



Department of
Aging

ACTION PLAN

ON ALZHEIMER'S DISEASE AND OTHER DEMENTIAS





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WELCOME LETTER

My fellow Ohioans,

It is with great optimism that I present Ohio's Action Plan on Alzheimer's Disease and Other Dementias. This plan symbolizes a new era in our state's efforts to address Alzheimer's Disease and Other Dementias (ADOD), now and in the future as the number of Ohioans affected by ADOD continues to grow. The report includes five key goals, which provide a foundation for success in our path forward. Outlined within each of these goals are strategies and actions necessary to make these goals a reality. Many of these actions are already underway in Ohio, with work on several more on the horizon.

I thank Ohio Governor Mike DeWine and the Ohio General Assembly for prioritizing this important work. In 2020, Amended Senate Bill 24 was passed and signed into law, creating Ohio's Alzheimer's Disease and Related Dementias Task Force.

The Task Force was entrusted with the responsibility of examining the needs of individuals diagnosed with ADOD, the services available, and the ability of Ohio's health care and services system to meet current and future needs. Some of our members took time away from their careers, while others took time away from their caregiving duties to participate. Members brought diverse viewpoints and knowledge about dementia and cognitive decline to the conversation. There is no doubt that this group boasted the requisite expertise and experience to take part in this process. But this group brought even more – they brought passion. I am immensely proud to have worked alongside them in this effort. I am especially grateful to the Ohio Department of Health, whose director, Dr. Bruce Vanderhoff, took on the leadership role of Vice Chair.

The Task Force published its Preliminary Findings Summary in 2021. These findings guided our resulting efforts at ODA to develop this Action Plan and begin launching new ADOD supports across Ohio. Notably, in 2023, ODA launched Ohio's Alzheimer's Disease and Other Dementias Statewide Resource Program, which is now developing enhanced resources to build a dementia-prepared caregiver workforce in Ohio. This includes the opening of the state's first-ever facility dedicated solely to the education and training of caregivers of those with ADOD: the Golden Buckeye Center for Dementia Caregiving.

While we have made significant strides in a short timeframe, there remains much work to be done. This Action Plan is not just a roadmap, but a commitment to a collective endeavor that requires ongoing collaboration and dedication. Together, we stand at the forefront of a transformative journey for Ohio, and I look forward to witnessing the positive changes that will unfold as a result of this important work.

With appreciation,



Ursel J. McElroy
Director, Ohio Department of Aging
Chair, Alzheimer's Disease and Related Dementias Task Force



This Action Plan is presented in respected memory of
Alzheimer's Disease and Related Dementias Task Force member:

Jennifer Blough

A devoted wife, a beloved mother, daughter, and sister, and a
champion of caregiving



BACKGROUND

THE LANDSCAPE OF ADOD

Alzheimer’s disease and other dementias (ADOD) have consequential impacts on people living with the diagnosis, as well as their families and communities. Among the various types of dementia, Alzheimer’s disease alone affects at least 220,000 Ohioans ages 65 and older, impacting at least one out of nine individuals in this age range (Figure 1), and likely more due to under-detection.¹

This reality will profoundly stretch the state’s available funding and support services going forward as the number of older adults continues to grow. From 2020 to 2025, Ohio is projected to see a 13.6% increase in the number of people diagnosed with Alzheimer’s disease, going from 220,000 to 250,000 in that timespan (Figure 1).¹

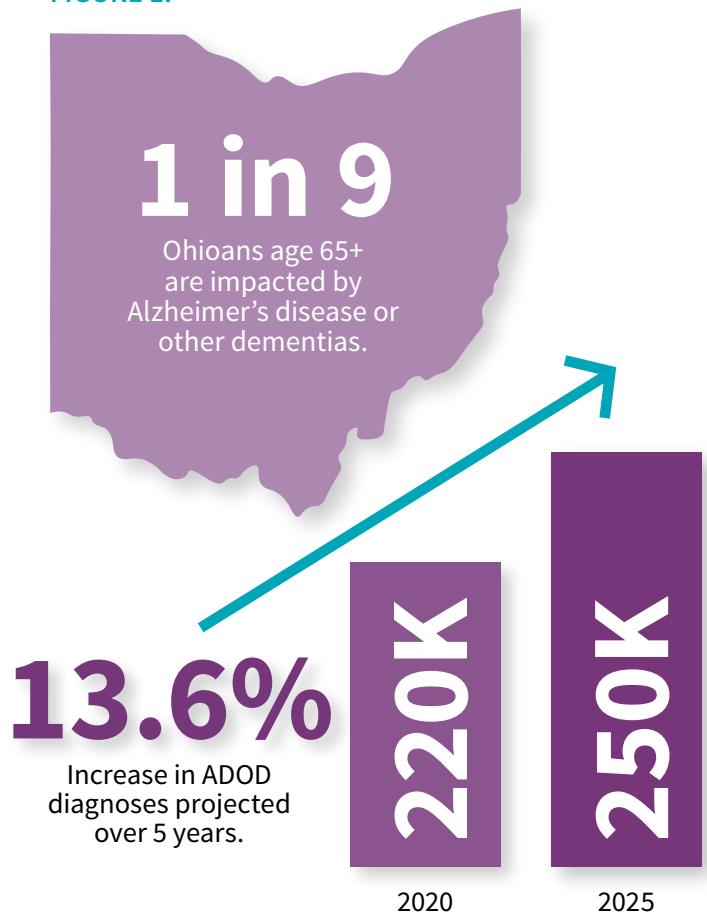
Excluding costs covered by families and caregivers, most medical costs for people with ADOD are currently borne by Medicare and Medicaid.²

While 98% of older adults without ADOD live in their homes or communities rather than institutional care settings, this number drops to 65% among older adults with ADOD. Of those with dementia who live in the community, 74% live with someone and the remaining 26% live alone.¹

The COVID-19 pandemic deeply impacted the lives of people living with ADOD. Recent research revealed

the significant repercussions that social isolation and loneliness during the pandemic had on the emotional and physical well-being of individuals with ADOD and their caregivers.^{3,4}

FIGURE 1:



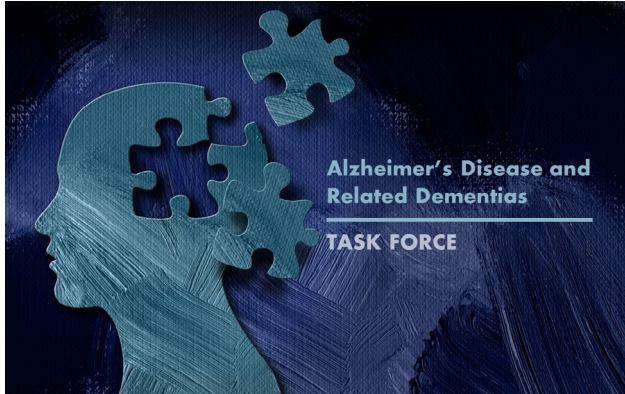
1. Alzheimer’s Association. (2023). 2023 Alzheimer’s Disease Facts and Figures Alzheimer’s Association. <https://alz-journals.onlinelibrary.wiley.com/doi/epdf/10.1002/alz.13016>

2. Murman, D. L. (2001). The Costs of Caring: Medical Costs of Alzheimer’s Disease and the Managed Care Environment. *Journal of Geriatric Psychiatry and Neurology*, 14(4), 168–178. <https://doi.org/10.1177/089198870101400402>

3. Greenberg NE, Wallick A, Brown LM. Impact of COVID-19 pandemic restrictions on community-dwelling caregivers and persons with dementia. *Psychol Trauma*. 2020 Aug;12(S1):S220-S221. <https://doi.org/10.1037/tra0000793>

4. Cagnin A, Di Lorenzo R, Marra C, Bonanni L, Cupidi C, Laganà V, Rubino E, Vacca A, Provero P, Isella V, Vanacore N, Agosta F, Appollonio I, Caffarra P, Pettenuzzo I, Sambati R, Quaranta D, Guglielmi V, Logroschino G, Filippi M, Tedeschi G, Ferrarese C, Rainero I, Bruni AC; SINDem COVID-19 Study Group. Behavioral and Psychological Effects of Coronavirus Disease-19 Quarantine in Patients With Dementia. *Front Psychiatry*. 2020 Sep 9;11:578015 <https://doi.org/10.3389/fpsy.2020.578015>

THE ALZHEIMER'S DISEASE AND RELATED DEMENTIAS TASK FORCE



In response to concern about the growing number of Ohioans affected by ADOD, Ohio Governor Mike DeWine and the Ohio General Assembly enacted legislation (Senate Bill 24, 133rd General Assembly) establishing the Alzheimer's Disease and Related Dementias Task Force.

The Task Force included individuals with a wide variety of expertise and experience related to ADOD, including advocates, caregivers, family members, health care professionals, and researchers. Ohio Department of Aging (ODA) Director Ursel J. McElroy served as Chair of the Task Force, with Ohio Department of Health (ODH) Director Dr. Bruce Vanderhoff serving as Vice Chair. A complete list of the Task Force members is included in Appendix A.

The Task Force was charged with evaluating personal and systems-based supports available in Ohio and making recommendations for a stronger, more responsive network of resources and services across the state. Appendix B provides an outline of legislative requirements the Task Force addressed.

The vision of the Task Force was to ensure access to quality care and supports for all Ohioans, and to support a system in which:

- Lifelong brain health is a priority and Ohioans have regular cognitive evaluations so that changes in brain health are identified and treated early and quickly.
- There is no social stigma surrounding ADOD because information about these diseases is easily accessible and Ohioans understand dementia-related symptoms and where to seek help.
- Caregivers have the emotional, financial, and respite resources they need to assist those living with ADOD.
- Employers of ADOD direct care providers offer staff fair and competitive wages.

The Task Force held multiple community listening sessions (Appendix C) and information gathering virtual forums (Appendix D). The group also conducted research into best practices across the country, reviewed scientific literature, drew on their own professional and personal experiences, and consulted with subject-matter experts.

ADOD TERMINOLOGY

While named in legislation as the Alzheimer’s Disease and Related Dementias Task Force, shortly after its creation, membership of the Task Force determined that the preferred terminology to use to describe the spectrum of conditions adversely affecting cognition should be “Alzheimer’s Disease and Other Dementias” (ADOD). This is the designation used throughout this Action Plan.

While different organizations use the terminology “Alzheimer’s Disease and Related Dementias,” the decision to adopt ADOD was intentional to acknowledge that a number of conditions fall under the general classification of dementia, with Alzheimer’s disease constituting the subclassification that is most prevalent in the United States and Ohio.

It is recognized that while different forms of dementia may appear similar to Alzheimer’s disease, the disorders may, in fact, occur due to significantly different mechanisms which can influence risk analysis, progression, and management considerations. ADOD establishes these distinctions and should be kept in mind when considering the recommendations of this Action Plan.

Other subclassifications of dementia, including Diffuse Lewy-Body type, Frontotemporal dementia, Vascular dementia, and others affect Ohioans just as Alzheimer’s disease does. The Task Force recognized the importance of using inclusive terminology that not only addresses the overarching condition known as dementia, but that can be individualized to the specific types of dementia that Ohioans and their families navigate.

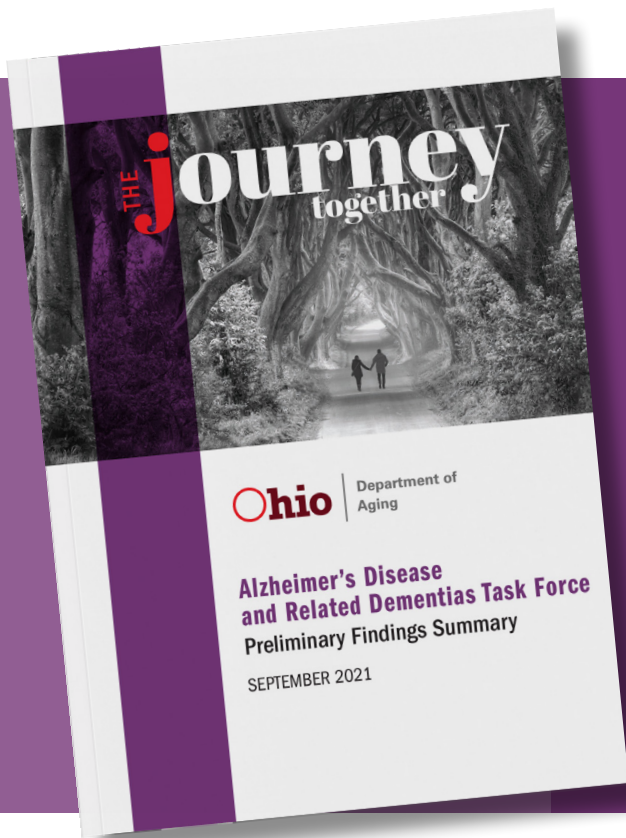
While most patients who present with ADOD do so at age 60 and older, the Task Force recognizes that a subset of individuals present as early as two decades prior to Medicare eligibility. Recommendations addressing all aspects of ADOD, including awareness, screening, treatment, and research should be considered for all age groups which might present with ADOD.



PRELIMINARY FINDINGS

In September 2021, the Task Force released a Preliminary Findings Summary, which used information and data from the variety of sources explored by the Task Force, including information gathered during the group's statewide listening sessions.

The Task Force explained in the Preliminary Findings Summary that while dementia is a serious, challenging, and life-threatening condition. Improving the lives of people living with ADOD, their families, and caregivers is achievable in Ohio by placing an enhanced focus on the following key areas:



- ✓ Early detection and intervention
- ✓ Access to quality health care
- ✓ Community living
- ✓ Long-term services and supports
- ✓ Disparities
- ✓ Policy

The key focus areas outlined in the Task Force's Preliminary Findings Summary have been strategically aligned with the strategies detailed in this Action Plan (Appendix E).



GOALS, STRATEGIES, AND ACTIONS

GOALS, STRATEGIES, AND ACTIONS

The Action Plan includes five key goals, each with related strategies and actions aimed at guiding public- and private-sector efforts to meet the growing needs of Ohioans living with and affected by ADOD.

FIVE KEY GOALS

- 1 INCREASE PUBLIC AWARENESS
- 2 ENSURE ACCESS TO CUTTING-EDGE OPTIONS ACROSS SITES OF CARE
- 3 TRAIN AND PREPARE A MODERN ADOD WORKFORCE
- 4 ADVANCE DEMENTIA RESEARCH AND DATA INNOVATION
- 5 OPTIMIZE THE USE OF FUNDING AND FINANCIAL SUPPORTS





GOAL 1

INCREASE PUBLIC AWARENESS

GOAL 1: INCREASE PUBLIC AWARENESS

Strategy 1A: Improve timely access to information and resources for the public

Actions:

1. Establish a statewide public education campaign and toolkit.
2. Promote awareness of financial exploitation and fraud.
3. Heighten awareness of clinical services.
4. Heighten awareness of support services.

Strategy 1B: Improve timely access to information and resources for professions

Actions:

1. Provide ADOD training for all medical, osteopathic, and nursing students.
2. Embed ADOD training in health science programs.
3. Offer ADOD training and certification to public service providers.
4. Collaborate with legal professional training to enhance understanding of legal issues.

Strategy 1C: Enhance infrastructure that supports awareness and outreach

Actions:

1. Create regional “one-stop” resource centers for information on ADOD.
2. Establish a statewide dementia coordinator.
3. Ensure outreach actions are accessible to people who might experience unique barriers.

Potential impact

These actions aim to improve awareness and counter misinformation and stigma. Reducing stigma and providing access to culturally appropriate information can lead to a timely and prompt diagnosis. This can ensure improved interventions and supports, better care coordination, and expanded choice for future planning for individuals with ADOD and families.





GOAL 2

**ENSURE ACCESS TO CUTTING-EDGE
OPTIONS ACROSS SITES OF CARE**

GOAL 2: ENSURE ACCESS TO CUTTING-EDGE OPTIONS ACROSS SITES OF CARE

Strategy 2A: Improve early detection and intervention

Actions:

1. Expand interventions to reduce risk factors for ADOD.
2. Increase access to evidence-based cognitive screening.
3. Leverage technology to increase access to clinical experts.
4. Facilitate access to care coordination services beginning at diagnosis.

Strategy 2B: Build capacity of affordable long-term care services and supports in the setting of choice

Actions:

1. Evaluate the quality and capacity of the long-term care system across the full life course of disease, including geriatric psychiatry units.
2. Enable strategic design and flexibility of key settings (e.g., respite care, adult day care, transportation, and PACE centers) to anticipate ADOD needs.
3. Ease administrative burdens to receive publicly funded care.
4. Integrate advance care planning into practice.

Strategy 2C: Empower and support caregivers

Actions:

1. Recognize caregivers as partners and educate them on how to best care for individuals with ADOD.
2. Support expansion of dementia friendly communities throughout Ohio.
3. Create a caregiver center of excellence.

Potential impact

These actions aim to provide comprehensive options across the continuum of care and in all settings. Investing in building capacity in the system for ADOD-specific needs will reduce barriers to care for this population. Additionally, building a center of excellence will lead to informed, empowered, and resilient caregivers.





GOAL 3

**TRAIN AND PREPARE A MODERN ADOD
WORKFORCE**

GOAL 3: TRAIN AND PREPARE A MODERN ADOD WORKFORCE

Strategy 3A: Attract and retain workforce capacity

Actions:

1. Develop financial incentives to attract and retain employees who provide geriatric and neuropsychiatric care across the long-term care spectrum.
2. Develop accreditation programs to encourage pursuit of careers that involve working with older adults and people living with ADOD.
3. Examine regulatory requirements, maximize workforce flexibility, and improve retention.
4. Invest in and increase the number of health care and behavioral health professionals specializing in geriatrics and gerontology.

Strategy 3B: Empower and train a highly skilled workforce

Actions:

1. Develop and embed best-practice models of training and care into health care systems and structures.
2. Require competency-based training in occupations adjacent to ADOD populations.
3. Embed training requirements to ensure the workforce meets the diverse needs of Ohioans.

Strategy 3C: Evolve ADOD care model to enhance dignity and quality of care

Actions:

1. Encourage care model innovation in the structure and delivery of dementia care services.
2. Promote “safety without lock”.
3. Improve the quality of life of people who reside in memory care units.

Strategy 3D: Promote integrated care across the health care system

Actions:

1. Implement evidence-based models of integrated primary care for people with ADOD.
2. Improve transitions of care between hospitals, nursing facilities, and individuals’ homes.

Potential impact

These actions aim to build a world class workforce that is focused on ADOD care. This will ensure that ADOD care in Ohio is integrated, seamless across transitions of care, and is of the highest standards, centered on quality of care, life, and dignity for individuals with ADOD. Additionally, this will improve workforce stability, workplace culture, and ensure staff feel valued, compensated, and have options for advancement.



GOAL 4

**ADVANCE DEMENTIA RESEARCH
AND DATA INNOVATION**

GOAL 4: ADVANCE DEMENTIA RESEARCH AND DATA INNOVATION

Strategy 4A: Improve coordination and information-sharing among researchers

Actions:

1. Expand Ohio's network of clinical and research partners to enhance work on ADOD initiatives.
2. Establish an advisory council of health care providers, higher education research institutions, and public health experts.
3. Enhance partnerships between state government and research organizations to improve the evidence base for ADOD care and supports.

Strategy 4B: Encourage expanded research on ADOD-related topics

Actions:

1. Elevate ADOD research to encourage organizations to focus on ADOD-related topics.
2. Incentivize research and clinical care partners to develop and contribute to an aggregated evidence database and system for assessment and care of individuals with ADOD.

Strategy 4C: Improve and accelerate the application of research

Actions:

1. Pursue public-private partnerships to accelerate innovative and sustainable patient care.
2. Increase participation in clinical trials and studies, particularly for underrepresented groups.
3. Incorporate public health approaches to prepare for significant growth in ADOD.

Strategy 4D: Improve data collection and utilization

Actions:

1. Strengthen, expand, and develop Ohio-based data collection, aggregation, and analysis.
2. Track progress and drive improvement through the establishment of statewide and equity-based metrics.

Potential impact

These actions aim to invest in ADOD research and innovation systematically. This will ensure that Ohio leverages its existing strength as a research powerhouse to expand the understanding of ADOD for current and future generations. This will lead to better care for those living with ADOD currently, while building towards a future without ADOD.



GOAL 5

**OPTIMIZE THE USE OF FUNDING
AND FINANCIAL SUPPORTS**

GOAL 5: OPTIMIZE THE USE OF FUNDING AND FINANCIAL SUPPORTS

Strategy 5A: Improve affordability of care

Actions:

1. Consider innovative financing models for those who do not qualify for public subsidies.
2. Explore ways to provide fair and competitive compensation for those who provide care.
3. Incentivize desired outcomes through value-based purchasing models.
4. Evaluate residential provider payment structures.

Strategy 5B: Increase participation in long-term care insurance

Actions:

1. Broaden access and awareness of long-term care insurance through employer partnerships.
2. Encourage participation in Ohio's partnership for long-term care insurance program.

Strategy 5C: Invest in caregivers

Actions:

1. Explore the feasibility of providing family caregivers relief to defray the financial impact of providing care.
2. Create new or enhance existing programs to provide targeted caregiver support.

Potential impact

These actions aim to optimize funding so that ADOD care remains affordable for Ohioans. This will ensure that all Ohioans representative of diverse geographies, ethnicities, income levels, and more are able to access care options across settings and the continuum of care. Additionally, this will ensure that there is financial relief and support for caregivers.



CALL TO ACTION

This report serves as a guide for regulatory, policy, and legislative review and action. The goals, strategies, and actions can be put into practice by:

- Caregivers equipping themselves to support individuals living with ADOD
- Local officials working to ensure their communities are dementia-friendly
- Long-term care providers working to improve their services for individuals living with ADOD
- Medical professionals restructuring their diagnostic and care coordination methods for brain health, early intervention, and diagnosis
- Members of the public helping people in their communities living with ADOD
- Policymakers implementing a supportive legislative and regulatory framework
- Public- and private-sectors investing in partnerships to support Ohioans with ADOD

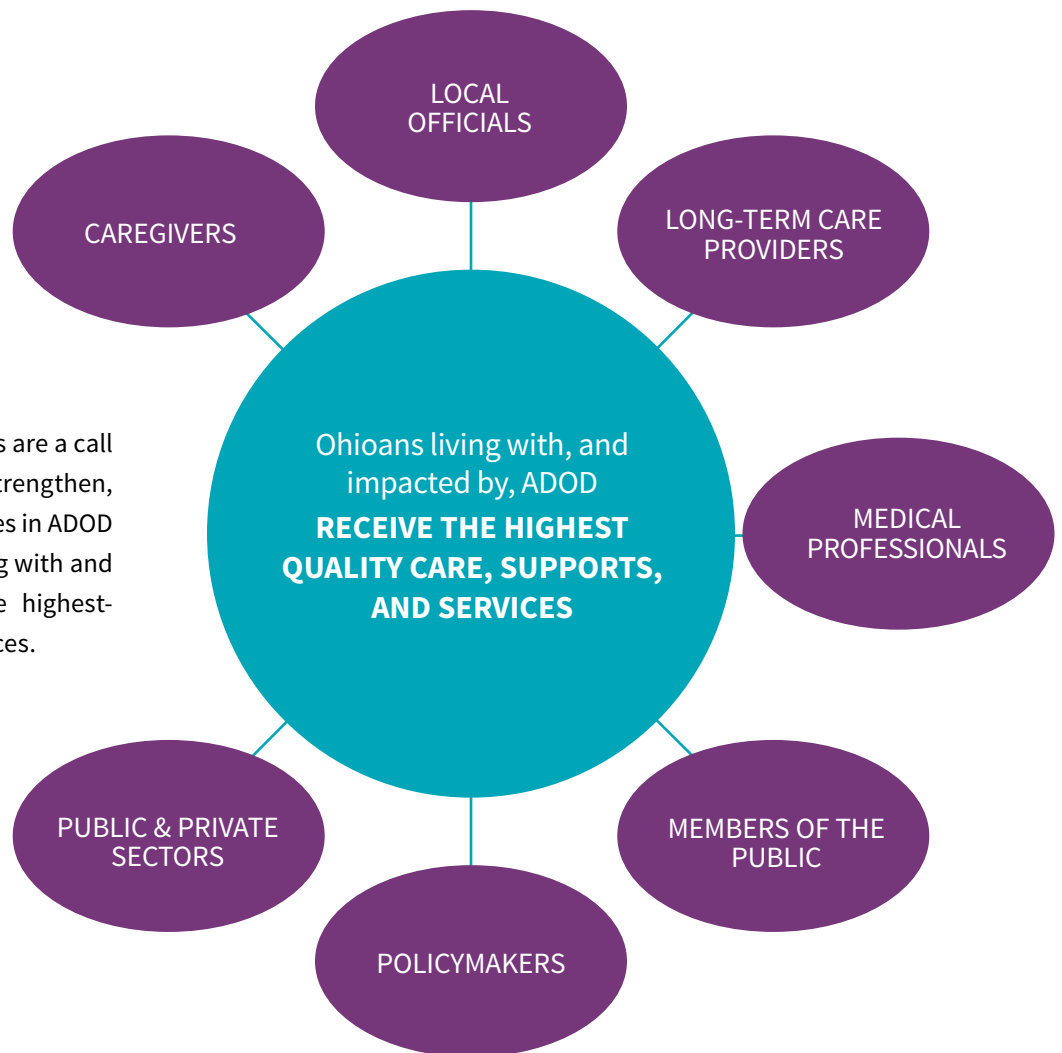


FIGURE 2. ADOD PARTNERS

The goals, strategies, and actions are a call to action for multiple sectors to strengthen, expand, and embed best practices in ADOD care to ensure that Ohioans living with and impacted by ADOD receive the highest-quality care, supports, and services.



CONCLUSION

These goals, strategies, and actions will shape an Ohio that best cares for and supports people impacted by ADOD. The foundation for Ohio's future response to ADOD will be built on best practices in communication and education, social and emotional resources, research and public health data, and sound legislative and financial policy.

Whether an Ohioan is personally living with ADOD, caring for a loved one living with ADOD, a health care worker, or someone who encounters people living with ADOD in the community, everyone has a role to play in making Ohio a state known for providing excellent care for its residents who are impacted by ADOD.



APPENDICES

APPENDIX A

ALZHEIMER'S DISEASE AND RELATED DEMENTIAS TASK FORCE MEMBERS

Positions and organizations listed reflect those held during time of service on Task Force

Ursel McElroy

Director, Ohio Department of Aging –
Task Force Chair

Bruce Vanderhoff

Director, Ohio Department of Health –
Task Force Vice Chair

Trey Addison

Director of Public Policy, Alzheimer's Association

Deborah Ashenhurst

Director, Ohio Department of Veterans Affairs

Doug Beach

Chief Executive Officer, Western Reserve Area Agency
on Aging

Jennifer Blough

Human Resource Executive/Caregiver, Alzheimer's
Association

Salli Bollin

Executive Director, Memory Lane Care Services

Lisa Brockman

Licensed Nursing Home Administrator, Health Care
Management Group

Kathryn Brod

President/CEO, LeadingAge Ohio

Bonnie Burman

President, Ohio Council for Cognitive Health





Maureen Corcoran

Director, Ohio Department of Medicaid

Rep. Rodney Creech

Ohio House of Representatives

Jolene DeFiore-Hyrmer

Health Improvement Bureau Chief, Ohio Department of Health

Jennifer Drost

Doctor/Research Medical Director Geriatric Medicine, Summa Health

Tina Hochwalt

Occupational Therapy Assistant/Social Services, Foundations Health Solutions/Home at Hearthstone

Holly Holtzen

State Director, AARP

Rep. Stephanie Howse

Ohio House of Representatives

Rhonda Johnson

Occupational Therapist, Ohio Occupational Therapy Association

Beverley Laubert

State Ombudsman, Office of the State Long-Term Care Ombudsman

Rep. Mary Lightbody

Ohio House of Representatives

Varun Mahajan

Doctor, Commission on Minority Health



Diane Pekunka

Retired Advocacy Volunteer Lead, AARP Ohio

Erin Pettigrew

Deputy Ombudsman, Office of the State Long-Term Care Ombudsman

Pamela Reese

Clinical Operations Consultant, American Health Care Association/Ohio Health Care Association

Joe Russell

Executive Director, Ohio Council for Home Care & Hospice

Melissa Schiffel

Prosecutor, Delaware County Government

Leanne Smith

Director of Residential Services & Public Relations, St. Francis Senior Ministries

Lori Stevic-Rust

Psychologist, Holistic Dementia Care

Jean Thompson

Executive Director, Ohio Assisted Living Association

Pete Van Runkle

Executive Director, Ohio Health Care Association

Sen. Steve Wilson

Ohio Senate

Sen. Kenny Yuko

Ohio Senate

APPENDIX B

LEGISLATIVE REQUIREMENTS

Appendix B outlines the specific topics from SB 24 addressed through the work of the Alzheimer's Disease and Related Dementias Task Force.

Topics Assigned to the Task Force	
A. Trends in the state's ADOD populations and service needs, including:	A1: The state's role in providing or facilitating long-term care, family caregiver support, and assistance to those with early-stage or early-onset ADOD
	A2: The state's policies regarding individuals with ADOD.
	A3: The fiscal impact of ADOD on publicly funded health care programs.
	A4: The establishment of a surveillance system to better determine the number of individuals diagnosed with ADOD and to monitor changes to such numbers.
B. Existing resources, services, and capacity relating to the care of individuals diagnosed with ADOD, including:	B1: The type, cost, and availability of dementia care services.
	B2: Dementia-specific training requirements for employees of long-term care facilities.
	B3: Quality care measures for residential care facilities.
	B4: Home- and community-based services, including respite care, for individuals diagnosed with ADOD and their families.
	B5: Number and availability of long-term care dementia units or providers.
	B6: The adequacy and appropriateness of geriatric-psychiatric units for individuals with behavioral disorders associated with ADOD.
	B7: Assisted living options for individuals diagnosed with ADOD.
	B8: State-supported ADOD research conducted at universities located in Ohio.

APPENDIX C

COMMUNITY LISTENING SESSIONS

To allow for members of the public – including Ohioans living with Alzheimer’s disease and other dementias, their caregivers, and those working in related fields – to offer input about services and supports for those living with dementia, the Alzheimer’s Disease and Related Dementias Task Force hosted a series of community listening sessions across the state.

Date	Time	Location
12/1/2021	2-4 p.m.	Conference Center at the Benjamin Rose Institute on Aging
12/2/2021	10 a.m.-12 p.m.	Center at Northeast Ohio Medical University (NEOMED)
12/9/2021	2-4 p.m.	University of Toledo, Brady Engineering Innovation Center
12/13/2021	10 a.m.-12 p.m.	Miami University, Scripps Gerontology Center
12/14/2021	1-3 p.m.	University of Cincinnati College of Medicine
12/16/2021	1-3 p.m.	The Ohio State University Health Sciences Colleges

INFORMATION GATHERING VIRTUAL FORUMS

VIRTUAL PUBLIC AND PROFESSIONAL FORUMS

To enhance their findings, the Task Force solicited public comment from medical and clinical professionals, service providers, representatives of health care and human service organizations that serve people living with or impacted by Alzheimer’s Disease or other dementias (ADOD), Ohio-based researchers, representatives from organizations that advocate on behalf of older adults and people impacted by ADOD, and caregivers.

The Task Force sought input on the following topics:

- The capacity and quality of long-term care and services for persons impacted by ADOD.
- The capacity and quality of health care systems in Ohio to adequately meet the needs of persons with ADOD.
- Legal issues and issues of public or personal safety for persons living with Alzheimer’s or other dementias.
- The adequacy of state policies concerning disease prevention, detection, and monitoring.
- Disparities in outcomes driven by economic, social, or geographic factors.
- Improving early detection, treatment, and intervention of ADOD.

Sage Squirrel Consulting hosted the virtual information-gathering forums on:

- Tuesday, July 13, 2021
10 a.m.-12 p.m. and 2-4 p.m.
- Wednesday, July 14, 2021
10 a.m.-12 p.m. and 2-4 p.m.
- Thursday, July 15, 2021
10 a.m.-12 p.m. and 2-4 p.m.

Forum participants were limited to 15-minute blocks of time and registered for a specific block of time in advance. Each participant spoke for up to 10 minutes with five minutes reserved for Task Force member questions and answers. The Task Force requested each participant to provide an electronic copy of their prepared remarks.

Date	Time	Name	Title
7/13/2021	10-10:10 a.m.	Laura Lamb	Long-term care services and supports and health care
7/13/2021	11:30-11:40 a.m.	Eric VanVlymen	Health care, early detection, and Aduhelm
7/13/2021	3:30-3:40 p.m.	Pamela Myers	Community impact and helping families
7/14/2021	10-10:10 a.m.	Anne Marie Trepanier	Adults with developmental disabilities, dementia services and supports, and health care
7/14/2021	3:15-3:25 p.m.	Amy Boehm	Early detection, health system success, and scale detection and Aduhelm
7/15/2021	10:30-10:40 a.m.	Chip Wilkins	Lack of specialized certification for dementia care in nursing homes and helping families
7/15/2021	11-11:10 a.m.	Pete Mikolaj	Supporting men who are caregivers, services and supports, and health care
7/15/2021	11:45-11:55 a.m.	Orion Bell	Community and evidence-based supports for persons with dementia and their family caregivers, detection, and Aduhelm
7/15/2021	2:45-2:55 p.m.	Steve Schnabl	Adult day services, caregiver supports, clarifying role of county mental health boards, and helping families
7/15/2021	3-3:10 p.m.	Karen Waltermeyer	Need for education, partnerships, community engagement, workforce development, and helping families

