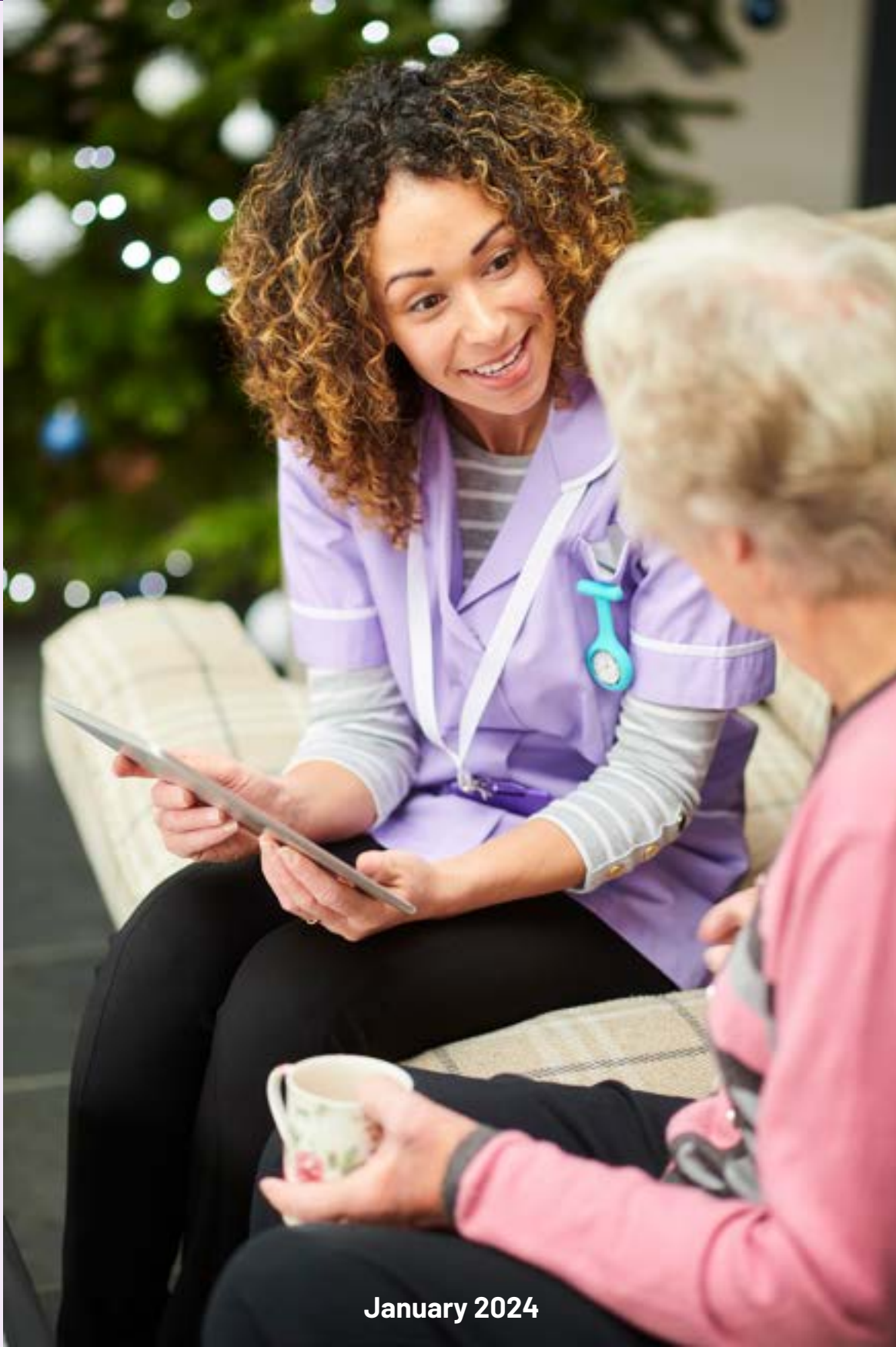


Vermont Dementia Resource Guide



January 2024

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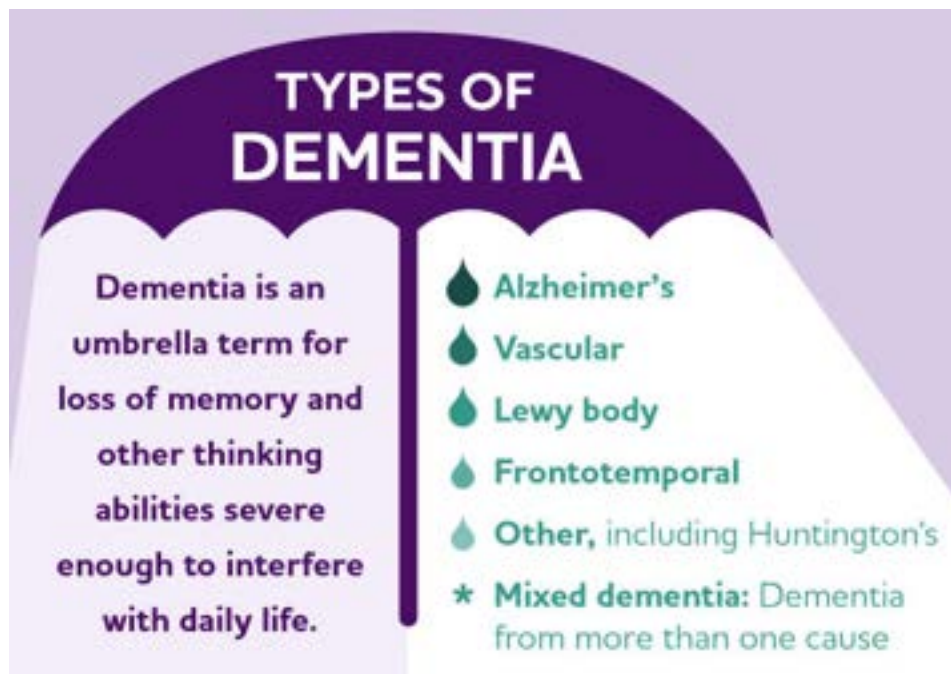
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For additional copies of this guide or to suggest changes, please contact the Vermont Chapter of the Alzheimer's Association mmpolyte@alz.org or 802-316-3839.

What is Dementia?

Dementia is not a single disease; it's an overall term that covers a wide range of specific medical conditions. Disorders grouped under the term "dementia" are caused by abnormal brain changes that trigger a decline in thinking skills that are severe enough to impair daily life and independent function. There are many different types of dementia.

Mild Cognitive Impairment (MCI) is cognitive changes that are serious enough to be noticed by the person affected and by family members and friends. MCI is a clinical diagnosis representing a doctor's best professional judgment about the reason for a person's symptoms. The causes of MCI are not yet completely understood. Experts believe that many cases – but not all – result from brain changes occurring in the very early stages of Alzheimer's or other neurodegenerative diseases that cause dementia.



Alzheimer's disease accounts for 60–80% of dementia cases and is the most common form of dementia. It is a progressive brain disease, meaning it gets worse over time. Two abnormal brain structures called plaques and tangles are the main features of Alzheimer's disease. Scientists believe they damage and kill nerve cells. Plaques are pieces of a protein fragment called beta-amyloid that build up in the spaces between nerve cells. Tangles are twisted fibers of another protein called tau that build up inside cells

Types of Dementia Continued



Alzheimer's is a brain disease that causes problems with **memory, thinking and behavior.**

Vascular dementia is a decline in thinking skills that happens when blood flow to the brain is blocked or reduced so that brain cells can't get important oxygen and nutrients. Sometimes these changes occur suddenly, such as during a stroke that blocks major brain blood vessels.

Lewy body dementia is a type of progressive dementia related to buildup of a protein called alpha-synuclein that damages brain cells. Early symptoms include hallucinations and sleep problems.

Frontotemporal dementia is a group of disorders. Progressive cell degeneration (or breakdown) causes this in two places. One is in the brain's frontal lobes (the areas behind the forehead). The other is in the brain's temporal lobes (the regions behind the ears).

Mixed dementia is dementia that happens when brain changes of more than one cause of dementia occur simultaneously.



VERMONT

2023 ALZHEIMER'S STATISTICS

NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

YEAR	TOTAL
2020	13,000
2025	17,000

ESTIMATED % INCREASE

30.8%

PREVALENCE

9

OF GERIATRICIANS IN 2021

255.6%

INCREASE NEEDED TO MEET DEMAND IN 2050

7,770

OF HOME HEALTH AND PERSONAL CARE AIDES IN 2020

32.7%

INCREASE NEEDED TO MEET DEMAND IN 2030

WORKFORCE

UNPAID CAREGIVERS (2022)

19,000

 # OF CAREGIVERS

28,000,000

 TOTAL HOURS OF UNPAID CARE

\$590,000,000

 TOTAL VALUE OF UNPAID CARE

CAREGIVER HEALTH (2021)

61.5%

 OF CAREGIVERS WITH CHRONIC HEALTH CONDITIONS

35.4%

 OF CAREGIVERS WITH DEPRESSION

10.7%

 OF CAREGIVERS IN POOR PHYSICAL HEALTH

CAREGIVING

HOSPICE (2017)

543

 # OF PEOPLE IN HOSPICE WITH A PRIMARY DIAGNOSIS OF DEMENTIA

17%

 HOSPICE RESIDENTS WITH A PRIMARY DIAGNOSIS OF DEMENTIA

HOSPITALS (2018)

1,528

 # OF EMERGENCY DEPARTMENT VISITS PER 1,000 PEOPLE WITH DEMENTIA

19.6%

 DEMENTIA PATIENT HOSPITAL READMISSION RATE

MEDICAID

\$116M

 MEDICAID COSTS OF CARING FOR PEOPLE WITH ALZHEIMER'S (2020)

26.4%

 PROJECTED CHANGE IN COSTS FROM 2020 TO 2025

MEDICARE

\$25,064

 PER CAPITA MEDICARE SPENDING ON PEOPLE WITH DEMENTIA (IN 2022 DOLLARS)

HEALTH CARE

OF DEATHS FROM ALZHEIMER'S DISEASE (2019)

315

MORTALITY



More than **6 million Americans** are living with Alzheimer's, and over **11.5 million** provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$345 billion** in 2023, increasing to nearly **\$1 trillion** (in today's dollars) by mid-century.

For more information, view the **2023 Alzheimer's Disease Facts and Figures** report at [alz.org/facts](https://www.alz.org/facts). © 2023 Alzheimer's Association® All Rights Reserved. Alzheimer's Association is a not-for-profit 501(c)(3) organization.

2023 ALZHEIMER'S DISEASE FACTS AND FIGURES



More than
6 million Americans
are living with Alzheimer's

Over 11 million Americans
provide unpaid care for people with Alzheimer's or other dementias

These caregivers provided more than 18 billion hours valued at nearly

\$340 billion

1 in 3
seniors dies with Alzheimer's or another dementia

It kills more than
breast cancer
+
prostate cancer
combined

The lifetime risk for Alzheimer's at age 45 is

1 in 5

for women

1 in 10

for men

Between 2000 and 2019, deaths from heart disease has
↓
decreased 7.3%



while deaths from Alzheimer's disease have
↑
increased 145%

In 2023, Alzheimer's and other dementias will cost the nation

\$345 billion

By 2050, these costs could rise to nearly
\$1 trillion



While only 4 in 10 Americans talk to their doctor right away when experiencing early memory or cognitive loss,



7 in 10 would want to know early if they have Alzheimer's disease if it could allow for earlier treatment.

Warning Signs of Dementia

Memory loss that disrupts daily life

A person may forget recently learned information like important dates or events, asking the same questions repeatedly, and increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things a person used to handle on their own. A typical age-related change would be sometimes forgetting names or appointments but remembering them later.



Challenges in planning or solving problems

A person may experience changes in the ability to develop and follow a plan or work with numbers. A person may have trouble following a familiar recipe or keeping track of monthly bills or have difficulty concentrating and take much longer to do things than they did before. A typical age-related change would be making occasional errors when managing finances or household bills.



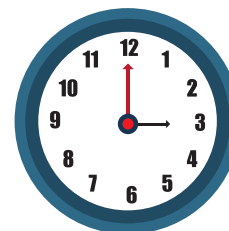
Difficulty completing familiar tasks

A person may often find it hard to complete routine tasks. Sometimes a person may have trouble driving to a familiar location, organizing a grocery list or remembering the rules of a favorite game. A typical-age related change would be occasionally needing help to use microwave settings or to record a TV show.



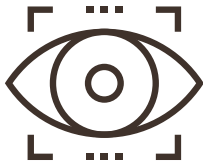
Confusion with time or place

A person may lose track of dates, seasons and the passage of time. A person may have trouble understanding something if it is not happening immediately and sometimes they may forget where they are or how they got there. A typical age-related change would be getting confused about the day of the week but figuring it out later.



Trouble understanding visual images or spatial relationships

A person may experience visual processing problems that may lead to difficulty with balance or trouble reading. A person may also have problems judging distance and determining color or contrast, causing issues with driving. A typical age-related change would be vision changes related to problems with the eyes itself or cataracts.



New problems with words in speaking or writing

A person may have trouble following or joining a conversation. Such as stopping in the middle of a conversation and having no idea how to continue or repeat themselves and/ or may struggle with vocabulary, have trouble naming a familiar object or use the wrong name. A typical age-related change would be sometimes having trouble finding the right word.



Misplacing things and losing the ability to retrace steps

A person may put things in unusual places. A person may lose things and be unable to go back over their steps to find them again and/ or may accuse others of stealing, especially as progression occurs. A typical age-related change would be misplacing things from time to time and retracing steps to find them.



Decreased or poor judgment

A person may experience changes in judgment or decision-making. For example, a person may use poor judgment when dealing with money or pay less attention to grooming or keeping themselves clean. A typical age-related change would be making a bad decision or mistake once in a while.



Withdrawal from work or social activities

A person may experience changes in the ability to hold or follow a conversation. As a result, a person may withdraw from hobbies, social activities or other engagements and/or may have trouble keeping up with a favorite team or activity. A typical age-related change would be sometimes feeling uninterested in family or social obligations.



Changes in mood or personality

A person may experience mood or personality changes. They can become confused, suspicious, depressed, fearful or anxious and/or may be easily upset at home, with friends or when out of their comfort zone. A typical age-related change would be developing very specific ways of doing things and becoming irritable when a routine is disrupted.



Warning Signs Noticed:

Risk Factors

Age

After age 65, a person's risk of developing the disease doubles every five years. Thirty-three percent of people aged 85 or older have Alzheimer's.

Family History

People who have a parent or sibling with Alzheimer's are more likely to develop it than those who do not due to shared genetic, environmental and lifestyle factors, and the chance increases if more than one family member has the disease.

Genetics

Two types of genes may influence whether a person develops a disease: risk genes and deterministic genes. Risk genes increase the chance of developing a disease but do not guarantee it will happen. Deterministic genes cause a disease. Rare deterministic genes cause Alzheimer's in a few hundred extended families worldwide. Scientists estimate these genes cause less than 1% of cases. Individuals with these genes usually develop symptoms in their 40s or 50s.

Ethnicity, Race and Sex

Research shows that Hispanic older adults are about one-and-a-half times as likely as White older adults to have Alzheimer's or other dementias, while Black older adults are about twice as likely.

Researchers believe the connection may be due to higher rates of cardiovascular disease in these groups, and likely other contributing factors, such as health and socioeconomic disparities.

Scientists need to learn more about other potential causes behind this increased risk. Also, women live longer than men, making them more likely to develop Alzheimer's.

However, longevity doesn't completely explain this difference. It is not yet known how biological, social and cultural differences in women may impact disease risk.



Next Steps I Can Take

There is information about lifestyle modifications that can keep you healthy and reduce your risk of dementia in the “Activities for a Healthy Life” section on page 16. A dementia diagnosis does not mean you should stop living the life you want to live. Educating yourself about your diagnosis can empower you to take control of your life and make decisions that will help you live well with dementia. The resources below can help you learn more, get diagnosed, and create a plan.

Learn More About Dementia

It is normal to have a lot of questions about memory, brain health, and aging. The Vermont Department of Health and the Alzheimer’s Association are great resources to start finding answers to your questions.

Vermont Department of Health

Visit the Vermont Department of Health Website on Brain Health and Dementia at healthvermont.gov/wellness/brain-health-dementia. This website breaks down the warning signs, risk factors and what you can do to have the best outcome living with Alzheimer's or other dementias. It also has resources for living with dementia, importance and ways to practice healthy lifestyle habits, support for dementia family care partners, and resources for healthcare professionals.



Alzheimer's Association

Connect with the Alzheimer's Association by calling their 24/7 HelpLine at 800-272-3900 or visiting <https://www.alz.org>. This is a great organization that provides support, education, training, and other resources to individuals living with Alzheimer's disease and other dementia and their families. Some of the most popular resources they offer are:

- The 24/7 HelpLine 800-272-3900 allows you to speak confidentially with care consultants about any questions and concerns you may have. They can also provide decision-making support and crisis assistance. Help is available in over 200 different languages.
- Support groups for individuals with Alzheimer's disease and other dementias and family care partners. Groups are offered in-person and virtually.
- Educational programs for individuals with Alzheimer's disease and other dementias as well as family care partners. These programs include signs of Alzheimer's disease, diagnosis, communication, living with Alzheimer's and caregiving techniques. Programs are offered in-person and virtually.
- Community Resource Finder which is a database that provides access to listing of local dementia resources, community programs and services.
- Alzheimer's Navigator® is an online tool designed for individuals living with Alzheimer's disease, their families and care partners to help navigate through the questions that come with living with the disease.



Phone: 802-316-3839
Address: 75 Talcott Rd. Suite 40
Williston VT 05495
Website: [alz.org/vermont](https://www.alz.org/vermont)

Talk to Your Primary Care Provider

Talking to your doctor is important because not all memory challenges are connected to Alzheimer's or dementia. Your doctor can help identify the causes of memory issues and track changes over time. If you do receive a diagnosis of dementia or mild cognitive impairment (MCI) there are many things you can do to slow the progression. If you don't want or think you need to see a doctor, please remember the people who love and care about you.

Questions to Ask Your Doctor

- What test(s) or tools did you use to determine my diagnosis?
- What are you measuring with the tests you performed?
- How will the disease progress?
- What can I expect in the future?
- What treatment options are available?
- Which symptoms are being targeted by each medication?
- How familiar are you with Alzheimer's disease? Will you be responsible for my care going forward?
- What support services and resources are available to help me live well with the disease, for as long as possible?



Your primary care provider might refer you to the UVM Medical Center Memory Center, Bennington Memory Center, or Dartmouth Hitchcock Memory Center for further evaluation. You need a referral to be seen at these clinics.

UVM Medical Center Memory Center

792 College Parkway
Fanny Allen, Medical Office Building, Suite 205
Colchester, VT 05446-3052
(Ph: 802) 847-1111
Website: uvmhealth.org/medcenter/departments-and-programs/memory-program

Bennington Memory Center

357 Shields Drive
Bennington, VT 05201
Ph: (802) 447-1409
memorydoc.org

Dartmouth Hitchcock Memory Center

One Medical Center Drive
3rd floor, Reception 3C
Lebanon, NH 03756
(Ph: 603) 650-5104
Website: dartmouth-hitchcock.org/neurology-memory-clinic

Visit Your Area Agency on Aging

The Area Agencies on Aging are five non-profit agencies located throughout the state of Vermont that provide case management and assistance to all Vermonters aged 60+, or younger if you have a dementia diagnosis, and their families. They can share available options for care partner support, health insurance counseling, transportation, senior nutrition programs including meals on wheels, adult day programs, home health services, housing alternatives, exercise and wellness programs and support for Veterans to live independently in their own homes.

Visit the Area Agencies on Aging website vermont4a.org or call their helpline at 1-800-642-5119.

Find and Contact Your Regional Area Agency on Aging



Serves Addison, Chittenden, Franklin & Grand Isle counties. (Except for Granville and Hancock.)

Ph: (802) 865-0360

Website: agewellvt.org



Serves Caledonia, Essex & Orleans counties.

Ph: (802) 748-5182

Website: nekcouncil.org



Serves Bennington, & Rutland counties. (Except for Pittsfield, Winhall, Readsboro, and Searsburg.)

Ph: (802) 786-5990 -Rutland

Ph: (802) 442-5436 -Bennington

Website: svcoa.org



Serves Lamoille, Orange, & Washington counties. (Includes Granville, Hancock, Pittsfield, Bethel, Rochester, Royalton, Sharon, and Stockbridge, except for Thetford.)

Ph: (802) 749-0531

Website: cvcoa.org



Serves Windham, & Windsor counties. (Includes Searsburg, Readsboro, Thetford, and Winhall, except for Bethel, Rochester, Royalton, Sharon, Stockbridge.)

Ph: (802) 885-2669

Website: seniorsolutionsvt.org

Educational Resources & Support

Education Programs

The Alzheimer's Association offers several free educational programs including understanding Alzheimer's and other dementias, caregiving, communication and more. For a full list of pre-recorded educational programs visit the Alzheimer's Association Website: <https://www.alz.org> or call the 24/7 Helpline at 800-272-3900.

The most popular programs are:

- **The 10 Warning Signs of Alzheimer's.** This program discusses the most common warning signs and how to recognize them as well as next steps to take.
- **Understanding Alzheimer's and Dementia.** This program discusses basic information on the difference between Alzheimer's and dementia, stages, risk factors, research, and FDA approved treatments.
- **Understanding and Responding to Dementia Related Behaviors.** This program discusses care partner tips and strategies to respond to behaviors displayed by people living with dementia.
- **Effective Communication Strategies.** This program discusses ways that Alzheimer's and other dementias affect people's ability to communicate across different stages, and get tips to better communicate with people living with the disease.
- **Dementia Conversations: Driving, Doctor Visits, Legal & Financial Planning.** This program discusses tips and strategies for difficult, but important conversations about changes that may be related to dementia.



*****If you are interested in becoming a community educator or support group facilitator please contact Jo Cotto, Vermont Chapter Program Manager, 206-276-7172 or jtcotto@alz.org.**

Support Groups

Support groups are a great way to get support from and talk to individuals who are going through the same thing. The Alzheimer's Association offers groups, led by trained volunteer facilitators, for both individuals with dementia and care partners. **In-Person and virtual options are offered.** For more information and to register visit: alz.org/vermont or call the HelpLine at 800-272-3900.

We Offer

- Care Partner/Caregiver Support Groups
- Younger Onset Support Groups
- Early Stage Dementia Support Groups

Opportunities for support I want to consider:

Interventions & Treatments

Modifiable risk factors are lifestyle choices and behaviors that can reduce your risk of Alzheimer's disease and related dementias or slow its progression. Currently there is no cure for Alzheimer's or dementia, but there are medications and now a treatment to help slow the progression and address symptoms.

Ways to Improve Brain Health

Scientists believe nearly 40% of all dementia may be prevented or delayed by maintaining a healthy lifestyle. The healthy lifestyle habits list from the Centers for Disease Control (CDC) consists of some things you can do and some things you should try to limit or avoid for a healthy brain.

Things You Can Do:

- Get Active and Maintain a Healthy Weight—Regular physical activity is important for good health and combined with a healthy diet can lead to a healthy weight.
- Manage Blood Sugar—Learn how to manage your blood sugar if you have diabetes.
- Prevent and Manage High Blood Pressure—Tens of millions of adults in the United States have high blood pressure, and many do not have it under control. Learn the facts.
- Prevent and Correct Hearing Loss—Make sure to talk to a hearing care professional to treat and manage hearing loss.
- Find Support—Depression is not just having “the blues” or the emotions we feel when grieving the loss of a loved one. It is a medical condition that can be treatable.

Things You Should Try to Limit or Avoid:

- Binge Drinking—If you drink, do so in moderation. Learn about alcohol use and your health.
- Smoking—Quitting smoking improves your health and reduces your risk of heart disease, cancer, lung disease, and other smoking-related illnesses.

Activities for a Healthy Life

Be Physically Active

Being physically active is important for our overall health, and it also is associated with a lower risk of dementia. Consider physical activities that may also be mentally or socially engaging, such as walking with a friend, taking a dance class, joining an exercise group or golfing. Whatever it is, make sure that it is an activity that you enjoy so you will continue to engage in it.



Eat a Healthy Diet

Eating a healthy diet is important for our overall health, and it may reduce the risk of dementia. Focus on foods that are less processed and lower in fat, along with more vegetables and leaner meats and proteins.

Stay Mentally and Socially Active

Staying mentally and socially active are important to your overall health and may reduce the risk of dementia. Stay mentally active by choosing activities that challenge your brain such as learning a new skill, adopting a new hobby, playing games with strategy or engaging in formal education. It is important to expose your mind to new topics in order to keep your mind active. Stay socially active by connecting and participating with others in your community or elsewhere such as participating in clubs, volunteer efforts, walking groups, book clubs, and engaging with family and friends on a regular basis. Choose activities you enjoy so you will be more likely to continue to engage in them over time.

Take Care of all Aspects of Your Health

Taking care of all aspects of your health may reduce your risk of dementia. Be sure to visit your doctor regularly; get your weight, blood pressure, blood sugar, and cholesterol checked and treated if need be; manage diabetes properly; stop smoking; learn how to minimize and manage stress; get at least eight hours of sleep; avoid excess alcohol; and get professional help with mental health concerns such as anxiety and depression.

Green Mountain Passport Program

This program offers free day-use passes to Vermont State Parks and historic sites to all Vermont residents 62 and older.

1. Complete an application at your local City or Town Clerk's Office
2. Pay a one-time \$2 fee
3. Receive your Green Mountain Passport card - good for life! (non-transferrable)

Healthy activities and foods that I enjoy:

Medications

There are medications that can help lessen or stabilize symptoms by affecting certain chemicals involved in carrying messages among and between the brain's nerve cells. There are also medications that can help lessen or stabilize symptoms by affecting behavioral and psychological symptoms. Your doctor will determine and may prescribe the medication that is right for you after a diagnosis has been made. All medications naturally have side effects; ask your doctor about the risks of these medications.

- **Cholinesterase inhibitors:** Prescribed to treat symptoms related to memory, thinking, language, judgment and other thought processes by preventing the breakdown of acetylcholine, a chemical messenger important for memory and learning. These medications support communication between nerve cells. The medications most commonly prescribed are:
 - **Donepezil (Aricept®):** Approved to treat all stages of Alzheimer’s disease.
 - **Rivastigmine (Exelon®):** Approved for mild to moderate Alzheimer’s as well as mild to moderate dementia associated with Parkinson’s disease.
 - **Galantamine (Razadyne®):** Approved for mild to moderate stages of Alzheimer’s disease.

- **Orexin receptor antagonist:** Prescribed to treat insomnia, this drug inhibits the activity of orexin, a type of neurotransmitter involved in the sleep-wake cycle. The medication commonly prescribed is:
 - **Suvorexant (Belsomra®):** Approved for treatment of insomnia and has been shown in clinical trials to be effective for people living with mild to moderate Alzheimer’s disease.

- **Atypical antipsychotics:** Prescribed to target the serotonin and dopamine chemical pathways in the brain. These drugs are largely used to treat schizophrenia and bipolar disorder and as add-on therapies for major depressive disorder. Many of these medications are used "off-label" to treat dementia-related behaviors. The medication commonly prescribed is:
 - **Brexpiprazole (Rexulti®):** Approved for the treatment of agitation associated with dementia due to Alzheimer's disease.

Treatment

In July 2023 Lecanemab (Leqembi®), the first medication that addresses the underlying causes of Alzheimer’s, received traditional FDA approval! This is the first of several promising treatments that attack the plaque and tangles in the brain and are able to delay progression of the disease. Treatment is only an option for people in the early stages and a diagnosis will be required to determine what, if any, treatment is right for you.

Home & Community-Based Services

Many Vermonters seek long-term services and supports in their homes and communities. People with disabilities, older adults, and others with support needs can get home and community-based services (HCBS) through state programs. In Vermont, this includes people with intellectual or developmental disabilities, physical disabilities, brain injuries, mental health conditions, and/or aging needs.

Reach out to your local Area Agency on Aging (see page 12) or call 800-642-5119 to find out what resources are right for you.

Choices for Care Program/ Long term Medicaid in Vermont

Choices for Care provides long-term services and supports to Vermonters who are aged 18 years and over in need of services and opportunities to remain as independent as possible and to be active and contributing members of their community. Eligible people choose where to receive their services: in their home, in their family's home, an Adult Family Care home, Enhanced Residential Care or nursing facility. People must meet a clinical and financial eligibility for long-term care Medicaid in Vermont. Check with your local Area Agency on Aging to see if you qualify.



Vermont Ethics Network

The Vermont Ethics Network is a non-profit organization that provides educational resources and written materials to help individuals, providers, and policy makers understand and use advance directives as well as conducting public workshops and educational programs related to advance care planning, health care decision-making, advance directives, and the Vermont Advance Directive Registry. They collaborate with hospitals and hospital ethics committees through the coordination and support of the Rural Ethics Network and coordinate a statewide palliative care and pain management task force. Additionally, they partner with other health care organizations on issues related to ethics, end-of-life care, palliative care, health care decision-making, access to services and allocation of resources.

For assistance and information on planning your advance directive, please call (802) 828-2909. For all other inquiries, call (802) 828-2909 or visit

<https://vtethicsnetwork.org>.

Adult Day Programs

The Adult Day Services Program is a system of professionally delivered, integrated, home & community based, therapeutic, social and health-related services provided to individuals to sustain their living within the community. These services are open to adults with physical and/or cognitive impairments, including dementia. Adult Day programs provide engaging activities, meals, and care and allow for much needed respite for family care partners.

Participants who are eligible can receive funding for Adult Day Services through the Choices for Care program, the Medicaid Adult Day Health Rehab Services (DHRS) program, or pay privately based on a sliding fee scale.

Visit their website <https://vermontadultday.org> for a list of all programs or look for one near you from the list below.

Addison County: Elderly Services, Inc.

Kristin Bolton, Executive Director
112 Exchange St., PO Box 581
Middlebury, VT 05753-0581
Ph: (802) 388-3983
E-mail: kbolton@elderlyservices.org
Website: elderlyservices.org

Bennington County: Bennington Project Independence

Linda Wichlac, Executive Director
614 Harwood Hill, PO Box 1504
Bennington, VT 05201
Ph: (802) 442-8136
E-mail: Linda.Wichlac@bpiads.org
Website: bpiads.org

Caledonia County: Riverside Life Enrichment Center

Leo H. Peter Coutu, Executive Director
2104 East Burke Rd.,
Lyndonville, VT 05851
Ph: (802) 626-3900/(866) 926-3900
E-Mail: Rlec@sover.net
Website: theriversidecenter.org

Chittenden County: UVM Health Network Home Health & Hospice's Adult Day Program

Nissa James, Administrator
412 Farrell Street
South Burlington VT 05042
Ph: (802) 860-6610
E-mail: Nissa.James@uvmhomehealth.org
Website: uvmhomehealth.org/programs-services/adult-day-program

Franklin County: CarePartners Adult Day Center, Inc.

Sue Chase, Executive Director
640 Franklin Park West
St. Albans, VT 05478
Ph: (802) 527-0548
E-mail: sue@carepartnersvt.org
Website: carepartnersvt.org

Lamoille County: Lamoille Day Health Services

Andrea Stauffenecker
11 Court St.
Morrisville, VT 05661
Ph: (802) 888-7045/(877) 410-7630
E-mail: rlecandrea@gmail.com

Adult Day Programs Continued

Orleans County: Northeast Homecare, Inc. and The Meeting Place

100 Second St., PO Box 250
Newport, VT 05855
Elaine Lockwood, President
Ph: 802-334-7604, Ext. #3
E-Mail: elockwood1@gmail.com
Website: www.nekhc.com

Windham County: The Gathering Place

Heather Robertson, Executive Director
30 Terrace St.
Brattleboro, VT 05301
Ph: 802-254-6559
E-mail: hrobertson@gatheringplacevt.org
Website: gatheringplacevt.org

Orange/Windsor County: Gifford Retirement

Community/Gifford Adult Day Program
Judy Santamore, AD Supervisor
1823 Rout 107, Suite #3
Bethel, VT 05032
Ph: (802) 234-2165
E-mail: jsantamore@giffordhealthcare.org
Website: giffordhealthcare.org

Windsor County: The Scotland House

Eric Fritz, Executive Director
8826 Woodstock Rd,
Quechee, VT 05059
Mailing: PO Box 180, Woodstock, VT 05091
Ph: 802-280-6080
E-mail: efritz@scotlandhousevt.org
Website: scotlandhousevt.org

Windsor County: Springfield Area Adult Day Services

Sue Pollard, Director
266 River St.
Springfield, VT 05156
Ph: 802-885-9881
Email: spollard@springfieldhospital.org
Website: www.springfieldhospital.org/adult-day-service



Visiting Nurse Association

The nine agencies of the VNAs of Vermont provide a full range of high quality, low cost home health and hospice services to the people of Vermont. Each member is committed to universal access to medically necessary, cost-effective, home health and hospice services throughout the state; local community governance, involvement and accountability; promotion of client self-determination and independence; and high standards of quality performance and continuous quality improvement. Each year, member agencies deliver more than a million home visits by nurses, speech therapists, physical and occupational therapists, wound care specialists, social workers, home health aides, personal care attendants and others. Services consist of help managing chronic illnesses, rehabilitation services, and hospice care.

University of Vermont Health Network Home Health & Hospice

1110 Prim Rd, Colchester, VT 05446

Ph: (802) 658-1900

Website: uvmhomehealth.org

Franklin County Home Health Agency

3 Home Health Circle, Suite 1, St. Albans, VT 05478

Ph: (802) 527-7531

Website: fchha.org

Lamoille Home Health & Hospice

54 Farr Rd, Morrisville, VT 05661

Ph: (802) 888-4651

Website: lhha.org

Central Vermont Home Health & Hospice

600 Granger Rd, Barre, VT 05641

Ph: (802) 223-1878

Website: cvhhh.org

Orleans, Essex VNA & Hospice

46 Lakemont Rd, Newport, VT 05855

Ph: (802) 334-5213

Website: orleansessexvna.org

Caledonia Home Health Care & Hospice

161 Sherman Dr, St. Johnsbury, VT 05819

Ph: (802) 748-8116

Website: nchcvt.org

Addison County Home Health & Hospice

PO Box 754, Middlebury, VT 05753

Ph: (802) 388-7259

Website: achhh.org

VNA & Hospice of the Southwest Region

7 Albert Cree Dr, Rutland, VT 05701

Ph: (802) 775-0568

Website: vermontvisitingnurses.org

Visiting Nurse and Hospice for Vermont & New Hampshire

88 Prospect St, White River Jct, VT 05001

Ph: (888) 300-8853

Website: vnhcare.org

Home & Community-Based Activities

Communities in Vermont offer a wide variety of activities, and many opportunities to socialize, remain active, meet your neighbors, and even volunteer. Following are some of the most popular locations for activities.

Recreation Department and Community Programs

Recreation departments and community programs are great places to stay involved in your community. Check with your local recreation department to see if there are programs that you could take part in.

Libraries

Libraries can be a fun place to go to get out in the community. Local libraries often have events for all age groups including seniors. Some even have supports for people with dementia. Check with your local library to see what they offer.



Memory Cafes

Memory Cafe is a wonderfully welcoming place for individuals with Alzheimer's Disease or any other form of dementia, or other brain disorders. They are designed to include the care partner as well, for a shared experience. Additionally, it is helpful for people with all forms of mild cognitive impairment (MCI.) Individual Memory Cafes focus on different aspects for a unique experience. You may find some are activities-based, while others focus on education. You might have one enjoying the connections of demographic-appropriate music and dancing. Others might focus on crafts and painting, while some facilitate informal conversation to create new friendships. Some simply guide the participants in exercises that foster reminiscing. To find a Memory Cafe near you call 802-316-3839 or visit the UVM Center on Aging website:

<https://www.med.uvm.edu/centeronaging>.

Residential Care Options

The state licenses residential care facilities ranging from independent living to nursing homes and memory care units. Visit asd.vermont.gov/services/residential-options to find residential options, including those that offer services specifically designed for people with dementia.

Assisted living residences

Combine housing and health and other services to support residents' independence and aging in place. Not all providers offer services specifically designed for people with dementia.

Residential care homes

Serve three or more residents and provide room and board, assistance with personal care, general supervision, and medication management. Not all residential care homes offer services specifically designed for people with dementia.

Nursing homes

Vermont Licensed Nursing homes follow all federal and state regulations for providing care. Most accept Medicare and Medicaid coverage for services, in addition to private pay. They provide a high level of care with 24-hour nursing services, including room & board.

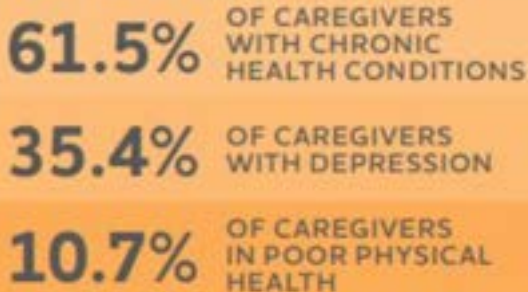


Care Partners & Caregivers

Challenges of Being a Family Care Partner or Caregiver

More than 11 million Americans provide unpaid care for a family member or friend with dementia. There are more than 20,000 unpaid dementia caregivers in Vermont. In 2022 they provided over 28 million hours of care, valued at \$590 million dollars!

VERMONT CAREGIVER HEALTH (2021)



Time Commitment

Dementia caregivers and care partners often have to provide support over a longer period of time. The average life expectancy following a diagnosis is 4-8 years, but can be as long as 20.

Increasing Tasks

During the course of the disease caregiving tasks escalate and become more intensive. People with dementia often lose their sense of time and can be up during the night, sometimes requiring the caregiver to be alert 24 hours a day.

Caring for those with Alzheimer's and dementia is extremely challenging. Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties.

Some of the challenges posed by dementia care are:

Condition Management

Dementia care partners and caregivers are often managing multiple conditions, not only memory loss. These may include long-term physical conditions, including gradual loss of mobility, emotional issues, and behavioral and personality changes.

Relationship Changes

The intimacy, shared experiences and memories between a caregiver or care partner and person living with dementia can become threatened.

Although caregivers report positive feelings about caregiving, such as family togetherness and the satisfaction of helping a loved one, they also frequently report higher levels of stress, anxiety, and depression compared to those of non-dementia caregivers.



dementia caregiving in Vermont

DATA FROM THE 2021 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

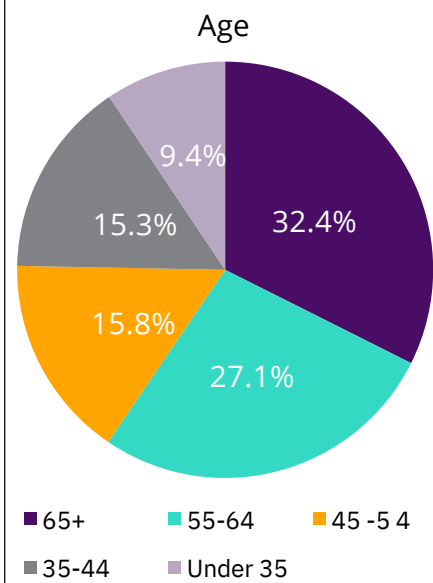
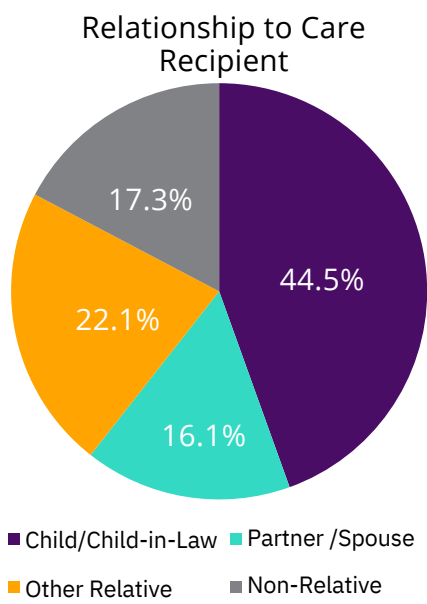
More than 1 in 5 caregivers in Vermont (21.4%) are providing care to an individual with Alzheimer's or other form of dementia.

Who are dementia caregivers?

Female	71.1%
Male	28.9%
Urban	74.4%
Rural	25.6%
Also caring for a child	23.6%

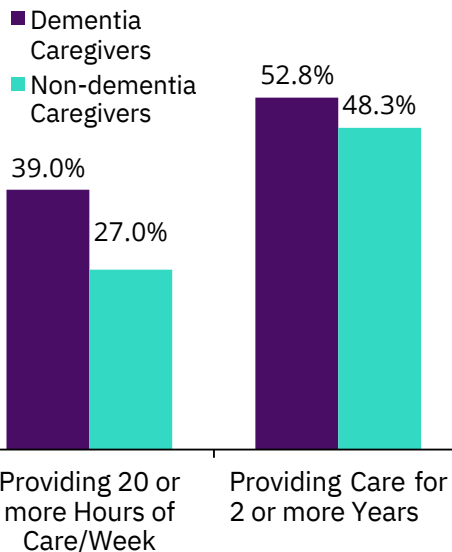
Health Effects

In frequent poor physical health	10.7%
In frequent poor mental health	20.7%
History of depression	35.4%

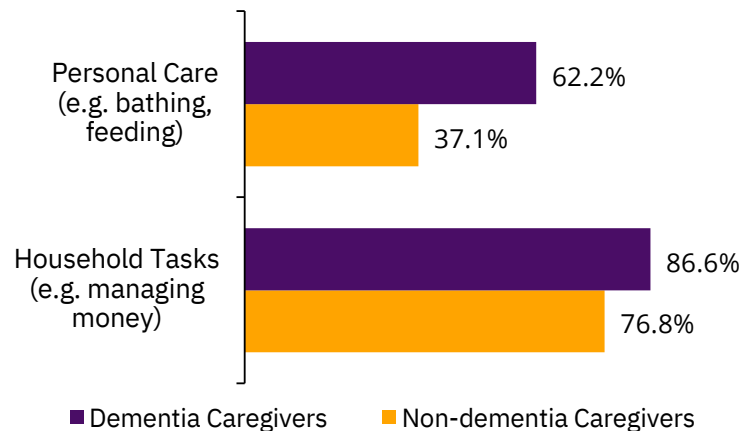


What does dementia caregiving entail?

Length of Care



Type of Assistance Provided



This Fact Sheet is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,795,933 with 100 percent funded by CDC/HHS. The contents are those of the Alzheimer's Association and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Strategies to Help Care Partners and Caregivers

It is easy to neglect taking care of yourself physically, emotionally, and socially when someone you love needs increasingly more help. However, it is important to take care of yourself because the best thing you can do for your loved one is to stay physically and emotionally strong. Here are five tips on how to manage stress and be a healthier caregiver.

Manage your level of stress

Stress can cause physical problems (blurred vision, stomach irritation, high blood pressure) and changes in behavior (irritability, lack of concentration, change in appetite). Note your symptoms and discuss with a doctor, as needed. Try to find relaxation techniques that work for you.

Be realistic

The care you give does make a difference, but many behaviors can't be controlled. Grieve the losses, focus on positive times as they arise, and enjoy good memories.

Take a break

It's normal to need a break from caregiving duties. No one can do it all by themselves. It's ok to look into respite care to allow time to take care of yourself.

Know you're doing your best

Remember that the care you provide makes a difference and that you are doing the best you can. You may feel guilty because you can't do more, but individual care needs change as the disease progresses. You can't promise how care will be delivered, but you can make sure that the person with the disease is well cared for and safe.

Accept changes as they occur

People with the disease change over time and so do their needs. They may require care beyond what you can provide on your own. Becoming aware of community resources and care options can make the transition easier. So will the support and assistance of those around you.

Resources to Help Care Partners



My Healthy Vermont is a partnership of Vermont organizations dedicated to helping Vermonters like you get the support you need to take control of your health. They offer free community workshops as well as online tools to help Vermonters overcome common health challenges such as diabetes, chronic pain or quitting smoking.

Want to be healthier and feel better?

Visit their website or give them a call to connect with workshops in your community or to join a class.

Website: MyHealthyVT.org

Phone: 802-863-7270

Support groups

The Alzheimer's Association offers support groups for caregivers that are led by trained facilitators throughout the state. In-person and virtual options are offered. For more information and to register visit <https://www.alz.org/> or call the 24/7 HelpLine at 800-272-3900. Support groups are especially important resources because they allow you to speak with people in similar positions, which can help prevent feelings of isolation.

Education Programs

The Alzheimer's Association offers several free educational programs around caregiving. These provide many valuable tools that might help you. Call their 24/7 HelpLine at 800-272-3900 for information on upcoming programs.

Living with Alzheimer's: For Caregivers – Early Stage

In the early stage of Alzheimer's disease, families face new questions as they adjust. This three-part program provides practical answers to the questions that arise in the early stage.

Living with Alzheimer's: For Caregivers – Middle Stage

In the middle stage of Alzheimer's disease, care partners now become hands-on caregivers. During this three-part series, you will hear caregivers and professionals discuss helpful strategies to provide safe, effective and comfortable care.

Living with Alzheimer's: For Caregivers – Late Stage

In the late stage of Alzheimer's disease, caregiving typically involves new ways of connecting and interacting with the person with the disease. In this two-part series, you'll hear from caregivers and professionals about resources, monitoring care and ways to engage in meaningful connections.

UVMHC Dementia Family Caregiver Center

The Dementia Family Caregiver Center at the UVM Medical Center focuses on supporting the needs of unpaid family caregivers. They offer two educational programs - listed below - to provide caregivers with tools to help them care for their loved one with dementia and care for themselves. They also have peer-to-peer mentoring and a mindfulness program. Contact Lori McKenna at 802-847-2466 or lori.mckenna@uvmhealth.org for more information or to register for an upcoming program.

TEACH (Training, Education, and Assistance for Caregiving at Home)

Teach is a therapeutic, evidence-based group designed for family members who are **new to caregiving**. This group meets for 90 minutes for 4 weeks and is led by a trained mental health professional. The program uses a model of supportive interaction, resource sharing, and problem solving.

CARERS (Coaching, Advocacy, Respite, Education, Relationship and Stimulation)

Carers is an evidence-based therapeutic group program that enhances the knowledge, skills, and competence of informal family caregivers of people with dementia. Participants who complete the program report increased ability to cope and decreased burden. CARERS programs consist of 8 weekly sessions and groups are limited to 6 members. There are separate CARERS groups for spouses and adult children.

Notes:

The Alzheimer's Association is here for you.

What resources
are available in
my area?

I'm struggling and
need someone to
talk to about
what is happening
to me.

What are the
warning signs of
dementia?

Need help? Have questions? Call our 24/7 Helpline

800.272.3900

Available in 200+ languages. For TTY 866.403.3073

I'm looking for a
support group near
me.

My spouse has
dementia, how
can I support
them?

This Resource Guide was created by college interns with support from the Vermont Chapter of the Alzheimer's Association.

THANK YOU Jordan-Saint Michael's College '24 & Ashling-University of Vermont '25