Dear Governor and Chairs and Leads of the Health & Human Services Committees,

During the 2017 session, the Minnesota Legislature required the Minnesota Board on Aging to reconvene the Alzheimer’s Disease Working Group. The Legislature charged the working group with reviewing and revising the previous 2011 Alzheimer’s disease working group report *Preparing Minnesota for Alzheimer’s: The Budgetary, Social and Personal Impacts*. The 2018 working group met 5 times in person and spent countless hours outside of those meetings to formulate its findings and recommendations.

The working group’s accompanying report contains two overarching recommendations central to the state’s ability to prepare itself for Alzheimer’s disease and other dementias. If the state does not address these two broad recommendations, the state will not be able to respond successfully to many of the more specific recommendations. First, there needs to be comprehensive accountability for state actions on Alzheimer’s disease and other dementias. Second, Minnesota must prioritize and invest in health care workforce development, with an emphasis on:

- attracting and retaining new and diverse people to health care professions with the largest shortages;
- ensuring continuous education and training in dementia care; and
- enhancing the portability/transferability of training, skills, and certifications.

The report contains 18 recommendations within 8 key findings highlighting the situation facing Minnesota now and in the future. The key findings are:

1. An estimated 5.7 million Americans are living with Alzheimer’s disease, including more than 94,000 Minnesotans as of 2018, and these numbers are expected to grow dramatically.
2. Minnesota is still not fully prepared to address the impact of Alzheimer’s disease and other dementias on Minnesotans.

3. Minnesota’s long-term care health workforce is experiencing a severe shortage, limiting the state’s ability to effectively and compassionately care for Minnesotans affected by Alzheimer’s disease and other dementias.

4. No medical treatment can prevent or cure Alzheimer’s disease.

5. Alzheimer’s disease is more prevalent among certain population groups.

6. The disease has significant social and economic impacts on families, communities, organizations, and the state.

7. Public awareness and knowledge of Alzheimer’s disease remains relatively low.

8. Not everyone experiences Alzheimer’s disease and other dementias in the same way.

I believe the chair of the working group stated it best in his cover letter when he stated the working group tackled the challenge of distilling all that was discussed into the most important and specific actions the state can take to respond to the full impact of Alzheimer’s disease and dementia. The next important steps are up to you.

We appreciate your leadership and support of this critical work. Please contact Kari Benson at 651-431-2566 or kari.benson@state.mn.us with any questions.

Sincerely,

Don Samuelson
Chair