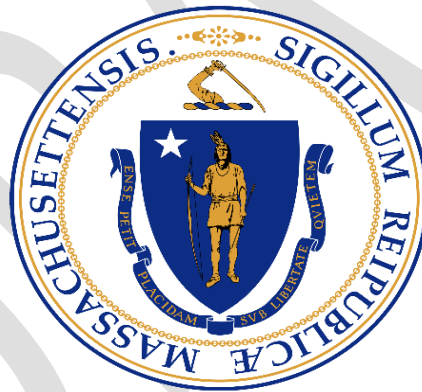


Massachusetts Advisory Council on Alzheimer's Disease and All Other Dementias



**Annual Report
January 2024 - March 2025**

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INTRODUCTION

As required by [Massachusetts General Laws, Chapter 220 of the Acts of 2018](#), the Massachusetts Advisory Council on Alzheimer's Disease and All Other Dementias (Council) has prepared this report for the Executive Office of Health and Human Services (EOHHS) and Legislature. The Council was established to write a state plan and provide EOHHS and the Legislature with advice on policies around Alzheimer's Disease and Related Dementias (ADRD).¹ As shown in Appendix A, the 17-member Council is comprised of a diverse group of public health professionals, clinicians, healthcare providers, researchers, legislators, dementia advocates, and caregivers.

The Council is dedicated to enhancing the health and quality of life of individuals living with dementia, along with their families, care partners, and others concerned about cognitive well-being. From the beginning, volunteer teams working on behalf of the Council have produced meaningful resources for a variety of stakeholders. These teams focus on the core issues tied to each of the Council's workstreams and strive to respond to them through education, guidance, advocacy, programs, policies, and practical tools.

This report documents activities conducted in calendar year 2024 through March 2025. During this time period, the Massachusetts Advisory Council on Alzheimer's Disease and All Other Dementias achieved almost all of its efforts to implement the specific recommendations presented in the [Massachusetts State Plan on Alzheimer's Disease and Related Dementias \(state plan\)](#). This report also lists any remaining next steps associated with those specific recommendations.

The state plan, first published in April 2021, is maintained as a living document that the Council has continued to update through amendments. The state plan has been a helpful guide for achieving meaningful annual progress while working to enhance the quality of life for Massachusetts residents and families affected by dementia.

Over the years, as the Council refined or adopted new recommendations and strategies, it included them as amendments to the state plan and documented them in the Council's annual reports. In 2024, the Council adopted one state plan amendment, which is included later in this report in the section entitled, *Amendment to the Massachusetts State Plan on Alzheimer's Disease and Related Dementias, 2024*.

This report, which is the Council's fifth annual report,² reflects the Council's unwavering commitment to identify and implement approaches to better meet the needs of an estimated 135,200 Massachusetts residents aged 65 years and older diagnosed with Alzheimer's

¹ The Council was established under Massachusetts General Laws, Chapter 6A, Section 16AA of Chapter 220 of the Acts of 2018.

² The annual reports are posted on the Council's website: <https://www.mass.gov/orgs/alzheimers-advisory-council>.

dementia;³ residents living with other dementias;⁴ an estimated 218,000 unpaid informal caregivers caring for Massachusetts residents living with dementia;⁵ and an estimated 135,000 or more residents living with Alzheimer's dementia without a formal diagnosis.⁶

The accomplishments detailed throughout this report were made possible by the dedicated volunteers listed in Appendix B. These individuals have played a vital role in advancing the recommendations of the state plan, contributing their time, expertise, and energy to improving life for those affected by dementia. The Council remains deeply grateful for their commitment. This report reflects the state's continued dedication to ensuring that people living with dementia and those who support them have access to the care, services, and resources they need to lead meaningful and healthy lives.

IMPLEMENTING EFFECTIVE AND SUSTAINABLE SOLUTIONS

This report is the result of an extensive review of the Council's progress from January 2024 through March 2025 and its continued efforts to implement the strategies included in the [Massachusetts State Plan on Alzheimer's Disease and Related Dementias \(state plan\)](#). The following pages comprise six sections, one for each of the Council's focus areas, or "workstreams," which appear below in alphabetical order:

1. Caregiver Support and Public Awareness
2. Diagnosis and Services Navigation
3. Equitable Access and Care
4. Physical Infrastructure
5. Quality of Care
6. Risk Reduction and Public Health Infrastructure

Each section includes the goals of the workstream; the state plan's recommendations to advance those goals; and a summary of the Council's progress from January 2024 through March 2025. Additionally, each section concludes with a list of the Council's next steps, which demonstrate the Council's ongoing efforts to implement effective and sustainable solutions.

³ Created from data from: Dhana K, Beck T, Desai P, Wilson RS, Evans DA, Rajan KB. Prevalence of Alzheimer's disease dementia in the 50 US states and 3142 counties: A population estimate using the 2020 bridged-race postcensal from the National Center for Health Statistics. *Alz Dement* 2023;19(10):4388-95.

⁴ According to the Alzheimer's Association, [Alzheimer's disease is the most common cause of dementia, accounting for 60 to 80 percent of cases](#).

⁵ Created from data from the 2016, 2020, 2021, 2022, and 2023 Behavioral Risk Factor Surveillance System survey, U.S. Census Bureau, National Alliance for Caregiving, AARP, U.S. Department of Labor and Genworth.

⁶ Boustani, M., Peterson, B., Hanson, L., Harris, R., Lohr, K. N., & U.S. Preventive Services Task Force (2003). Screening for dementia in primary care: a summary of the evidence for the U.S. Preventive Services Task Force. *Annals of internal medicine*, 138(11), 927-937. <https://doi.org/10.7326/0003-4819-138-11-200306030-00015>

1. Caregiver Support & Public Awareness



Goals

- **Identify short-term approaches to improve awareness of the pathways to available supports and services for dementia caregivers and persons living with dementia**
- **Compare and evaluate the experiences of caregivers of people living with dementia as they navigate the Commonwealth's system of supports and services**

Recommendation #1 (Public Service Announcement and Video Production)

Develop public service announcements and videos in three languages to promote the services and support available for caregivers of people living with dementia

Progress and Accomplishments

1. Produced videos and content for public service announcements:

- Completed videos of interviews with dementia caregivers - one in Spanish and one in Portuguese. The caregivers described their experiences as dementia caregivers and were asked to discuss the assistance they received and how they received it.
- Wrote content for brief public service announcements to accompany release of the videos.

Next Steps

1. By June 2025, with help from the Alzheimer's Association, MA/NH Chapter:
 - Verify that the Spanish- and Portuguese-language videos (above) include clear, accurate, and trustworthy information.
 - Develop brief public service announcements in English, Spanish, and Portuguese to inform caregivers on how to access both the videos and the free support available from the Alzheimer's Association Helpline and MassOptions.
2. By July 2025, promote and distribute links to the public service announcements and videos.

Recommendation #2 (Caregiver Experience)

Implement changes at the Aging Services Access Points (ASAPs) to ensure that stressed caregivers get what they need in an effective and consistent manner⁷

Progress and Accomplishments

1. **The Executive Office of Aging & Independence completed the second phase of its review and update of the Aging Services Access Point Designation Review process⁸**
 - Continued a multi-year project to review and update the Aging Services Access Point Designation Review process. The intent of this project is to evaluate, assess, and

⁷ There are 24 Aging Services Access Points (ASAPs) across the Commonwealth, all contracted with the Executive Office of Aging & Independence to provide programs and services designed to support adults aged 60 and older and their caregivers. For more information, see: *What is an Aging Services Access Point (ASAP)?* - <https://www.mass.gov/info-details/find-your-regional-aging-services-access-point-asap>.

⁸ The Aging Services Access Point (ASAP) Designation Review process ensures that organizations serving as ASAPs meet state requirements for delivering quality, coordinated services. The review assesses each organization's capacity, performance, and compliance with regulations to maintain or renew their designation in Massachusetts as an official entry point for adults aged 60 and older and their caregivers.

improve the quality of services and programs for aging adults and their caregivers; and to improve outcomes including caregiver experience.

- In 2024, with all 24 Aging Services Access Points (ASAPs) participating, the Executive Office of Aging & Independence completed the second phase of this multi-year project, referred to as *Soft Launch 1*. The purpose of *Soft Launch 1* was to establish designation review tools, processes, and a compliance scoring approach to apply equitably across the ASAP network. Functions examined during *Soft Launch 1* included Information and Referral, Protective Services, Supportive Housing programs, and Home Care Referral & Intake.
- In 2024, *Soft Launch 1* provided the opportunity to establish a baseline for Aging Service Access Point program performance and compliance.
- Efforts to codify the updated designation tools, processes, and compliance scoring approach began in January 2025 with the kickoff of the project's third phase referred to as *Full Implementation 1*.
- *Completed caller survey and analysis.* As part of ongoing efforts to understand consumer experiences with Aging Services Access Points, the Executive Office of Aging & Independence randomly sampled approximately 2,250 callers between July and December 2024. A contractor was hired to follow up with these callers within one week of their call. The contractor successfully reached 731 individuals to inquire about each caller's satisfaction with their call. Of those reached, 88% said they received at least some of the information they needed, and 89% reported being satisfied with their call experience.
- *Conducted Consumer Experience Testing.* As another part of *Soft Launch 1*, and to continue efforts to evaluate interactions between Aging Services Access Points (ASAPs) and consumers (including dementia caregivers), the Consumer Experience Testing initiative involved "imitation consumers" placing phone calls to all 24 ASAPs' Information & Referral (I&R) programs. While speaking with I&R call-takers, the imitation consumers played the role of a consumer while referring to one of three scenarios, one of which was a dementia caregiver scenario. Below is a summary of results from the Consumer Experience Testing associated with calls from imitation consumers to the ASAPs' I&R programs:
 - For all three scenarios:
 - Nine out of 24 Aging Services Access Points answered on the first attempted call, which led to concerns about overall responsiveness.
 - For the dementia caregiver scenario, there were 20 completed calls:
 - Information & Referral specialists suggested the caller contact the Massachusetts Family Caregiver Support Program in only three of the 20 calls and did not mention the Alzheimer's Association in any of the 20 calls.⁹

⁹ Based on training and guidance provided to Information & Referral specialists, the expectation was that the specialists would suggest that the 20 callers contact the Massachusetts Family Caregiver Support Program, the Alzheimer's Association, and at least one other program/service.

- The instructions for the dementia caregiver scenario were designed for the calls to end after a brief conversation with the Information & Referral specialist. Instead of making official referrals or warm hand-offs to Aging Service Access Point (ASAP) programs, the specialist was expected to simply offer suggestions for whom to contact next. The instructions for the caregiver scenarios were designed this way for the following reasons:
 - Official referrals to ASAP programs would potentially lead to confusion within the ASAPs’ official records, intertwining imitation-related issues with genuine consumer concerns.
 - The Consumer Experience Testing initiative intends to solely evaluate the consumer’s “first” experience with an Information & Referral (I&R) program rather than the referral process or other aspects of consumer engagement with I&R staff.
 - As a result, the Consumer Experience Testing initiative did not generate detailed insights specific to dementia caregiver experiences. To address this issue, the Executive Office of Aging & Independence may consider involving actual dementia caregivers in future consumer experience testing efforts.

2. Made changes in response to market research findings:

- In January 2025, the Executive Office of Elder Affairs was officially renamed to the Executive Office of Aging & Independence. Renaming the agency reduces negative images around aging, normalizes aging as a natural process, and recognizes that older adults value independence and self-determination, while emphasizing that the Healey-Driscoll Administration is here to support residents as they age.
- As part of the agency’s rebrand, several of the mass.gov webpages for the Executive Office of Aging & Independence were updated based on market research findings:
 - The agency’s landing page was updated to include a portal specifically for caregivers, making caregiver supports easier to access.
 - The programs and supports listed in the caregiver portal were also updated to offer clear and concise program descriptions.
 - Through the market research, the agency learned caregivers want to know program eligibility requirements and any costs associated with the program. That information is now included as a standard format in all program descriptions, and accessible [online](#). Furthermore, Aging Services Access Points and Councils on Aging have been directed to adopt those program descriptions.

Next Steps

1. Continue the review and update of the Aging Services Access Point (ASAP) Designation Review process:

- The Executive Office of Aging & Independence will complete the next phase of its multi-year project, which began in January 2025. This phase, referred to as *Full Implementation 1*, is the codification of the updated Aging Services Access Point (ASAP) Designation Review tools, processes, and compliance scoring for all programs/functions. As one part of this phase, the agency will continue to survey a random sample of callers to 24 ASAP Information & Referral programs.
- Publish a manual of call types – The Executive Office of Aging & Independence will publish a manual in calendar year 2025 that effectively defines the types of consumer phone calls made to Aging Services Access Points. The intention is to guide Information and Referral call-takers as they document essential details about each call and caller. This will enable the agency to glean more detailed insights into consumer experiences in the future.
- Consumer Experience Testing – In April of 2025, the Executive Office of Aging & Independence launched new consumer experience testing scenarios including a linguistically diverse scenario to assess the ability of Information & Referral programs to serve diverse consumers. Within the next year, the agency will revisit the methodology used in 2023 to test consumer experiences with Aging Services Access Points. Specifically, the agency will determine the feasibility of involving actual dementia caregivers in consumer experience testing.

2. Launch an ad campaign:

- In May 2025, the Executive Office of Aging & Independence will launch an ad campaign to promote its caregiver supports (i.e., caregiver support groups, one-on-one support, and respite opportunities) and spread awareness on programs available to family caregivers in the Commonwealth. Ads will run in English and Spanish on TV, radio, print, social media, digital display ads, and Massachusetts Department of Transportation billboards. View one of the ads here: <https://youtu.be/OCJMOy6qV64>.

2. Diagnosis & Services Navigation



Goal

Increase the number of people living with dementia who are diagnosed, informed of their diagnosis, and able to effectively attain helpful information, services, and care planning

Recommendation #1 (Diagnosis)

Significantly increase the numbers of undiagnosed or cognitively impaired residents who are diagnosed with dementia and informed of their diagnosis

Progress and Accomplishments

- As reported in last year's annual report, the Council's workgroup responsible for identifying solutions associated with this recommendation merged with the Medical and Scientific (MedSci) Advisory Committee of the Alzheimer's Association, MA/NH Chapter.
- The MedSci Advisory Committee, which includes top dementia clinicians from health care systems across the Commonwealth, continues to examine solutions and share best practices across the state's health care systems.

Next Steps

- Advise the MedSci Advisory Committee of the Alzheimer's Association, MA/NH Chapter as needed.
- As reported in last year's annual report, in 2025, the Massachusetts Executive Office of Aging & Independence will reassess the feasibility of convening a team with representatives from the agency and Aging Services Access Points to identify, examine, and implement opportunities in the home care program to advocate for appropriate screening, diagnosis, care, support, and treatment.

Recommendation #2 (Services Navigation)

Ensure that after a dementia diagnosis, individuals and their families have access to comprehensive information and care planning services

Progress, Accomplishments, and Next Steps

- To better take advantage of synergies among the Council's workstreams in 2024 and beyond, issues associated with this recommendation were addressed by the Council's teams on "Dementia Care Planning" and "Interdisciplinary Dementia Care," both of which are within the Council's "Quality of Care" workstream.
- Please refer to this document's section on "Quality of Care" to view the Council's accomplishments and next steps related to services navigation and care planning.

3. Equitable Access & Care



Goal

Close gaps in equitable access to information, supports, services, and care

Recommendation #1 (Equity & Inclusion Team)

The Equity & Inclusion Team's Goal:

Advise the Council and its teams by recommending approaches to eliminate, weaken, or mitigate the impact of barriers that may prevent certain groups from benefiting from the Council's work.¹⁰

Progress and Accomplishments

Summarized below are the activities and accomplishments of the Council's Equity & Inclusion Team from January 2024 through its final meeting in January 2025.

1. Defined equity priorities:

- Identified the following equity and inclusion areas of focus specific to dementia care:
 - Stigma and Cultural Sensitivity
 - Cultural Humility
 - Communication and Language
 - Health Literacy
 - Beliefs about Medication
 - Family Involvement
 - Traditional Healers and Religious Spiritual, and Cultural Practices
 - Referrals to Community Services and Supports
 - Assessing Cognitive Function
 - Dietary Considerations
 - Assessing Behavioral Health
 - Cultural Competence in Advanced Care Planning and Palliative Care
 - Community Engagement

2. Developed diversity, equity, and inclusion (DEI) tool:

- Identified key considerations within each area of focus to guide the Council and its teams in reviewing their work through a "DEI lens".
- Included a [link to the tool](#) in the Council's Dementia Care Planning team's Dementia Care Planning Toolkit released by the Council in March 2025.
- Shared the tool with the Council's team on Interdisciplinary Dementia Care to consider as it develops its recommendations and deliverables.

¹⁰ *Amendments to the Massachusetts State Plan on Alzheimer's Disease and Related Dementias, 2023: [Equitable Access and Care \(Equity and Inclusion Team\)](#)*

- Piloted the use of the DEI tool with Harvard's TH Chan School of Public Health's Ariadne Labs who used the team's DEI tool to refine its care planning tool prior to finalizing it.

3. Examined approaches for refining the DEI tool:

- Identified benefits and logistics around hosting an annual listening session with people living with dementia within communities exhibiting significant health disparities and high dementia risk.

4. Organized and hosted listening session with secured funding and venue:

- Secured funding from Point32Health Foundation for one listening session in 2024.
- Identified a health center and attained its agreement to host a session with its patients.
- Developed questions for participants using our DEI tool as a guide.
- Convened session in September 2024 in a health center within a predominantly African American/Black community in Springfield.

5. Explored the following topics with listening session participants:

- Understanding dementia and its impact on families.
- Cultural and family beliefs about health and traditions.
- Communication with healthcare providers.
- Influence of family and others on decisions affecting health or wellbeing.
- Accessing and benefiting from community services.
- Engaging the community.
- Discussing and addressing stressful behaviors.

6. Refined the DEI tool:

- Updated the tool based on feedback from the listening session where the team's most important finding was the general lack of effective communication with health care providers.

Next Steps

- The Equity & Team wrapped up its work in January 2025 by operationalizing annual listening sessions as part of the Dementia Friendly Massachusetts initiative of the Massachusetts Council's on Aging, thus ensuring ongoing refinements to the Council's DEI tool.

Recommendation #2 (Younger-Onset Dementia)

Improve awareness of and access to services, supports, and resources currently available to individuals affected by younger-onset dementia. Improve this awareness among the public as well as the medical community.

Progress and Accomplishments

- As indicated in the Council's annual report for calendar year 2023, due to resource constraints and focused efforts in other competing areas, this recommendation and its implementation strategies will be revisited in 2025 if resources become available.

Next Steps

- To view next steps around younger-onset dementia that the Council recommended in 2022, which may be revisited in 2025 (if resources become available), please refer to *Amendments to the Massachusetts State Plan on Alzheimer's Disease and Related Dementias, 2022*: [Equitable Access and Care \(Younger-Onset Dementia\)](#).

4. Physical Infrastructure



Goal

Identify and incorporate dementia friendly
physical infrastructure into age friendly
physical infrastructure work

Recommendation #1 (Awareness)

Raise awareness of the importance of age and dementia friendly design

Recommendation #2 (Public Project Scoring)¹¹

**Incorporate age and dementia friendly scoring into
all state-funded physical infrastructure projects**

Progress and Accomplishments

During the first six months of calendar year 2024, the Council's Physical Infrastructure team achieved its final milestones for the five projects that remained in its portfolio as of the beginning of 2024. Each project was aligned with one or both of the recommendations appearing above. Listed below are the activities and achievements associated with each of the team's projects from January 2024 through its final meeting in June 2024.

1. Contributed to enhancing age and dementia friendly design in senior housing:

- Conducted a detailed review of the Massachusetts Executive Office of Housing and Livable Communities' guidance around construction and rehabilitation of state-aided public housing for older adults. The agency's guidance entitled Design Self Evaluation (Senior Housing) and commonly known as "Appendix L" outlines the agency's required and suggested features of senior housing.
 - Examined the above guidance through the lens of age and dementia friendly design. Specifically, the team evaluated the guidance's requirements and suggestions associated with exterior and common spaces, building entrances, unit interiors, bathrooms, kitchens, and technology.
- Documented a set of suggested enhancements to Appendix L to better address the specific needs of individuals living with cognitive impairments while improving accessibility, safety, and usability for all senior housing residents.
- In December 2024, submitted the team's suggested enhancements to Appendix L of the Massachusetts Executive Office of Housing and Livable Communities' *Qualified Allocation Plan for Low-Income Housing Tax* (Plan) to Undersecretary Catherine Racer for consideration in the 2025/2026 updates to the Plan.

2. Recommended enhancing the *Designer Procedures and Guidelines* published by the Massachusetts Department of Capital Asset Management and Maintenance:

- Engaged in discussions about age and dementia friendly physical infrastructure with representatives from the Department of Capital Asset Management and Maintenance.

¹¹ To clarify Recommendation #2 above, the Council defined "scoring" as "any method that explicitly prioritizes or stipulates requirements for incorporating age and dementia friendly features in physical infrastructure projects seeking state or municipal funding."

- Reviewed the Department of Capital Asset Management and Maintenance’s manual entitled, [*Designer Procedures and Guidelines*](#).
 - The *Designer Procedures and Guidelines* manual provides instructions and guidance to architects, engineers, and other design professionals interested in working on state-funded building projects. Furthermore, it is common for municipalities to rely on this manual for their publicly-funded building projects.
 - Acknowledging that accessibility codes and standards do not account for the majority of functional limitations among Massachusetts residents, the manual’s guidelines provide general information about the importance of addressing “diverse functional limitations.”
- The team recommended to representatives from the Department of Capital Asset Management and Maintenance that within the manual’s “inclusive design” and “diverse functional limitations” section, it include the following statement:
 - “For advice on addressing diverse functional limitations among older adults and individuals living with cognitive impairments, visit <https://www.mass.gov/doc/af-df-design-considerations-for-physical-infrastructure-o/download>.”
- In June 2024, representatives from the Department of Capital Asset Management and Maintenance expressed their gratitude for the team’s recommendation and agreed to consider including it in the next iteration of its *Designer Procedures and Guidelines*.

3. Contributed to improving age and dementia friendly design in the Massachusetts Emergency Management Agency’s emergency shelter requirements:

- Developed a document entitled, [*Age and Dementia Friendlier Emergency Shelters, June 2024*](#).
 - This document provides guidance on best practices for “age and dementia friendlier” emergency shelters. Included are features associated with an emergency shelter’s overall layout, furnishings, equipment, orientation and wayfinding, interior surfaces, finishes, contrasts, acoustics, and lighting.
- Engaged in discussions with representatives from the Massachusetts Emergency Management Agency to provide guidance on the design of emergency shelters.
- In June 2024, the agency’s director informed members of the team that it would consider the team’s guidance while it re-writes its Mass Care Shelter Plans.

4. Launched an effort to make library construction grants contingent on proposals incorporating age and dementia friendly design features:

- Convened discussions with representatives from the Massachusetts Public Library Construction Program, which awards grants to help municipalities pay for major capital improvement projects for libraries. Encouraged the agency to advocate for age and dementia friendly requirements in grant proposals for those capital improvements projects.

5. Partnered with Boston University and the Brookline Senior Center to create tools to assess physical spaces for their age and dementia friendliness:

- Launched a partnership in January 2025 among the Massachusetts Executive Office of Aging & Independence, Boston University's Initiative on Cities' MetroBridge program, Boston University's Anthropology Department, and the Brookline Senior Center to create user-friendly tools for assessing the age and dementia friendliness of publicly-funded physical infrastructure.
 - The assessment tools, i.e., "checklists" will be designed to empower resident advocates on age and dementia friendly action teams across the state to assess and raise awareness of the age and dementia friendliness of buildings, outdoor parks, and their surrounding access spaces.
 - The ultimate goal is to influence local decision-making around the design of publicly-funded physical infrastructure.
 - Students will present their tools at the end of Boston University's Spring 2025 semester.

Next Steps

1. The Massachusetts Healthy Aging Collaborative and the Dementia Friendly Massachusetts initiative of the Massachusetts Councils on Aging will follow up to determine if the team's suggested enhancements to Appendix L were adopted in the agency's 2025/2026 updates to the *Qualified Allocation Plan for Low-Income Housing Tax Credit*.
2. As part of their day-to-day operations, both of the above organizations will continue to foster collaborative relationships with communities across the state to share best practices and raise awareness of the importance of age and dementia friendly design.
3. The Massachusetts Executive Office of Aging & Independence will work with the Dementia Friendly Massachusetts leadership team to develop strategies for disseminating the assessment tools developed in partnership with Boston University.

5. Quality of Care



Goal

Identify gaps in quality of care for people living with dementia in Massachusetts, as well as strategies to close those gaps

Recommendation #1 (Care Planning)

Recommend, distribute, and promote person-centered and person-directed care planning resources; and advise Ariadne Labs in their development of a person-centered assessment and care plan for people living with dementia and their caregivers¹²

Progress and Accomplishments

The Council's Dementia Care Planning Team advanced efforts to support person-centered dementia care by developing and releasing a Dementia Care Planning Toolkit. Summarized below are the team's activities and accomplishments since January 2024.

1. Researched, discussed, and agreed upon the benefits of effective person-centered dementia care planning, its unique characteristics, and key attributes.
2. Reviewed and provided advice to Ariadne Labs on prototypes of its care planning tool.
3. Developed a [Dementia Care Planning Toolkit](#), which was released in March 2025 for people living with dementia, dementia caregivers, families, community-based service providers, and health care providers. The purpose of the toolkit is to facilitate the creation of person-centered care plans that support living well with dementia. It includes dementia care planning guidance; sample dementia care plans; and links to helpful resources.
4. Developed and included a brief worksheet in the toolkit entitled, [Discussing What's Important: A Guide for You and Your Dementia Care Team](#). This worksheet is designed to help people living with dementia, caregivers, and families prepare for discussions around dementia care planning.
5. Developed and implemented a detailed communication plan; and disseminated and promoted use of the toolkit across the state.
6. In March 2025, convened and recorded two webinars to accompany the toolkit's release: one for people living with dementia and caregivers; and the other for health care and community-based service providers. The webinars attracted over 300 registrants.
7. In March 2025, the Council's Dementia Care Planning Team convened its final team meeting.

Next Steps

- The co-leaders of the Council's Care Planning Team will promote the toolkit at conferences and other gatherings throughout the remainder of calendar year 2025.

¹² Amendments to the Massachusetts State Plan on Alzheimer's Disease and Related Dementias, 2023: [Quality of Care \(Care Planning\)](#)

Recommendation #2 (Interdisciplinary Dementia Care)

Recommendation (2023)

Develop a plan that ensures that staff in primary care across the state receive the training and support needed to build and retain interprofessional dementia care teams¹³

Revised Recommendation (2024)

Develop a plan for a sustainable, centralized model of integrated dementia care in Massachusetts designed to address gaps in the current dementia care system.¹⁴

Progress and Accomplishments

Summarized below are the activities and accomplishments achieved by the Council's Team on Interdisciplinary Dementia Care from January 2024 through March 2025:

1. Examined gaps in the current dementia care system:
 - Reviewed the following gaps identified by the team's members, Council members, and individuals with lived experience participating in Council meetings and in focus groups led by the Council's other teams:
 - Caregiver support and education
 - Clinical and nonclinical care navigation/care planning
 - Coordination with care for other chronic conditions
 - Home safety and behavior management
 - Medical and community care integration
 - General understanding of dementia risk factors
 - Availability of interdisciplinary dementia care workforce
 - Primary care workforce availability and education
 - Polypharmacy risk management
 - Equitable access to high quality care
 - Awareness of available services among healthcare professionals and the public
 - Timely communication of diagnosis
2. Conducted analysis of effective dementia care within primary care:
 - Identified 40 key service elements, benefits, requirements, and responsible professionals.
 - Studied evidence-based interdisciplinary dementia care models.¹⁵
 - Of the five models evaluated, the Care Ecosystem model was chosen as the best fit for Massachusetts.

¹³ *Amendments to the Massachusetts State Plan on Alzheimer's Disease and Related Dementias, 2023*: [Quality of Care \(Interprofessional Dementia Care\)](#)

¹⁴ *Amendments to the Massachusetts State Plan on Alzheimer's Disease and Related Dementias, 2024*: [Quality of Care \(Interdisciplinary Dementia Care\)](#)

¹⁵ The team examined the following five models: (1) Benjamin Rose Institute (BRI) Care Consultation; (2) Care Ecosystem; (3) Collaborative Care for Older Adults with Alzheimer's Disease in Primary Care; (4) Maximizing Independence at Home (Mind at Home); and (5) UCLA Alzheimer's and Dementia Care (ADC) Program.

- Aligned the services with the key elements of the Care Ecosystem, GUIDE, and Age-Friendly Health Systems models.
 - Studied comparable initiatives in Massachusetts and in other states.
3. Informed by its analysis, the team concluded that although effective dementia care relies on interdisciplinary collaboration, achieving this requires augmentation of existing, geographically-based infrastructure that:
 - exhibits a strong focus on dementia care navigation and caregiver support with clinical expertise;
 - supports existing provider capabilities;
 - strengthens collaboration; and
 - interconnects care and services for seamless coordination.
 4. Informed by its findings and a mission to address gaps in effective dementia care, the team began mapping out the details of a proposed “sustainable, centralized model of integrated dementia care in Massachusetts” and revised its recommendation accordingly (as indicated in this table’s heading).
 5. To begin mapping out a proposed model of care, the team examined the following challenges:
 - Overburdened primary care practices. Primary care providers lack time to form relationships needed to meet ongoing needs of dementia patients and their caregivers.
 - Confused patients and consumers. Massachusetts is rich with clinical and community-based services; however, people affected by dementia can become confused about the right choice.
 - Suboptimal care, caregiver stress, high costs. Each service may address just one need or overlap with other services, which can generate suboptimal care, a lack of health- and social- care integration, caregiver stress, and greater costs to community-based and health care systems.
 6. To address the identified challenges, the team is developing a proposal grounded in the proven, evidence-based Care Ecosystem model of dementia care:
 7. The proposal aims to pilot a small, centralized team comprised of part-time clinical consultants (a physician, nurse coordinator, pharmacist, and social worker) and care team navigators.
 8. The care team navigators would collaborate closely with people living with dementia, their caregivers, clinical consultants, and community-based organizations.
 9. The envisioned pilot would offer primary care providers access to clinical consultation, while also delivering care planning, navigation, and integrated medical and social support to families.
 10. The goal is to improve health and wellbeing for people affected by dementia, reduce caregiver stress, streamline care and service coordination, strengthen dementia care skills, and lower costs for both community organizations and health systems.

11. The team envisions that the pilot will result in an evidence-based “proof of concept” for a cost-effective, comprehensive dementia care approach.
12. Furthermore, the team is developing a proposal that avoids the need for state or federal funding.

Next Steps

1. Write a brief summary of the team’s current proposal reflecting input received from all team members.
2. Initiate conversations about the proposal with state government officials and decision-makers.
3. Identify and address any risks associated with aligning the team’s proposed pilot with the state’s existing structures and systems.
4. Address any potential conflicts between the team’s proposal and existing contracts for care management and navigation services.
 - Specifically, confirm that the proposed program will not conflict with contracts between state government agencies and community-based organizations within the state’s aging services network, or with contracts among the community-based organizations themselves.
5. Review the state’s comprehensive care management, coordination, and navigation programs, e.g., Senior Care Options (SCO) and Program of All-Inclusive Care for the Elderly (PACE) to identify each program’s challenges and success factors. Apply these insights to design the proposed program to avoid pitfalls and build on proven strengths.
6. For the team’s proposal, estimate MassHealth cost savings associated with the proposed program:
 - Include information in the proposal that demonstrates how the program could reduce MassHealth’s costs for members living with dementia who are not already enrolled in comprehensive programs such as Senior Care Options (SCO) and Program of All-Inclusive Care for the Elderly (PACE).
 - For example, highlight potential reductions in MassHealth costs related to ER visits, hospital admissions, and long-term care placements.
7. For the team’s proposal, estimate the potential for MassHealth cost avoidance associated with the proposed program and explain how it would ease the strain on the state’s safety net programs:
 - Include information in the proposal that demonstrates how the program can provide the state with a valuable opportunity to avoid future costs for MassHealth such as long-term care costs stemming from future nursing facility placements.
 - Describe and estimate the potential for this proposed program to slow down the rate at which Massachusetts residents spend down their income and assets to qualify for

MassHealth to get the essential care and support they need. Demonstrate how slowing down that rate would result in an avoidance of future MassHealth costs.

8. Develop a proposal for a pilot program that:

- clearly describes state government's role in the pilot;
- explains how the program addresses gaps in the state's current dementia care system;
- addresses all identified risks;
- includes a practical plan for sustainability and scalability;
- identifies potential cost savings and cost avoidance opportunities for MassHealth; and;
- incorporates input and support from key state government officials and decision-makers.

6. Risk Reduction and Public Health Infrastructure



Goal

Reduce the risk of dementia among Massachusetts residents while enhancing the state's public health infrastructure to address dementia

Recommendation #1 (Risk Reduction & Public Health Infrastructure)

Seek opportunities and implement strategies to reduce the risk of dementia among our residents while enhancing the state's public health infrastructure to address dementia

Progress and Accomplishments

Promoted Brain Health in the City of Springfield:

- With a high prevalence of dementia and dementia risk factors among residents in the City of Springfield, the "Healthy Brain Initiative" was implemented in 2024 in partnership with the Springfield Dementia Friendly Coalition.¹⁶
 - With the help of a team working on behalf of the Council, the Coalition received a small grant in 2023 to implement the initiative.
 - The initiative's goal was to help reduce the risk of dementia among Springfield's residents and increase community awareness of the benefits of early detection, screening, and diagnosis.
- The Coalition was able to advance the goal of its "Healthy Brain Initiative" through an event in 2024. At the event, participants:
 - viewed a short video on brain health and discussed what they learned in facilitated discussion groups;
 - spoke with subject matter experts; and
 - visited staffed tables with information on brain health and the support and services available in Springfield for people living with dementia and their caregivers.

Next Steps

- The Springfield Dementia Friendly Coalition will seek grant funding to implement ongoing initiatives designed to reduce the risk of dementia and increase awareness of the benefits of early detection, screening, and diagnosis among the City's residents.

¹⁶ The Springfield Dementia Friendly Coalition consists of representatives from Baystate Health, Springfield Public Health Commission, Public Health Institute of Western Mass, Springfield Department of Elder Affairs, Alzheimer's Association, Greater Springfield Senior Services, and other organizations as necessary.

LOOKING TO THE FUTURE



Over the years, as teams have worked on behalf of the Council to implement the state plan's recommendations, the Council regularly amended the [*Massachusetts State Plan on Alzheimer's Disease and Related Dementias \(state plan\)*](#) with new or revised recommendations; brought the appropriate stakeholders to the table; and implemented solutions. In 2024, the Council added one amendment to the state plan, which is included in the next and final section of this annual report.

Since the Council has accomplished most of the state plan's recommendations, and to avoid the need for numerous amendments, it will spend time in 2025 identifying priorities to ensure the plan continues to be a useful guide in the years ahead. This work will begin by examining and prioritizing the challenges faced by Massachusetts residents living with dementia, their caregivers, and families; and exploring potential solutions. Next, the Council will identify how to support each solution, whether by leading, advising, partnering, advocating, or revisiting at a more appropriate time. These efforts will result in the development of a new state plan to be released in calendar year 2026.

Guided by the state plan, the Council will continue working to improve access to quality dementia care, support, services, and resources. It remains committed to championing dignity, respect, and equitable opportunities for all Massachusetts residents living with dementia and those who support them. Now more than ever, the Council and its partners will look ahead with intention while recommending and shaping policies and programs that are not only responsive to real needs, but fiscally responsible and sustainable.

AMENDMENT TO THE MASSACHUSETTS STATE PLAN ON ALZHEIMER'S DISEASE AND RELATED DEMENTIAS (STATE PLAN), 2024



An Amendment to the Massachusetts State Plan on Alzheimer's Disease and Related Dementias (State Plan) appears on the next page. It is associated with the work of the Council's team on Interdisciplinary Dementia Care, which is part of the Council's Quality of Care workstream.

Amendment to the State Plan

Quality of Care Workstream

Recommendation #2

(Interdisciplinary Dementia Care)



Revised Recommendation (2024)

Develop a plan for a sustainable, centralized model of integrated dementia care in Massachusetts designed to address gaps in the current dementia care system

Recommendation (2023)

Develop a plan that ensures that staff in primary care across the state receive the training and support needed to build and retain interprofessional dementia care teams

Updated Implementation Strategies

Below are the state plan's updated implementation strategies, as of March 2024, for the revised recommendation above.

1. **Summarize the team's proposal** - Draft a concise summary of the team's proposal to pilot a dementia care program based on the evidence-based Care Ecosystem model, featuring a centralized team of clinical consultants as well as care team navigators to support people living with dementia and their caregivers, community-based providers, and health care providers. Clearly define and describe feasible role for the state.
2. **Engage state decision-makers** - Initiate conversations with relevant state officials to share and discuss the proposal.
3. **Assess systems alignment** - Identify and address any risks in aligning the proposal with existing state systems and structures.
4. **Examine existing conflicts** - Confirm the proposal does not conflict with existing care management/navigation contracts, especially those involving state government and community-based organizations.
5. **Leverage existing programs** - To strengthen the proposal, review and draw lessons from current programs like Senior Care Options (SCO) and Program of All-Inclusive Care for the Elderly (PACE).
6. **Estimate MassHealth savings** - Analyze and document how the program could reduce MassHealth costs for dementia care, especially outside of Senior Care Options (SCO) and Program of All-Inclusive Care for the Elderly (PACE).
7. **Project cost avoidance** - Demonstrate the program's potential to avoid future MassHealth expenses, including delayed spend-down and reduced long-term care use.
8. **Develop a pilot proposal** - Finalize a proposal that has support from state leaders.

APPENDIX A

MEMBERS OF THE MASSACHUSETTS ADVISORY COUNCIL ON ALZHEIMER'S DISEASE AND ALL OTHER DEMENTIAS (COUNCIL)

January 2024 – March 2025

| Council Member | Seat on Council |
|---|--|
| <p>Whitney Moyer, MPP, PMP - Current Chair (<i>beginning in March 2025</i>), Massachusetts Advisory Council on Alzheimer's Disease and All Other Dementias; Chief Operating Officer, Massachusetts Executive Office of Aging & Independence</p> <p>Robin Lipson - Former Chair (<i>September 2024 - February 2025</i>), Massachusetts Advisory Council on Alzheimer's Disease and All Other Dementias; Acting Secretary (<i>June 3, 2024 – November 19, 2024</i>) and Secretary (<i>November 20, 2024 - present</i>), Massachusetts Executive Office of Aging & Independence</p> <p>Elizabeth C. Chen, PhD, MBA, MPH - Former Chair (<i>through May 2024</i>), Massachusetts Advisory Council on Alzheimer's Disease and All Other Dementias, Former Secretary (<i>through May 2024</i>), Massachusetts Executive Office of Aging & Independence</p> | <p>Secretary, Executive Office of Health and Human Services, and Council Chair</p> |
| <p>Zelmon "Zee" Johnson, MSW, LCSW, CDP - Medical Social Worker, Baystate Home Health & Hospice, West Springfield, MA (<i>joined the Council in March 2025</i>)</p> | <p>Secretary, Executive Office of Aging & Independence</p> |
| <p>Christine Ritchie, MD, MSPH - Kenneth L. Minaker Endowed Chair in Geriatric Medicine; Research Director, MGH Division of Palliative Care and Geriatric Medicine; Director, Mongan Institute Center for Aging and Serious Illness; Director, MGH Dementia Care Collaborative; Professor of Medicine, Harvard Medical School</p> | <p>Commissioner, Department of Public Health</p> |
| <p>Andrew Budson, MD - Chief of Cognitive Behavioral Neurology and Director of the Center for Translational Cognitive Neuroscience at Veterans Affairs (VA) Boston Healthcare System; Associate Director for Research at Boston University Alzheimer's Disease Research Center; Lecturer in Neurology at Harvard Medical School</p> | <p>Secretary, Veterans' Services</p> |
| <p>Randi Berkowitz, MD - Associate Medical Director, MassHealth</p> | <p>Director, Office of Medicaid</p> |
| <p>Representative Thomas Stanley - Massachusetts House of Representatives</p> | <p>House Chairman, Elder Affairs</p> |

| Council Member | Seat on Council |
|---|-----------------------------------|
| Senator Patricia Jehlen - Chairperson, Joint Committee on Elder Affairs & Chairperson, Joint Committee on Labor and Workforce Development, Massachusetts Senate | Senate Vice Chair, Elder Affairs |
| Hector Montesino, CDP - President and CEO, Embrace Home Care and Health Services and Alzheimer's Advocate | Alzheimer's Patient Advocate 1 |
| Rhiana Kohl, PhD - Alzheimer's Advocate & Former Caregiver | Alzheimer's Patient Advocate 2 |
| Barbara Meehan - Alzheimer's Advocate & Former Caregiver | Alzheimer's Caregiver 1 |
| Heather Sawitsky - General Counsel, Fox Hill Village Homeowners Corp. and | Health Care |
| Linda Pellegrini, MS, GNP-BC - Geriatric Nurse Practitioner, UMass Memorial Medical Center | Health Care Provider 2 |
| Hugo Aparicio, MD, MPH - Assistant Professor of Neurology, Boston University School of Medicine; Faculty Lead of the Research and Policy Team Program at the BU Center for Antiracist Research; Stroke Specialists in the Department of Neurology, Boston Medical Center | Alzheimer's Researcher 1 |
| Brent Forester, MD, MSc - Chief, Division of Geriatric Psychiatry & Director, Geriatric Psychiatry Research Program, McLean Hospital; Associate Professor of Psychiatry, Harvard Medical School; Medical Director, Dementia Care and Behavioral & Mental Health Population Health Management, Mass General Brigham | Alzheimer's Researcher 2 |
| Susan Antkowiak - Vice President, Programs & Services, Alzheimer's Association, Massachusetts/New Hampshire Chapter | State Alzheimer's Organization |
| James Wessler - President and CEO, Alzheimer's Association, Massachusetts/New Hampshire Chapter and New England Regional Leader | State-based Advocacy Organization |
| TBD | Alzheimer's Caregiver 2 |

APPENDIX B

TEAMS WORKING ON BEHALF OF THE COUNCIL (January 2024 – March 2025)

| Workstream and Council Leads | Team Members <i>Names appear in alphabetical order with team leads indicated in purple font</i> |
|--|---|
| <p>1. Caregiver Support & Public Awareness</p> <p>Barbara Meehan (Council Member) Dementia Advocate/Former Caregiver</p> <p>Hector R. Montesino (Council Member) President and CEO - Embrace Home Care and Health Services and Alzheimer's Advocate</p> | <p><i>Public Service Announcement & Video Production</i></p> <p>Barbara Meehan, Council Member (see first column) Hector Montesino, Council Member (see first column) Susan Antkowiak, Council Member, Vice President, Programs & Services, Alzheimer's Association, Massachusetts/New Hampshire Chapter</p> <p><i>Caregiver Experience: Review and Update of Aging Services Access Point (ASAP) Designation Review Process</i></p> <p>Joshua Ferguson (Lead), Director of Data Insights and Program Evaluation, MA Executive Office of Aging & Independence Elise Tierney, MPH, Aging Services Strategy and Operations Manager, MA Executive Office of Aging & Independence</p> <p><i>Caregiver Experience: Development of Call Type Manual</i></p> <p>Karyn B. Wylie, MS, LSW, Massachusetts Aging & Disability Resource Consortia Coordinator, MA Executive Office of Aging & Independence</p> <p><i>Market Research</i></p> <p>Ellie Romano, Director of Communications and Outreach Manager, MA Executive Office of Aging & Independence</p> |
| <p>2. Diagnosis & Services Navigation</p> | <p>This workstream was merged with the Council's Quality of Care workstream.</p> |

| Workstream and Council Leads | Team Members <i>Names appear in alphabetical order with team leads indicated in purple font</i> |
|--|--|
| <p>3. Equitable Access & Care</p> <p>Hugo Aparicio, MD, MPH (Council Member) Associate Professor of Neurology, Boston University School of Medicine; Stroke Specialist in the Department of Neurology, Boston Medical Center</p> <p>Jatin Dave, MD, MBBS, MPH (Council Member until mid-December 2024) Chief Medical Officer, MassHealth; Director, Office of Clinical Affairs, ForHealth Consulting, UMass Chan Medical School (Until mid-December 2024)</p> | <p><i>Equity and Inclusion Team</i></p> <p>Hugo Aparicio, MD (Co-Lead), Council Member</p> <p>Jatin Dave, MD (Co-Lead), Council Member <i>(through December 2024)</i></p> <p>Doris Harris, PhD, Consultant, Springfield Dementia Friendly Coalition member, host of <i>Health Matters</i> radio show in Springfield (90.7 FM WTTC)</p> <p>Pam MacLeod, MBA, PMP, Senior Project Director, MA Executive Office of Aging & Independence, and UMass Chan Medical School</p> <p>Kevin Reynolds, Diversity, Equity and Inclusion Chair, Alzheimer’s Association, MA/NH Chapter</p> <p>Kathy Service, NP, Consultant on aging issues and dementia, often with a special focus on people living with intellectual and developmental disabilities</p> <p>Beth Soltzberg, LICSW, MBA, Director, Alzheimer’s/Related Dementias Family Support Program, Jewish Family & Children's Service, Waltham</p> <p>Judith Thermidor, Resident Wellness Director, CSI Support & Development Services, Community Health Educator in Haitian Creole and Spanish</p> |
| <p>4. Physical Infrastructure</p> <p>Pam MacLeod, MBA, PMP Senior Project Director for the Massachusetts Advisory Council on Alzheimer’s Disease and All Other Dementias; Massachusetts Executive Office of Aging & Independence; and</p> | <p><i>Age and Dementia Friendly Physical Infrastructure Team</i></p> <p>James Fuccione, MPA, (Co-Lead), Senior Director - MA Healthy Aging Collaborative</p> <p>Patty Sullivan (Co-Lead), Program Manager, Dementia Friendly MA - MA Councils on Aging <i>(through June 2024)</i></p> <p>Elizabeth Giannini, Transportation Program Manager, Franklin Regional Council of Governments</p> <p>Pam MacLeod, MBA, PMP, Senior Project Director, Massachusetts Executive Office of Aging & Independence and UMass Chan Medical School</p> <p>Sandra Martin, MEP, MPH, Senior Planner and Health Agent, Berkshire Public Health Alliance, Public Health Program at Berkshire</p> |

| Workstream and Council Leads | Team Members <i>Names appear in alphabetical order with team leads indicated in purple font</i> |
|--|---|
| UMass Chan Medical School | Regional Planning Commission Ruth Neeman, AIA , Principal, Director of Senior Environments Studio, LWDA Ithzel Polanco-Cabadas , Real Estate Project Manager, 2Life Communities Philippe Saad, AIA, LEED AP , Principal, Dimella Shaffer Haley Wood , Economic Security and Outreach Manager, MA Councils on Aging |
| 5. Quality of Care Susan Antkowiak Vice President, Programs & Services, Alzheimer’s Association, Massachusetts/New Hampshire Chapter Linda Pellegrini, MS GNP-BC Geriatric Nurse Practitioner, UMass Memorial Medical Center | Care Planning Team Susan Antkowiak (Co-Lead) , Council Member Linda Pellegrini (Co-Lead) , Council Member Rachel Broudy, MD , Faculty Lead on Elder Care Work at Ariadne Labs, Medical Director, Pioneer Valley Hospice and Palliative Care, Board Member, Life Path Aging Services Access Point, Franklin County Deb Dowd-Foley , Caregiver Specialist, Elder Services of Worcester Area, Inc. Laurie Herndon, MSN, GNP, BC , Project Director, Hinda and Arthur Marcus Institute for Aging Research, Hebrew SeniorLife Judy Johanson , Dementia Advocate, Massachusetts Alzheimer’s Disease Research Center, Massachusetts General Hospital (MGH) Pam MacLeod, MBA, PMP , Senior Project Director, Massachusetts Executive Office of Aging & Independence and UMass Chan Medical School Gad A. Marshall, MD , Medical Director of Clinical Trials, Center for Alzheimer Research and Treatment, Brigham and Women’s Hospital (BWH), Associate Neurologist, BWH, Assistant in Neurology, (MGH), Associate Professor of Neurology, Harvard Medical School Pam Mirick, RN , Former Family Caregiver, Retired Nurse Team on Interdisciplinary Dementia Care Christopher Wight, LICSW (Co-Lead) , Clinical Social Worker, Memory Disorders Unit, Department of Neurology, Massachusetts General Hospital, Boston, MA Alina Sibley, CNP, (Co-Lead) , Team Lead for Geri-Pal Home Care, Baystate Health <i>(through December 2024)</i> Stephen Bonasera, MD, PhD , Chief, Division of Geriatrics & Palliative Care, Medical Director, Baystate Memory Assessment and Care Clinic, Department of Medicine, Baystate Medical Center |

| Workstream and Council Leads | Team Members <i>Names appear in alphabetical order with team leads indicated in purple font</i> |
|---|--|
| | <p>Kathryn M. Corelli, MD, Internal Medicine Physician, Chestnut Hill, MA</p> <p>Joe Costello, Organizational Consultant and Dementia Advocate</p> <p>Brent P. Forester, MD, MSc., (Council Member), Dr. Francis S. Arkin Chair of Psychiatry, Tufts University School of Medicine Chief and Chair, Department of Psychiatry, Tufts Medical Center Director of Behavioral Health, Tufts Medicine</p> <p>Lenore Jackson-Pope, RN, BSN, MSM, CCRP, Co-Director of Primary Care Outreach, Center for Alzheimer Research and Treatment (CART) and Massachusetts Alzheimer’s Disease Research Center (MADRC), Mass General Brigham</p> <p>Pam MacLeod, MBA, PMP, Senior Project Director, MA Executive Office of Aging & Independence and UMass Chan Medical School</p> <p>Liz McCarthy, Health Systems Director, New England Region, Alzheimer’s Association</p> <p>Pam Mirick, RN, Former Family Caregiver, Retired Nurse</p> <p>Christine Ritchie, MD, MSPH (Council Member), Kenneth L. Minaker Endowed Chair in Geriatric Medicine, Research Director, MGH Division of Palliative Care and Geriatric Medicine, Director, Mongan Institute Center for Aging and Serious Illness, Director, MGH Dementia Care Collaborative, Professor of Medicine, Harvard Medical School</p> <p>Amy Walsh, Project Manager, Institute for Health Care Improvement (IHI)</p> |
| <p>6. Risk Reduction and Public Health Infrastructure¹⁷</p> | <p><i>Springfield’s Healthy Brain Initiative - Led by the Springfield Dementia Friendly Coalition</i></p> <p>Zelmon (Zee) Johnson (Lead), Chairperson, Springfield Dementia Friendly Coalition</p> <p>Johnetta Baymon, Faith Based Health Alliance</p> <p>Lisa Cardonell, Alzheimer Association, MA/NH Chapter</p> <p>Cynthia Clemons, Safe Harbor Adult & Senior Services</p> <p>Brenda Evans, School of Public Health & Health Sciences, UMass Amherst</p> <p>Samantha Hamilton, Public Health Institute of Western Mass</p> |

¹⁷ In 2024, a team and its lead conducted a project for this workstream (as indicated in the second column). This project was designed to align with this workstream’s recommendations; however, the workstream itself is currently without a lead from the Council.

| Workstream and Council Leads | Team Members <i>Names appear in alphabetical order with team leads indicated in purple font</i> |
|------------------------------|---|
| | Doris Harris , Consultant Brenda Labbe , Greater Springfield Senior Services Meghan LeMay , Alzheimer’s Association, MA/NH Chapter Luz Lopez , Alzheimer’s educator Nina Prenosil , UMass Amherst (intern) |

DRAFT