New Mexico Roadmap to Address Dementia and Brain Health 2026-2031

New Mexico Aging and Long-Term Services Department
Long-Term Care Division
Office of Alzheimer's and Dementia Care

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To comment on this draft, go to: **OADC Roadmap Public Comment Survey**

New Mexico Roadmap to Address Dementia and Brain Health 2026-2031

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LIST OF ACRONYMS

- ADOD = Alzheimer's Disease and Other Dementias
- ADRC = Aging and Disability Resource Center

- ACL = (U.S. Department of Health and Human Services) Administration for Community Living
- APS = Adult Protective Services
- DALTCS = (Navajo Nation Department of Health) Division of Aging and Long-Term Care Supports
- IAAA = Indian Area Agency on Aging
- LTCD = (New Mexico) Long-Term Care Division
- OADC = (New Mexico) Office of Alzheimer's and Dementia Care
- OIEA = (New Mexico) Office of Indian Elder Affairs

I. EXECUTIVE SUMMARY

Vision Statement

The New Mexico Aging and Long-Term Services Department (ALTSD) envisions a New Mexico where residents achieve lifelong independence and healthy aging. Central to this vision is that New Mexicans understand brain health and dementia and actively engage in activities that support brain health. Those living with dementia are treated with dignity and respect and, along with their caregivers/care partners, have access to the services and supports they need to navigate the dementia journey as easily as possible.

Summary of the Roadmap 2026-2031

This roadmap presents a plan for ALTSD's Long-Term Care Division (LTCD) and it's Office of Alzheimer's and Dementia Care (OADC), in collaboration with their statewide partners, for July 2026 through December 2031. It opens by defining dementia and outlining the need for an updated roadmap, then presents specific goals and objectives across five areas:

1) Public education and awareness;
2) Caregiving supports;
3) Government policy and sustainability;
4) Direct services; and
5) Workforce development.

The roadmap concludes with an overview of implementation and evaluation plans, a description of the process for developing the roadmap, and acknowledgement of those who contributed to the process.

Summary of the Roadmap Development Process

As detailed below, the roadmap was developed through a process made up of three phases. It began in the fall of 2025 with a commissioned study by Aspen Solutions, a New Mexico-based research, evaluation, and consulting firm. The study aimed to inventory existing services for those with ADOD and their caregivers/care partners, assess needs through a meta-analysis of recently conducted studies and its own statewide survey and interview series, and review strategies employed at the national and state levels. The results, which can be read here, informed the development of strategies, goals, and objectives for New Mexico's roadmap 2026-2031. In January 2026, the LTCD and OADC convened an advisory council comprised of a panel of field experts, to provide additional perspectives on statewide needs, offer feedback on the proposed strategies, goals, and objectives, and begin to discuss implementation.

The advisory council includes diverse family caregiver and professional stakeholders from the Department of Health, Senior Citizen's Law Office, Family Caregiver Center of New Mexico, New Mexico Caregiver Coalition, NM AARP, NM Alzheimer's Association, UNM Memory and Aging Center, home health care and memory care facilities, Santa Fe Parkinson's Disease Action Group, So'tsoh Foundation (a non-profit for Navajo caregivers), Older Rainbow Community of Albuquerque representing the LGBTQ population, Developmental Disabilities Council, Office of Workforce Solutions, Office of Indian Elder Affairs and Representative Pamelya Herndon, sponsor of House Memorial 53, creating a Dementia Task Force.

II. DEFINING DEMENIA

Dementia is a collection of symptoms associated with a decline in memory, reasoning, language, and other thinking skills. There are several distinct conditions that cause dementia, but many include a harmful build-up of proteins in the brain, and all cause damage to parts of the brain such as neurons, brain tissue, blood vessels, nerve cells, etc. Although there are several types of dementia, Alzheimer's disease dementia is the most common, accounting for 60 to 80% of cases.[1] Other dementias include Parkinson's disease dementia, other Lewy body dementias, LATE dementia (limbic-predominant age-related TDP-43 encephalopathy), frontotemporal dementia, vascular contributions to cognitive impairment and dementia, mixed dementias (such as Alzheimer's disease dementia mixed with cerebrovascular disease or Lewy bodies), Hippocampal Sclerosis, and more.

The course of dementia, especially Alzheimer's disease, spans many years, sometimes decades. Initially, changes in the brain result in no noticeable symptoms. In more than 90% of people with Alzheimer's disease and other dementias (ADOD), symptoms do not appear until after age 60.[2] In rare cases, known as "early-onset" or "younger-onset" dementia, people develop symptoms in their thirties, forties, or fifties. Most people with Down syndrome develop Alzheimer's dementia at an earlier age, with significant levels of the protein clumps that cause Alzheimer's (beta-amyloid plaques and tau tangles) in their brains by age 40.[3] The risk of developing dementia is higher among people from racial and ethnic minority populations. Hispanic and Latino Americans are 1.5 times as likely to develop ADOD compared to White Americans, [4,5] and more than half (54%) of American Indian and Alaska Native people over the age of 70 experience cognitive impairment. [6]

Regardless of when symptoms appear, the changes in the brain that cause dementia are thought to begin twenty years or more before the symptoms. During those years, the brain compensates for changes by using alternate networks of neurons that enable people to continue to function normally. When the brain can no longer compensate, symptoms that interfere with a person's ability to perform everyday tasks begin. Eventually, the ability to carry out basic functions, such as walking and swallowing, are also affected. In the final stages of Alzheimer's and other diseases that cause dementia, individuals often require twenty-four-hour care. [1]

The causes of ADOD are not completely understood but researchers believe they include a combination of genetic, environmental, and lifestyle factors.[1] While there are treatments available to help relieve symptoms, and two that change the underlying biology of Alzheimer's and slow disease progression, no proven cure for Alzheimer's has yet been identified. [1] However, growing evidence supports healthy behaviors, such as preventing traumatic brain injury, not smoking, healthy eating, exercise, educational attainment, social and cognitive engagement, controlling hypertension, maintaining cardiovascular health, getting enough sleep, reducing hearing loss, controlling diabetes, and reducing exposure to air pollution may reduce the risk of brain health decline and dementia or delay the onset of symptoms. [1]

III. NEED FOR AN UPDATED ROADMAP

State of Dementia in the United States and National Approaches to Address it

People Living with Dementia

Dementia is a growing public health crisis in the United States. Unless a preventative treatment or cure is identified, the number of Americans with ADOD will increase significantly in the coming years. The number of Americans aged 65 and older living with Alzheimer's dementia is predicted to increase from 7.2 million to nearly 12.7 million in 2050 (this does not include other dementias).[1] Moreover, the U.S. Census Bureau estimates the number of Americans aged 65 and older will almost double to 84 million by 2050. Because the prevalence of people living with ADOD doubles for every five-year period after age 65, the growth in the older population will likely result in a substantial increase in the number of people who will be living with ADOD.[7] Although screening and early diagnosis methods have improved,[7] it is estimated that more than half of people living with dementia are either undiagnosed by their healthcare providers or unaware of their diagnosis.[8]

Caregivers/Care Partners of Those Living with Dementia

Eighty-three percent (83%) of the help provided to older adults in the United States comes from family members, friends, or other unpaid caregivers,[9] and almost half of all unpaid caregivers (48%) who provide care for older adults do so for an individual with Alzheimer's or another dementia.[10] Nearly 12 million Americans provide unpaid care for people living with ADOD and, in 2024, their care totaled an estimated 19.2 billion hours, valued at more than $413 billion.[1] Significant emotional, physical, and financial stress is placed on individuals with ADOD and their family members. Unpaid caregivers, often family members and friends, provide the majority of care for people with ADOD. The intensive level of care required can negatively impact the caregivers' emotional and physical health, and their ability to engage in paid work. Unpaid caregivers often report symptoms of depression and anxiety, and have poorer health outcomes than those who do not provide such care.[1,11] Hispanic, Black, and Asian American dementia caregivers use less outside/formal services, and report greater depression compared to White caregivers.[1] Furthermore, cultural values such as the "Latino cultural value of putting family needs and loyalty to one's family above one's own needs," (Alzheimer's Association Facts and Figures, 2025, p. 51) may also impact disparities in perceptions and use of outside resources among caregivers.[12, 13]

Cost of Care for Those Living with Dementia

Additionally, dementia care costs are significant. In 2025, health and long-term care costs for those living with ADOD cost the United States an estimated $384 billion, a number that, without rapid advances in treatment, is projected to rise to almost $1 trillion by 2050. This includes significant increases in government spending through Medicare and Medicaid and outof-pocket expenses.[1] The total lifetime cost of care for a single individual with dementia has been estimated at $405,262 in 2024 dollars.[14] Seventy percent (70%) of this cost is shouldered by family caregivers in the forms of unpaid caregiving and out-of-pocket expenses, and much of the remaining costs are covered by Medicare and Medicaid.[1,14] These costs may not fully account for the financial impacts on families associated with family caregiver/care partners' health, work productivity, and more.[15]

National Approaches to Addressing Dementia and Brain Health

In addition to meeting the state's needs related to ADOD and brain health, the LTC and OADC also identified an opportunity to align its strategies with those of national strategies to address dementia and brain health. Three relevant and recently updated national plans that address ADOD are the National Plan to Address Alzheimer's Disease (2024 Update), the Healthy Brain Initiative State and Local Road Map (2023-2027), and the *National Strategy to Support Family Caregivers (2022)*.

The National Plan to Address Alzheimer's Disease is a comprehensive plan developed under the National Alzheimer's Project Act (NAPA) that aims to prevent and effectively treat Alzheimer's disease and related dementias (ADRD) by 2025. It outlines goals to enhance care quality, expand support for caregivers, and improve public awareness. The latest update from 2024 provides progress reports and outlines ongoing strategies to meet the plan's objectives.[7]

Established by the CDC and the Alzheimer's Association, the *Healthy Brain Initiative* is a nationwide effort that integrates brain health into public health practice. It focuses on risk reduction, early detection, and supporting caregivers through strategic partnerships and datadriven approaches.[16] The Healthy Brain Initiative Roadmap provides twenty-four actionable steps for public health agencies to promote cognitive health and support people living with dementia and their caregivers/care partners.[17] It aims to specifically equip state, local, and Tribal public health agencies to engage in dementia risk reduction and caregiver support as public health priorities. A separate *Healthy Brain Initiative Road Map for American Indian and Alaska Native Peoples (2024)* provides actionable steps specifically to address ADOD in American Indian and Alaska Native communities. Developed by Tribal leaders, physicians, and public health experts and researchers, it promotes health equity by using a strength-based approach and respects Tribal sovereignty and traditions.[18] To help implement the Healthy Brain Initiative, the CDC introduced the BOLD Infrastructure for Alzheimer's Act in 2019 with five-year grant award opportunities for state, local, territorial, and Tribal areas. Many state plans have been developed in alignment with the Healthy Brain Initiative Road Map.

The *National Strategy to Support Family Caregivers* released in 2022 by the Administration for Community Living (ACL), offers nearly 500 actions to support family caregivers across various sectors. It emphasizes the importance of caregivers in the long-term care system and provides a framework for enhancing their support. The 2024 progress report details the federal government's implementation efforts, highlighting completed actions and ongoing initiatives to support caregivers. This strategy supports all family caregivers, including those caring for children, adults with disabilities, Veterans, and older adults with dementia.[19]

State of Dementia in New Mexico

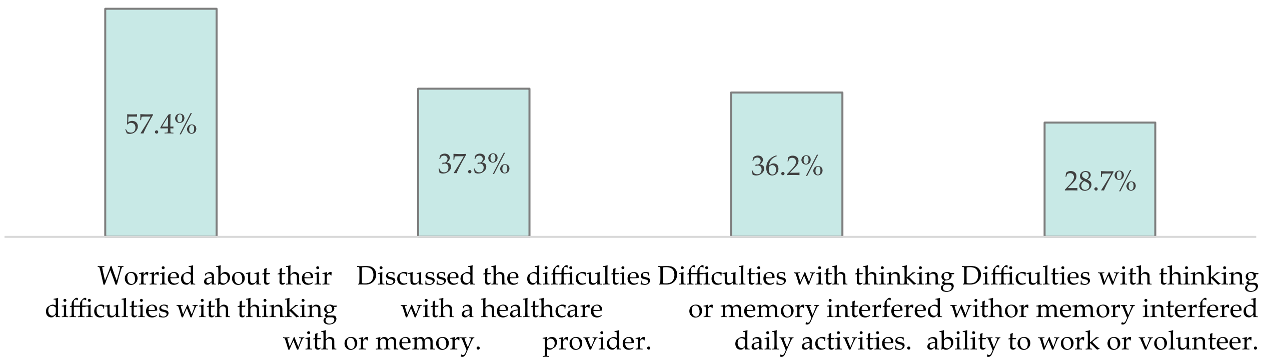
Like in the greater United States, the impacts of Alzheimer's disease, the most prevalent cause of dementia, is a growing public health crisis in New Mexico, and those impacts are projected to rise.

People Living with Dementia

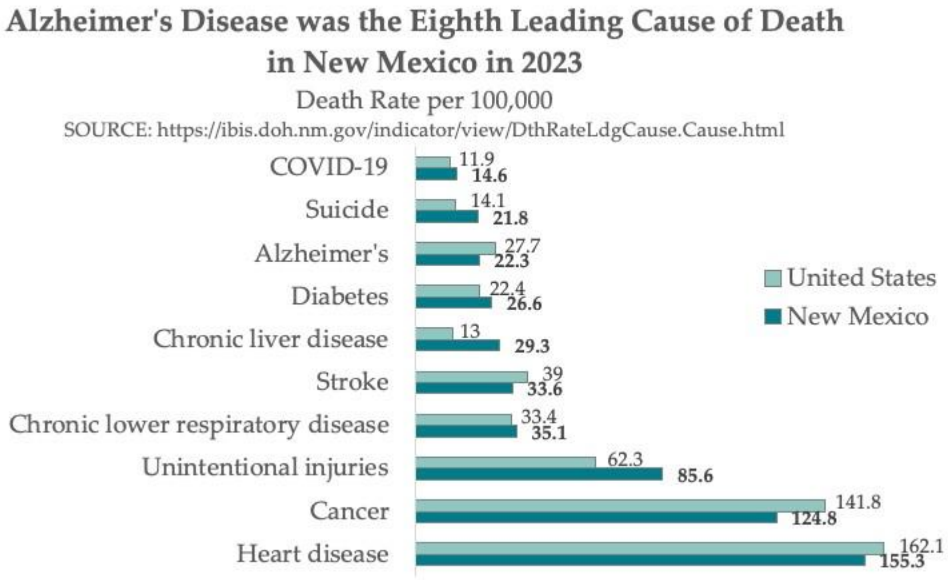
According to 2020 data from the Alzheimer's Association, 46,000 people aged 65 and older (11.8%) are living with Alzheimer's disease in New Mexico (and this does not include other dementias).[1] Additionally, in 2023, 20.2% of New Mexicans aged 45 and older experienced subjective cognitive decline,[20] meaning they reported experiencing difficulties with thinking or memory that increased in frequency and/or severity over the previous twelve months. Of those who reported subjective cognitive decline, 57.4% were worried about the difficulties but only 37.3% had discussed the difficulties with a healthcare provider. About 36% reported the difficulties interfered with daily activities and 28.7% reported the difficulties interfered with their ability to work or volunteer.[20]

Adults with Cogntive Decline Expressed Concern About Their Memory, Thinking, and Daily Activities

Source: Behavior Risk Factor Surveillance System - NM 2023

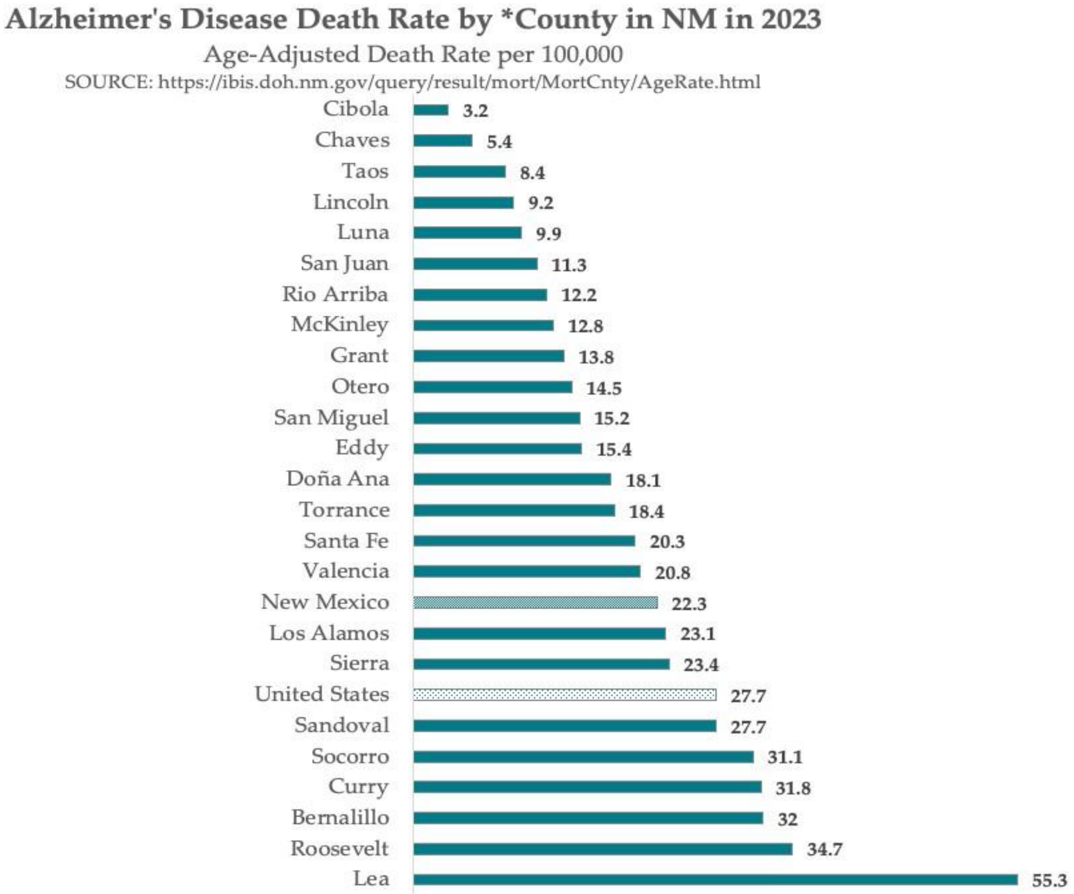


Alzheimer’s Disease was the eighth leading cause of death in New Mexico in 2023.[21] In 2023, 620 New Mexicans died from Alzheimer’s disease, a 122.2% increase since 2000.[21] Costs associated with ADOD are significant in the state. Annually, $303 million of Medicaid costs are related to Alzheimer’s disease only, and per capita, $28,143 of Medicare spending is on people living with Alzheimer’s or another dementia.


Alzheimer's Disease was the Eighth Leading Cause of Death in New Mexico in 2023

Death Rate per 100,000

SOURCE: https://ibis.doh.nm.gov/indicator/view/DthRateLdgCause.Cause.html

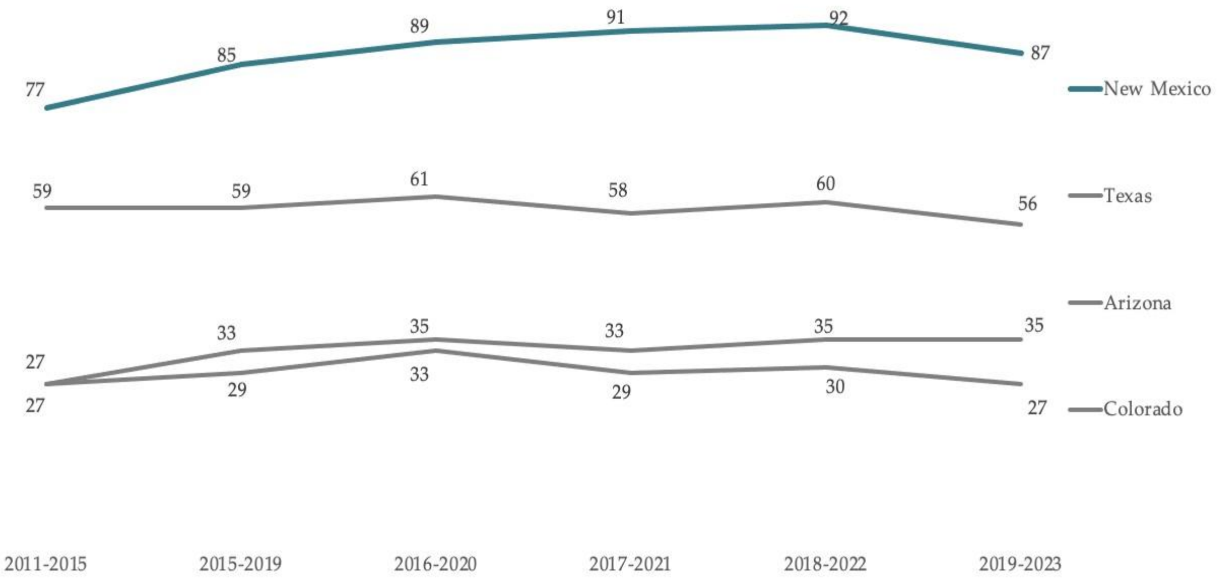

Alzheimer's Disease Death Rate by *County in NM in 2023

Age-Adjusted Death Rate per 100,000

SOURCE: https://ibis.doh.nm.gov/query/result/mort/MortCnty/AgeRate.html

*Several counties did not have enough data to be included in the chart above, largely due to small populations. They include Catron, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Mora, Quay, and Union.

Social isolation is a significant risk factor for ADOD. According to the 2025 Senior Report from America's Health Rankings, New Mexico seniors experience very high risks related to social isolation.[22] New Mexico ranked 48 out of 50 states, indicating seniors in New Mexico are at greater risk than those in most other states (only Louisiana and Mississippi scored higher). The social isolation index includes living in poverty; living alone; being divorced, separated, or widowed; having never married; having a disability; and having an independent living difficulty among adults aged 65 and older. Normalized values range from zero to 100, with the higher value indicating greater risk. New Mexico's score was 87 out of 100. Additionally, 25.2% of New Mexicans aged 45 and older with subjective cognitive decline live alone.[20]



New Mexico Seniors are at Risk for Social Isolation

Data from U.S. Census Bureau, American Community Survey, 2019-2023

https://www.americashealthrankings.org/explore/measures/isolationrisk_sr_b/NM

Caregivers/Care Partners of Those Living with Dementia

As in the greater United States, unpaid caregivers in New Mexico bear a significant weight in caring for those living with ADOD. One in five adults provides regular care for a friend or family member who has a health problem or disability.[23] About 67,000 caregivers provide care for those living with Alzheimer's disease or another dementia in New Mexico. Together, they provide an estimated 119 million hours of unpaid care, an amount worth 2.4 billion dollars.[1] Sixtysix percent (66%) of all caregivers in New Mexico are female, 43% are between the ages of 41 and 64, and 34% have provided care for five years or more.[23] For caregivers of those with dementia, 30% spend 40 hours or more per week providing care and 67% spend that time on both personal care and household tasks for their friend or family member.[19] Caregiving takes a toll on caregivers. Notably, 31.3% of caregivers of those with Alzheimer's disease in New Mexico report depression, 12.6% report being in poor physical health, and 64.8% report having at least one chronic condition.[1] Significantly, adult New Mexicans caring for a friend or family member with Alzheimer's disease, dementia, or another cognitive impairment disorder are three times as likely to experience suicidal ideation compared to non-caregivers and adults caring for a friend or family member without a cognitive impairment disorder.[23]

Summary of New Mexico's 2022-2025 State Plan and Current Initiatives

The recently expired *New Mexico State Plan for Alzheimer's Disease and Other Dementias 2022–2025* outlined a coordinated, statewide approach to addressing ADOD through improved awareness, prevention, workforce development, caregiving supports, service expansion, and sustainable policy. It emphasized cultural competence, rural access, early detection, and integration of dementia care across health and social service systems. One major accomplishment was the development and implementation of the Silver Alert — an advisory notification issued by the Department of Public Safety to alert the public about endangered or missing adults over age 50 with compromised cognitive abilities.

Several programs and resources overseen by the LTCD and OADC currently serve people living with ADOD and their caregivers/care partners. The New MexiCare program provides financial and training assistance to family and friend caregivers who support older adults and individuals with disabilities, including those with Alzheimer's disease. The goal of the program is to allow older adults to thrive in their homes and communities as an alternative to long-term facility placements, and to help reduce emergency department visits. The program is designed to ease the stress of caregiving and improve the quality of life for both caregivers and care recipients. Services include respite care, training and education, access to support groups, and financial assistance. Another program, the Care Transitions Program, helps individuals who wish to transition from long-term care facilities back into community settings. The program offers longterm support options and short-term assistance connecting individuals to programs and services in their communities. Care transition specialists use a person-centered approach, working with individuals to assess, advocate for, and follow up on their needs.

Additional services, including the Aging and Disability Resource Center (ADRC), Adult Protective Services (APS), and the Aging Network, also serve people living with ADOD and their caregivers/care partners. The ADRC operates a resource helpline that anyone can call to learn about services in their community, such as care facilities, meal delivery, transportation resources and more. APS investigates cases of abuse, neglect, and exploitation, and provides services specifically for adults living with ADOD, including protective planning, education, emergency placements, and assistance with personal and home care. The Aging Network provides senior centers, respite services, adult day services, and resources such as meals, food delivery, and transportation, which all reach people living with ADOD. A respite voucher program, administered by the New Mexico Caregiver Coalition and other partners, provides additional respite support. Public awareness and education efforts, such as the "Take Action. Talk." campaign and the Conference on Aging, include messaging and programming specifically aimed at educating people with ADOD and their caregivers/care partners. The OADC also offers free monthly webinars by the Alzheimer's Foundation of America to an unlimited number of participants, continuing education for healthcare professionals focused on specialized dementia care training, and statewide training events led by a dementia care training specialist. The Office of Indian Elder Affairs (OIEA), also within ALTSD, supports New Mexico's Tribes, Pueblos, and Nations in developing comprehensive, coordinated service systems of Tribal senior centers and adult day centers. OIEA manages the Indian Area Agency on Aging (IAAA) and supports the Navajo Nation Department of Health's Division of Aging and Long-Term Care Supports (DALTCS).

All these services supporting people living with ADOD and their caregivers/care partners are part of the greater ALTSD, which oversees additional innovative programs such as the Kinship Caregiver Program. A pilot program, the Kinship Caregiver Program supports kinship caregivers, such as grandparents, aunts, uncles, other relatives, and fictive kin, who are raising children whose parents are unable to care for them. The program provides support on a voluntary basis, helping caregivers find and use programs and services that meet the needs of both the children in their care and the caregivers themselves. Partnerships with private, public, state and Tribal programs allow program navigators to connect caregivers with needed information, services, and referrals, including legal assistance and case management.

As mandated by House Memorial 53, ALTSD convened an Alzheimer's and Dementia Task Force in 2025. Members included the New Mexico Department of Health, caregiver organizations, Tribal representatives from the So' Tsoh Foundation and the OIEA, a direct caregiver with lived experience, a physician from the UNM Memory and Aging Center, and other partners. Research informed the task force's key priorities, which included strategies to increase access to services in Tribal and frontier/rural communities through telehealth expansion and other technologies, incorporating the newest research into education, and training for updating dementia related health programs, and increasing resources and support for both people living with dementia and their caregivers/care partners. When the roadmap advisory council formed in January 2026, the Dementia Task Force merged with the council to help develop and carry out the roadmap.

This 2026-2031 plan aims to strengthen and expand much of ALTSD's current work, guiding progress with specific, measurable goals and objectives that are ambitious and actionable.

IV. 2026-2031 GOALS AND OBJECTIVES

The following goals, objectives, and strategies are intended to serve as a shared roadmap for strengthening dementia awareness, services, supports, and systems across the state. Successful implementation will depend upon ongoing collaboration and coordination among multiple state agencies, Tribal governments, healthcare systems, community-based organizations, advocacy groups, academic partners, caregivers, and other stakeholders. While the ALTSD can help lead and convene these efforts, many recommendations will require shared responsibility, cross-sector partnership, and sustained investment to achieve meaningful and lasting impact.

Goal 1: Public Education and Awareness

Increase statewide awareness and early detection of Alzheimer's disease and other dementias (ADOD), and public understanding of brain health.

Public Education and Awareness Objectives

Aligned with the CDC Healthy Brain Initiative's goal of engaging and educating the public.

1. **Objective 1.1:** By June 2027, develop and disseminate a standardized "What to Do After a Dementia Diagnosis" resource toolkit (print, web, and referral formats), and ensure it is distributed to at least 25 participating healthcare and aging service organizations statewide, and an additional 25 by December 2027.
2. **Objective 1.2:** By June 2028, identify relevant partners and coordinate with them to increase referrals to dementia screening, care navigation, and caregiver support services by 25% statewide, as measured through utilization of the closed loop referral system.
3. **Objective 1.3:** By December 2028, implement at least three state-supported public awareness campaigns focused on early detection, modifiable risk factors, and helpseeking behaviors, reaching a minimum of 125,000 New Mexicans through digital, print, or community-based channels.

Goal 2: Caregiving Supports

Stabilize and support family caregivers across the dementia trajectory by expanding access to respite, education, navigation, and financial supports.

Caregiving Supports Objectives

Aligned with the CDC Healthy Brain Initiative's goal of supporting caregivers.

1. **Objective 2.1:** By December 2027, expand access to respite services, including overnight and day services by supporting at least three new or enhanced respite models, including at least one in a rural, Tribal, and/or underserved population, resulting in a 15% increase in available respite capacity statewide.
2. **Objective 2.2:** By December 2027, increase caregiver participation in dementia-specific education and training programs by 25%, prioritizing programs in rural, Tribal, and/or underserved populations focused on disease progression, behavioral symptoms, communication and behavioral management strategies, and crisis prevention.
3. **Objective 2.3:** By December 2028, reduce self-reported caregiver stress by 20% from baseline, among family caregivers of people with ADOD or cognitive decline who attended caregiver social-emotional trainings or support groups, or received respite services (as measured by Zarit Burden Interview scale).
4. **Objective 2.4:** By June 2028, increase utilization of financial assistance programs (e.g., respite vouchers, caregiver stipends), including in rural, Tribal, and underserved populations by 20%, through improved outreach, streamlined eligibility processes, and integration into care navigation services.

Goal 3: Policy and Sustainability

Support and use recent research to establish policies to reduce ADOD's fiscal impact and enhance quality and efficiency of care.

Policy and Sustainability Objectives

Aligned with the CDC Healthy Brain Initiative's goal of strengthening public health infrastructure and data systems.

1. **Objective 3.1:** By December 2027, support current statewide dementia data and surveillance strategy, in partnership with the Department of Health, including regular implementation of Behavioral Risk Factor Surveillance System (BRFSS) cognitive decline and caregiving modules and the development of additional state-level data indicators to guide policy and planning.
2. **Objective 3.2:** By June 2028, strengthen statewide coordination and infrastructure by maintaining and supporting a multi-sector Dementia Task Force or advisory body that includes federal, state, local, and Tribal partners, health systems, community-based organizations, and academic institutions, to monitor progress on the roadmap and provide recommendations to policymakers as appropriate.
3. **Objective 3.3:** By December 2028, coordinate with partner agencies to secure at least two new federal, philanthropic, or research funding opportunities (e.g., CDC BOLD Infrastructure grant or related initiatives) to support statewide dementia prevention, care, and capacity.
4. **Objective 3.4:** By December 2028, incorporate Parkinson's disease considerations into relevant dementia-related policies, funding opportunities, and program guidance where service needs overlap, including caregiver support and evidence-informed therapeutic activities.
5. **Objective 3.5:** By December 2030, integrate health equity strategies into statewide dementia initiatives by prioritizing policies and programs that improve access to services, workforce placement, and caregiver supports in rural, Tribal, and underserved communities.
6. **Objective 3.6**: By December 2030, coordinate with relevant partners to advance policies that support collaboration in research among universities, hospitals, and local and

national research institutes to promote, conduct, and evaluate clinical trials, documenting research needs in underrepresented populations.

7. **Objective 3.7:** By December 2031, coordinate with Health Care Authority to advance at least two state policy initiatives or financing mechanisms that support long-term sustainability of dementia services, such as Medicaid reimbursement enhancements, dementia-capable service incentives, or exploration of a dementia-specific Medicaid waiver or demonstration program.

Goal 4: Direct Services

Strengthen, increase, and coordinate services and supports for people living with ADOD, their caregivers, and family members.

Direct Services Objectives

Aligned with the CDC Healthy Brain Initiative's goal of improving care and services for people living with dementia.

1. **Objective 4.1:** By June 2028, collaborate with sister agencies to expand telehealthenabled dementia specialty care access (such as neurology, geriatrics, psychiatry, or behavioral health) in at least two rural or Tribal regions, through partnerships with integrated health systems and academic medical centers.
2. **Objective 4.2:** By June 2028, establish a pilot that expands dementia care navigation services which connect individuals and families to community-based supports (e.g., adult day services, transportation, Meals on Wheels, caregiver programs, and benefits assistance), resulting in a 30% increase in referrals to community-based services as measured by the closed-loop referral system.
3. **Objective 4.3:** By December 2029, coordinate with partner agencies to identify and support at least two innovative service delivery pilot programs/models to improve access to care for people with complex dementia-related conditions (e.g., behavioral health integration, complex care consultation teams, or specialized dementia-capable facilities).
4. **Objective 4.4:** By June 2031, support the opening of at least three new/expanded dementia-capable residential care and/or assisted living facilities, with at least one in a rural/Tribal community serving Medicaid recipients (adding 25 beds total).
5. **Objective 4.5:** By December 2031, increase the number of service providers equipped to serve individuals with complex dementia-related conditions by providing advanced training and technical assistance to at least three residential care, assisted living, or community-based service providers statewide.

Goal 5: Workforce Development

Strengthen and stabilize New Mexico's dementia-capable workforce by expanding training, improving recruitment and retention, and promoting culturally competent, high-quality care, with a focus on direct care and respite care.

Workforce Development Objectives

Aligned with the CDC Healthy Brain Initiative's goal of assuring a competent workforce.

1. **Objective 5.1:** By June 2028, build upon a statewide dementia workforce training framework that includes core competencies, culturally responsive practices, and tiered skill levels, and secure participation from at least 25 organizations across health care, home- and community-based services, and residential care.

6. **Objective 5.2:** By June 2028, support the development or expansion of at least two dementia-specific certification or credentialing pathways recognized by employers and linked to compensation or advancement opportunities.
7. **Objective 5.3:** By December 2029, coordinate with partner agencies, including the Department of Workforce Solutions and New Mexico Health Occupations Students of America (HOSA), to identify and support at least three pilot workforce development initiatives (e.g., wage supplements, career ladders, flexible scheduling, or peer support models).
8. **Objective 5.4:** By December 2031, collaborate with key partners, including the Department of Workforce Solutions, to enact or revise state funding, reimbursement, or procurement policies to incentivize dementia-specific training, certification, and retention strategies (e.g., wage enhancements, career ladders, or training stipends).

V. IMPLEMENTATION AND EVALUATION

Description of work groups and high-level evaluation plan. To be completed.

VI. PROCESS FOR DEVELOPING THE ROADMAP AND ACKNOWLEDGEMENTS *To be completed.*

Phase 1: 2025-2026 Meta-Analysis and Inventory of Services and Needs

Meta-Analysis of Surveillance Data and Existing Needs Assessments

During September and October 2025, the development of New Mexico's Alzheimer's Disease and Other Dementias (ADOD) roadmap began with a comprehensive review and synthesis of existing information sources. This foundational phase involved analyzing national and state-level data from the Alzheimer's Association, the National Plan to Address Alzheimer's Disease, and data from the New Mexico Indicator Based Information System (IBIS) to establish baseline understanding of ADOD prevalence and impact. The team conducted a meta-analysis of recent needs assessments, drawing primarily from the University of New Mexico's New Mexico Older Adults Needs Assessment and input from Alzheimer's Association forums conducted in rural communities across the state.

To inform strategic direction, the research team reviewed key national frameworks including the Healthy Brain Initiative roadmaps and examined ADOD plans from multiple states, including Montana, Maryland, Virginia, and Arizona, to identify proven strategies and best practices. This systematic review of existing research, databases, and policy documents provided the evidence base necessary to understand current service gaps, emerging needs, and successful intervention models, establishing a solid foundation for the subsequent phases of data collection and stakeholder engagement that would shape New Mexico's comprehensive ADOD roadmap.

Survey of Dementia-Related Services

From October through December 2025, the research team conducted an extensive online survey to collect information for developing an inventory of dementia-related services and gaining additional insights on perceived needs across New Mexico. The 61-question survey was distributed to 542 administrators of organizations serving individuals living with ADOD and their caregivers. By the end of December, 109 respondents had completed the survey, providing valuable data on the types of services available, service gaps, and challenges faced by providers. The survey data was analyzed using frequencies, cross-tabulations, and other statistical techniques.

Interviews with Content Experts

To supplement the survey findings and gather additional input to inform the state's new ADOD roadmap, the research team conducted a series of 45-minute interviews via Zoom with eleven content experts purposefully selected based on recommendations from the state's ALTSD. The interview guide covered topics such as ALTSD's past accomplishments and challenges, the state's top ADOD-related needs, and potential strategies and best practices for the new plan. A content analysis of the interview notes identified key themes and areas of consensus and divergence among the expert perspectives.

Despite some limitations in the data collection, particularly around incomplete provider contact information, the multi-pronged approach of the meta-analysis, service inventory survey, and expert interviews provided a grounded evidence base to guide the development of New Mexico's comprehensive ADOD roadmap.

Phase 2: Draft of Goals, Objectives, and Strategies with Dementia Taskforce/Advisory Council
Using the information compiled through phase one, the research and ALTSD teams drafted goals and objectives and presented them to the Dementia Task Force/Advisory Council to further hone in on actionable implementation. The Advisory Council provided input on action items for each proposed objective via interactive virtual monthly meetings from January-April 2026.

Phase 3: Public and Tribal Input Sessions
Public information sessions and input methods were employed from May-June 2026. These included virtual and in-person sessions for community members to provide ideas and expertise for New Mexico's roadmap to address dementia and brain health. Seniors and service providers were asked what they thought would help meet goals related to public education and awareness, caregiving supports, policy and sustainability, direct services, and workforce development. Additionally, a brief survey asking for feedback was posted on ALTSD's website alongside the draft plan, and it was disseminated to the Advisory Council, the monthly ALTSD online newsletter, and through other partners' email lists. The survey data were compiled, analyzed, and used to inform further development of the roadmap, as appropriate.

To comment on this draft, go to:

OADC Roadmap Public Comment Survey

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