2026
ALZHEIMER'S DISEASE ADVISORY COMMITTEE

Annual Report

Elder Affairs FLORIDA

ELDERAFFAIRS.ORG

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For decades, Alzheimer's disease was often discussed privately, and individuals living with the disease and their families faced stigma that could make it difficult to seek information, care, and support. That landscape is changing. Alzheimer's disease and related dementias (ADRD) are increasingly recognized as significant public health issues that require coordinated attention across health care, government, communities, and families.

Florida has embraced a comprehensive approach to Alzheimer's disease and related dementias (ADRD) that extends beyond clinical care. Improving outcomes requires continued investment in scientific and medical advances as well as the systems, services, supports, and resources that promote quality of life, dignity, safety, and independence.

This Annual Report of the Alzheimer's Disease Advisory Committee provides an overview of ADRD and the current state of the science, along with key data on prevalence, economic impact, cost of care, and effects on Florida's health care system. The report also provides an overview of Florida's ADRD support infrastructure and the role of the Florida Department of Elder Affairs in coordinating and advancing these efforts. Finally, the report presents the Alzheimer's Disease Advisory Committee's annual recommendations, reflecting the Committee's continued commitment to strengthening Florida's response to ADRD and improving the lives of individuals living with the disease and the families and caregivers who support them.

Section 1

Introduction to Alzheimer's Disease and Related Dementia (ADRD)

Alzheimer's disease is a progressive, irreversible brain disease that gradually damages memory, thinking, and the ability to perform everyday activities. It is the most common cause of dementia, accounting for an estimated 60% to 80% of dementia cases. Dementia is a broad term describing a decline in cognitive abilities that is significant enough to interfere with daily life. Although some changes in memory and thinking are a normal part of aging, Alzheimer's disease is not.

Alzheimer's disease begins with changes and damage to brain cells (neurons), particularly in areas responsible for memory and learning. As the disease progresses, this damage spreads to other areas of the brain, affecting language, judgment, behavior, mobility, and other essential functions. Alzheimer's is much more than memory loss; over time, it can result in profound cognitive and physical impairment. The disease is progressive and ultimately fatal.

Key characteristics:

- Results from progressive damage and loss of nerve cells in the brain.
- Progresses gradually, with symptoms and functional impairment worsening over time.
- Often begins with subtle memory changes and can progress to significant difficulties with communication, decision-making, mobility, and independence.
- In advanced stages, the disease can impair the body's ability to perform basic functions, including swallowing, breathing, and regulating the heartbeat.
- Is irreversible; current treatments cannot restore neurons or reverse the underlying disease process.

Prevalence

- Globally, more than 50 million people are living with Alzheimer's disease and related dementias (ADRD).
- In the United States, approximately 6.2 million people are living with Alzheimer's disease.
- In Florida, approximately 580,000 adults age 65 and older are currently living with Alzheimer's disease.
- The number of people affected is expected to increase substantially as the population ages. By 2060, nearly 14 million Americans are projected to be living with Alzheimer's disease.

Who Is at Risk?

Age remains the greatest known risk factor for Alzheimer's disease, with the vast majority of people living with the disease being age 65 or older. However, Alzheimer's is not exclusively a disease of older adults. Younger-onset, or early-onset, Alzheimer's can occur in people in their 40s and 50s, although it is less common.

Other factors associated with increased risk include:

- Lifestyle and health factors, including level of formal education, history of traumatic brain injury, smoking, physical activity, and diet.
- Genetics and family history.
- Environmental exposures and other factors that may influence brain health.

Signs and Symptoms

Alzheimer's disease can affect people differently, and symptoms may emerge gradually. Recognizing changes early can help individuals and families seek an appropriate medical evaluation, understand available treatment and support options, and plan for the future. Common warning signs include:

1. Memory loss that disrupts daily life.
2. Difficulty planning or solving problems.
3. Difficulty completing familiar tasks at home, work, or in the community.
4. Confusion about time or place.
5. Difficulty understanding visual images and spatial relationships.
6. New problems with speaking or writing.
7. Decreased judgment or difficulty making decisions.
8. Misplacing items and being unable to retrace steps.
9. Withdrawal from work or social activities.
10. Changes in mood, personality, or behavior.

Experiencing one or more of these symptoms does not necessarily mean that a person has Alzheimer's disease. Changes in memory, thinking, mood, or behavior can have many causes, some of which may be treatable. Symptoms may also vary considerably from person to person. A comprehensive medical evaluation is essential to determine the underlying cause and identify appropriate treatment and support.

Diagnosis and Progression

Research indicates that biological changes associated with Alzheimer's disease may begin 20 years or more before noticeable symptoms emerge. This long preclinical period underscores the importance of early detection, diagnosis, and planning.

As Alzheimer's disease progresses:

- Independence gradually decreases.
- Cognitive and physical health decline.
- Assistance with daily activities and care needs increases.
- Communication and decision-making abilities may become increasingly limited.
- The disease ultimately becomes fatal.

Early diagnosis can provide individuals and families with valuable time to explore treatment options, establish care plans, address legal and financial matters, communicate preferences, and connect with available support and services.

Treatment and Care

There is currently no cure for Alzheimer's disease. However, advances in research have expanded treatment options, and a combination of medical care, personalized support, healthy lifestyle practices, and appropriate services can help manage symptoms, address safety and functional needs, and support quality of life.

Treatment Approaches

Treatment and care strategies may focus on:

- Supporting overall brain and physical health through lifestyle interventions, cognitive and social engagement, and appropriate medical management.
- Addressing behavioral and psychological symptoms, including agitation, anxiety, depression, and sleep disturbances.
- Slowing disease progression and preserving cognitive and functional abilities, particularly when interventions are initiated in the earlier stages.
- Connecting individuals and families with education, care navigation, community resources, and other support throughout the disease journey.

Medications

The U.S. Food and Drug Administration (FDA) has approved several medications for the treatment of Alzheimer's disease and its symptoms. Depending on the medication and the individual, these treatments may:

- Help manage symptoms such as memory loss and confusion.
- Slow the progression of cognitive and functional decline for some individuals.
- Provide the greatest benefit when used during the appropriate stage of the disease.
- Have varying effects from person to person, with benefits often diminishing as the disease advances.

It is important to recognize that medications are only one component of Alzheimer's care. Current treatments do not cure the disease or restore lost abilities. Some medications may also have significant side effects, risks, or costs that should be considered in consultation with a health care provider. Treatment decisions should be individualized and incorporated into a broader plan that addresses the medical, functional, emotional, and social needs of the person and their caregivers.

The Importance of Caregiving and a Strong Care Plan

Because Alzheimer's disease is progressive and current treatments cannot stop or reverse the disease, informed caregiving and a comprehensive, adaptable care plan are essential. Family and other caregivers play a central role in supporting individuals with ADRD, often providing assistance with daily activities, coordinating health care, monitoring changes in condition, managing medications, and providing emotional support.

A strong care plan should address the whole person and anticipate changing needs over time. Areas to consider include:

- Safety and support with daily living.
- Medical care and medication management.
- Legal and financial planning.
- Advance directives and future health care decisions.
- Caregiver education, respite, emotional support, and connections to community resources.

As Alzheimer's progresses, individuals may eventually have difficulty communicating their needs or making decisions for themselves. Early planning gives individuals an opportunity to express their preferences and allows families and caregivers to better honor those wishes as care needs evolve.

Caregiving can be physically, emotionally, and financially demanding. Without adequate support, caregivers may experience significant stress, social isolation, depression, and declines in their own health. A comprehensive care plan that includes caregiver education, respite, support services, and access to trusted resources can help reduce caregiver burden and enable families to provide safe, compassionate care while protecting their own well-being.

Alzheimer's Disease in Florida

Florida faces a particularly significant challenge from Alzheimer's disease and related dementias. The state has one of the highest prevalence rates of Alzheimer's disease in the nation, with approximately 580,000 Floridians age 65 and older currently living with the disease and approximately 870,000 family and other unpaid caregivers providing care.[1] Because age is the strongest known risk factor for Alzheimer's disease, Florida's rapidly growing older population is expected to further increase the number of individuals and families affected.

Approximately 23 percent of Florida's population is age 65 or older,[2] and an estimated 30 percent of the state's population will be age 60 or older by 2030.[3] Nationally, the number of Americans age 65 and older living with Alzheimer's disease is projected to reach approximately 14 million by 2050, with Florida expected to experience one of the highest rates of growth in the country.[4] The concentration of older adults in Florida, combined with continued population growth, makes addressing ADRD a significant and growing public health priority.

The economic impact of ADRD is substantial. Health care, long-term care, and other dementia-related costs place significant pressure on individuals, families, health care systems, and public programs. These figures also understate the broader economic impact because they do not fully capture the value of unpaid family caregiving or the associated effects on caregivers' employment, finances, and health.

The impact of ADRD is reflected across the health care system:

- People living with ADRD experience approximately twice as many hospitalizations each year as other older adults.
- Medicare beneficiaries living with ADRD are more likely to have other chronic health conditions, including heart disease, diabetes, and kidney disease.
- Older adults living with ADRD have more skilled nursing facility stays and home health care visits than older adults without dementia.
- People living with ADRD represent a substantial proportion of older adults receiving adult day services and nursing home care.

The financial impact extends well beyond the formal health care system. Families shoulder a significant share of the costs associated with dementia care, including unpaid caregiving, out-of-pocket expenses, lost income, and other

1 Alzheimer's Association, Alzheimer's Disease Facts and Figures

2 U.S. Census Bureau, American Community Survey Data Tables

3 Florida Health Charts, Aging in Florida Dashboard

4 Centers for Disease Control and Prevention, Alzheimer's Disease and Dementia

indirect costs. These burdens are compounded by the health consequences caregivers themselves may experience. Family caregivers of individuals living with ADRD are at increased risk of emotional distress, physical health challenges, and financial strain.

The growing prevalence and complexity of ADRD underscore the need for a response that extends beyond medical treatment alone. Effective dementia care depends on coordinated health care, home- and community-based services, caregiver support, education, early detection, care navigation, and other resources that help individuals remain safe, engaged, and as independent as possible while supporting the families who care for them.

2026 Alzheimer's Association Facts and Figures

The 2026 Alzheimer's Association Facts and Figures Report[5] provides an overview of the latest national statistics and information on Alzheimer's prevalence, incidence, mortality and morbidity, costs of care, and caregiving. These data illustrate the importance of prioritizing this illness.

National Cost of Care for ADRD

- This year, health and long-term costs for people living with dementia and Alzheimer's are expected to reach $384 billion (not including the value of unpaid care).[6] This cost, when factoring the value of unpaid care, climbs to $781 billion.[7]
- Costs affecting family caregivers are compounded by a loss of income valued at approximately $8 billion.[8]
- Medicaid costs for a person living with dementia are 22 times higher than for older adults without dementia. Medicare costs are 3 times higher.[9]
- People living with Alzheimer's or other dementias have twice as many hospital stays per year as other older people.
- Medicare beneficiaries with Alzheimer's or other dementias are more likely than those without dementia to have other chronic conditions, such as heart disease, diabetes and kidney disease.
- AD is currently the most expensive disease in America, costing more than cancer or heart disease.

Workforce Shortage

Florida is confronting a mounting crisis in geriatric and Alzheimer's care, driven by a severe shortage of caregivers across the spectrum of workers. This shortage spans the full continuum of care—from direct-care workers in nursing homes, assisted living, and home care settings to highly specialized professionals such as neurologists and gerontologists.

As the state's enormous Baby Boomer generation continues aging, demand for memory-care and dementia services is rising sharply. However, the ranks of Certified Nursing Assistants (CNAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs) remain depleted—FHCA surveys report that over 90% of Florida's longterm care facilities face staffing challenges, with nearly half limiting admissions due to insufficient personnel[10]

Financial pressures are another serious obstacle—low Medicaid reimbursement

5 Alzheimer's Association: Facts and Figures 2026

6 Alzheimer's Association: Facts and Figures 2026

7 USC Schaeffer: The Cost of Dementia

8 Alzheimer's Association: Facts and Figures 2025

9 Alzheimer's Association: Facts and Figures 2025

10 McKnights Senior Living: ALF Rent Growth Lags Behind Wage Growth

2026 ALZHEIMER'S DISEASE FACTS AND FIGURES

OVER
7 MILLION
Americans are living with Alzheimer's

1 in 3
older adults dies with Alzheimer's or another dementia

Between 2000 and 2024 deaths from heart disease have decreased **3.8%**

while deaths from Alzheimer's disease have increased over **134%**

It kills more than breast cancer and prostate cancer **COMBINED**

The lifetime risk for Alzheimer's at age 45 is

1 in 5
for women

1 in 10
for men

In 2026, Alzheimer's and other dementias will cost the nation **$409 BILLION**

By 2050, these costs could rise to nearly **$1 TRILLION**

NEARLY
13 MILLION
Americans provide unpaid care for people with Alzheimer's or other dementias

These caregivers provided more than 19 billion hours valued over **$446 BILLION**

3 out of 4
Americans say lifestyle behaviors are important for brain health,

but only **46%** strongly connect these behaviors to reducing dementia risk

For more information, visit alz.org/facts

ALZHEIMER'S ASSOCIATION®

2026

ALZHEIMER'S STATISTICS
FLORIDA

PREVALENCE

579,900
# of People Aged 65 and Older with Alzheimer's (2020)

12.5%
% of Adults Over 65 with Alzheimer's

WORKFORCE

of Geriatricians in 2021
418
Increase Needed to Meet 2050 Demand
168.2%

# of Home Health and Personal Care Aides in 2022
72,410
Increase Needed to Meet 2032 Demand
22.6%

More than **7 million Americans** are living with Alzheimer's, and more than **12 million** provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total **$409 billion** in 2026, increasing to nearly **$1 trillion** (in today's dollars) by mid-century.

For more information, view the *2026 Alzheimer's Disease Facts and Figures* report at **alz.org/facts**.

CAREGIVING

877,000 # of Caregivers

1.4B Total Hours of Unpaid Care

$30.3B Total Value of Unpaid Care

66.4% Caregivers with Chronic Health Conditions

28.6% Caregivers with Depression

13.6% Caregivers in Poor Physical Health

HEALTH CARE

of People in Hospice (2017) with a Primary Diagnosis of Dementia
19,897
Hospice Residents with a Primary Diagnosis of Dementia

# of Emergency Department Visits per 1,000 People with Dementia (2018)
1,552
Dementia Patient Hospital Readmission Rate (2018)
23.0%

Medicaid Costs of Caring for People with Alzheimer's (2025)
$3.91B
Per Capita Medicare Spending on People with Dementia in 2025 Dollars
$37,950

MORTALITY

6,115 # of Deaths from Alzheimer's Disease (2024)

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ALZHEIMER'S ASSOCIATION®

rates make it hard for care facilities to offer competitive wages, and many depend on expensive agency staff to fill critical gaps, driving up operational costs.[11] This leads to burnout among existing caregivers and poor retention: despite wage increases of 20–25% for CNAs, LPNs, and RNs, 95% of operators report difficulty recruiting and retaining staff.[12] In private pay settings (as in the case of most Assisted Living Facilities), companies report that it is difficult to increase wages for direct care workers without increasing the cost to the resident.[13]

The challenge is especially acute in Alzheimer's care, where continuity, familiarity, and specialized training are essential—and where frequent turnover undermines quality. Many dementia patients require consistent, patient-centered support; under-staffing can lead to increased medical errors, neglect, and a decline in emotional wellbeing. Meanwhile, the burden shifts onto unpaid family caregivers—Florida ranks among the states in "critical" or "high risk" status due to a shortage of paid homehealth aides (only ~16 aides per 1,000 seniors versus a national average of ~64), meaning dementia care increasingly falls on families with limited support.[14]

Florida's geriatric and Alzheimer's care system is under strain: a rapidly aging population, a shrinking workforce pipeline, insufficient compensation, and systemic underfunding are collectively threatening the state's ability to deliver dignified, high-quality care.

11 Florida Daily: Worsening Workforce and Economic Crisis

12 Florida Health Care Association: Who Will Care for Florida's Seniors?

13 McKnights Senior Living: ALF Rent Growth Lags Behind Wage Growth

14 MarketWatch: Family Caregivers

Ongoing Research

Scientists continue to investigate the causes, prevention, and treatment of Alzheimer's. Efforts in Florida and worldwide focus on understanding risk factors, identifying interventions to slow or stop the disease, and identifying biomarkers that can help make the diagnostic process faster and more cost-effective.

Treatment Breakthroughs

New Drug Approvals and Advances:

- Lecanemab (Leqembi): This drug, approved in early 2023, is a monoclonal antibody targeting amyloid-beta plaques, which are associated with Alzheimer's disease. Clinical trials have shown it can slow cognitive decline in patients with early Alzheimer's.
- Donanemab: Another monoclonal antibody targeting amyloid plaques, it has shown promise in clinical trials for slowing the progression of Alzheimer's. The FDA granted accelerated approval for this drug in 2024.

Tau Protein Research:

- Advances in targeting tau protein, another hallmark of Alzheimer's pathology, have been significant. Researchers are developing therapies that aim to reduce tau tangles, which contribute to neuronal damage and cognitive decline.
- Gene Therapy and Genetic Research:
  - » Progress in gene therapy aims to address genetic risk factors associated with Alzheimer's. Research into gene editing tools like CRISPR has explored their potential in modifying genes linked to Alzheimer's, such as the APOE gene.

Early Detection and Diagnosis:

- Development of more sensitive biomarkers and imaging techniques, including advances in PET scans and blood tests, are improving early detection. For instance, new blood-based biomarkers have been validated to detect Alzheimer's-related changes before significant symptoms appear.

Combination Therapies:

- Research into combining different types of treatments, such as amyloid-targeting drugs with tau-targeting therapies or anti-inflammatory agents, is gaining momentum. The idea is to address multiple pathways involved in Alzheimer's simultaneously.

Surgical Interventions:

- Researchers are exploring surgical procedures, such as lymphovenous bypass, to reduce lymphatic fluid buildup in the brain. These interventions aim to restore or improve the brain's natural waste clearance pathways, which may be impaired in individuals with dementia. By enhancing lymphatic drainage, the goal is to reduce neuroinflammation and improve cognitive function. While still under investigation, these procedures represent a promising area of research into how surgical methods might support brain health and slow the progression of neurodegenerative diseases like Alzheimer's.

Lifestyle and Behavioral Interventions:

- Studies continue to highlight the impact of lifestyle factors on Alzheimer's progression. Research into diet, exercise, and cognitive training interventions shows that these can have a meaningful impact on slowing disease progression or improving quality of life.

These advances reinforce the need for a multifaceted state response—one that addresses the immediate needs of individuals living with dementia, caregivers, and care providers while also investing in prevention, research, and other strategies with the potential to improve outcomes over time.

Section 2

Alzheimer's Disease and Related Dementias Infrastructure in Florida

Governor DeSantis has prioritized addressing Alzheimer's disease (AD) and related dementias (ADRD), recognizing their far-reaching impact on individuals, families, the health care system, and communities. Florida's approach extends beyond clinical care to encompass research, risk reduction, workforce development, caregiver support, and community-based services.

The Alzheimer's Disease Initiative (ADI) serves as a cornerstone of Florida's statewide infrastructure for addressing ADRD. Through ADI, Florida supports a broad continuum of services and activities, including caregiver support, clinical services, diagnosis, education, and research, while bringing together community partners to identify service gaps and strengthen the state's response. Under Governor DeSantis's leadership, state investment in these critical services has increased significantly, expanding Florida's capacity to support individuals living with ADRD and the families who care for them.

Florida's ADI is comprised of four primary components established in statute: the Alzheimer's Disease Advisory Committee (ADAC), respite and support services, Memory Disorder Clinics (MDCs), and the Florida Brain Bank. Together, these components provide a

Governor DeSantis' Five Point Dementia Action Plan

1	Included Alzheimer's and related dementias as a priority within the State Health Improvement Plan (SHIP).	Alzheimer's is the seventh leading cause of death in Florida but was not previously directly addressed by the SHIP.
2	Challenge local communities to expand the Dementia Care and Cure Initiative (DCCI) in their areas.	DCCI taskforces have grown to 17, including a rural-focused taskforce that looks challenges in rural spaces across the state.
3	Challenge Florida institutions to match funding for their in-house Memory Disorder Clinics (MDC).	The State of Florida has designated and funded 17 MDCs located in medical schools, teaching hospitals, and similar institutions.
4	Increase funding for the Alzheimer's Disease Initiative (ADI).	Governor DeSantis' Freedom First Budget included $12 million in funding to support the ADI and supportive services for people living with ADRD, their families, and caregivers.
5	Governor DeSantis requests the development of a Center of Excellence pursuant to the Federal BOLD Act.	Announced the Florida Alzheimer's Center of Excellence to promote evidence-based treatment and prevention, awareness and education about ADRD, and to connect families with resources.

foundation for education, diagnosis, research, caregiver assistance, and the development of recommendations to improve care and outcomes statewide.

Florida has also continued to expand its broader ADRD infrastructure through complementary initiatives and partnerships. These include the Silver Alert system, the designation of ADRD as a priority area within the State Health Improvement Plan (SHIP), and 17 Dementia Care and Cure Initiative (DCCI) Task Forces located throughout the state. The addition of a rural DCCI Task Force in early 2025 further strengthened the state's ability to address the unique challenges faced by individuals and families living in rural communities.

The Florida Department of Elder Affairs (DOEA) plays a central role in coordinating these efforts. The Department works with Florida's 11 Area Agencies on Aging (AAAs) and other community partners to connect individuals and families with ADRD resources, identify unmet needs, and strengthen local capacity to respond to dementia.

Florida is also a leader in dementia research. The state is home to two federally funded Alzheimer's Disease Research Centers, which serve as hubs for research, education, and clinical collaboration. In addition, Florida supports state-based biomedical research through the Ed and Ethel Moore Alzheimer's Disease Research Program, administered by the Florida Department of Health. Together, these investments help advance understanding of Alzheimer's disease while supporting the development of new approaches to prevention, diagnosis, treatment, and care.

The Role of the Department of Elder Affairs

DOEA administers human services and long-term care programs, including programs funded under the federal Older Americans Act of 1965 and other programs assigned to the Department by law, including section 430.04, Florida Statutes. For individuals in the early stages of Alzheimer's disease, people with younger-onset Alzheimer's, and individuals with related forms of dementia, DOEA administers the Alzheimer's Disease Initiative (ADI), Home Care for the Elderly (HCE), Respite for Elders Living in Everyday Families (RELIEF), and the federally funded Family Caregiver Support Program. Each program provides caregiver support, while ADI is specifically designed to provide dementia-focused services. Over time, ADI has expanded its initiatives to better meet the evolving needs of individuals living with dementia and their caregivers.

Secretary Michelle Branham continues to lead DOEA following her initial appointment by Governor DeSantis in December 2021. Under her leadership, the Department serves Florida's 6.1 million residents age 60 and older through services and initiatives delivered in partnership with the state's Aging Network. In 2023, Secretary Branham expanded the role of the Dementia Director to include leadership of a new Division of Alzheimer's and Brain Health, bringing the Department's brain health efforts together within a dedicated team.

The Department's major ADRD initiatives are described below.

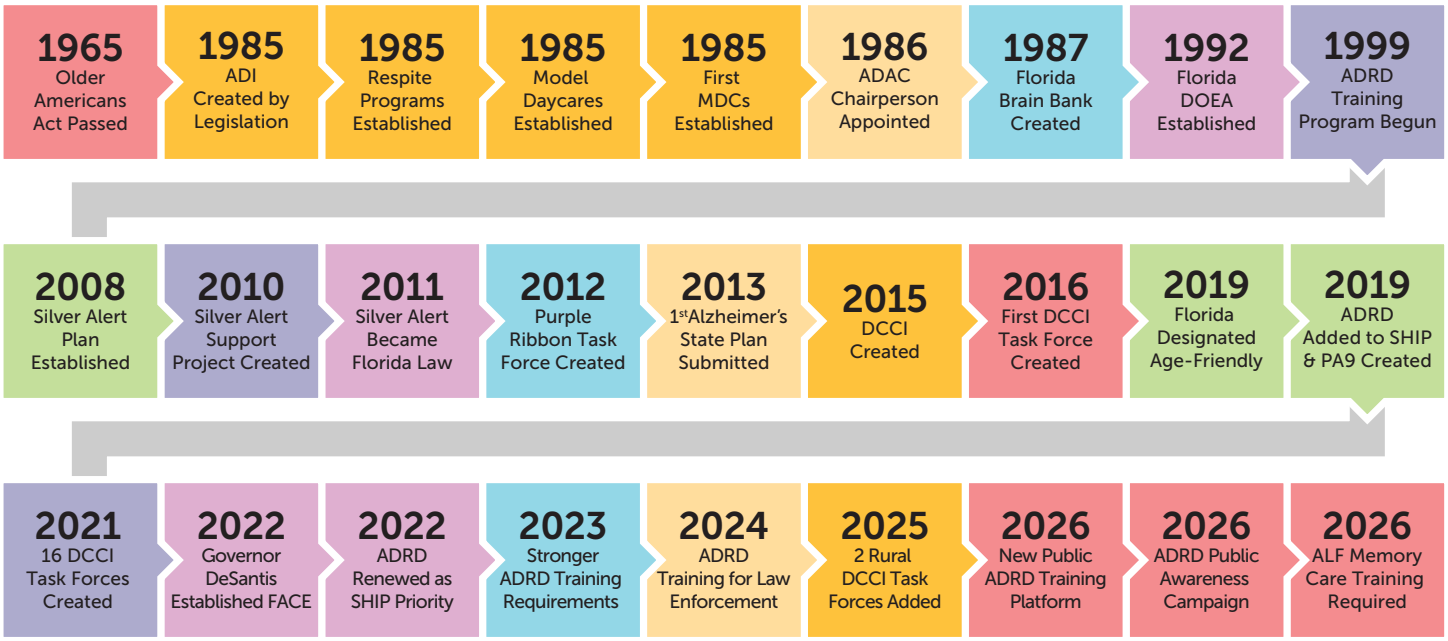
Caregiver Support and Respite Services in Florida

The Alzheimer's Disease Initiative (ADI) is a statewide program within the Department of Elder Affairs that provides services to individuals and families affected by ADRD. ADI includes three components:

1. Supportive services such as counseling, consumable medical supplies, and respite for caregiver relief.
2. Memory Disorder Clinics (MDCs) to provide diagnosis, education, training, research, treatment, and referrals, and
3. The Florida Brain Bank to support research.

Community Care for the Elderly (CCE) Program provides community-based services

ALZHEIMER'S DISEASE INITIATIVE TIMELINE



1965 The Older Americans Act was passed and created the Area Agency on Aging.

1985 Alzheimer's Disease Initiative (ADI) was legislatively created in 1985 to provide a continuum of services to meet the changing needs of individuals and families affected by Alzheimer's Disease and Related Dementias.

The start of the ADI respite programs and model day care services.

The First Memory Disorder Clinics (MDCs) established at USF, UF, and UM.

1986 The Alzheimer's Disease Advocate Committee (ADAC) established and the first chairperson was appointed.

1987 The Florida Brain Bank was created at Mt. Sinai Medical Center in Miami by Dr. Ranjan Duara.

1992 Department of Elder Affairs (DOEA) established.

1999 ADRD training program established.

2008 Florida Silver Alert Plan was established through Executive Order 08-211 by Governor Charlie Crist.

2010 Silver Alert coordination and support project started.

2011 Florida Silver Alert became state law under sections 937.021 and 937.0201, *Florida Statute*.

2012 HB 473 passed that created the Purple Ribbon Task Force (PRTF) housed within DOEA.

2013 Submitted 1st Florida Alzheimer's Disease State Plan to the Governor and Legislature. The PRTF adjourned following the submission.

2015 DOEA announced the Dementia Care and Cure Initiative (DCCI).

2016 Tallahassee announced as the first DCCI pilot task force.

2019 Florida became the 4th designated Age-Friendly State.

ADRD placed into the State Health Improvement Plan and Priority Area 9 created.

2021 16th DCCI task force created.

2022 Governor Ron DeSantis highlighted record funding for Alzheimer's and related dementias and established the Florida Alzheimer's Center of Excellence (FACE).

ADRD renewed as SHIP priority area.

2023 Strengthen ADRD training requirements in licensed care settings.

2024 ADRD training added to the law enforcement training library.

2025 Two additional DCCI taskforces added: Rural DCCI task force added through the Geriatric Workforce Enhancement grant partnership with FSU and St. Johns County.

2026 New public ADRD training platform.

ADRD Public Awareness campaign.

Memory Care designation added to Assisted Living Facility license requirements.

organized on a continuum of care to help functionally impaired elders live in the least-restrictive yet most cost-effective environment suitable to their needs.

Research in Florida

The Ed & Ethel Moore Grant Program, created in 2014, supports the development of innovative research in the prevention, assessment, and treatment of progressive dementia. The program is managed by the Department of Health. The long-term objectives include the following:

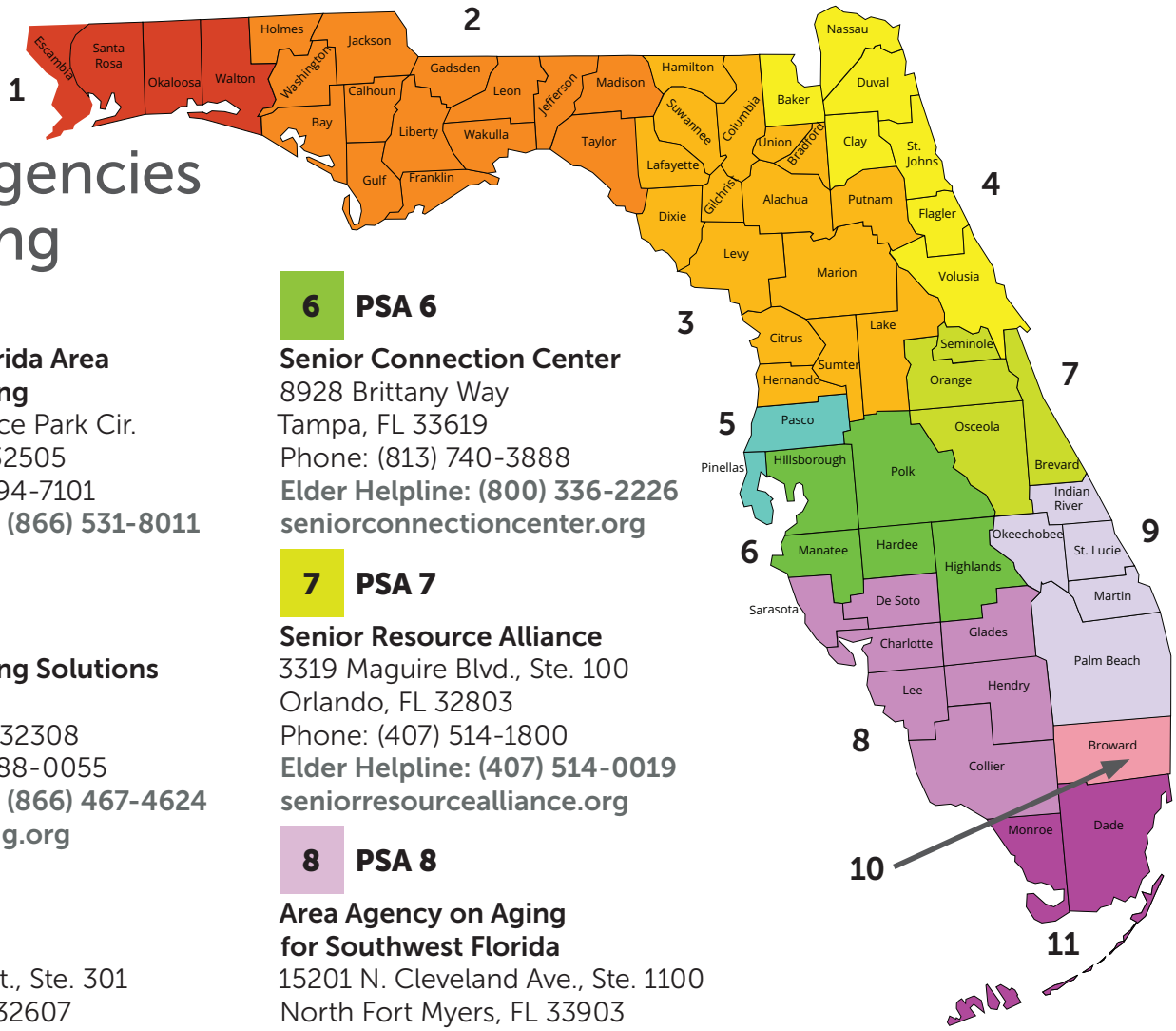
- Improving the health of Floridians through research on prevention, treatments, diagnostic tools, and cures for ADRD.
- Expanding the foundation of knowledge relating to the prevention, diagnosis, treatment, and cure of Alzheimer's disease and related dementias; and
- Stimulating economic activity in areas related to research on ADRD.

Alzheimer's Disease Research Centers serve as hubs of translational science that focus on preventing and treating ADRD. They play a pivotal role in fostering enrollment for industry-sponsored clinical trials and ensuring advances in evidence-based care for ADRD are disseminated efficiently and rapidly to community-based medical practices. There are two federally funded Research Centers in Florida: 1) Mayo Clinic Jacksonville and 2) 1Florida (an ADRD consortium of universities and health science centers).

Resources in Florida:

Area Agencies on Aging (AAAs) are organizations that serve seniors and individuals with disabilities in the community. The AAAs serve as a trusted resource to advocate, educate, and empower seniors, adults with disabilities, and caregivers, which promotes independence in partnership with the community. They strive to provide seniors, adults with disabilities, and caregivers with the resources and services needed to maintain independence, promote healthy aging, and

Area Agencies on Aging



1 PSA 1

Northwest Florida Area Agency on Aging
5090 Commerce Park Cir.
Pensacola, FL 32505
Phone: (850) 494-7101
Elder Helpline: (866) 531-8011
nwflaaa.org

2 PSA 2

Advantage Aging Solutions
414 Mahan Dr.
Tallahassee, FL 32308
Phone: (850) 488-0055
Elder Helpline: (866) 467-4624
advantageaging.org

3 PSA 3

Elder Options
100 S.W. 75th St., Ste. 301
Gainesville, FL 32607
Phone: (352) 378-6649
Elder Helpline: (800) 262-2243
agingresources.org

4 PSA 4

ElderSource
10688 Old St. Augustine Rd.
Jacksonville, FL 32257
Phone: (904) 391-6600
Elder Helpline: (888) 242-4464
myeldersource.org

5 PSA 5

Area Agency on Aging of Pasco-Pinellas
9549 Koger Blvd.
Gadsden Bldg., Ste. 100
St. Petersburg, FL 33702
Phone: (727) 570-9696
Elder Helpline: (727) 217-8111
agingcarefl.org

6 PSA 6

Senior Connection Center
8928 Brittany Way
Tampa, FL 33619
Phone: (813) 740-3888
Elder Helpline: (800) 336-2226
seniorconnectioncenter.org

7 PSA 7

Senior Resource Alliance
3319 Maguire Blvd., Ste. 100
Orlando, FL 32803
Phone: (407) 514-1800
Elder Helpline: (407) 514-0019
seniorresourcealliance.org

8 PSA 8

Area Agency on Aging for Southwest Florida
15201 N. Cleveland Ave., Ste. 1100
North Fort Myers, FL 33903
Phone: (239) 652-6900
Elder Helpline: (866) 413-5337
aaaswfl.org

9 PSA 9

Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
701 Northpoint Parkway, Suite 115
West Palm Beach, FL 33407
Phone: (561) 684-5885
Elder Helpline: (866)684-5885
aaapbtc.org

10 PSA 10

Area Agency on Aging of Broward County
5300 Hiatus Rd.
Sunrise, FL 33351
(954) 745-9567
Phone: (954) 745-9567
Elder Helpline: (954) 745-9779
adrcbroward.org

11 PSA 11

Alliance for Aging
760 NW 107th Ave #214
Miami, FL 33172
Phone: (305) 670-6500
Elder Helpline: (305) 670-4357
allianceforaging.org

County coloring represents area served by the corresponding Area Agency on Aging.

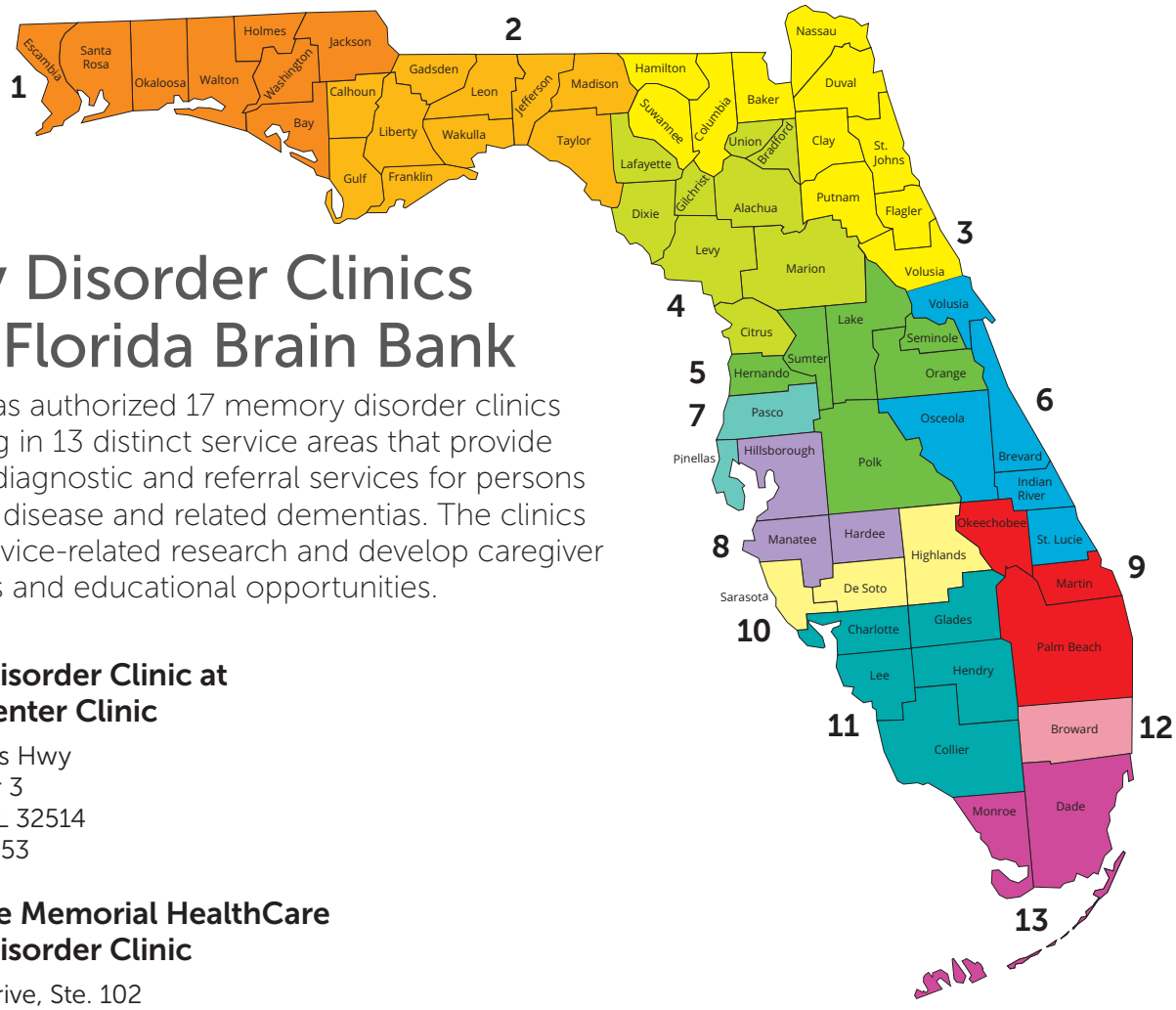
PSA - Planning and Service Area

live an optimal quality of life. The AAAs are considered the gateway to senior services. They perform all intake assessments for home and community-based services such as the ADI respite funding and the Community Care for the Elderly funding (CCE).

Memory Disorder Clinics (MDCs) are state-funded and statutorily established to conduct research and training in a diagnostic and therapeutic setting for persons living with ADRD. The MDCs also provide an annual report. There are 17 MDCs currently in Florida. They participate in funded research projects, and as part of their contractual agreement, must partner with research programs focusing on dementia and dementia care. All clinics work with DOEA to develop metrics that reflect their impact to the state and local communities and to contribute to the body of knowledge about Alzheimer's disease and related dementias.

Dementia Care and Cure Initiatives (DCCIs) Dementia Care and Cure Initiative task forces engage communities across Florida to be more dementia-caring, promote better care for Floridians affected by dementia, and support research efforts to find a cure. Being a dementia-caring community means services and supports are in place to make that community hospitable to those living with dementia, their caregivers, families, and loved ones. Each interaction with the community should be a positive one, created out of respect and understanding, with the purpose of giving individuals with dementia the opportunity to continue playing a vital role within their communities.

The ADI Respite Care Program is a collaborative effort with the Area Agencies on Aging. SHIP and the Alzheimer's Disease Priority Area are a collaborative effort with Florida Department of Health and Alzheimer's Association.



Memory Disorder Clinics and the Florida Brain Bank

The legislature has authorized 17 memory disorder clinics (MDCs) operating in 13 distinct service areas that provide comprehensive diagnostic and referral services for persons with Alzheimer's disease and related dementias. The clinics also conduct service-related research and develop caregiver training materials and educational opportunities.

1

Memory Disorder Clinic at Medical Center Clinic

8333 N. Davis Hwy
Bldg. 1, Floor 3
Pensacola, FL 32514
(850) 474-8353

2

Tallahassee Memorial HealthCare Memory Disorder Clinic

2473 Care Drive, Ste. 102
Tallahassee, FL 32308
(850) 431-5001

3

Mayo Clinic Jacksonville Memory Disorder Clinic

4500 San Pablo Rd.
Jacksonville, FL 32224
(904) 953-7103

4

University of Florida Memory Disorder Clinic

3009 SW Williston Rd.
Gainesville, FL 32608
(352) 294-5400

5

Orlando Health Center for Aging and Memory Disorder Clinic

32 West Gore Street
Orlando, FL 32806
(321) 841-9700

5

AdventHealth Memory Disorder Clinic

265 E. Rollins Street, 6th Floor
Orlando, FL 32803
(407) 392-9237

6

Health First Memory Disorder Clinic

3661 S. Babcock St.
Melbourne, FL 32901
(321) 434-7612

7

Morton Plant Madonna Ptak Center for Alzheimer's Research and Memory Disorders Clinic

430 Morton Plant St., Ste. 401
Clearwater, FL 33756
(727) 298-6025

8

University of South Florida Memory Disorder Clinic

3515 E. Fletcher Ave.
Tampa, FL 33613
(813) 974-3100

9

St. Mary's Medical Center Memory Disorder Clinic at Palm Beach Neuroscience Institute

901 Village Blvd., Ste. 702
West Palm Beach, FL 33409
(561) 990-2135
8756 Boynton Beach Blvd., Ste. 2500
Boynton Beach, FL 33472
(561) 990-2135

9

Florida Atlantic University Louis and Anne Green Memory and Wellness Center

777 Glades Rd., Bldg. AZ-79
Boca Raton, FL 33431
(561) 297-0502

10

Sarasota Memorial Memory Disorder Clinic

1515 S. Osprey Ave., Ste. A-1
Sarasota, FL 34239
(941) 917-7197

11

Lee Memorial LPG Memory Care

12600 Creekside Lane, Ste. 4 & 7
Fort Myers, FL 33919
(239) 343-9220

12

Broward Health North Memory Disorder Center

201 E. Sample Rd.
Deerfield Beach, FL 33064
(954) 786-7392

13

Mt. Sinai Medical Center Wien Center for Alzheimer's Disease and Memory Disorders

4302 Alton Rd., Ste. 650
Miami Beach, FL 33140
(305) 674-2543 ext. 55725

13

University of Miami Center for Cognitive Neuroscience and Aging

1695 N.W. 9th Ave., Ste. 3202
Miami, FL 33136
(305) 355-9065

13

Frank C. & Lynn Scaduto MIND Institute at Miami Jewish Health

5200 NE 2nd Avenue
Miami, FL 33137
(305) 514-8652

Brain Bank Locations

5

State of Florida Brain Bank- Satellite Office Orlando Alzheimer's and Dementia Resource Center

1410 Gene Street
Winter Park, FL 32789
(407) 436-7755

13

State of Florida Brain Bank Wien Center for Alzheimer's Disease and Memory Disorders

4302 Alton Road, Suite 650
Miami Beach, FL 33140
(305) 674-2018

NOTE: County coloring represents area served by the corresponding Memory Disorder Clinic.

Section 3
Department Advances in Alzheimer's Disease and Related Dementia

Florida Alzheimer's Center of Excellence (FACE): FACE's core initiatives are dedicated to individuals with dementia and their family caregivers. Through consultations with Care Navigators, family members receive guidance on effective lifestyle interventions for caregiving. These Care Navigators provide comprehensive support, including legal and financial planning, home safety, caregiving skills, access to community resources, education, and emotional support. They also facilitate connections to local experts for services requiring professional-level intervention, such as medical care and legal planning. The primary role of the Care Navigator is to act as a reliable resource and guide, ensuring that care plans adapt to the evolving needs of the individual.

In 2022, FACE began collaborating with the Navigating Aging Needs (NAN) program. NAN, a key clinical partner, provides the assessment and care plan protocol used by the FACE Care Navigation team. The NAN protocol was featured at the Alzheimer's Association International Conference in Amsterdam in July 2023 and was also selected for presentation in 2024. Data from the NAN protocol highlights significant improvements: in 2023, the program achieved a 75% reduction in falls and a 68% reduction in hospitalizations. By 2024, these figures had improved to an 86% reduction in falls and an 81% reduction in hospitalizations.

The second phase of FACE's efforts focuses on recognizing direct-care settings that excel in staff training and support. The third phase involves acknowledging industry leaders in ADRD clinical care and research. This model, inspired by the Department of Health's Cancer Centers of Excellence, establishes benchmarks and best-practice standards. Recognition as a FACE Partner helps families identify top professionals in the field and elevates care standards. The second phase of the FACE model began in 2025 by working with Specialized Adult Day Care centers to address workforce shortages and explore efforts to provide more support for families and create greater efficiencies with the Specialized ADC fee and reimbursement schedule.

ADRD Curriculum and Training Provider Evaluation: The Department of Elder Affairs is responsible for establishing and publishing education requirements for direct care workers in licensed care settings, as well as certifying training providers and evaluating training curricula. Applications for training providers and curricula have been digitized and are now accessible via the Department's website. The Agency for Health Care Administration (AHCA) then ensures compliance with ADRD training requirements during its routine site visits. To streamline AHCA's monitoring process, certificates of completion for the initial training offered by the Department have been standardized, an intake protocol for learners who are requesting reissued certificates has

been established. Additionally, a new Learning Management System is planned for launch in late 2026. The new platform will be faster and easier to use, and will create more learning opportunities for users.

- To date, more than 200,000 users have accessed the 1-hour training program.

State Health Improvement Plan, Priority Area ADRD: Florida is a leader in ADRD efforts and acknowledges the critical importance of ADRD through the State Health Improvement Plan (SHIP). In 2019, Governor DeSantis called on the Department of Health to add ADRD as a Priority Area, making Florida the first and only state to have ADRD as a standalone priority.

- In May 2019, ADRD became the ninth priority area of the state's 2017-2021 SHIP cycle. ADRD continues as a Priority Area for the 2022-2026 cycle. The SHIP Priority Area Workgroups address the following primary functions:
  - » Develop goals and measurable objectives for each priority area.
  - » Create implementation plans to drive action.
  - » Monitor and provide quarterly progress updates on State Health Improvement Plan objectives and activities.
  - » Compile recommended revisions to State Health Improvement Plan goals and objectives for approval by the State Health Improvement Plan Steering Committee; and
  - » Serve as champions for the State Health Improvement Plan by increasing awareness and engagement within respective networks.

- The goals of ADRD Priority Area Workgroups include:
  - » Strengthen the capacity to address Alzheimer's disease and related dementia.
  - » Ensure a competent ADRD workforce; and

  - » Enhance support services for those living with ADRD and their caregivers.

- The ADRD Priority Area Workgroup is a potential avenue to implement the Alzheimer's Disease Advisory Committee recommendations and highlight best-practice guidelines.

Alzheimer's Disease and Related Dementias - Florida SHIP - State Health Improvement Plan

Section 4
Policy Advancements in ADRD

During the most recent legislative session, there were no statutory or regulatory changes made to Alzheimer's Disease and Related Dementias (ADRD) policy in Florida. However, the session still yielded positive outcomes in funding, reflecting continued state-level support for the growing needs of this population.

Policy Advancements

Florida's 2026 Memory Care Legislation (Chapter 429, Florida Statutes) Florida's 2026 memory care laws, primarily SB 1404 and its companion HB 1295, create a new memory care services specialty license for assisted living facilities (ALFs) and set operational standards for providers.

Key Provisions

- **New Specialty License:** Requires ALFs that serve memory care residents, hold themselves out as providing memory care, or advertise such services to obtain a memory care services license.
- **Exceptions:** Facilities that only provide optional supportive services for residents with Alzheimer's disease or related dementia (available to all residents) are exempt, provided they comply with AHCA advertising rules.
- **AHCA Rulemaking Deadline:** The Agency for Health Care Administration (AHCA) must adopt rules by June 1, 2027, setting minimum standards for licensure, including:
  - » Resident admissions and contracts
  - » Staffing and training
  - » Safety and facility design
  - » Advertising requirements
- **Operational Standards:** Requires memory care providers to follow specified standards of operation, including resident contracts and facility
- **Advertising Restrictions:** Prohibits facilities from advertising or representing themselves as memory care providers unless they meet specified criteria
- **Scope Change:** Removes provisions related to special care for persons with Alzheimer's disease, dementia, or other memory disorders

Impact for Facilities and Residents

- **Facilities:** Must assess whether they qualify for the exemption or need to apply for the new license. Non-compliance could limit ability to serve memory care residents or advertise such services.
- **Residents:** May have more options if facilities meet the new standards, but those in exempt facilities can still receive supportive services if they are available to all residents.
- **AHCA Role:** Will be responsible for implementing detailed licensing rules, which will shape staffing, safety, and design requirements for memory care units.

Alzheimer's Awareness Campaign (CS/SB 578) The bill establishes a statewide Alzheimer's Disease Awareness Initiative to improve public education, outreach, and access to information for individuals affected by Alzheimer's disease and related dementias. Specifically, the bill:

- Requires the Department of Elderly Affairs (DOEA) to contract for the development and implementation of an Alzheimer's Disease Awareness Initiative. The initiative is intended to provide information and support to residents affected by Alzheimer's disease and related dementias and promote awareness using information validated by national research.
- Requires the initiative to include a website and educational resources addressing topics such as early detection, brain health, risk reduction, research developments, and available community services. It must also incorporate the DOEA Alzheimer's Disease and Related Dementias Resource Guide and

promote health care provider education in partnership with the Department of Health.

- The bill requires public awareness activities, including advertising and a statewide mobile outreach program prioritizing underserved communities, and requires the DOEA to contract with a qualified statewide nonprofit organization to implement the initiative.
- The Alzheimer's Disease Advisory Committee must annually evaluate the initiative and provide funding recommendations to the department and the Legislature.

Funding Achievements

All minimum funding requests submitted by ADAC and its partners were fully met, ensuring the continuation of essential programs and services across the state. In recognition of Florida's increasing aging population and the expanding reach of ADRD, the legislature also approved additional appropriations to support:

- Expansion of community-based services
- Increased staffing and resources within Memory Disorder Clinics (MDCs)
- Growth and operations of the Florida Alzheimer's Centers of Excellence (FACE)

These increases will enhance the state's capacity to respond to the evolving demands of ADRD care and research and will allow for expanded outreach, training, and family support initiatives.

Member Projects

In addition to core appropriations, several "member projects" funding initiatives submitted by individual legislators to address local or regional needs—were successfully approved. These projects reflect strong community and legislative engagement with ADRD issues and will contribute to locally tailored solutions and pilot programs that can inform statewide strategies.

Support for ADRD-related funding illustrates a growing recognition among lawmakers of the importance of continued investment in dementia care and infrastructure. Looking ahead, the ADAC remains committed to advocating for codification of critical programs, such as FACE, and revisiting policy proposals to strengthen workforce training, care coordination, and research participation.

Section 5
The Alzheimer's Disease Advisory Committee

ADAC - Section 430.501, Florida Statutes

Established by the Florida Legislature in 1986 as part of the broader Alzheimer's Disease Initiative, the Alzheimer's Disease Advisory Committee (ADAC) serves as a vital advisory body addressing the growing impact of Alzheimer's disease and related dementias (ADRD) throughout Florida. In response to the increasing prevalence and significant impact of ADRD within the state, the Legislature expanded ADAC's membership in 2019 from 10 to 15 members to enhance its capacity and expertise.

The committee's composition includes eleven members appointed by the Governor, alongside two members each appointed by the President of the Senate and the Speaker of the House of Representatives. This statutory framework established the committee's primary mission: to "advise the Department regarding legislative, programmatic, and administrative matters that relate to persons living with Alzheimer's disease and their caretakers."

To ensure comprehensive representation, the ADAC statute encourages membership from diverse stakeholder groups, including law enforcement professionals, Area Agencies on Aging representatives, individuals living with dementia, and Florida Department of Health officials.

Committee Responsibilities

As defined in the 2019 legislative updates, ADAC's core responsibilities encompass:

- Annual Reporting: Preparing and submitting comprehensive annual reports to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Secretary of DOEA
- State Plan Development: Proposing strategic updates to the Alzheimer's Disease State Plan
- Policy and Program Recommendations: Developing recommendations addressing AD policy and research initiatives, clinical care standards, and institutional, home-based, and community-based programming
- Federal Coordination: Providing essential input and support for Florida's implementation of federal BOLD Act requirements

Statutory Reporting Requirements

In accordance with section 430.501, Florida Statutes, the committee's annual report must comprehensively address:

- Strategic information and evidence-based recommendations regarding Alzheimer's disease policy development
- Detailed documentation of all state-funded initiatives in Alzheimer's disease research, clinical care delivery, institutional care, home-based services, and community-based programs, including comprehensive outcome assessments
- Strategic proposals for updates to the Alzheimer's Disease State Plan

Committee Activities and Engagement

Throughout each year, ADAC conducts quarterly meetings that bring together ADRD specialists and health care providers from across Florida. These collaborative sessions enable the committee to systematically evaluate the multifaceted challenges affecting individuals with ADRD and their families, including public safety considerations, educational and training requirements, support service delivery, financial resource needs, service capacity limitations (particularly extensive waiting lists), research advancement, ethical and legal considerations, and legislative priorities.

Meeting Schedule 2025-2026

During 2025-2026, ADAC convened on the following dates:

- Tuesday, September 2, 2025 (Q3)
- Tuesday, December 2, 2025 (Q4)
- Tuesday, February 10, 2026 (Q1)
- Tuesday, June 9, 2026 (Q2)

Research and Educational Presentations

Throughout 2025-2026, ADAC facilitated research presentations designed to provide committee members and the public with cutting-edge insights into academic developments and emerging research opportunities. These presentations fostered meaningful dialogue about current service delivery gaps and innovative research directions in ADRD care.

Featured presentation topics included:

1. Matt Lemay | MMI

"Lymphatic Reconstruction as a Treatment for Alzheimer's Disease"

Lemay introduced a novel surgical approach to treating Alzheimer's disease by targeting the brain's lymphatic drainage system. Research has found that in Alzheimer's patients, deep cervical lymph nodes become blocked, preventing the clearance of toxic proteins (amyloid-beta and tau) that accumulate and damage brain cells. MMI's proposed procedure creates a surgical bypass at these nodes using the Symani robotic system, which enables operation on vessels as small as 0.1–0.2mm — far too small for standard surgical tools.

Early trial data from China showed a 12.3% reduction in whole-brain protein buildup one-month post-surgery, along with improvement in clinical symptoms. Global research momentum is building rapidly, with active trials in Asia, Europe, and the U.S. This represents the first potentially viable surgical intervention for Alzheimer's at a time when pharmaceutical approaches have had limited success.

Relevant Pillar(s): Pillar 2: Research • Pillar 3: Clinical Care

2. Andrea Spencer | Dementia Care and Cure Initiative (DCCI), Jacksonville

"Bringing the Arts and Wild Wonders to Caregivers"

Spencer presented two community engagement programs developed through the DCCI in Jacksonville — ArtFul Moments and Wild Wonders. ArtFul Moments is a collaborative program between the Mayo Memory Disorder Clinic, the Cummer Museum of Art and Gardens, and ElderSource that provides free, customized museum tours for individuals living with dementia and their care partners. Tours are deliberately small (5–6 couples), last about 90 minutes, and use prompting questions to foster engagement. The program now runs four times per year and has been awarded a continuation grant.

Wild Wonders follows the same model at the Jacksonville Zoo, offering small-group tours in spring and fall that begin with a hands-on animal interaction and include a train ride. Both programs demonstrate how arts and nature-based experiences can improve quality of life for people with memory loss while training community partners to be more dementia-sensitive.

Relevant Pillar(s): Pillar 5: Home and Community-Based Services • Pillar 1: Policy

3. Dr. Bhavana Patel | University of Florida

"Tele-Lewy: Interdisciplinary Telehealth in Lewy Body Dementia"

Dr. Patel presented on Tele-Lewy, a pilot telehealth program designed to connect individuals with Lewy Body Dementia (LBD) and their caregivers to interdisciplinary specialty care. The program addresses a well-documented access crisis: 77% of caregivers report difficulty finding physicians knowledgeable about LBD, and 68% of patients see more than three doctors before receiving

a correct diagnosis. Transportation, cost, and caregiver burden make in-person specialist visits particularly difficult for this population.

Tele-Lewy delivers a comprehensive suite of services virtually, including caregiver burden assessment, advance directives planning, motor and non-motor symptom management, home safety evaluations, and connection to local resources. The pilot is recruiting 30 patient-caregiver dyads to be followed over six months, with primary outcomes focused on feasibility, acceptability, and life space mobility — a measure linked to cognitive decline and nursing home admissions.

Relevant Pillar(s): Pillar 3: Clinical Care • Pillar 5: Home and Community-Based Services

4. Dr. Justin Hilliard | UF Health Shands, University of Florida

"Focused Ultrasound Blood-Brain Barrier Opening for Alzheimer's Disease – Study AL002"

Dr. Hilliard, Associate Professor of Neurosurgery at UF, presented an update on Study AL002, a clinical trial evaluating the safety and efficacy of low-intensity focused ultrasound (FUS) to temporarily open the blood-brain barrier (BBB) in Alzheimer's patients. The BBB normally prevents many therapeutic agents from reaching the brain. This technique, validated in prior peer-reviewed research, allows targeted disruption of the barrier so that treatments can penetrate brain tissue that would otherwise be inaccessible.

The procedural workflow involves pre-procedural amyloid PET scanning to identify targets, real-time intraprocedural MRI for guidance, and post-procedural MRI to confirm results. The AL002 trial represents a precision-based, non-pharmacological approach to improving drug delivery in Alzheimer's care and is an active enrollment site in Florida.

Relevant Pillar(s): Pillar 2: Research • Pillar 3: Clinical Care

5. Chun Yew Wong (CY) | Buddy of Parents

"Technology-Based Care Solutions for Aging in Place with Dementia"

CY introduced Buddy of Parents (BOP), an ambient sensing and emergency response ecosystem designed to help older adults with dementia remain safely at home while reducing caregiver anxiety and unnecessary emergency department visits. The platform is privacy-first — no cameras — and uses three core devices: a personal emergency response button with two-way voice and 4G connectivity, a motion-based presence monitor that detects wandering and inactivity patterns, and a fall detection monitor using mmWave and infrared thermal imaging.

All activations are triaged by a 24/7 manned response center that notifies family through a companion app and escalates to emergency services when needed. The platform is offered as a subscription service and was developed from real-world caregiver feedback. The presentation highlighted how technology like BOP can delay institutionalization by addressing the most common home-safety challenges, wandering, and isolation — without compromising privacy.

Relevant Pillar(s): Pillar 5: Home and Community-Based Services • Pillar 4: Institutional Care

6. Ben Wilson & Dane Bennett | Baptist Health

"Baptist Health's Dementia Care Framework and the REMIND Study"

Wilson provided an overview of Baptist Health's regional dementia care infrastructure across Northeast Florida. The system delivers dementia-related care through Baptist AgeWell, Baptist Neurology, and Baptist Primary Care, supported by an interdisciplinary Memory *Disorder Clinic model that integrates behavioral health, infusi*on services, care coordination, rehabilitation, palliative care, and primary care. In 2025, dementia-related ENM visits were led by Neurology (2,315) and Family Medicine (1,168), with significant volume also from Geriatric Medicine and Behavioral Health.

The presentation included projections showing a 56.9% increase in dementia ENM visits by 2035 across five Northeast Florida counties, underscoring the urgency of building coordinated care infrastructure now. Wilson also introduced the REMIND Study — Robot Enabled Microsurgical Intervention for Neurodegenerative Disease — marking Baptist Health's entry into interventional neurodegenerative research.

Relevant Pillar(s): Pillar 3: Clinical Care • Pillar 4: Institutional Care • Pillar 2: Research

7. Dr. Ricardo Hanel | Baptist Health, Jacksonville

"Lymphatic Drainage Surgery and the REMIND Study"

Dr. Hanel, a neurosurgeon with Baptist Health in Jacksonville, described lymphatic drainage surgery, a minimally invasive procedure connecting cervical lymph nodes to a vein to improve the brain's natural waste-clearance (glymphatic) system. The presentation built on Baptist Health's REMIND Study — Robot Enabled Microsurgical Intervention for Neurodegenerative Disease — first introduced to the committee in Q1 2026, offering the group its first clinical update on the program.

Baptist Health has completed the first three U.S. REMIND cases with no complications; early results are encouraging but preliminary, with formal cognitive assessment planned at six months. Two enrollment slots remain open in Jacksonville, and coordinator contact information will be shared with members in follow-up materials.

Relevant Pillar(s): Pillar 2: Research • Pillar 3: Clinical Care

8. Daniel Kelly | NewDays

"Sunny: AI-Powered Conversational Cognitive Therapy"

Kelly introduced Sunny, an AI-powered conversational cognitive therapy platform paired with a telehealth clinic, serving patients from mild cognitive impairment through moderate dementia. The program is

covered under Medicare Part B for cognitive rehabilitation, with a $150 out-of-pocket option available for additional visits, extending structured cognitive support to patients who otherwise face barriers to in-person specialist access.

Sunny is being studied in a 260-patient trial through Kaiser Permanente, with early data showing improved cognitive scores alongside reductions in depression and anxiety among participants. The presentation highlighted how AI-driven, at-home therapy tools can extend the reach of cognitive care for patients facing access barriers; contact information will be included in follow-up materials.

Relevant Pillar(s): Pillar 3: Clinical Care • Pillar 5: Home and Community-Based Services

Section 6
Executive Summary of Recommendations for 2025-2026

Florida is at a pivotal point in its response to Alzheimer's disease and related dementias (ADRD). Advances in early detection, blood-based biomarkers, disease-modifying therapies, prevention research, and dementia care create new opportunities to improve outcomes. At the same time, Floridians living with dementia and their caregivers continue to face barriers to timely diagnosis, specialist care, respite, care navigation, and high-quality long-term and community-based services.

The Alzheimer's Disease Advisory Committee (ADAC) recommends a coordinated strategy that pairs scientific and clinical advances with practical investments that improve the lives of people living with dementia and their caregivers today.

The Committee's 2026 recommendations are informed by its deliberations and responses to the 2026 Annual Recommendations Questionnaire. Several priorities emerged consistently: earlier diagnosis and improved access to specialists; sustained investment in Alzheimer's research; caregiver support and respite; a stronger dementia-capable workforce; improved quality and oversight of institutional care; and expanded home- and community-based services.

PILLAR 1
Policy

PILLAR 2
Research

PILLAR 3
Clinical Care

PILLAR 4
Institutional Care

PILLAR 5
Home and Community-Based Services

This report has been developed by the Alzheimer's Disease Advisory Committee (ADAC) with insights gathered from researchers, health care professionals, caregivers, community organizations, and individuals living with ADRD throughout the state. The action items are designed to improve care quality, foster innovation in research, and build a more supportive and responsive system for individuals and families affected by ADRD. These goals are centered around five key pillars:

Policy
Policy recommendations call for stronger legislative and regulatory action to address workforce readiness, early detection, and care standards. This includes mandatory ADRD-specific training for health care providers, ongoing support for state health initiatives, and expanded efforts to raise public awareness. Embedding ADRD priorities into Florida's broader health policy ensures that systems are better equipped to meet current and future needs.

Research
Research recommendations emphasize the importance of increasing state and private investment in ADRD research. This includes supporting interdisciplinary collaborations, improving data collection and sharing, and expanding public education around research participation. By fostering a more robust research infrastructure, Florida can contribute to breakthroughs in diagnosis, treatment, and prevention, and position itself as a leader in dementia science.

Clinical Care
Clinical care recommendations focus on enhancing early detection, diagnosis, and ongoing management of ADRD. This involves promoting standardized screening protocols, integrating dementia care into primary and specialty care settings, and providing continuing education for clinicians. Expanding access to high-quality, evidence-based care will lead to better health outcomes and a more coordinated care experience for patients and caregivers.

Institutional Care

Recommendations for institutional care highlight the need for consistent training, improved care practices, and innovative therapeutic approaches in long-term care facilities. Emphasis is placed on creating dementia-friendly environments, supporting staff development, and incorporating non-pharmacological therapies like music and reminiscence therapy. These efforts will elevate the quality of care and improve the well-being of residents in institutional settings.

Home and Community-Based Services

Home and community-based services play a vital role in supporting individuals with ADRD and their families. Recommendations focus on expanding access to respite care, enhancing caregiver training, and strengthening community partnerships. The continued use of therapeutic programs and culturally responsive education will help individuals remain safely and independently at home for as long as possible, while also reducing caregiver burden.

A coordinated, cross-sector strategy is essential to address the complex challenges of Alzheimer's disease and related dementias. Implementing these evidence-informed recommendations across policy, research, clinical care, institutional care, and community services can improve quality of life for individuals with ADRD and their caregivers while strengthening Florida's readiness for the future.

Pillar 1: Public Policy and Risk Reduction

Recommendation 1: Establish a statewide focus on early detection, diagnosis, and brain health.

Florida should strengthen statewide efforts to promote brain health, reduce dementia risk, identify cognitive impairment earlier, and connect individuals to appropriate diagnostic and support services.

The Committee recommends that Florida:

- Expand public education on brain health, dementia risk reduction, healthy aging, and the benefits of early detection.
- Promote evidence-based risk-reduction strategies, including physical activity, healthy nutrition, cardiovascular health, social and cognitive engagement, and prevention of delirium.
- Increase public awareness of the importance of obtaining a timely diagnosis and understanding available treatment, prevention, care-planning, and support options.
- Develop targeted outreach for populations that experience disproportionate barriers to diagnosis and care, including rural communities, culturally and linguistically diverse populations, and people with younger-onset dementia.
- Continue statewide Alzheimer's awareness efforts and provide recurring funding to sustain effective public education initiatives.

The questionnaire identified early diagnosis and screening as the most frequently selected priority issue. Brain health and prevention were also among the most frequently identified emerging priorities.

Recommendation 2: Improve access to early diagnostic tools and emerging Alzheimer's technologies.

Florida should prepare its health care system and its residents for rapidly evolving advances in Alzheimer's detection and treatment.

The Committee recommends that Florida:

- Support increased access to appropriate early diagnostic evaluation and emerging diagnostic technologies.
- Promote education for health care professionals and the public regarding the appropriate use and limitations

of blood-based biomarkers and other emerging diagnostic tools.

- Monitor developments in disease-modifying therapies and prepare providers, patients, caregivers, and health care systems for appropriate implementation.
- Support policies that promote equitable access to emerging diagnostics and treatments.
- Encourage research and education regarding precision medicine, genetic risk, and other emerging approaches while maintaining appropriate clinical and ethical safeguards.

Blood-based biomarkers and disease-modifying therapies were each identified by seven of nine questionnaire respondents as emerging issues that should receive attention.

Recommendation 3: Strengthen emergency preparedness for people living with dementia.

Florida should incorporate the unique needs of people living with dementia and their caregivers into emergency preparedness and response planning.

The Committee recommends:

- Expanding dementia-specific emergency preparedness education for individuals, caregivers, health care providers, first responders, and community organizations.
- Promoting coordination among state agencies, local governments, emergency management, health care systems, and community organizations.
- Supporting strategies that help individuals with dementia remain safe and connected to services during disasters, evacuations, power outages, and other emergencies.

Pillar 2: Research

Recommendation 4: Sustain and expand investment in Alzheimer's disease and related dementia research.

Florida should continue to invest in high-quality, peer-reviewed research addressing the causes, prevention, diagnosis, treatment, and care of ADRD, while encouraging Florida's Legislature to provide increased funding to advance these critical research efforts..

The Committee recommends:

- Sustaining established research programs that have demonstrated scientific value while investing in innovative new research.
- Prioritizing peer-reviewed research and evidence-based decision-making in the allocation of state research funds.
- Encouraging collaboration among Florida universities, health care systems, research institutions, industry, and community organizations.
- Expanding opportunities for Floridians to participate in clinical trials and other research.
- Supporting research that includes diverse and representative populations, including rural communities and populations that have historically been underrepresented in research.
- Continuing to develop Florida's capacity to attract and retain leading Alzheimer's researchers and clinical investigators.

Research investment was one of the three most frequently selected first-priority funding areas in the questionnaire. Respondents most frequently identified early detection, prevention, clinical trials, and biomarkers as research priorities.

The recently published national recommendations also emphasize the importance of maintaining existing

research infrastructure while investing in new approaches and translating scientific discoveries into patient care.

Recommendation 5: Prioritize prevention, early intervention, biomarkers, and disease-modifying therapies.

Florida should position itself to take advantage of rapid advances in Alzheimer's prevention and treatment.

Priority areas should include:

- Prevention and risk reduction.
- Early detection and diagnosis.
- Blood-based biomarkers and other emerging diagnostic technologies.
- Disease-modifying therapies.
- Clinical trials.
- Precision medicine.
- Non-pharmacological interventions.
- Technology and artificial intelligence.
- Research addressing younger-onset dementia.

The Committee recognizes that the evidence base in several of these areas continues to evolve. Florida should therefore support rigorous research and evidence-based implementation rather than prematurely adopting interventions that have not been adequately validated. The committee recommends working with the Department of Health to advance these research areas through the Ed and Ethel Moore grant program or other available grant opportunities.

Pillar 3: Clinical Care

Recommendation 6: Establish a consistent pathway from early detection through diagnosis, treatment, care planning, and ongoing support.

Early detection is only beneficial when individuals and families have a clear path to what comes next. Florida should promote a consistent, coordinated pathway that connects community screening and primary care with diagnostic evaluation, specialists, treatment, care planning, navigation, and community-based supports.

The Committee recommends:

- Establishing clear referral pathways from community screening to primary care, diagnostic confirmation, specialists, treatment, and supportive services.
- Increasing access to dementia specialists, particularly in underserved and rural communities.
- Strengthening care navigation and closed-loop referral processes.
- Expanding access to advance care planning and dementia care planning.
- Improving coordination among health care providers, community organizations, and family caregivers.
- Promoting telehealth and other technology-enabled approaches where appropriate.

Earlier diagnosis was the most frequently selected clinical improvement in the questionnaire, followed by faster access to specialists and primary care training.

Recommendation 7: Strengthen dementia-capable clinical and community-based workforce training.

Florida should establish a consistent framework for dementia education and competency across health care and community-based roles.

Training should address:

- Early recognition and screening.
- Diagnostic evaluation and referral.
- Dementia care planning.
- Treatment and medication management.
- Caregiver engagement and education.
- Care coordination and navigation.
- Behavioral health.
- Communication with people living with dementia.
- Advance care planning and palliative approaches.
- Referral to community-based resources.

Training should be role-specific and competency-focused. Scalable approaches, including technology-enabled learning and Project ECHO-style models, should be considered.

The need for workforce development is consistent with the national clinical-care recommendations, which emphasize role-specific training, care coordination, and implementation of best practices across clinical roles.

Recommendation 8: Improve access to specialists and equitable dementia care.

Florida should address geographic, financial, cultural, and other barriers that delay access to dementia specialists and high-quality care.

The Committee recommends prioritizing:

- Rural and underserved communities.
- Culturally and linguistically appropriate services.
- Improved physician referral practices.
- Telehealth where clinically appropriate.
- Care navigation.
- Community education that helps individuals understand when and where to seek evaluation.

Pillar 4: Institutional Care

Recommendation 9: Strengthen staffing, retention, training, and dementia competency in long-term care settings.

Florida should strengthen the dementia capability of nursing homes, assisted living facilities, and other residential care settings by investing in the workforce that provides care. The committee recommends working with the Agency for Healthcare Administration to advance these areas of shared effort.

The Committee recommends:

- Strengthening recruitment and retention of qualified staff.
- Expanding dementia-specific staff training, including training on behavioral symptoms and non-pharmacological approaches.
- Establishing clear expectations for dementia competency among staff providing direct care.
- Supporting staff development and continuing education.
- Promoting adequate staffing levels and continuity of care.

Staffing was the highest-ranked institutional-care priority in the questionnaire, followed by quality oversight and training.

Recommendation 10: Strengthen quality oversight and accountability for dementia care.

Florida should promote consistent, measurable quality standards for dementia care across institutional settings.

The Committee recommends:

- Strengthening quality improvement and oversight processes.
- Promoting dementia-capable environments.
- Monitoring outcomes related to behavioral health, transitions, family communication, and quality of life.
- Identifying and disseminating best practices among high-performing facilities.
- Exploring meaningful incentives for facilities that demonstrate exceptional quality and outcomes.
- Strengthening accountability for dementia-specific care requirements.

The Committee also recognizes the importance of family communication. Respondents identified communication and family engagement as areas requiring continued attention, particularly in settings experiencing high staff turnover.

Recommendation 11: Improve behavioral health support and communication with families.

Institutional providers should strengthen their ability to respond to behavioral symptoms of dementia while maintaining dignity, safety, and quality of life.

Facilities should:

- Provide specialized training on dementia-related behaviors.
- Promote non-pharmacological approaches whenever appropriate.
- Improve communication among facility staff and between facilities and families.
- Involve families and caregivers in care planning and significant changes in condition.
- Strengthen transition planning between institutional, hospital, and community settings.

Pillar 5: Home- and Community-Based Services

Recommendation 12: Expand access to respite and caregiver support services.

Florida should prioritize expansion of respite and caregiver support services to reduce caregiver burden, delay crises, and help people living with dementia remain safely in their homes and communities.

The Committee recommends:

- Reducing waitlists for respite and supportive services.
- Expanding in-home respite, adult day services, emergency respite, and overnight respite.
- Increasing caregiver education and support.
- Expanding access to dementia-specific hands-on assistance.
- Supporting services that provide reliable, recurring relief rather than relying solely on referrals or self-navigation.
- Exploring innovative models that directly address caregiver burden and burnout.

Reducing waitlists for respite and support services was selected by eight of nine respondents, making it the most frequently identified public-policy initiative in the questionnaire. Caregiver support was rated either critical or very important by all respondents.

Recommendation 13: Strengthen Florida's dementia care navigation infrastructure.

Florida should make it easier for individuals and caregivers to find, understand, and access available services.

The Committee recommends:

- Expanding dementia care navigation.
- Improving coordination among state agencies and community organizations.
- Connecting individuals to verified local resources through Aging and Disability Resource Centers, Area Agencies on Aging, Alzheimer's programs, and other community partners.
- Supporting evidence-based digital navigation tools while maintaining appropriate quality standards.
- Strengthening closed-loop referrals so that individuals do not become lost between systems.

This approach is consistent with the national Long Term Services and Supports recommendations, which emphasize leveraging existing federal and community resources, improving cross-referrals, and using trusted technology-based navigation.

Recommendation 14: Address the caregiver and direct-care workforce shortage.

Florida should address the shortage of caregivers and direct-care workers as a central component of its dementia strategy.

The Committee recommends:

- Strengthening recruitment and retention strategies.
- Supporting training and career development for direct-care workers.
- Expanding the dementia-capable workforce.
- Exploring innovative workforce models, including community-based and technology-supported approaches.
- Recognizing caregiver burnout and workforce shortages as interconnected challenges.

Among HCBS barriers, respondents ranked lack of caregivers and caregiver burnout as the two most significant concerns, followed by cost.

Recommendation 15: Expand innovative community-based models that reduce hospitalizations and improve outcomes.

Florida should encourage community-based models that identify needs early, connect individuals to appropriate services, and prevent avoidable emergency department visits and hospitalizations.

Potential strategies include:

- Community paramedicine and home-visit models.
- Dementia care navigation.

- Adult day services.
- Home modifications.
- Remote monitoring and appropriate smart-home technologies.
- Partnerships with local grassroots organizations.
- Programs such as PACE that demonstrate the potential to coordinate services while improving outcomes and controlling costs.

The questionnaire also identified remote monitoring, smart-home technology, and PACE as potential areas for continued attention and expansion.

Cross-Cutting Funding Priorities

Based on the 2026 questionnaire responses, the Committee recommends that Florida prioritize funding in the following areas:

1. Early Diagnosis and Specialist Access
2. Research Investment
3. Home- and Community-Based Services Expansion
4. Caregiver Support and Respite Services
5. Public Awareness and Education
6. Institutional Care Quality
7. Technology and Innovation

These priorities reflect the Committee's overarching goal of balancing long-term investments in prevention, research, and treatment with immediate investments that improve the lives of Floridians living with dementia and the caregivers who support them.

Conclusion

Florida has an opportunity to build on its existing leadership in dementia policy while responding to a rapidly changing scientific and care landscape. The 2026 ADAC recommendations emphasize a practical continuum: reduce risk where possible, identify dementia earlier, connect people to appropriate diagnosis and treatment, strengthen the workforce and care system, support caregivers, and help people living with dementia remain safe, supported, and engaged in their communities for as long as possible.

The Committee recommends that Florida advance these priorities through coordinated policy, sustainable funding, evidence-based programs, workforce development, research partnerships, and measurable improvements in access and quality.

The goal is both to prepare Florida for the future of Alzheimer's disease and related dementias and to improve the experience of the Floridians and families living with these diseases today.

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