (CDC) to promote:

- dementia risk reduction;
- early detection and diagnosis of dementia;
- prevention of avoidable hospitalizations due to dementia; and
- dementia caregiving.

The \$100 million investment establishes two major funding streams.^a First were three BOLD Centers for Excellence. These centers are charged with disseminating information on evidence-informed practices that can impact the four bullet items above. Second were BOLD Public Health Programs. The CDC funds 43 state, local, territorial, and tribal recipients for five years to improve their responses to Alzheimer's Disease and Related Dementias (ADRD).

^a [BOLD Public Health Programs Award Recipients | Alzheimer's Disease Program | CDC](#)

In 2023, the South Dakota Department of Health (SD DOH) received this BOLD funding to support two years of capacity building, followed by three years of implementation. The funding is allocated to promote brain health, reduce the impact of cognitive decline, and ensure quality care for those affected by ADRD.

WHAT THIS MEANS FOR SOUTH DAKOTA

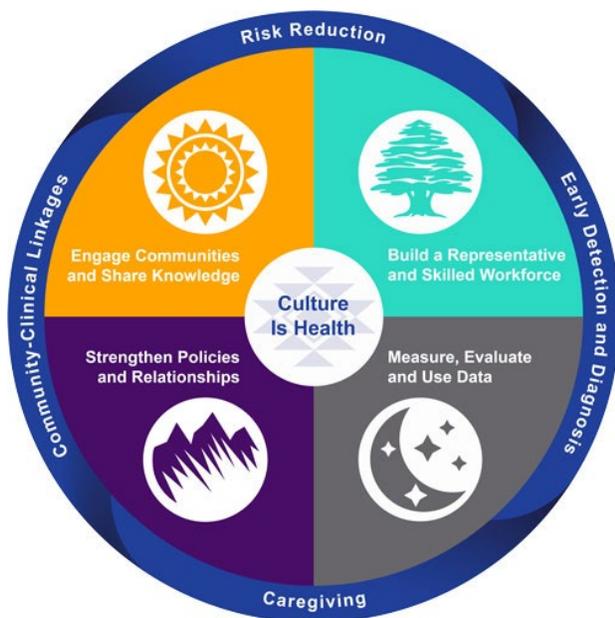
The federal BOLD funding is more than just a grant—it's a **transformational opportunity** for South Dakota to take the lead in brain health innovation.

- **Stronger Public Health System:** *South Dakota is now part of a national effort to make brain health a public health priority.*
- **Local Focus, Local Action:** *The Healthy Brain Coalition is working with partners across the state to ensure our response reflects the needs of rural, tribal, and urban communities.*
- **Real Change, Real Impact:** *From better caregiver support to early diagnosis and education, these initiatives are designed to bring help closer to home.*
- **Collaboration is Key:** *Everyone—from doctors and educators to local leaders and family caregivers—has a role in improving brain health outcomes.*
- **A Plan for Today and Tomorrow:** *This initiative sets the foundation for **measurable progress** over the next five years and adapts as our communities' needs evolve.*
- **Take Action:** *Join a coalition effort, help spread the word or bring brain health into your workplace or school.*

HEALTHY BRAIN INITIATIVE ROAD MAP: A FRAMEWORK FOR SUCCESS

The Healthy Brain Initiative (HBI) Road Map is a joint effort between the CDC and the Alzheimer’s Association to provide guidance for public health agencies and their partners to promote brain health.^a The HBI State and Local Road Map for Public Health 2023-2027⁸ outlines 24 key actions focused on improving brain health, providing care for individuals with cognitive impairment, and supporting caregivers. The Road Map has four domains:

1. Strengthen Partnerships and Policies
2. Measure, Evaluate, and Utilize Data
3. Build a Diverse and Skilled Workforce
4. Engage and Educate the Public



strengthening

The HBI Road Map for American Indian and Alaska Native Peoples⁹ outlines 13 key actions to improve brain health, incorporating traditional practices and cultural activities.

1. Engage Communities and Share Knowledge
2. Build a Representative and Skilled Workforce
3. Measure, Evaluate, and Use Data
4. Strengthen Policies and Relationships

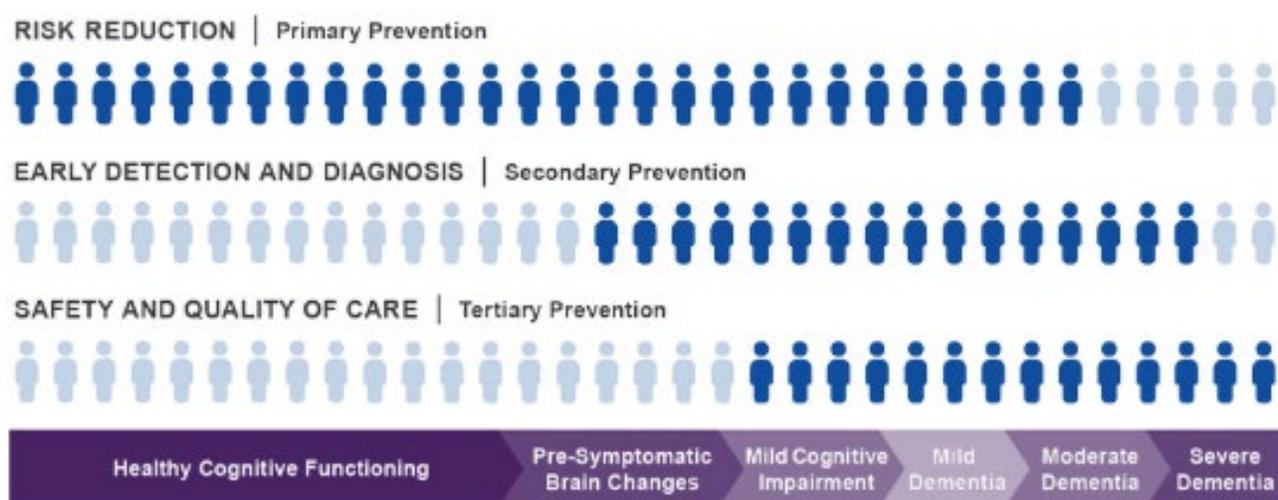
The BOLD Act requires the utilization of the HBI Road Maps as guides to develop and implement the State Plan.

^a Congress first appropriated funds for the CDC to focus on brain health and dementia in 2005. The appropriation established the longstanding collaboration between the Alzheimer’s Association and the CDC. The first HBI Road Map was published in 2007, with regular updates occurring every 4 years.

The Road Map is grounded in a life course approach. It recognizes the importance of social and economic factors and the need for fair access to care, to reduce disparities and improve outcomes. While the Road Map is primarily designed for public health partners, it also serves as a valuable resource for nonprofit leaders and community organizations working toward the same goals.

THE ROAD MAP IN MORE DETAIL

A life course approach to Alzheimer’s Disease and Related Dementias is critical. ADRD can begin developing decades before symptoms appear. Healthy behaviors in the present can decrease the risk for later-life dementia in the future. The following figure presents the information in the models above in a slightly different form, this one focusing on interventions.



To further explain, the figure above shows the potential impact of different interventions (primary, secondary and tertiary) throughout the dementia continuum.

- Risk Reduction (primary prevention) has *the greatest impact* across a population. Much can be done to reduce the risk of cognitive decline and possibly dementia by lowering blood pressure, eating healthy foods and becoming more active.
- Early Detection and Diagnosis (secondary prevention) involves changing the culture around memory and thinking problems. Diagnosis is important as it enables access to support programs, clinical trials, and care/financial/legal planning.
- Safety and Quality of Care (tertiary prevention) helps support people living with dementia and their caregivers. Public health action can ensure access to support services, can improve community-clinical linkages, and can strengthen care provider training.

These interventions can lessen the burden of Alzheimer's and related dementias.

ENGAGING THE HBI COMMUNITY: BUILDING SOUTH DAKOTA'S COALITION

To implement the BOLD “road maps” at the local level, a group of committed shareholders needed to be organized. The SD Department of Health, in partnership with the Alzheimer’s Association, SD Chapter, and the SD Department of Human Services, led the first phase of the SD BOLD award, which involved forming the South Dakota Healthy Brain Program Coalition. These organizations identified key ADRD stakeholders—medical providers, caregivers, and advocates—and united them to form a statewide Healthy Brain Coalition. The first gathering of the coalition drew more than 45 members. About 20 of these coalition members agreed to serve as the steering committee to lead the planning process.

In September 2024 the SD Healthy Brain Coalition met for a two-day strategic planning session. This included educational sessions for coalition members, the collection of current assessment information, and the distribution of publicly available data sets. Coalition members identified pressing needs surrounding ADRD in South Dakota.

Subsequently, the following planning milestones were accomplished by the end of 2024:

- ADRD partners were contacted to identify additional coalition members;
- Coalition members completed a survey to assess their knowledge of ADRD;
- Needs assessments from 2017-2018 were updated with current data, as available;^a
- ADRD major accomplishments to date in South Dakota were documented; and
- The South Dakota Alzheimer’s Association led a discussion of the 2018 State Plan.

CREATING SOUTH DAKOTA'S STATE PLAN

This document, the 2025 SD ADRD State Plan, is the work of the Healthy Brain Coalition. The purpose is to present goals and suggest action steps to achieve them. In developing the plan, the areas of highest priority were determined, using a person-centered approach. Current resources, known needs, existing gaps, and prospective partners were considered. The coalition believes that the resulting State Plan provides a balanced approach to building collective action.

In South Dakota, the HBI framework informs the strategic direction of the Healthy Brain Coalition. Over the next 3 to 5 years, coalition efforts will focus on:

- Enhancing communication and public awareness campaigns;
- Strengthening data literacy and evaluation capacity related to dementia;
- Promoting collaborative partnerships across sectors;
- Improving referral systems to support risk reduction and caregiver services.

^a Regular assessment of ADRD needs in South Dakota was highlighted within multiple strategies during the Strategic Planning Session and is included as a priority action for the BOLD Funding.

Together, these efforts seek to establish a more coordinated and equitable response to dementia throughout the state.

The Healthy Brain Coalition is also committed to continuous quality improvement. The coalition recognizes that the needs of people and communities impacted by ADRD are constantly evolving. The coalition will annually review the State Plan. The review process will include reporting progress, evaluating actions, assessing challenges/opportunities, and making recommendations for course corrections.

SOUTH DAKOTA STATE PLAN GOALS

Input received during the state planning process resulted in the Healthy Brain Coalition identifying five overarching goals for the next years of work:

1. Strengthen State and Community Partnerships
2. Engage and Educate the Public
3. Build a Diverse and Skilled Workforce
4. Equip and Empower Individuals and Caregivers
5. Use Data to Drive Action and Improve Outcomes

Each of these goals will be discussed in more detail in the following sections. Each goal has one or more “objectives” with strategies listed under it. In addition, each goal is restated as a “key message.” “Potential partners for success” are those individuals and organizations who can contribute to the achievement of that goal.

GOAL 1:

Strengthen State, Community, and Tribal Partnerships

Collaborate across state, community, and tribal levels to promote brain health across the lifespan, reduce the risk of cognitive decline, promote early detection and diagnosis, and improve support for those affected by dementia.

OBJECTIVE 1: Establish Alzheimer’s and related dementia as a public health priority, engaging key stakeholders and integrating brain health and dementia efforts into existing systems.

Strategies:

1. Formalize the Healthy Brain Coalition as a sustained, multi-sector collaboration that guides statewide efforts on dementia and brain health.
2. Sustain the Healthy Brain Coalition to oversee the development, implementation, and reporting of the State Plan on Alzheimer’s Disease and Related Dementias.
3. Publish and share the State Plan and annual report with partners, stakeholders, policymakers, and the public.
4. Develop and annually update a detailed implementation plan with measurable objectives and action steps that support the goals within the state plan.
5. Develop an interagency workgroup including representatives from all state agencies to support coordinated statewide action on dementia and brain health.
6. Conduct a comprehensive mapping of brain health and ADRD programs, partners, and funding sources across South Dakota.
7. Coordinate referral systems and partner resources to reduce duplication and improve access to services.
8. Increase integration with state and local public health chronic disease efforts, healthy aging initiatives, and disability policies and programs to address community and environmental influences and improve fair access to brain health resources.
9. Explore innovative resources and personnel strategies within the Department of Health and other state agencies to lead ongoing implementation of the state plan and to encourage stakeholder engagement.

OBJECTIVE 2: Increase community partnerships and capacity building.

Strategies:

1. Convene broad, representative coalitions to advance accessible brain health policies in communities, workplaces, and healthcare settings across the lifespan.
2. Utilize community-clinical linkages to improve fair access to community-based chronic disease prevention, dementia support, and healthy aging programs.
3. Partner across the community to promote broad access to services, supports, and quality care for persons living with dementia (PLWD) and their caregivers.
4. Develop and distribute a community toolkit to support local implementation of brain health initiatives and dementia-friendly practices.
5. Partner with public and private health plans to implement evidence-informed policies and programs that impact brain health and cognitive impairment.
6. Join ongoing coalitions and partnerships to prevent or remediate abuse, neglect, and exploitation of PLWD.

Key Message: *By uniting South Dakota's diverse partners - from tribal health leaders to rural health providers – we can create collective action, align resources and referral systems, and prioritize brain health and ADRD in public policy.*

Potential Partners for Success: *SD Department of Health, SD Department of Human Services, SD Foundation for Medical Care, SD Health Care Association (SDHCA), SD Association of Healthcare Organizations (SDAHO), Alzheimer's Association, faith-based organizations, Sioux Falls Health Department, SD Public Safety, Department of Agriculture and Natural Resources, SD Cardiovascular Collaborative, Chronic Disease Partners, SD Unified Judicial System, Legal Aid.*

GOAL 2:

Engage and Educate the Public

Increase public awareness and understanding about brain health risk factors, the benefits of early detection and diagnosis of ADRD, and services available to persons living with dementia (PLWD) and their caregivers.

OBJECTIVE 1: Increase public knowledge about brain health, risk factors for dementia and benefits of early detection and diagnosis.

Strategies:

1. Conduct statewide public awareness campaigns to educate South Dakotans on the importance of brain health, dementia risk reduction, early detection, and diagnosis.
2. Enhance public awareness of screening tools and diagnostics to support early detection and diagnosis.
3. Increase public awareness of disease modifying treatments that are effective only in the early stages of the disease.
4. Develop and disseminate culturally responsive messaging to encourage conversations about brain health, cognitive decline, healthy aging, and caregiving.
5. Engage with communities, especially those at highest risk, about risk factors for dementia and how PLWD can best thrive in their communities.
6. Develop an evaluation plan to measure the impact of ADRD communication. Determine methodologies to measure awareness and culture change surrounding ADRD.
7. Partner with educational systems (K-12 and postsecondary) to incorporate brain health and dementia in their school health programming.
8. Develop social media and digital content to reach South Dakotans of all ages.

OBJECTIVE 2: Integrate ADRD and brain health into chronic disease risk reduction programs and health promotion campaigns.

Strategies:

1. Embed cognitive decline risk factors into evidence-informed health promotion, chronic disease prevention awareness, and education campaigns. (e.g., Undo the Risk)
2. Collaborate with chronic disease partners to find new ways to incorporate brain health and ADRD into existing programs. (e.g., Wellness on Wheels)

3. Ensure brain health and ADRD strategies are aligned and included in relevant state plans. (e.g., SD DOH Strategic Plan, SD Department of Human Services Plan on Aging, Chronic Disease Program Plans, and the State Health Improvement Plan.)

OBJECTIVE 3: Increase public knowledge of services available to PLWD and their caregivers.

Strategies:

1. Improve communication with PLWD, their families, and caregivers about how to access services, care, and social support.
2. Ensure caregivers have access to information, tools and resources about their vital role and ways to maintain their own health and well-being.
3. Support an online, user-friendly statewide platform listing dementia services, programs, support groups, and resources to help individuals and caregivers navigate available support.

Key Message: *By increasing awareness of brain health, dementia risk factors, and the benefits of early detection, we can empower South Dakotans to act, reduce risk, and ensure individuals and families affected by dementia know how to access the support they need.*

Potential Partners for Success: *SD Department of Health, SD Department of Human Services, Alzheimer’s Association-SD, AARP-SD, South Dakota State University (SDSU) Extension, South Dakota Public Broadcasting, faith-based organizations, and other state agencies.*

GOAL 3:

Build a Diverse and Skilled Workforce

Increase knowledge and skills across the workforce related to brain health, dementia risk reduction, early detection, and support for people living with dementia (PLWD) and their caregivers.

OBJECTIVE 1: Reduce stigma and bias about cognitive decline.

Strategies:

1. Provide evidence-informed training and resources to help primary health care providers engage in culturally sensitive conversations about brain health with patients and caregivers across all stages of life.
2. Increase awareness among clinicians about the value of early detection and diagnosis and the availability of treatments toward addressing ADRD, as well as reimbursement opportunities through the Medicare annual wellness visits and relevant billing codes.
3. Use real stories from PLWD and their caregivers to humanize the condition and shift public perception (e.g., AARP’s “This Is My Story” dementia video series)
4. Sponsor community forums during Mental Health Month, Aging Month, or Native American Heritage Month to normalize dementia conversations. (e.g., brain health days)
5. Support certification or recognition for dementia-friendly businesses, libraries, parks, or town halls. Train dementia ambassadors or caregiver champions to lead local education sessions (e.g., purple angels).

OBJECTIVE 2: Increase knowledge and skills of the current and future workforce.

Strategies:

1. Train current and future public health professionals about risk factors for cognitive decline and dementia and ways to integrate this information with other chronic disease prevention strategies.
2. Promote inclusion of the life course approach to brain health in licensing, certification and continuing education requirements for health care and allied professionals.
3. Strengthen training for Community Health Workers (CHWs)/Community Health Representatives (CHRs), and direct service workers on brain health throughout the lifespan to promote equitable care, improve quality of life for individuals with cognitive decline, and to support caregivers.
4. Collaborate with public safety and emergency response agencies to improve their ability to meet the needs of people living with cognitive decline and dementia.

OBJECTIVE 3: Expand and standardize dementia-specific education

Strategies:

1. Advocate for statewide dementia specialist certification programs, drawing from successful state and national models.
2. Provide dementia care training and continuing education for healthcare and allied professionals utilizing standardized modules and protocols recommended by PHCOE-DC and Dementia Care Specialist Toolkit (e.g., Project Echo for ADRD).
3. Pursue opportunities to operationalize ADRD training and education standards to impact knowledge of future workforce (e.g., medical and health science departments).
4. Adopt dementia-specific training standards for clinicians and direct service workers.
5. Strengthen dementia training standards for first responders and Adult Protective Services workers to enhance their understanding of dementia and develop effective communication strategies.
6. Strengthen dementia training standards for community professionals including staff within the Aging and Disability Resource Center, Long-Term Care Ombudsman Program, CHWs, and other public-facing programs.

OBJECTIVE 4: Attract and retain an ADRD capable workforce.

Strategies:

1. Identify opportunities to increase the number of ADRD specialists, including neurologists and geriatricians. (e.g., expand geriatric fellowship program, offer scholarships, promote loan forgiveness.)
2. Improve the recruitment and retention of professionals who deliver healthcare and other direct care services to PLWD, including training to ensure job competence and reduce staff turnover. (e.g., person-centered care training, workplace standards, etc.)

OBJECTIVE 5: Increase the availability of reliable tools and resources for healthcare providers.

Strategies:

1. Complete an inventory of resources available for healthcare providers and allied professionals.
2. Make the dementia guide available to healthcare systems, providers, and allied professionals to share with PLWD and their caregivers, offering care information and helping them access relevant resources.

3. Create a healthcare provider toolkit to support early ADRD diagnosis, referral, and response—including diagnosis tools, CPT codes, and patient/caregiver resources.
4. Identify screening questions for annual wellness exams to help flag brain health concerns across the lifespan.

Key Message: *Empower every level of South Dakota’s workforce—from first responders to specialists—to recognize, support, and respond to the needs of people impacted by dementia to improve care and support across all communities.*

Potential Partners for Success: *SD Health Care Association, SD Health Care Organization, Dakota Geriatrics, Universities (Medical School, Nursing, Pre-Nursing and Allied Health Programs), Family Practice and Internal Medicine Fellowship Programs, Health Care Systems, Technical Schools, SD Board of Regents, Nursing Programs, Advanced Care Providers, Tribal Schools, professional associations, SDSU First Responders Support Training Center, Center for Disabilities, Community Health Worker of SD Collaborative, Veterans Affairs, Indian Health Services, Freedom’s Haven, Seminary, USD Law School, SD Area Health Education Centers (AHECs)*

GOAL 4:

Equip and Empower Individuals and Caregivers

Increase availability of and access to resources and services for people living with dementia (PLWD) and their caregivers.

OBJECTIVE 1: Identify and expand essential caregiver resources

Strategies:

1. Complete a statewide inventory of training, resources, services, and support available for PLWD and caregivers.
2. Identify gaps in services, and opportunities for expanded service areas of highest need and utilization, to drive expansion efforts. (e.g., create coverage maps)
3. Gather feedback from caregivers to determine needs, impact of services, and areas of concern. (e.g., conversation, survey, listening session, etc.)
4. Identify and address barriers to accessing home and community-based services in South Dakota, including adult day services and respite care, to ensure PLWD can utilize these supports.
5. Pilot caregiver assessment tools and protocols to better support caregivers and thus, the needs of PLWD.

OBJECTIVE 2: Enhance support systems for caregivers and families through targeted solutions

Strategies:

1. Promote the use of a public platform that includes evidence-informed services and support for people living with ADRD and their care partners. (e.g., Trualta)
2. Promote programs that provide caregivers with the knowledge and skills they need to support individuals with dementia, while also helping them maintain their own health and well-being. (e.g., Dementia Dialogues, Savvy Caregivers, Powerful Tools for Caregivers, Better Choices, Better Health-Building Better Caregivers, Stressbusters)
3. Promote virtual and in-person caregiver support groups.
4. Collaborate with partners to expand respite options available for family caregivers.
5. Develop and distribute a family and caregiver guide/roadmap to connect PLWD and caregivers to resources.

6. Promote community best practices for hosting gatherings that foster social connection and reduce isolation among PLWD and their care partners. (e.g., memory cafés)
7. Sustain ongoing caregiver support programs that educate caregivers about dementia, effective communication techniques, and strategies for managing dementia-related behaviors.
8. Support the State Alzheimer's/Dementia Coordinator in piloting the Dementia-Capable Communities Initiative in rural communities to enhance support for those living with dementia and their caregivers.
9. Strengthen the dementia capability of South Dakota's long-term care and home/community-based services programs, including Medicaid, by implementing dementia-specific training standards and incorporating services that best support PLWD.

Key Message: *Empower South Dakota families affected by dementia with timely access to care, practical resources, and inclusive communities that support dignity, safety, and connection.*

Potential Partners for Success: *Alzheimer's Association-SD, SD Department of Human Services; Community Health Worker of SD Collaborative; SD Foundation for Medical Care, social workers; faith and spiritual leaders; 211 Helpline Center; community group leaders.*

GOAL 5:

Use Data to Drive Action and Improve Outcomes

Strengthen the collection, analysis, and use of data to better understand the impact of Alzheimer's disease and related dementia (ADRD), inform decision-making, and support effective policies, programs, and resource allocation.

OBJECTIVE 1: Increase data availability, quality, and utilization.

Strategies:

1. Elevate dementia as a priority in state data dashboards by analyzing and publishing ADRD-related data and establish standardized data collection and sharing procedures among state agencies and external partners. (e.g., prevalence, hospitalizations, Medicaid claims, program utilization, etc.)
2. Support implementation of the Behavioral Risk Factor Surveillance System (BRFSS) optional modules for Cognitive Decline and Caregiving and use the data to develop and inform programs and policies.
3. Supplement existing state, local and BRFSS data with data from health systems, health plans, pharmacies, and other health care providers and community organizations to better understand and address disparities.
4. Track the economic impact of ADRD in South Dakota, including the impact of caregivers leaving the workforce to care for those impacted by ADRD.
5. Conduct a provider confidence survey to assess comfort in diagnosing and treating ADRD and supporting caregivers; use data to identify needed support.
6. Analyze data on cognition screening questions from Aging and Disability Resource Center.
7. Expand data collection and reporting systems to better understand the demographics of caregivers and care recipients utilizing respite services.

OBJECTIVE 2: Increase data-informed decision making and action.

Strategies:

1. Translate data analyses and evaluation findings into state and community strategic plans and health improvement initiatives. These efforts will support brain health across the lifespan and enhance quality of life for PLWD and their caregivers.
2. Use data to identify targeted populations and guide program initiatives and interventions.

3. Share findings with community organizations, agencies, policymakers, and provider associations to help focus and inform community awareness efforts, resource needs, programs, and policies, particularly for the vulnerable and underserved populations.
4. Develop an evaluation framework, which includes both quantitative and qualitative data, to assess implementation and outcome measures for all goals identified in the State Plan.
5. Publish an annual report for partners, the Legislature and the public detailing progress and implementation of the State Plan's strategies.
6. Analyze social and economic data to develop collaborative strategies that address disparities and improve brain health outcomes.
7. Supply policymakers with relevant data on dementia risk factors, stigma, and social determinants of health; and recommend evidence-informed policies that support brain health across the lifespan.

Key Message: *Use data to guide action, evaluate progress, and strengthen outcomes for PLWD and their caregivers.*

Potential Partners for Success: *State agency representative responsible for data access and modernization (DOH, DSS, DHS); Medicare and Medicaid representatives; Indian Health Services, 211 Helpline Center.*

NEXT STEPS

The South Dakota Alzheimer’s Disease and Related Dementias State Plan is a comprehensive roadmap for action in South Dakota. The plan is designed to complement the work being done by partner organizations, service and medical providers, policy makers, educators, and caregivers. This plan aims to empower all stakeholders to enhance their effectiveness in this field and achieve a greater impact across the state. The focus is to build collective action toward brain health in South Dakota.

The 2025 South Dakota ADRD State Plan outlines the key goals that we intend to implement over the next three to five years. Beginning in the summer of 2025, the implementation plan will be developed in collaboration with key stakeholders, partner organizations, and individuals directly affected by ADRD. This plan will include SMART objectives—Specific, Measurable, Ambitious, Realistic, and Time-bound—to help track progress on priority strategies. It will also outline specific activities designed to support the evaluation and ongoing monitoring of the collaboratively determined action steps, including progress reports and stakeholder updates.

(Include an action statement of how the reader can get involved - go to the website to sign up for the newsletter, workgroup opportunities, etc.)

Glossary

This glossary provides a comprehensive overview of the key terms and concepts included in South Dakota's State plan.

ADRD (Alzheimer's Disease and Related Dementias): A group of conditions characterized by cognitive decline, including Alzheimer's disease, vascular dementia, Lewy body dementia, and frontotemporal dementia.

Better Choices, Better Health®: A chronic disease self-management education program that empowers participants to take control of their health.

BOLD Infrastructure for Alzheimer's Act: Legislation directing the CDC to strengthen public health infrastructure to address dementia. It funds state, local, territorial, and tribal public health departments to enhance their response to ADRD.

Capacity Building: The initial phase in the BOLD program where recipients build or enhance capacity by creating dementia coalitions and developing or updating ADRD strategic plans.

Community Health Representative (CHR): A specially trained public health worker serving American Indian and Alaska Native communities, the CHR bridges cultural and systemic gaps between tribal members and health care systems. CHRs provide health education, care coordination, outreach, and advocacy to improve health outcomes.

Community Health Worker (CHW): A trusted frontline public health worker who is a member of the community they serve and acts as a bridge between individuals and health or social services. CHWs help improve access to care, provide health education, support care coordination, and address social determinants of health.

Community Partnerships: Collaborations between various stakeholders, including healthcare providers, community organizations, and government agencies, to address ADRD.

Community-Clinical Linkages: Connections between community resources and clinical services to support individuals with ADRD and their caregivers.

Dakota at Home: South Dakota's aging and disability resource center. Dakota at Home provides free, unbiased information, referrals, and assistance to individuals, regardless of age, disability, income, or resources.

Data Availability and Utilization: Ensuring that relevant data is accessible and used effectively to inform decisions and strategies related to ADRD.

Data-Informed Decision Making: Using high-quality data to guide policies and actions related to ADRD.

Dementia Caregiving: Support and resources provided to caregivers of individuals with ADRD.

Early Detection and Diagnosis: Efforts to identify ADRD at an early stage to improve management and outcomes.

ECHO for Alzheimer's: A free online continuing education program for primary care providers.

Health Equity Goals: Objectives aimed at addressing social needs and nonmedical factors that influence health to achieve equitable health outcomes for all populations.

Healthy Brain Coalition: A coalition established by the South Dakota Department of Health (SD DOH) to develop and implement a strategic plan for a comprehensive public health approach to ADRD.

Healthy Brain Initiative (HBI): A program by the CDC aimed at improving brain health through public health practices. It includes the State and Local Public Health Partnerships to Address Dementia Road Map series.

Healthy Brain Program: South Dakota Department of Health's Program which leads the public health approach to address Brain Health and ADRD, funded by the CDC BOLD grant.

Implementation: The phase following capacity building where recipients implement activities in line with their ADRD strategic plan and the Road Map series.

Long Term Services and Supports (LTSS): This office is in the SD Department of Human Services and provides opportunities to enhance the quality of life for older adults, adults with disabilities, and their caregivers through home and community-based services.

Memory Café: Gatherings for individuals experiencing memory loss and their caregivers. These events offer a supportive, stigma-free environment for meaningful engagement, peer support, and relationship-building—serving as a vital lifeline for those affected by dementia.

Policy Action and Implementation: Efforts to create and enforce policies that support ADRD initiatives and improve outcomes for individuals with dementia.

Prevention Strategies: Actions taken to prevent the onset of ADRD, including lifestyle modifications and health interventions.

Public Education: Programs to increase public knowledge about brain health, risk factors for dementia, and the benefits of prevention, early detection, and diagnosis.

Public Health Approach: Strategies that involve the entire community and public health systems to address ADRD comprehensively.

Risk Reduction: Strategies aimed at reducing the risk of cognitive decline, including lifestyle changes and preventive measures.

SD Department of Health (DOH): The state agency responsible for protecting and improving the health of South Dakotans through disease prevention, health promotion, and services.

SD Department of Human Services (DHS): The state agency that provides programs and support services to promote independence and well-being for individuals with disabilities, older adults, and others in need of long-term care and support.

Stigma Reduction: Efforts to reduce stigma and bias associated with cognitive decline and dementia.

Strategic Plan: A detailed plan developed by the Healthy Brain Coalition to address ADRD in South Dakota, incorporating prevention, early detection, caregiving support, and public education.

Trualta: This online platform is provided by DHS and offers access to free training and resources to help families and caregivers build skills and confidence to provide care for their loved ones at home. Through this easy-to-use online platform, caregivers can connect with virtual support groups and learn care skills that can help them improve confidence, reduce stress, and prevent burnout.

Workforce Development: Initiatives to increase the knowledge and skills of current and future healthcare workers in managing ADRD.

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