

# **Rethinking Dementia: Accelerating Change**

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## EXECUTIVE SUMMARY

Rethinking Dementia: Accelerating Change was born out of a group of West Michigan aging and healthcare providers coming together and deciding to do something about dementia. It was obvious to all that the prevalence of dementia is increasing, and the current systems that exist to help and support people with dementia are not good enough. Too many people with dementia are isolated, too many caregivers are overwhelmed, and too much money is being spent on ineffective or inefficient ways of caring for them.

In response to this frustration, a group of committed organizations and individuals invested in a new organization, Rethinking Dementia: Accelerating Change (RDAC), that now serves as the facilitator of a collaborative process to address dementia for the whole community. In order to maximize its effectiveness, RDAC has chosen to involve a wide and varied group of organizations and individuals in developing its mission and strategic vision. The result of this collaborative process is an opportunity to improve awareness about dementia, access to services and resources, and aggregation of service delivery systems in West Michigan.

In order to accomplish this, RDAC will first build and develop a working Collective Impact initiative. This process will streamline communication between multiple partners in dementia care, set a standard for data collection and measurement of success, and provide a foundation for collaboration on a variety of interventions.

Second, RDAC will work with patients, caregivers, and service providers to provide helpful education and support to physicians and health systems. By filling gaps in physicians' knowledge and access to supplementary services, people with dementia will receive earlier, more accurate diagnoses and be connected quickly with community resources that will make their dementia journey more hopeful and positive.

Improved awareness, access, and aggregation related to dementia will result in reduced stigma, delivery of quality diagnoses, better care for people with dementia, caregivers that are empowered rather than burned out, public policy and funding that recognizes the impact of dementia on people's lives, and more participation in research to one day prevent and cure major diseases that cause dementia.

RDAC plans to implement the strategies of pursuing Collective Impact and educating physicians over a three-year time period, beginning in 2017. The total amount of funding needed to carry out this work and achieve the intended outcomes for people with dementia and those that care for them is \$2 million.

## INTRODUCTION

Rethinking Dementia: Accelerating Change (RDAC) is a movement dedicated to changing the way dementia related diseases are talked about, diagnosed, and treated in the West Michigan community. With the prevalence of dementia rising at an alarming rate, and no definitive cure on the horizon, it is imperative that the interventions that are available be maximized and utilized to their full extent. While a person's Alzheimer's disease or other related dementia may not be cured in this lifetime, there are proven ways to make life better for that person and those that care for him/her. RDAC is working to bring the best interventions to West Michigan and foster a new and more innovative way of dealing with dementia.

## HISTORY

One local continuing care retirement community was charged and supported by a friend of the organization to find out who really is the "best" in the nation at taking care of people with dementia. They conducted an investigation and found that the market for providing dementia care is ripe for innovation. A few leaders in the field understand the urgency of preparing for dementia and are blazing the path towards more capable providers, systems, and communities. After learning about these innovative spaces, the local leaders decided to take what they had learned and make West Michigan one of them.

The best and brightest thought leaders regarding dementia from around the country were invited to bring their wisdom to a Summit in West Michigan with the goal of sparking discussion and action around the issue of dementia in the community. Four organizations jointly planned this event - Clark, Holland Home, the Alzheimer's Association, and the Area Agency on Aging of Western Michigan. The end result was an engaging two day conference that was well attended by local business and community leaders alongside health care and senior care providers and interested community members.

The message that threaded through the entire conference that was echoed by both presenters and attendees was that dementia no longer affects just a few people. Dementia will affect almost everyone at some point, either through a diagnosis for themselves or a friend or family member with a diagnosis. Dementia is not a some-people problem, it is an everyone problem. It became clear that there was a **lack of awareness** about dementia among most of the general

Dementia is not a  
some-people problem,  
it is an everyone  
problem.

population, a **lack of access** to necessary information and services, and a **lack of aggregation** in the way services are delivered to people with dementia and their caregivers.

Problems like this do not go away on their own, someone needs to lead the way. The creators of the Summit listened to the community and decided carry the work forward on a permanent basis. They solicited support and funding from local organizations and individuals, and six months later launched Rethinking Dementia: Accelerating Change as a permanent organization charged with solving the problems of awareness, access, and aggregation for people with dementia in West Michigan.

## **PROBLEM**

Dementia is one of the most pressing health concerns of our time. One in three seniors dies with Alzheimer's disease or a related dementia, and the prevalence is rising. Without the discovery of a prevention or cure in the near future, the number of people age 65 and older with Alzheimer's disease in the United States will almost triple by 2050, when it is projected that 13.8 million older adults will have it. In Michigan, the number of older adults with Alzheimer's disease will increase 22% by the year 2025, from 180,000 to 220,000 people. In Kent County alone, there are an estimated 10,000 people with some kind of dementia, and about 31,000 people that provide unpaid care for those individuals.

### *What is dementia?*

Dementia is an umbrella term that describes a set of symptoms, which include memory loss, lack of judgement, changes in mood or personality, decline in the ability to reason, and more. Dementia is not actually a disease, though it is often referred to as one for the sake of convenience in referring to all dementia-related diseases. Instead, it is accurate to say that dementia is *caused* by a variety of diseases, including Alzheimer's disease (the most common cause), vascular dementia, dementia with Lewy Bodies, or frontotemporal dementia. Dementia can also be caused by reversible conditions, such as an infection or the wrong combination of medications. Each cause of dementia produces different kinds of symptoms, and each person with a dementia-related disease experiences those symptoms differently, making dementia a complicated topic to talk about and problem to solve.

### *Impact of dementia*

The onset of any kind of dementia brings an increase in mortality, decreased quality of life for the person with the disease and his/her loved ones, and an extremely high cost to both that

individual and the payers involved in his/her care. Extrapolated to the large and growing numbers of people with dementia, the consequences of the condition are devastating to a community.

### *Mortality*

Alzheimer's disease alone is the sixth leading cause of death in the US, killing more people than breast cancer and prostate cancer combined. The number of people who die each year from Alzheimer's disease has increased 71% since 2000, while deaths from other major diseases (such as heart disease, stroke, breast and prostate cancer, and HIV/AIDS) have decreased.<sup>i</sup> While many studies focus on Alzheimer's disease, a few have

The number of people who die each year from Alzheimer's disease has increased 71% since 2000.

shown that all kinds of dementia raise the risk of mortality to about twice as high as for people who do not have dementia.<sup>ii</sup>

One study estimated that the average survival time for someone newly diagnosed with dementia is about 4.5 years.<sup>iii</sup>

This may vary widely depending on the type of dementia, but gives a general idea of dementia's impact on longevity.

### *Caregiver Strain*

Every day the blessing of caregiving is taken on by loved ones and family members without hesitation. It is honorable to care for a loved one who has dementia. However, the ill effects of caregiving can be easily ignored to the detriment of the caregiver and the person receiving care. Caregivers in Michigan provide on average about 1,137 hours of care each year, or almost 22 hours per week.<sup>iv</sup> They also spend more than \$5,000 per year out of their own pockets, all while losing an average of \$15,000 per year in income<sup>v</sup> due to reduced working hours or quitting their jobs altogether. Given that 41% of all caregivers have a household income of \$50,000 or less, this financial burden can be devastating.

The losses caregivers incur are not just financial, they also frequently suffer a decline in physical and emotional health as a result of the stress and demands of providing care<sup>vi</sup>. Research shows that providing care for people with dementia increases caregivers' susceptibility to disease and health complications. Spousal caregivers of people with dementia suffer even more physician strain than caregivers of people with other chronic health conditions, being about 41% more likely to become increasingly frail throughout the caregiving process. High-perceived caregiving strain is even correlated with an increase in all-cause mortality for caregivers.<sup>vii</sup>

### *Economic Hardship*

Dementia is expensive for everyone. Health care and long-term care costs for people with dementia are three times higher than for individuals without dementia, totaling about \$236 billion annually in the US. These dollars are spent mainly on these services, in decreasing order of average per-person payments:

- skilled nursing facility or assisted living stays,
- inpatient hospital stays,
- medical provider visits,
- prescription medications,
- hospice care, and
- home-health care.

It is enormously costly for hospitals and long-term care facilities to care for people with dementia, even comparing to persons with other chronic diseases. Individuals with dementia may experience three times as many hospital visits each year than others without dementia.

The steep tab for these services is picked up by a combination of payers. The individuals with dementia themselves are shouldered with about 19% of the total cost, paying an average of \$10,500 out of pocket each year for health care and long-term care services. As a comparison, older adults without dementia pay about \$2,500 in out-of-pocket costs each year. Because the majority of people with dementia are older adults, many are living on fixed incomes and the extra costs related to dementia can be devastating.

Even with the inordinate burden placed on people with dementia and their family members, the majority of the cost of dementia care is paid for by insurance programs, both public and private. In total, the average annual cost for health care and long-term care for an older person with dementia is approximately \$49,000. This is more than three times higher than the cost of caring for a person of the same age who does not have dementia. Medicare incurs about 50% of the cost and Medicaid incurs 18%. Other payers like private insurance and health management organizations cover the remaining 13%. This means that dementia is a problem not just for the federal government but for state governments, healthcare providers, businesses, and local communities who are all burdened with extremely high costs due to dementia.

#### Who pays the bill?

Medicare – 50%  
Patient – 19%  
Medicaid – 18%  
Other – 13%

Medicaid, which is partially state-funded, pays 19 times more for a person with dementia than a person without dementia. Michigan Medicaid currently pays about \$1.3 billion for services related to dementia. The costs to Medicare and Medicaid fall directly on the taxpayer, making the high cost of dementia a problem for everyone who pays into these government funded programs.

Health care is not the only sector which suffers high costs due to dementia, but businesses suffer as well. 60% of all caregivers for someone with dementia in the US are employed during their caregiving experience. About half of those employed caregivers report going to work late, leaving early, or taking time off in order to fulfill their caregiving responsibilities. Almost 25% of caregivers who work more than 21 hours per week report taking a leave of absence from their jobs or reducing their work hours or level of responsibility at work.<sup>viii</sup> Employers bear the cost of this loss in productivity and in replacing employees who are no longer able to do their jobs because of their caregiving role.

## OPPORTUNITY

Despite the gravity of the hardships brought on by dementia, there is reason to hope and to advocate for a better way. More attention is being paid to the problem of dementia now more than ever, and organizations everywhere from the federal government to local neighborhood associations are discussing and debating how best to address this issue. Themes that arise frequently in these discussions are awareness of dementia, access to services and resources, and aggregation of service delivery systems.



Awareness  
Access  
Aggregation

### *Awareness*

In the Summit originally held before RDAC was even in existence, “awareness” was voted the most pressing need of in West Michigan when it comes to dementia. This sentiment is clarified in the work of Dr. John Zeisel, Ph.D from Hearthstone Alzheimer Care in Lexington, MA who explains that awareness is an admirable goal but only insofar as it spurs the people to action.<sup>ix</sup> Knowledge alone produces despair, because the facts about dementia as a disease are frightening and sad. But, knowledge that results in real, measurable outcomes is extremely valuable. This kind of knowledge is oriented towards the positive, the abilities and qualities that remain even when memory is lost and the personhood that a person still holds despite having a terrible disease.

RDAC holds the hypothesis that greater positive awareness will have the following outcomes:

1. Reduced stigma related to dementia on the part of the general population. Many people fear dementia and feel incapable of having meaningful interactions with someone who has it. With a greater understanding of the remaining abilities and qualities of someone with dementia, they will have a more positive view of dementia and people who have it.
2. Diagnosis of a dementia related disease in the early stage, versus the middle or late stage of the disease. This should be the natural result of the general population knowing the early signs of dementia, the reasons why it's important to seek a diagnosis, and where to go for a diagnostic workup.
3. Enhanced care for the person, by way of friends and family members reaching out and spending time with them. More than half of all people with dementia feel socially isolated<sup>x</sup> because many people feel uncomfortable spending time with them, but socialization and engagement is extremely important for the well-being of a person with dementia. When someone receives instruction on how and why to interact with a person with dementia, they will be more likely to do so.
4. Caregivers will be recognized and supported by others when the general population is more aware of all a caregiver has to do and is equipped to help, even in small ways.

### *Access*

The importance of access to services and resources is a common theme in the social service world, not least in dementia care. First, the services offered for dementia must be adequate and relevant. But second, people must believe that services will help them and know how to get them. RDAC believes that West Michigan can offer the best interventions in the world, but it won't matter if people with dementia and those that care for them do not take advantage of them.

The intended outcomes for increasing access to dementia services and resources are:

1. Earlier diagnoses made because of increased availability of diagnostic workups and understanding of how to get one.
2. Better quality of life for people with dementia and for caregivers as a result of participating in effective non-pharmalogical interventions.
3. Increased participation in research studies due to better promotion of how to get involved.

## *Aggregation*

Aggregation is defined as “collection into an unorganized whole.”<sup>xiii</sup> RDAC intends aggregation to be understood as multiple parties working together as a whole. The aim is not to condense or combine, but rather to align efforts and maximize impact. The hypothesis is that by bringing together residential facilities, health care systems, mental health experts, nutrition providers, community members, and more to work on common goals, the following outcomes will be achieved:

1. People with dementia will receive better care because all parties involved will know how and when to connect with other people, resources, or services. The person with dementia should experience smooth transitions between necessary providers and be able to enter the system at any point at any time.
2. Public policy and funding will be influenced in a positive direction as a result of the collective power of multiple organizations working together on one issue.

## **PROPOSED SOLUTION**

Bringing awareness, access, and aggregation to service providers and end users requires a model to guide interactions between all kinds of stakeholders. RDAC has chosen to use Collective Impact, a highly structured and data-driven model of change, to organize the collaboration and foster innovative solutions. Collective Impact is the framework which will wrap around all action strategies and is in itself the first proposed solution to the problem of dementia in West Michigan. The second proposed solution is to educate and support physicians in the screening, diagnosis, and treatment processes for people with dementia.

### *Collective Impact*

Collective Impact has been shown to produce widespread solutions to complex problems. It is similar to other models or theories of change in that it claims to bring people together from disparate organizations, viewpoints, and strengths in order to produce better solutions than people or organizations who try to drive change by themselves. The reputed benefits of using Collective Impact as opposed to working in isolation are described in Figure 1.

Figure 1<sup>xii</sup>

<b>Isolated Impact vs. Collective Impact</b>	
<b>Isolated Impact</b>	<b>Collective Impact</b>
<ul style="list-style-type: none"> <li>◆ Funders select individual grantees that offer the most promising solutions.</li> <li>◆ Nonprofits work separately and compete to produce the greatest independent impact.</li> <li>◆ Evaluation attempts to isolate a particular organization's impact.</li> <li>◆ Large scale change is assumed to depend on scaling a single organization.</li> <li>◆ Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations within a larger system.</li> <li>◆ Progress depends on working toward the same goal and measuring the same things.</li> <li>◆ Large scale impact depends on increasing cross-sector alignment and learning among many organizations.</li> <li>◆ Corporate and government sectors are essential partners.</li> <li>◆ Organizations actively coordinate their action and share lessons learned.</li> </ul>

Collective Impact also places a high value on equity, and recognizes that solutions are not solutions if they only work for some groups of people but not others. Structural inequity must be addressed in order to achieve equitable outcomes for people of all races and backgrounds.<sup>xiii</sup> This is accomplished through intentional engagement of all kinds of people who will be impacted by the work, and making sure that even the most vulnerable of populations is represented by a place at the table.

The model is supported by a body of research documenting its successes in all kinds of locations and a variety of social issues. One example is ACT on Alzheimer's in Minnesota, a statewide initiative created to prepare Minnesota for the personal, social, and budgetary impact of dementia.<sup>xiv</sup> ACT on Alzheimer's has been able to engage stakeholders across the state in creating dementia friendly communities and training physicians, care coordinators, and other service providers to be dementia capable. Their success in implementing and scaling effective interventions provides confidence in the value of Collective Impact in the dementia space.

There are five main components of Collective Impact<sup>xv</sup>, each of which is designed to bringing people together in a shared collaborative process. RDAC posits that by working in each of these five areas, new and innovative solutions will emerge. The five components, and RDAC's progress on each, are described in Table 1.

Table 1

<p>Common Agenda - Agree on a shared view of the problem and approach to solving it.</p>	<p>A diverse group of stakeholders was convened as a Steering Committee and developed the central message of awareness, access, and aggregation for dementia in West Michigan. Collective Impact and a focus on educating and supporting physicians are the two main approaches agreed upon at this time.</p>
<p>Shared Measurement - Track progress in the same way across the board, allowing for continuous improvement.</p>	<p>Six goals were identified as the most important outcomes to achieve in the community. These goals (described in Goals below) will be measured on a large scale, across multiple settings and populations.</p>
<p>Mutually Reinforcing Activities - Coordinate efforts of partners or stakeholders and align interests to achieve maximum results.</p>	<p>A partnership has been formed with Dementia Friendly Grand Rapids, an initiative working towards greater awareness for the general public, offering support and assistance to help them meet their goals. Other symbiotic partnerships are in progress with several dementia initiatives of partner organizations.</p>
<p>Continuous Communication - Build relationships and trust between stakeholders.</p>	<p>Regular Steering Committee meetings, newsletters, and media updates are creating open lines of communication between RDAC and stakeholders, and between stakeholders themselves.</p>
<p>Backbone Support - Create a team dedicated to facilitating the process and moving the work forward.</p>	<p>RDAC was created as the "backbone" organization to do the day-to-day work of the initiative. Funding for the backbone function was provided by key partner organizations and philanthropic individuals.</p>

*Educating Physicians*

Using the Collective Impact process led the Steering Committee to identify and prioritize action strategies to achieve better outcomes for people with dementia and caregivers. Educating and supporting physicians emerged as the top priority and most important action to take in the near future.

Providing quality care for people with dementia starts first and foremost with an early and accurate diagnosis<sup>xvi</sup>, and is followed closely by utilizing helpful interventions<sup>xvii</sup> for the journey ahead. These practices help the patient have better physical health and well-being for a longer period of time, and are cost-effective in the long run<sup>xviii</sup>. Physicians are key to both of those processes. Physicians also play an important role in maintaining the physical and mental health of the primary caregiver to a person with dementia. Studies show that providing the caregiver with information and assistance in dealing with problems, assisting them in enlisting the help of

Providing quality care for people with dementia starts first and foremost with an early and accurate diagnosis, and is followed closely by utilizing helpful interventions for the journey ahead.

their friends and family, and providing referrals to helpful services and resources<sup>xix</sup>.

RDAC is not the first to determine that physicians and the medical community in general is the most important point of intervention when it comes to dementia. The Alzheimer’s Association, ACT on Alzheimer’s in Minnesota, the National Institute on Aging, and even Michigan’s own former Dementia Coalition and former Geriatric Education Center have all produced helpful materials, information, and resources to help physicians support their patients

through a dementia journey. These efforts have had varying amounts of success, and provide helpful examples and warnings for those like RDAC who are continuing down this path.

Currently in Michigan there are no known organizations using cross-sector relationships to educate and support physicians. The previously mentioned Dementia Coalition and Geriatric Education Center, both of which carried out tremendous work in educating physicians, are no longer operating due to lack of funding. A huge hole is left in their wake, and with the current rise in prevalence of dementia, the timing could not be worse.

Partners of RDAC have discussed the barriers that exist to making quality diagnoses and appropriate referrals, and the problems are many. On a systemic level, reimbursement rules and availability of diagnostic workups and specialists sometimes prevent patients from getting the testing they need. On the physician level, time constraints and lack of confidence in making a diagnosis or referral for a workup also prevent patients from getting further testing. To make

matters worse, the screening tools physicians have available to them lack the sophistication needed to make a clear determination. Physicians also often lack knowledge about non-pharmalogical treatments for people with dementia and caregivers and so do not refer to community organizations for help. This combination of problems leaves people feeling confused about what is causing their memory loss, and helpless to do anything but sit and wait for their disease to get worse.

The ideal solution to the problems described above would help physicians of all kinds know 1) which cognitive impairment screening tools are most helpful and feel comfortable in using them, 2) when and how to refer patients for further testing, and 3) which referrals to make after a diagnosis to empower their patient in their dementia journey. Healthcare systems must also be addressed in order to put in place the necessary pathways and funding to provide smooth transitions between services and providers. In this way, physicians will not just be educated but also supported in their work with people who have dementia.

Educating and supporting physicians will be main priority of RDAC for the next three years, and the Collective Impact process will be combined with components of the Lean Startup Method<sup>xx</sup> to determine the best way to carry out that education and support. A working group has been created that is dedicated to exploring innovative solutions for physicians and health care systems. These are the steps that will be implemented to develop and implement emergent solutions:

1. Collect baseline data to assess true needs of patients and physicians in West Michigan.
  - a. Patients and family members will be surveyed to find out which providers they reach out to first, what their interactions with physicians and providers are like, how long it takes to get a diagnosis, and what kind of information they receive post-diagnosis.
  - b. Physicians will be surveyed to find out their level of comfort in using the diagnostic tests available, their access to other specialists for additional testing, and what information and referrals they provide to patients post-diagnosis.
  - c. An evaluation and data specialist will be enlisted to carry out the baseline assessment and on-going evaluation.
2. Analyze the data to find the true and most pressing needs of physicians when it comes to diagnosing and treating various forms of dementia.
3. Develop a minimum viable product that will solve the most pressing needs and roll out to a small group of physicians or providers. A special emphasis will be placed on

- technology when considering possible solutions because of its relevance to today's society and ability to scale up in size and impact.
4. Collect data to evaluate the impact of the minimum viable product and progress made towards the goals of diagnosis and referrals, and towards RDAC community-level outcomes.
  5. Adjust the solution based on the data collected to become more effective in meeting the intended outcomes. This cycle of evaluation and adjustment will be consistently repeated to allow for immediate and continuous improvement.
  6. Scale the solution to more physicians, providers, and systems using relationships developed throughout the Collective Impact process.

## **UNIQUE ROLE OF RETHINKING DEMENTIA: ACCELERATING CHANGE**

RDAC is uniquely situated to address the problems of awareness, access, and aggregation of dementia information and services because of its collaborative structure, the location in which it was founded, its macro-level systems lens, and its interest in benefitting the community as a whole.

### *Collaborative Structure*

A group of organizations founded RDAC as a way to work together on common dementia issues in West Michigan. These organizations invested their time and money in establishing an organization that would facilitate their collaboration and drive the collective work forward. The initial investors in RDAC were Clark, Holland Home, Mercy Health Saint Mary's, Metro Health, Pine Rest, and Reliance Community Care Partners. The Alzheimer's Association and Area Agency on Aging of Western Michigan were also founders and contributed significant resources in-kind. RDAC reports to all of these organizations as well as new ones that have joined on as Steering Committee members. This unique organizational structure sets the standard for collaboration and ensures that all perspectives will be considered in making key decisions.

### *Location*

West Michigan, where RDAC was originated and is currently located, is a unique region and provides multiple benefits to the initiative. First, the community is very collaborative in nature. Other collaborations for aging-related issues exist and thrive, including the Caregiver Resource Network<sup>xxi</sup>, Tandem365<sup>xxii</sup>, and Care Resources PACE<sup>xxiii</sup>. The success of these

collaborative initiatives prove that organizations in West Michigan are enthusiastic about working together, and are excited to find new ways to serve the community as a whole.

Second, there is a strong aging network present with many resources available for older adults and people with dementia. This includes an active dementia friendly community movement called Dementia Friendly Grand Rapids. This movement has already been a great partner to RDAC and is very interested in working together to accomplish more.

Third, West Michigan has a deep-rooted tradition of philanthropy. Individuals, corporations, and foundations are very interested in supporting work that helps people and provides a benefit to the community.

### *Systems Lens*

It is very easy to look at a problem from one perspective. It is very difficult to consider it from many perspectives. RDAC is committed to taking all opinions and points of view into account when designing and implementing solutions for people with dementia. The problem goes beyond the creation of programs by individual organizations. It requires systemic changes on a macro-level. Public policies, such as funding and reimbursement rates, and institutional policies need to be updated in accordance with the growing needs of people with dementia and those that care for them.

RDAC is a neutral party that transcends the needs of individual organizations and is able to focus on the true needs of the community.

### *Community Focus*

Because it was originally founded and continues to be directed by multiple cross-sector organizations, RDAC is a neutral party that transcends the needs of the individual organizations and is able to focus on the true needs of the community. People with dementia and those that care for them are the end-users of the entire process, and every action RDAC takes will be solely for their benefit.

## **GOALS**

Rethinking Dementia: Accelerating Change will accomplish the following outcomes:

1. Reduce the stigma associated with memory loss and dementia.
2. Promote early and accurate diagnosis of dementia disorders.
3. Ensure quality care for people with dementia across all types of residential settings.

4. Empower caregivers to provide excellent care while maintaining their own health and well-being.
5. Achieve public policy and funding changes that support dementia care and support.
6. Connect people with opportunities to get involved in research.

## **FUNDRAISING EQUATION**

The total amount of funding needed to carry out the work of Rethinking Dementia: Accelerating Change is \$2 million for a three-year period starting in 2017. This funding will be used to collect and analyze data, educate and support physicians in delivering quality diagnoses and referrals, communicate with key stakeholders and with the public, and provide operational support for the Collective Impact process.

Funding will be sought from multiple sources, including but not limited to individuals, foundation grants, corporate grants, and state and federal government grants.

## **FUNDRAISING PLAN**

A small group of experienced fundraising professionals dedicated to the mission of RDAC and the Director of RDAC will seek appropriate funding opportunities and lead the fundraising process. RDAC Steering Committee members will be called upon as necessary to assist in asking or applying for available funds.

## **HOW TO GIVE**

All gifts and grants will be directed to the Clark Foundation, which currently serves as a fiduciary for RDAC. All funds received will be tax deductible and will be used only for RDAC expenditures.

## LEADERSHIP

### *Steering Committee*

The RDAC Steering Committee is made up of the following individuals. When an organization is listed, it is sponsoring the participation of that individual. An asterisk denotes a member of the Executive Team.

Katie Branch, Grand Valley State University  
Mina Breuker\*, Holland Home  
Cindy Busscher, Pine Rest Christian Mental Health Services  
Jayne Courts MD, Mercy Health Saint Mary's  
Jamie Downes, Varnum  
Anne Ellermets, Area Agency on Aging of Western Michigan  
Dana Fillmore, Gordon Food Service  
Terri Hess, Former Caregiver and Community Member  
Nicholas Kanaan Ph.D, Michigan State University College of Human Medicine  
Brian Pangle\*, Clark  
Joy Spahn\*, Alzheimer's Association  
Steve Starnes, Grand Wealth Management  
Steve Velzen-Haner, Reliance Community Care Partners  
Floyd Wilson Jr., Metro Health

### *Fundraising Committee*

The following individuals have volunteered their time to lead the fundraising process. When an organization is listed, it is sponsoring the participation of that individual.

Jenn Callahan, Clark  
Lisa Ellens, Rethinking Dementia: Accelerating Change  
Scott Halquist, Holland Home  
Tom Monaghan

### *Staff*

Lisa Ellens, MSW - Director

## ENDNOTES

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