

2027 – 2030 Vermont Action Plan for Alzheimer's Disease, Related Dementias & Healthy Aging

VERMONT
DEPARTMENT OF HEALTH

VERMONT
AGENCY OF HUMAN SERVICES
DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING
DEPARTMENT OF HEALTH

Dear Vermonters,

Alzheimer's Disease and Related Dementias (ADRD) are significant public health challenges for our state. Because Vermont has one of the oldest populations in the country, promoting brain health and supporting individuals and families affected by dementia are top priorities for the Vermont Department of Health and the Department of Disabilities, Aging, and Independent Living (DAIL).

To address these challenges, the Health Department, DAIL, partnering health systems, and community organizations are executing a coordinated public health response focused on actionable outcomes. We are expanding training and resources to help local primary care practices detect, diagnose, and manage dementia earlier.

Concurrently, we are deploying statewide initiatives such as the Dementia Friendly Vermont initiative within community spaces like public libraries, businesses, healthcare systems, and faith groups to make local environments more accessible for those living with cognitive decline. Together, these efforts aim to improve quality of life for Vermonters living with dementia and their caregivers while helping individuals remain connected to their communities.

Our long-term goals rely on sustained collaboration across multiple sectors. This includes expanding respite care funding to protect family caregiver health, improving local access to early diagnostic tools, and integrating brain-health education and dementia risk reduction into post-secondary curricula and chronic disease management programs like My Healthy VT. This Action Plan, the State Plan on Aging and Age Strong VT - Vermont's first multisector plan on aging - complement one another to support an age and dementia friendly Vermont.

We will evaluate our operational progress biennially to ensure resources are reaching Vermonters in our rural towns and villages as well as our urban centers.

To learn more, visit our department's Brain Health and Dementia webpages, sign up for the monthly newsletter, join our coalition, and contribute to the important work of creating a dementia-capable, dementia-friendly Vermont.

Sincerely,

Rick Hildebrant MD, MBA
Commissioner
Vermont Department of Health

Dr. Jill Bowen
Commissioner
Vermont Department of Disabilities, Aging and Independent Living

Acknowledgements of partners in the development and enactment of this plan:

- Age Strong VT
- Alzheimer's Association, Vermont, Maine, New Hampshire, Massachusetts Chapters
- Alzheimer's Disease and Related Dementias Hub & Spoke Workgroup
- Area Agencies on Aging
- Bi-State Primary Care Association
- Cathedral Square
- Centers for Disease Control and Prevention
- Chittenden County Regional Planning Commission
- Community Health Centers of Rutland Region
- Dementia Collaborative
- Elderly Services, Inc. – Project Independence
- Full Circle Medicine
- Gifford Medical Center
- Governor's Commission on Alzheimer's Disease and Related Dementias
- Services and Support at Home (SASH®)
- Springfield Hospital and Adult Day Center
- State Ombudsman's Office
- University of Vermont (UVM) College of Nursing and Health Sciences
- UVM Medical Center Memory Program
- UVM Dementia Family Caregiver Center
- UVM Larner College of Medicine, Center on Aging
- UVM Cardiovascular and Brain Health Center
- Vermont Agency of Human Services, Blueprint for Health
- Vermont Aging Network Consortium
- Vermont Association of Hospitals & Health Systems
- Vermont Department of Disabilities, Aging and Independent Living
- Vermont Department of Health Chronic Disease Prevention Programs, Health Statistics & Informatics, & Local Health Offices
- Vermont Department of Health Access
- Windham Aging

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Our call to action: building dementia capability

Vermont is one of the most rapidly aging states in the United States, with 23% of residents aged 65 or older.[1] Vermont's older population is growing faster than any other age group, and we are one of the oldest states in the nation. While dementia is not an expected part of aging, age remains the number one risk factor. Based on our latest census data, Alzheimer's impacts 9.9% of Vermonters over the age of 65, approximately 12,800 individuals. As many as half of these individuals are not diagnosed and there are many more people experiencing other forms of dementia or who are diagnosed but under the age of 65. The Medicaid cost of caring for Vermonters with dementia was $166 million in 2025.[2] Alzheimer's Disease accounts for 60 - 80% of the dementia diagnoses in the U.S.[3] and is Vermont's fifth leading cause of death.[4]

Vermont's mission is to become a dementia-capable and dementia-friendly state, and this new state action plan guides these efforts. An estimated 65% of older adults with Alzheimer's or other dementias live at home, and many live alone.[3] These realities underscore the importance of early detection and diagnosis, preparing the healthcare systems for emerging treatments, strengthening supports for individuals living with dementia and their caregivers, and improving quality of life and opportunities to age in place.

There is a growing effort in Vermont to create age-friendly healthcare systems and already there are nine hospitals and clinics that have been recognized as age-friendly. The Vermont Department of Health is recognized by the Trust for America's Health as an advanced state in this effort, and libraries and other sectors are seeking dementia-friendly status through the health department.

For more information on the current landscape and data of ADRD in the U.S. and Vermont please see pages 25-29 of this plan and for more information on Dementia-friendly communities, visit What Are Dementia-friendly Communities? | Vermont Department of Health.

Vermont's Mission

To create a dementia-capable and dementia-friendly Vermont through coordinated efforts to promote brain health, improve early detection and access to care, strengthen caregiver supports, and enhance quality of life for individuals and families affected by dementia.

Vermont’s response to dementia as a public health priority

Over the past several decades, Vermont has strengthened its response to dementia as a growing public health priority. Beginning in the 1990s with the creation of the Governor's Commission on Alzheimer’s Disease and Related Dementias (ADRD), the state has built a growing network of partners and collaborative initiatives to advance dementia awareness, care and support. These efforts have laid the foundation for a coordinated, statewide approach to building dementia capability. This is reflected in how dementia care and risk reduction strategies are included in other state plans including Age Strong VT and the State Plan on Aging.

The Vermont Department of Health and DAIL play central roles in advancing this work, supported in part by funding from the Centers for Disease Control and Prevention (CDC). Together with healthcare and community partners, the state is working to strengthen early detection and timely diagnosis, access to FDA-approved treatments, improve care coordination, expand workforce capacity, and enhance quality of life for individuals living with dementia and their caregivers. An important component of this infrastructure is the Vermont Alzheimer’s and Dementia Care program coordinated by the University of Vermont Medical Center (UVMMC) Memory Program, which supports primary care education and training and placement of Dementia Care Specialists and Navigators in rural hospitals and clinics in Vermont.



The following advisory groups and initiatives reflect Vermont's ongoing commitment to a coordinated response and progress toward a dementia-capable and dementia-friendly state.

Alzheimer's Disease and Related Dementias (ADRD) Coalition

At the foundation of Vermont's response to this growing public health priority is its Coalition consisting of the Governor's Commission on ADRD, the Hub and Spoke for ADRD workgroup, and the Vermont Department of Health Chronic Disease Programs. These three multi-sector groups are comprised of representatives from health systems, dementia experts, housing and services at home, community-based organizations, adult day centers, senior centers, public health and aging agencies, individuals with lived experience, and allied health professionals. The coalition works collaboratively to address the public health response to ADRD in a multi-disciplinary approach. The Health Department's Alzheimer's Disease and Healthy Aging Program aims to deepen the quality of engagement and expand its representative base with each successive program year.

Governor's Commission

The Vermont Legislature established the Governor's Commission on Alzheimer's Disease and Related Disorders in 1991. The Commission is composed of the following roles:

- Department of Disabilities Aging and Independent Living Commissioner or a designee
- Department of Health Commissioner or a designee
- one senator
- one legislative representative
- thirteen members appointed by the Governor

The members serve for terms of three years and represent the following groups and sectors: Physicians, social workers, nursing home managers, the clergy, adult day providers, the business community, registered nurses, residential care home operators, family care providers, the home health agency, the legal profession, mental health service providers and the Alzheimer's Association. The Commission's mission is to:

- Identify key public policy issues related to ADRD
- Educate the public and private sectors on these matters
- Submit annual report to legislature each January
- Formulate policy recommendations in support of developing programs and services essential to providing accessible and appropriate services to people with ADRD, their families and care partners.

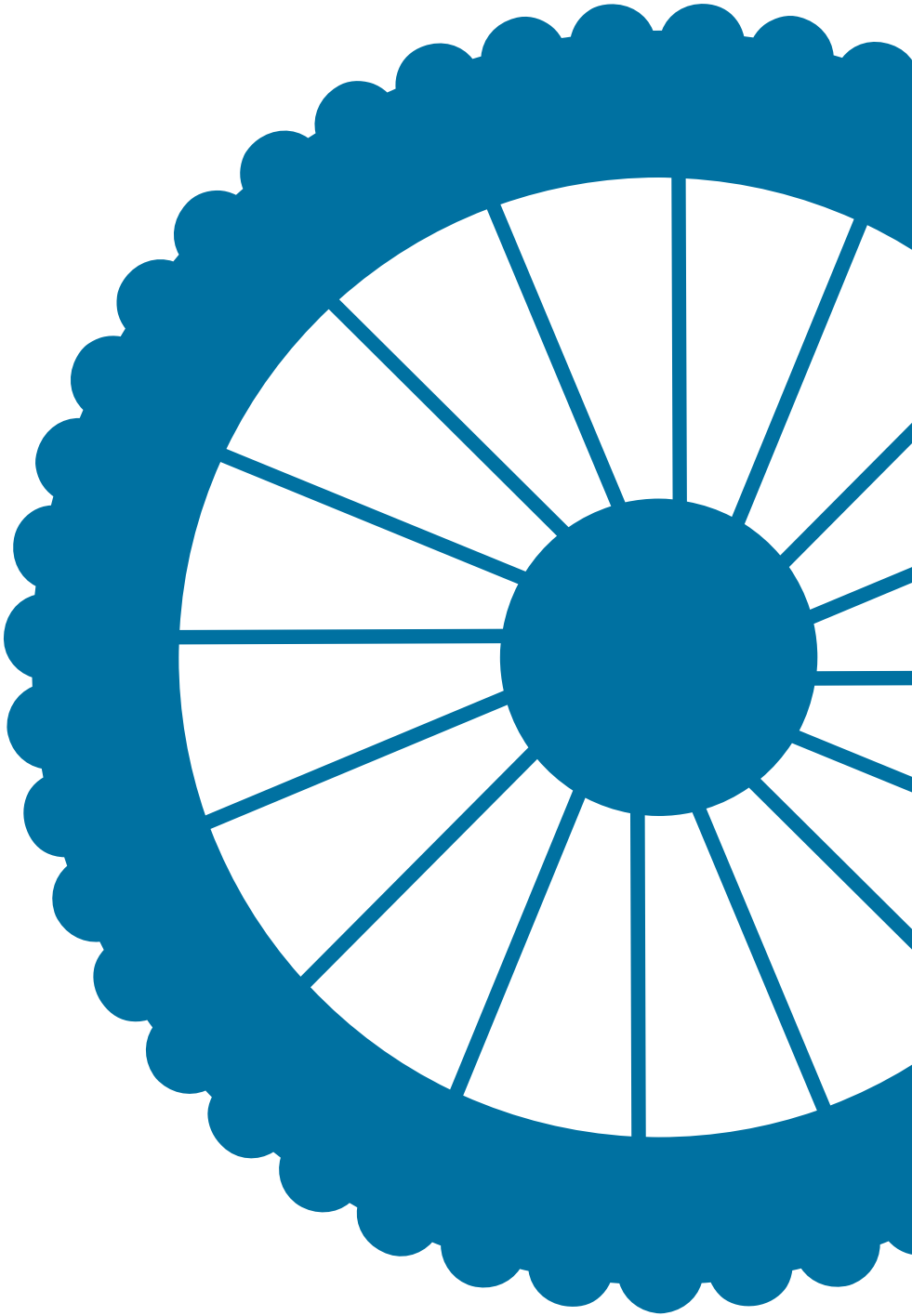
For more information, visit the Governor's Commission on ADRD website.

Hub & Spoke ADRD Workgroup

The Vermont Hub and Spoke ADRD Initiative, a collaboration between the Health Department, DAIL and health system partners begun in 2018, is an effort to increase screening, early diagnosis and care for people living with dementia and their care partners by increasing capacity among primary care providers (PCP) and their teams. The workgroup began as an unfunded entity comprising individuals passionate about reducing the burden of dementia in Vermont.

The Hub and Spoke ADRD workgroup includes: DAIL, Gifford Medical Center, Full Circle Medicine, Dementia Collaborative, UVM Memory Program, Elderly Services Inc Adult Day Center, UVM Center on Aging and School of Nursing, Vermont's Area Health Education Council (AHEC), Vermont Association of Hospitals and Health Systems, Bi-State Primary Care Association, UVM Dementia Family Caregivers Center, Area Agencies on Aging (AAA), Community Health Clinics – Rutland Region, Norwich University School of Nursing, Chisholm Caregiver Empowerment Coaching, VT chapter of the Alzheimer's Association, VT Ethics Network, the VT Healthcare Association, long-term care facilities and regional memory programs, Alzheimer's Disease and Healthy Aging Program, dementia caregivers, optometrist, retired neurologists and primary care.

For more information, visit our Dementia Care Hub and Spoke Model Overview or our Data Brief on the Vermont Hub and Spoke Initiative.

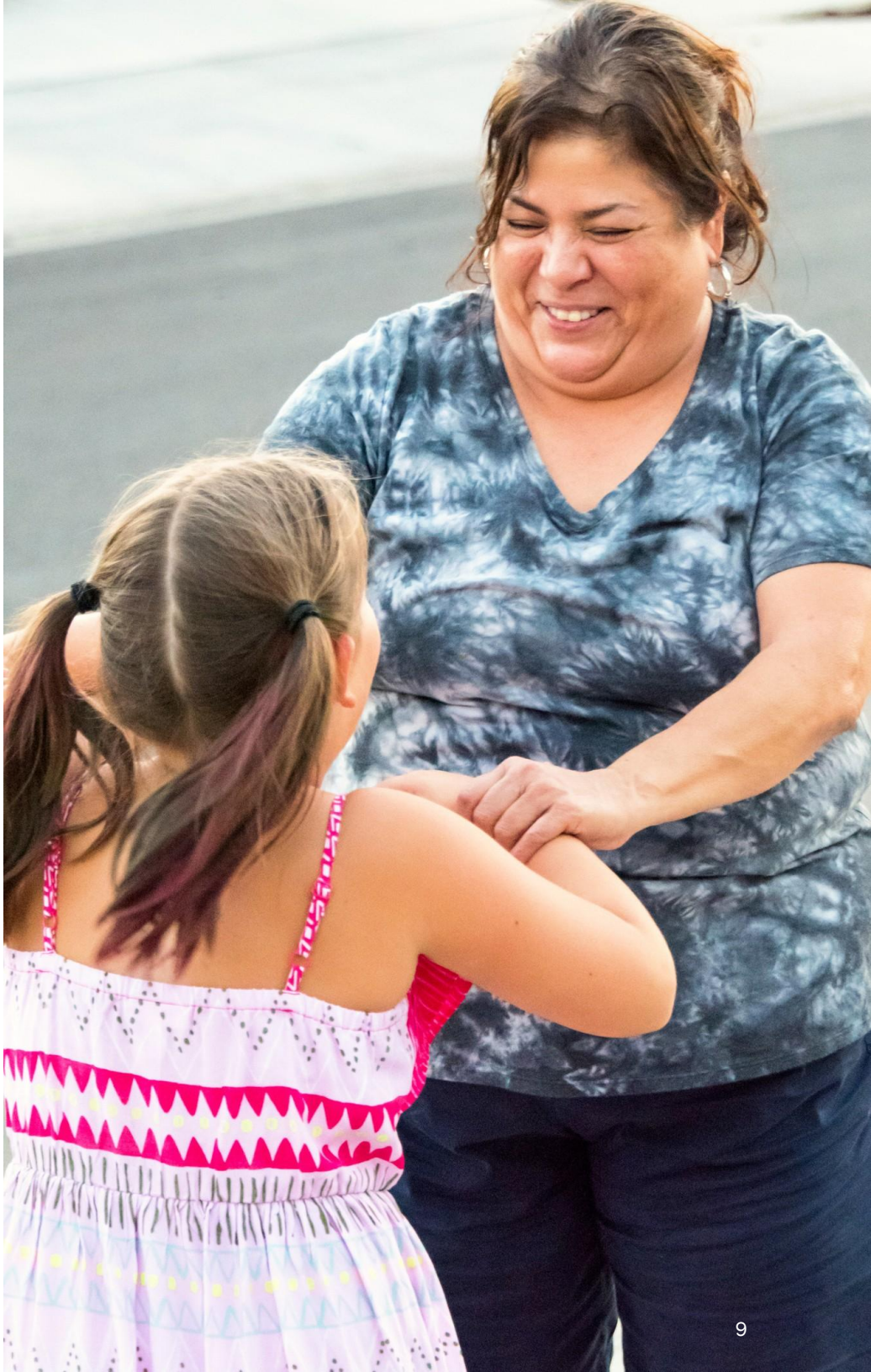


Building our largest dementia infrastructure (BOLD)

In 2020, Vermont was one of 17 state or county health departments, territories or tribal governments that received funding from the CDC to establish a coalition with working groups, leverage existing partnerships and expand data collection to address ADRD as a public health priority.[5] Additionally, the coalition garnered public and professional input to create the Vermont Action Plan for Alzheimer's Disease, Related Dementias and Healthy Aging 2022-2025 to address:

1. Increase early detection
2. Promote risk reduction
3. Support caregivers
4. Reduce avoidable hospitalizations

In 2023, the Department of Health's Alzheimer's Disease and Healthy Aging Program secured a second round of funding through the BOLD Public Health Programs to Address ADRD initiative and is now in year four of the five-year grant. This funding supports continued implementation of the Action Plan and efforts to expand dementia-capable home- and community-based services, including multidisciplinary dementia care. Emerging partnerships are also exploring dementia care hubs, geriatric primary care, and integration of palliative and hospice care, while growing collaboration with chronic disease programs is advancing dementia risk reduction.



About the action plan

The Vermont Action Plan on Alzheimer's Disease, Related Dementias and Healthy Aging is a principal deliverable of the BOLD Infrastructure for Alzheimer's Act cooperative agreement and was updated by the Vermont Department of Health with input from the public, partners and members of the Governor's Commission on ADRD.

In Spring of 2025 Health Department's Alzheimer's Disease and Healthy Aging Program, Office of Health Equity Integration, Local Health Offices and the Alzheimer's Association VT Chapter convened 6 public input sessions across the state in addition to a seventh virtual input session. Participants also received education on Communication for Caregivers. The planning team categorized input from the 133 attendees and used their perspectives to develop the goals and strategies for the 2027-2030 Action Plan.

This Action Plan is intended to serve as a guide, in concert with other important work, to improve the quality of life of all Vermonters. This new Action Plan builds upon previous work and will be a companion document to the State Plan on Aging, Age Strong VT – our state's multi-sector plan on aging – and the State Health Improvement Plan.



Complementary plans in Vermont

Vermont has several state plans that serve different purposes but are being crafted to offer complementary strategies for addressing dementia as a public health priority and aging well in the state. Collectively, these plans will ensure a comprehensive advance toward our mutual goal: **Enable all Vermonters to age with dignity, respect and independence in the healthiest manner possible.**

Each plan has a unique scope and focus. The emphasis of this Action Plan is reduction of dementia risk, earlier detection of dementias, recognition and support of family caregivers and promotion of body and brain health.

Complementary plans include:

- Age Strong – Multi-sector Plan on Aging - the state's first ten-year plan and roadmap to setting forth strategies and policies to ensure all Vermonters have the chance to age well and with dignity, and supports actions related to brain health, safety and protection, access to nutrition and other supports for healthy aging.
- VT State Plan on Aging - guides the work funded by the Older Americans Act[6] and includes dementia training and care. The State Plan on Aging is an important plan for implementation of services and care coordination carried out by Area Agencies on Aging including options of care counseling and caregiver screening and respite grants for dementia caregivers.
- VT State Health Improvement Plan - The state's health improvement plan is based on the State Health Assessment findings and contains four goals which support dementia care and dementia risk reduction: safe housing, affordability, accessible healthcare and substance and mental health services.



Alignment with national efforts

Vermont's Action Plan is also aligned with national priorities to focus the collective response of public health, healthcare systems, advocacy organizations and other partners to achieve meaningful, effective impact. That alignment includes goals and strategies supported by the latest scientific evidence available and from CDC's Healthy Brain Initiative. As the science of prevention and treatment of dementias advances, Vermont's plan will be adjusted accordingly. Vermont strives to increase the dementia capability of primary care, home, and community-based providers, support healthy aging and brain health interventions, increase access and use of lifestyle modifications for dementia risk reduction, and improve supports and care including for those living with the disease and dementia caregivers.

In 2025-2026, Vermont's Alzheimer's and Healthy Aging Program, in collaboration with its ADRD coalition, helped secure additional funding through the University of Minnesota and National Institute on Aging (NIA) and the Administration for Community Living (ACL) to advance dementia-related data and care innovation, expand local dementia care capacity, and support sustained progress toward an age- and dementia-friendly Vermont.

National efforts include:

- The Healthy Brain Initiative HBI
- BOLD Infrastructure for Alzheimer's Act | Alzheimer's Disease Program | CDC
- Alzheimer's Disease Programs Initiative (ADPI) – Dementia Capable States and Communities | Administration for Community Living
- State Alzheimer's Research Support Center (StARS) Dementia Care Innovation Grant | National Institute on Aging
- The National Alzheimer's Project Act (NAPA)
- RAISE (Recognize, Assist, Include, Support & Engage)
- UsAgainstAlzheimer's Action
- National Alzheimer's and Dementia Resource Center (NADRC)
- Chronic Disease Prevention - National Association of Chronic Disease Directors (NACDD)

Action plan

The following are the priority goal areas addressed in the action plan. These goal areas reflect the current needs, gaps and improvement areas identified by national organizations including the Healthy Brain Initiative, the National Alzheimer's Project Act and the RAISE Family Caregivers Act, in addition to the input of Vermonters. Vermont stakeholders affirm that these priority areas are vital to the multidisciplinary response necessary to effectively address the increasing dementia care needs seen in Vermont. This plan will guide the state in realizing it's mission of creating a dementia-capable and dementia-friendly Vermont through coordinated efforts to promote brain health, improve early detection and access to care, strengthen caregiver supports, and enhance quality of life for individuals and families affected by dementia.

1. **Strengthen partnerships, policy, advocacy and legislative engagement to improve the dementia care system.**
2. **Strengthen data, surveillance and evaluation to track progress.**
3. **Improve dementia care navigation, early detection and access across the healthcare system.**
4. **Enhance knowledge, skills and capacity of a dementia-capable workforce.**
5. **Improve brain health awareness and reduce dementia risk, stigma and bias.**

Definition of terms

Goal: Goals are high-level priority areas. The goals in this plan are based on the Healthy Brain Initiative (HBI) and the National Alzheimer's Project Act (NAPA).

Action: Actions describe how partners in Vermont will achieve these goals. Actions in the plan have been selected and prioritized through public input.

Strategy: Strategies are specific things that partners in Vermont will do to support the actions and goals in the plan.

Performance Outcomes: Performance outcomes are measurable objectives aligned with specific actions and strategies. These outcomes and others will be monitored and included in regular updates related to this plan.

1 Strengthen partnerships, policy, advocacy and legislative engagement to improve the dementia care system.

Action 1: Advance policy and legislative engagement

Strategies:

- ❑ The Vermont ADRD coalition will perform a comprehensive workforce assessment every five years to identify dementia-capability workforce development and retention gaps and inform program and policy decisions.
- ❑ The Departments of Health and Disability, Aging and Independent Living (DAIL) will collaborate with the Governor's Commission on ADRD to advance sector-specific dementia workforce development and retention policies.
- ❑ The Vermont ADRD coalition will advance policies that increase access to insurance benefits and treatments options for younger-onset dementias.
- ❑ The Governor's Commission on ADRD and the VT Chapter of the Alzheimer's Association will strategize and coordinate annual testimony, including an individual living with younger-onset dementia, to the Vermont Legislature on dementia and risk reduction priorities.
- ❑ The Vermont ADRD coalition will provide qualitative and quantitative data to support advocacy messaging in alignment with the VT Chapter of the Alzheimer's Association.

Action 2: Sustain and engage the ADRD coalition

Strategies:

- ❑ The BOLD Program with the VT Chapter of the Alzheimer's Association and UVM Dementia Family Caregiver Center will recruit new ADRD coalition members, including individuals living with dementia, their caregivers, and other dementia caregiver champions, to provide guidance and support ongoing education of coalition members.
- ❑ Co-facilitated by the Departments of Disability, Aging and Independent Living and Health, sustain the ADRD coalition by focusing on member engagement to support retention and regular meeting attendance.
- ❑ Facilitated by the Chairs of the Governor's Commission on ADRD, BOLD Program, and State Dementia Services Coordinator, establish and maintain an ADRD Coordination Task Force to facilitate and track progress on the state's Dementia-related work (i.e., State Health Improvement Plan, ADRD Action Plan, Age Strong).
- ❑ The BOLD Program with the ADRD coalition and the Alzheimer's Association will hold periodic public listening sessions to inform ongoing efforts.

Goal 1, continued

Action 3: Strengthen cross-sector partnerships and engagement

Strategies:

- ❑ The BOLD Program and DAIL will coordinate targeted actions among workgroups and task forces, including the Governor's Commission, Hub and Spoke for ADRD workgroup, the Dementia Behaviors Response and Management Workgroup, Age Strong VT Steering Committee and the Vulnerable Adult Mortality Task Force convened by the Office of the Attorney General to prevent abuse, neglect, and exploitation of older adults including individuals living with dementia.
- ❑ The BOLD Program partners with Local Health Offices, worksites and municipalities to promote and gain sign-ons for age-friendly and dementia-friendly community initiatives statewide.
- ❑ The BOLD Program and partners will contribute to the Age Strong VT Plan to strengthen dementia diagnosis and care, brain health promotion, and collaboration on falls, traumatic brain injury, and suicide prevention.
- ❑ Meet regularly with partners to assure consistent alignment of our dementia care, risk reduction, caregiver support and healthy aging efforts with the State Plan on Aging, State Health Improvement Plan, Age Strong VT and chronic disease state plans to advance our goals for a dementia capable state.
- ❑ Advance collaboration between Departments of Corrections, Health Access, and Health to address cognitive decline, create dementia-friendly environment, secure dementia placement as needed and promote healthy aging benefits and conditions among incarcerated populations.
- ❑ The BOLD Program will work with the state Office of Rural Health on informing and integrating dementia diagnosis and care into state and health system efforts.
- ❑ The BOLD Program and other ADRD coalition members will collaborate with the Disabilities Council to engage neurodiverse individuals and individuals with Acquired Brain Injury in dementia-related initiatives.
- ❑ The BOLD Program will work with the cardiovascular, diabetes, tobacco and oral health programs to integrate brain health messaging and actions that contribute to dementia risk reduction goals.
- ❑ The Hub and Spoke ADRD Workgroup will engage with cross-sector partners including Age Strong VT, the Office of Rural Health, the Vermont Association of Hospitals and Health Systems, the Department of Health Access, Bi-State Primary Care Association, Vermont Chronic Care Initiative, Alzheimer's Association VT Chapter, and the Vermont Health Care Association in the effort to build dementia capability in the healthcare system.
- ❑ The planning subcommittee of the Hub and Spoke ADRD Workgroup will meet quarterly with the leadership of the UVM Memory Program, UVM Center on Aging and other experts to gain their input on building out the Vermont Alzheimer's and Dementia Care Program.
- ❑ The BOLD Program will meet with the UVMHN Binter Center for Movement Disorders and the UVM Center for Cardiovascular Disease and Brain Health to discuss avenues for collaboration.

2 Strengthen data, surveillance and evaluation to track progress.

Action 1: Strengthen dementia-related data collection and analysis

Strategies:

- ❑ The BOLD Program and ADRD coalition will propose to field the BRFSS Subjective Cognitive Decline and Caregiver Modules biennially, depending on funding availability.
- ❑ The BOLD Program analyst will analyze BRFSS, hospitalization, VHCURES, claims and other data to better understand baseline dementia rates for populations at risk, assess state dementia-capabilities (screening, diagnosis and care) and identify dementia-related health gaps including populations living with younger-onset dementias.
- ❑ The BOLD Program and VT StARS Study Team will leverage partnerships, findings and data from the Vermont StARS project to strengthen the state's dementia-related data.
- ❑ The BOLD program will include data from partners including Area Agencies on Aging, SASH, Adult Day Centers and Dementia Family Caregiver Center to inform and strengthen strategies and actions.
- ❑ Facilitated by BOLD Evaluator, the BOLD program will track and share progress on Action Plan with the ADRD Coordination Task Force. The task force will be comprised of representatives from health systems, public health, service providers, and community organizations will meet regularly to track progress Action Plan Activities and to support the work of the State Dementia Services Coordinator.

Action 2: Improve data translation and dissemination

Strategies:

- ❑ The Department of Health will create accessible, Vermont-specific data products on cognitive health and caregiving.
- ❑ The BOLD Program will translate data briefs and program reports each year to expand the reach of dementia care and risk reduction information.
- ❑ The Center on Aging, Dementia Family Caregivers Center and the VT Chapter of the Alzheimer's Association and other ADRD coalition partners will engage diverse dementia caregivers in qualitative data gathering to inform best practices.
- ❑ Vermont's ADRD coalition will disseminate data products through partner networks in accessible formats.
- ❑ In partnership with the Department of Disabilities, Aging and Independent Living, the BOLD Program will use workforce assessment, State Plan on Aging data, program and partner surveillance and evaluation findings to guide dementia risk reduction and care infrastructure development, long term care and other workforce supports, and Hub and Spoke ADRD workgroup priorities.

3 Improve dementia care navigation, early detection and access across the healthcare system.

Action 1: Improve dementia screening and diagnosis

Strategies:

- ❑ The Hub & Spoke ADRD workgroup will work on aligning cognitive screening practices with current evidence and AAIC recommendations and organize training for primary care teams.
- ❑ The BOLD Program will promote use of the Medicare Annual Wellness Visit (AWV) as a reimbursable office visit opportunity designed for early detection and prevention.
- ❑ The BOLD Program and DAIL will promote appropriate dementia screening tools, approaches, and care standards for neurodiverse populations and individuals with intellectual and developmental disabilities.

Action 2: Strengthen dementia care coordination and clinical systems

Strategies:

- ❑ The ADRD coalition will help advance and strengthen the Vermont Alzheimer's and Dementia Care program to improve access to coordinated dementia capable primary care and specialty care, and referrals to social services, respite, palliative care, aging services, allied health organizations, and other community-based services.
- ❑ The BOLD Program will promote appropriate ICD-10 coding and billing practices to healthcare teams, including coders, to support dementia care and address insurance coverage barriers.
- ❑ The Hub and Spoke ADRD workgroup and the Governor's Commission on ADRD will work on integrating dementia-informed discharge planning and checklists into hospital workflows per guidance from the Alzheimer's Association.
- ❑ The BOLD Program and DAIL in collaboration with the Vermont Health Care Association will create and implement dementia training to the long-term care workforce.

Goal 3, continued

Action 3: Recognize family caregivers as essential care team members

Strategies:

- ❑ UVM Dementia Family Caregiver Center and the Hub & Spoke ADRD workgroup will promote clinical practices that identify, document, engage, and support family caregivers as members of the care team.
- ❑ The Hub & Spoke ADRD workgroup will provide training, tools, and resources to primary care teams to strengthen caregiver engagement and assess caregiver health, wellness, and support needs during patient visits.
- ❑ In partnership with the VT Ethics Network, the Hub & Spoke ADRD workgroup Educate providers and caregivers on timely referral to palliative and hospice care for individuals living with dementia.



4 Enhance knowledge, skills and capacity of a dementia-capable workforce.

Action 1: Strengthen dementia workforce development infrastructure

Strategies:

- ❑ The BOLD Program will coordinate an annual dementia and risk reduction training plan informed by workforce education needs and coalition efforts to strengthen workforce capacity.
- ❑ The ADRD coalition will deliver and promote dementia and brain health education through the annual Dementia and Brain Health Symposium, webinars, professional networks, conferences, and continuing education opportunities statewide for healthcare, aging services, public health, human services, and allied health profession sectors.
- ❑ The BOLD Program will establish partnerships with University of Vermont Center on Aging and the School of Nursing and Health Sciences and other post-secondary education programs to integrate or enhance brain health and all types of dementia in curricula.



Goal 4, continued

Action 2: Strengthen dementia care competencies across the workforce

Strategies:

- ❑ Through a 2027 Project ECHO[a] on Dementia in partnership with UVM AHEC and the Hub and Spoke ADRD workgroup, disseminate evidence-based guidelines and protocols for cognitive screening, diagnostic testing, care management and coordination, and provision of dementia care including referrals to community services with a focus on building dementia capability across the state in primary care.
- ❑ Through a 2028 Project ECHO[a] on Dementia Risk Reduction and Lifestyle Behaviors, share and support implementation of evidence-based findings from the U.S. POINTER Study including referral guidance to resources available through My Healthy VT, 802Quits, senior center exercise programs, chronic disease management, clinical preventive services.
- ❑ UVM Dementia Family Caregiver Center will work to increase the number of social workers trained in geriatrics to support employment and retention of this workforce in Vermont.
- ❑ BOLD program will coordinate and promote dementia-capable training for Vermont's direct care workforce, including but not limited to clinicians, clinical support staff, long-term care, social services, case managers, care coordinators and community health workers using evidence-based curricula (e.g., GUIDE, LEAP, Mouth Care Without a Battle, Best Friends).
- ❑ The ADRD coalition will promote adoption and use of the Age-Friendly Health System framework to reduce provider bias and support dementia-capable practices
- ❑ The ADRD coalition will promote and train healthcare staff on addressing challenging behaviors in the hospital setting using Dementia Friendly Hospitals framework.
- ❑ The BOLD program will identify and promote training opportunities that address dementia-related, age-related, and cultural biases and dementia risk reduction across public health, human services, state agencies, and community settings.

[a] *Project ECHO refers to the Extension for Community Healthcare Outcomes is an evidence-based interactive distance learning method developed by researchers at the University of New Mexico. The ECHO model links teams of interdisciplinary specialists with primary care clinicians via case-based learning.*

5 Improve brain health awareness and reduce dementia risk, stigma and bias

Action 1: Increase public awareness of brain health and dementia

Strategies:

- ❑ The BOLD program in coordination with local health staff will disseminate the latest scientific evidence on brain health and dementia risk reduction statewide and in community settings.
- ❑ The BOLD program, in collaboration with the ADRD coalition, will use findings from the U.S. POINTER Study to promote free Vermont programs and resources that support dementia risk reduction, including My Healthy VT, 802Quits, and Senior Center activities.
- ❑ BOLD program and ADRD coalition will promote resources and trainings from CDC Centers of Excellence, Us Against Alzheimer's, and other partners.
- ❑ The BOLD program in collaboration with the ADRD coalition will educate the public on normal versus concerning cognitive changes at all stages of life and the benefits of early detection, diagnosis, and support.
- ❑ The Office of Oral Health will promote oral health across the lifespan and inform the BOLD program and DAIL on dementia-specific strategies for improving access to dental care among older adults.
- ❑ The BOLD program will promote heart health and brain health as a collaborative effort with the cardiovascular health program.
- ❑ BOLD program will work with the Vermont Ethics Network to promote Advanced Directives to increase filings annually.

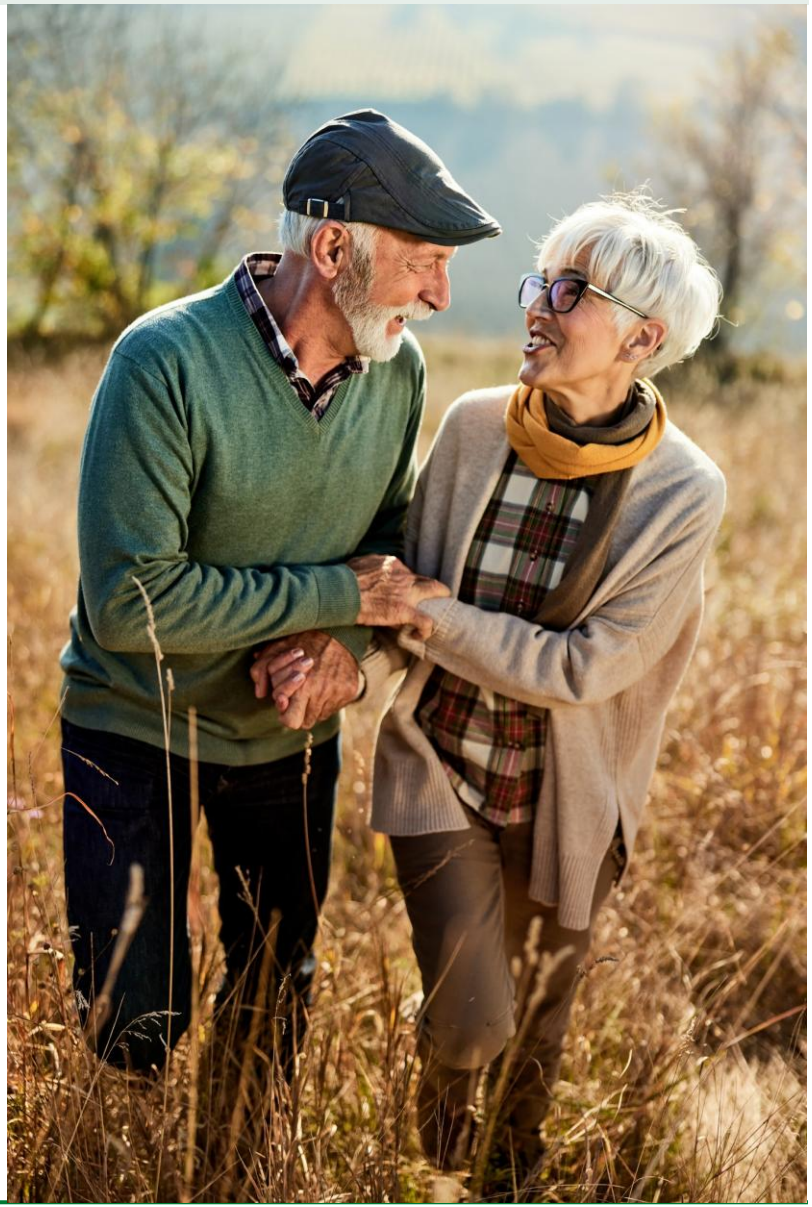


Goal 5, continued

Action 2: Expand caregiver supports and resources

Strategies:

- ❑ DAIL and the ADRD coalition will promote a statewide "No Wrong Door" approach to caregiver resources, including 211, Senior Helpline, Alzheimer's Association Helpline, and community partners.
- ❑ The ADRD coalition will promote the Dementia Family Caregiver Center's and Area Agencies on Aging's evidence-based caregiver programs that support emotional health, physical health, and dementia care skills (e.g., CARERS, TEACH, etc.)
- ❑ The BOLD program and DAIL will develop dementia care navigation communications to help families anticipate disease progression.
- ❑ The State Ombudsman's Office, the BOLD program and DAIL will educate and promote use of adult day services, respite care, palliative care and hospice care statewide for those living with dementia and their caregivers.
- ❑ The Dementia Family Caregiver Center and partners will report on findings on reasons for hospitalizations of those with dementia and no available placement and share recommendations to address this issue.
- ❑ The Governor's Commission for ADRD will work with the BOLD team to engage existing adult day programs and dementia care communities in advancing opportunities for day respite programs.



Monitoring and evaluation of the action plan

The Action Plan for Alzheimer's Disease, Related Dementias and Brain Health is a collaborative, organic effort. The Governor's Commission in collaboration with the Hub & Spoke ADRD workgroup, DAIL and Health Department will facilitate biennial checks on the progress of the plan as well as any necessary shifts in course that better address our goals. *This plan is a vital document.*

Vermont continues to build stronger, more diverse partnerships to address the burden of Alzheimer's Disease and related dementias, which may lend multiple dimensions to the tactics used to accomplish our strategies and reach our goals. Acknowledging that measurement strategies and the public health context are evolving, the indicators and measures included here may shift over time to better reflect progress in Vermont. Evaluation and monitoring reports including those on the action plan can be found here: Brain Health & Dementia | Vermont Department of Health.

Performance outcomes

1 Strengthen partnerships, policy, advocacy and legislative engagement to improve the dementia care system.

- ✓ Increase the number of partner organizations who serve on the ADRD coalition from 50 (2025) to 75 in 2030.
- ✓ Designate 50 organizations or businesses as age-friendly and dementia-friendly organizations by 2030.
- ✓ Complete 1 comprehensive workforce assessment to understand dementia-capability workforce development and retention gaps by 2030.

2 Strengthen data, surveillance and evaluation to track progress.

- ✓ Produce and disseminate 6 dementia and caregiver-related data and evaluation products by 2030.
- ✓ The Dementia and Brain Health Data Pages will be updated on a regular basis at a minimum every two years.

Performance outcomes, continued

3 Improve dementia care navigation, early detection and access across the healthcare system.

- ✓ Increase Medicare Annual Wellness visits across Vermont from 32% (2023) to 38% in 2030.
- ✓ Increase use of hospice care by individuals with a primary cause of death of ADRD during the 30 days prior to their death from 75% (2023) to 80% in 2030.
- ✓ Increase the number of Dementia Care Specialists in the state from 1 to 4 by 2030.
- ✓ Increase the number of Dementia Care Assistants in the state from 1 to 4 by 2030.
- ✓ Increase the number of Dementia Care Navigators in the state from 5 to 15 by 2030.
- ✓ Increase the number of designated Age-Friendly Health Systems in the state from 9 to 12 by 2030.

4 Enhance knowledge, skills and capacity of a dementia-capable workforce.

- ✓ Train at least 150 providers, healthcare staff, and allied health professionals with the dementia-capable training program annually.
- ✓ Disseminate dementia-related messaging, resources or tools to providers, healthcare staff, and allied health professionals four times annually.
- ✓ Increase the number of post-secondary schools that have incorporated brain health and dementia care into their curriculum from 0 (2026) to 2 in 2030.
- ✓ Increase the number of social workers trained in geriatrics by 8 annually.

5 Improve brain health awareness and reduce dementia risk, stigma and bias.

- ✓ Educate (training/presentations) at least 250 individuals from the public on brain health and dementia-related topics annually.
- ✓ Disseminate accessible brain health, dementia-related, and caregiving messaging, media campaigns or materials to at least 200,000 of the public annually.
- ✓ Increase the percent of adults who reported talking to their provider about subjective cognitive decline concerns from 53% (2024) to 57% in 2028 (*BRFSS module is anticipated to be collected in 2028 and will be available to report in 2029)*.
- ✓ Provide T-CARES assessments and services to 50 caregivers through the Area Agencies on Aging annually.

The landscape of Alzheimer's Disease and Related Dementias in the U.S. and Vermont

Dementia is an umbrella term for many kinds of neurodegenerative diseases and signals a progressive loss of cognitive functions such as thinking, remembering and reasoning that interfere with a person's daily life and activities.[7] There are different forms of dementia, and a person's symptoms can vary depending on the type of dementia they have. The Alzheimer's Association provides education on the numerous types of dementia: Dementia Types | Symptoms, Diagnosis, Causes, Treatments | alz.org.

The five most common forms of dementia are dementia brought about by Alzheimer's Disease (accounting for 60-80% of cases), Frontotemporal dementia, Lewy Body dementia, vascular dementia, and Parkinson's disease. Currently, there are no cures for these diseases. However, there is substantial research in progress to understand how these conditions change our brains and how those changes can be slowed or prevented.

We use the term *dementias* to refer to Alzheimer's Disease and other forms of dementia.

For more information about dementias, visit the National Institute on Aging, and the National Institute of Neurological Disorders and Stroke.

For more information about Vermont's data pertaining to dementia, caregiving, chronic disease and brain health, visit 2025 Alzheimer's, Related Dementias, and Brain Health Data Pages.



Disparities in dementia rates

An estimated 7.2 million Americans were living with Alzheimer's Disease in 2025. This number could grow to 13.8 million by 2060 barring the development of medical breakthroughs to prevent, slow or cure Alzheimer's Disease.[3] Certain populations face greater risk for dementia.

Older Adults: Age is the greatest risk factor for dementia. 5% of people aged 65 to 74, 13% of people aged 75 to 84, and 33% of people aged 85 and older have Alzheimer's Disease.[3]

Younger Adults: Younger-onset Alzheimer's Disease or other younger-onset dementias occur before age 65, though the prevalence is less clear. Frontotemporal Dementia is much more common in younger people with dementia than in older people. Causes of younger-onset dementias include genetics, types and frequency of brain injury, cardiovascular disease, psychiatric illness, and heavy alcohol use.[3] Vermont has seen a significant increase in the prevalence of emergency room visits and hospitalizations for ADRD among those under 65 years of age in the past few years.[8]

Women: Almost two-thirds of Americans with Alzheimer's are women. On average, women live longer than men, making it more likely for them to reach the ages of greatest risk. There is emerging evidence that suggests there may be unique biological reasons for these differences beyond longevity alone. More in-depth investigation of any biological and environmental mechanisms that put women at greater risk than men are necessary.[3]

LGBTQIA+ [a]: LGBTQIA+ individuals have increased risk of depression, cardiovascular disease, obesity, alcohol and tobacco use and lower rates of preventive screenings, all of which elevate the risk for Alzheimer's Disease and related dementias. Older LGBTQIA+ adults are more likely to experience social isolation and stigmatization as they age, making it difficult to find support.[9]

Black Americans: Older Black Americans are about twice as likely to have Alzheimer's or other dementias as older white Americans. Systemic racism, and historical and present-day policies that have detrimental impact on the educational opportunity, economic status, employment, nutrition access, and housing opportunities of Black Americans are likely contributing factors to increased chronic disease rates and a greater risk for dementia.[3]

Hispanic Americans: Some research indicates that older Hispanic adults are 1.5 times as likely to have Alzheimer's or other dementias as older whites Americans. Hispanic Americans, like Black Americans, are frequently diagnosed at a later stage disease, when cognitive and physical deficits are more marked.[3] Early detection is critical for interventions that can delay or prevent dementia.

[a] *LGBTQIA+ refers to individuals who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, or other diverse sexual orientations and gender identities.*

Disparities in dementia rates, continued

Native Americans: Recent population-based evidence suggests that 1 in 3 Native Americans will develop dementia.[3] Due to the historical and ongoing trauma from colonization, Native Americans have high rates of diabetes, high blood pressure, and heart disease compared with other populations.[10] Native Americans have the highest hospitalization rate for traumatic brain injury (TBI) in comparison to other racial and ethnic groups in the U.S. When compared with other populations, TBI death rates are greatest among Native Americans and Alaskan Natives at any age.[11] TBI can increase the risk of dementia; for more information including prevention measures, visit Traumatic Brain Injury | Symptoms & Treatments | alz.org.

People with Down Syndrome: Estimates suggest that 50% or more of people with Down Syndrome will develop dementia due to Alzheimer's Disease as they age. By age 40, most people with Down Syndrome have cellular changes associated with Alzheimer's Disease.[12] Lived experience perspective, engagement opportunities and other resources are available for individuals with Down Syndrome and their families, visit Down syndrome and dementia | IDD-Transform | Stanford Medicine.

Prison Population: Incarcerated individuals have a higher prevalence of hypertension, diabetes, myocardial infarction, asthma, arthritis and cervical cancer. Higher rates of chronic disease may increase risk for dementia. The risk of dementia among incarcerated individuals may be higher due to low educational attainment, higher rates of psychiatric morbidities, traumatic brain injuries, chronic stress, high rates of smoking, and accelerated aging and its associated risk factors.[13]

Social Determinants of Health are conditions in the environments where people live, work, learn, play, worship, and age. Upstream factors such as access to educational and employment opportunities affect physical health and mental health and quality of life and often contribute to wide health disparities and inequities. Our ability to age healthily is determined, in large part, by these factors. Marginalized populations have a higher risk of chronic disease development, depression, and cognitive decline. To promote healthy aging, the Health Department engages in building an inclusive network of partners to increase access to affordable and age-appropriate housing, nutritious food, intergenerational engagement, dementia caregiver support groups, mental health and substance use resources, among others. We continue to work toward a multi-sectoral approach to address bias, decrease stigma, raise awareness, shift societal norms and establish policies that ensure all Vermonters live in environments that support health and well-being.

Caring for dementia caregivers

According to the Alzheimer's Association, Vermont Chapter there are 20,000 dementia caregivers in the state providing 29 million hours of unpaid care or assistance to a friend or family member.[2] These dementia caregivers are caring for someone with Alzheimer's disease, dementia, or a related neurocognitive disorder. This care can come in many different forms including help with daily activities such as bathing, dressing, and eating, as well as paying bills, shopping, and transportation. They also help their loved ones with medical tasks like medication management and care coordination. Among dementia caregivers, 24% spend 40 or more hours a week providing unpaid care.[14] Caregivers of people with dementia and related disorders may face unique stressors that detrimentally impact their physical and mental wellbeing, and are more likely to report substantial emotional, financial, and physical difficulties than caregivers of people without dementia. More than half of dementia caregivers in Vermont are age 54 and older.[14] It is a state priority to increase the support and well-being of dementia caregivers.

For more information on available resources including consults, therapeutic services, peer support groups and best-practice training visit Dementia Family Caregiver Center (DFCC) | University of Vermont Health.



Subjective cognitive decline in Vermont

Subjective cognitive decline (SCD) is the self-reported experience of worsening or more frequent confusion or memory loss. SCD may have several causes and may be predictive of Mild Cognitive Impairment (MCI) and Alzheimer's disease or a related dementia.[15]

In 2024, 16% of Vermont adults 45 and older reported cognitive decline. Of Vermonters who reported cognitive decline, just 53% have discussed their confusion or memory loss with a health care professional or have had someone discuss it on their behalf.

There are disparities in the rates of SCD. For example, adults 45+ who are food insecure or have a disability are more than two times as likely to report SCD than Vermont adults aged 45 or older. Adults aged 85 or older, those on Medicaid, BIPOC Vermonters, and those with less than a $50,000 household income are also significantly more likely to report SCD than Vermont adults aged 45 or older.[16]

For more information see Vermont Department of Health's data brief on Subjective Cognitive Decline: A risk factor for Alzheimer's and other dementias.



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*All analyses, conclusions, and recommendations provided here from VUHDDS are solely those of the Department of Health and not necessarily those of the Green Mount Care Board.