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**Testimony on S.206**  
**Senate Committee on Health and Welfare**  
**Angela Smith-Dieng, Director, Adult Services Division**  
**Department of Disabilities, Aging and Independent Living**  
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Thank you for taking up the important topic of addressing Alzheimer's Disease and Related Dementia (ADRD) today. This effort aligns with the mission of DAIL, which is to make Vermont the best place to grow old or live with a disability, with dignity, respect and independence, and also aligns with the principles of the Older Vermonters Act passed in 2020 to make Vermont an age-friendly state.

Over 13,000 Vermonters are currently living with Alzheimer's disease or a related dementia (ADRD), a number expected to increase 30% by 2025. Alzheimer's is the 5<sup>th</sup> leading cause of death in Vermont. Over 25,000 Vermonters provide family caregiver support to those with dementia, often for many years. The impacts of dementia are significant to individuals, families and our healthcare and long-term care systems.

This is an issue that DAIL talks about every day in some way as serve more people with dementia through our programs. There is good work happening to better address ADRD in our systems of care. A few initiatives of note:

Through a grant from the CDC, the Vermont Department of Health (VDH) is working on a State Action Plan on Alzheimer's and Healthy Aging with a goal of increasing awareness and diagnosis, improved treatment and support for caregivers. The development of this plan has included many stakeholders, will include measurable goals and strategies, leverages key partnerships and initiatives, and will be finalized this year.

DAIL and VDH help facilitate an ADRD 'Hub & Spoke' workgroup that includes healthcare leaders from UVMHC, the UVM Memory Program and the Center on Aging, VAHHS, the Alzheimer's Association and others, that has a focus on increasing early detection and diagnosis at the primary care level. This group has developed multiple types of education on ADRD detection, diagnosis and treatment for PCPs, via an ECHO Project, online education modules, and consultations with experts.

DAIL is working with the Area Agencies on Aging (AAAs) to disseminate an evidence-based caregiver assessment called TCARE to better identify caregiver stress, burden and needs and connect caregivers with resources such as counseling, education and training, respite, etc. While the AAAs already serve thousands of caregivers through current Older Americans Act programming and through Dementia Respite Grants, this additional evidence-based assessment will allow a deeper and more individualized understanding of each caregiver's experience in order to connect them with the most appropriate resources to meet their needs.

Comments on S.206, specifically Section 1 and 2:

DAIL is supportive of the spirit of the bill in seeking to better address the state's response to ADRD to support people living with dementia. This is an important goal and deserves real focus. However, DAIL has several concerns with the bill as currently written, most directly related to the work of the Governor's Commission on Alzheimer's Disease and Related Disorders (ADRD):

The Commission's purpose is to advise state agencies on policy related to ADRD. DAIL provides administrative support for the Governor's Commission on ADRD, and I have participated in the Commission since 2016. The bill includes a substantial body of work for the Governor's Commission on ADRD, which has not dedicated funding and limited capacity. Section 1 requires the ADRD Commission to "develop and carry out an assessment of all state programs that address Alzheimer's disease" and then to "create and maintain an integrated state plan to overcome Alzheimer's disease." This does not seem like a feasible initiative for the commission with the current lack of resources. That said, the Commission has played an important role in advising the Health Department on the development of its State Action Plan on Alzheimer's and Healthy Aging, providing significant input in its development, which is in line with its purpose and its capacity.

There are several challenges with the goals of the state plan as proposed in the bill in Section 1. The focus of the plan is on "overcoming" and "fighting" Alzheimer's. There is little focus on the quality of life of people living with dementia and the quality of life of their families who support them. In fact, there is no mention of family caregivers in the goals of the plan, even though family caregivers play a critical role in providing services and supports to many people with dementia in Vermont. Rather, it focuses on "accelerating the development of treatments," which is not a feasible role for Vermont but more appropriate for national organizations or large research universities. And it does not address the fact that the Department of Health, in collaboration with DAIL and many partners, is already in the process of developing a State Action Plan on Alzheimer's and Healthy Aging. I am concerned that another plan would be duplicative and unnecessary and would prefer that efforts build on those already begun at VDH.



In Section 2, the bill requires the ADRD Commission Chair to “appoint three members of the Commission to serve as a work group for the purpose of making recommendations on continuing education requirements related to the diagnosis, treatment, and care of patients with cognitive impairments, including Alzheimer’s disease and dementia.” The workgroup would be required to focus on a range of healthcare professions, consult several professional associations and would have only four months to report its recommendations. DAIL is concerned that there is not the time or expertise among current commission membership to be able to adequately fulfill this requirement of the plan.

The current focus at DAIL as it relates to ADRD is to ensure we have the workforce necessary to serve all those in need across the continuum of care settings and to build a more dementia-capable workforce, both those paid to provide direct care and unpaid family caregivers. Our goal is to leverage current programming and additional funding opportunities available (for example, enhanced FMAP funding, ACL grants, etc.) to expand and strengthen supports for people with dementia and their caregivers across Vermont. We welcome the opportunity further collaborate and better address the needs of our communities. Thank you.

Additional Resources:

[Governor's Commission On Alzheimer's Disease and Related Disorders \(ADRD\) | Adult Services Division \(vermont.gov\)](#)

[Brain Health, Alzheimer's Disease and Dementia | Vermont Department of Health \(healthvermont.gov\)](#)

[2020 Needs Assessment of Vermonters Age 60+ And Their Family Caregivers.pdf](#)

Attached: Family Caregiver Support Map

For questions or follow up to this testimony, please reach out to [Angela.Smith-Dieng@vermont.gov](mailto:Angela.Smith-Dieng@vermont.gov).

