



It is Time to Rethink Dementia Programs

A White Paper

by

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Introduction

Too many virtual meetings. Too many art-based programs. Not enough variety in either the process or the content. Alzheimer's presents across a broad spectrum. Not everyone is in the early stage, but most programs are constructed primarily with early-stage people in mind. As a result, I do not believe we are meeting the needs of the entire Alzheimer's community. It is time to rethink both how we deliver programs and the actual content we are providing. I have three major concerns. They are:

Virtual Programs

Prior to the pandemic, organizations sponsored, almost exclusively, in-person programs to address the needs of Dementia patients. The menu of programs was full and diverse. In part what made these programs effective was the in-person format. They brought a warmth and intimacy that even the best virtual programs cannot capture. For people with the more advanced forms of Dementia the virtual format can be very difficult to engage with.

Art and More Art

My second concern relates to the museums. Being an art museum, what they have is art, and that art is what they are most comfortable with and

what they work well with. When you take the museums and add Arts and Minds and the Langone Family Support Program, we are overwhelmed with arts-based programs. For those who love art, that is great. What about the people who have little or no interest in art or for whom art is just not an effective medium of expression? Are we meeting their needs?

Format

Putting the above issues aside, all of the museum programs are using the same process developed by MOMA a number of years ago. That format, groundbreaking at the time, was basically this: we look at art, we discuss art and, in some cases, we make art. This works well for people with MCI or in the early stages of Alzheimer's. For those in the more advanced stages, the value of these activities is questionable. The virtual nature further compromises the process. The screen demands a lot more of us. Again, it may work for early-stage people but not the rest of us.

Next Steps

What needs to happen now:

- **A more rapid return to live and in-person sessions.** People with Alzheimer's reap a much greater benefit from in-person activities and it is for them that we must begin this transition. A number of organizations have begun this process and to them I say, "thank you." No matter how hard presenters try, they cannot overcome the limitations of the virtual format.
- **New ways of delivering programs.** Even our art-based programs need to see if they can find new delivery formats that respond to patients at all levels.
- **We need greater variety in our program content.** Not everyone can actively engage with our current programs. We need to explore, find and implement options. We have some music and dance which provide important options. However, that is not sufficient. Technology which we have hardly explored may provide an answer. In addition we

need to explore what is happening in other programs outside of New York City.

Conclusion

My hope is that we remember what the objectives of all these programs are... to enhance the life of those living with Alzheimer's. It is not to reach more people more frequently. Given this objective, we must find a way to return to in-person programs sooner rather than later. Virtual programs served a purpose. However, it is not a long-term answer to the needs of those living with Alzheimer's and other dementias; we must acknowledge and recognize that. Concurrently, we must also explore and implement meaningful program options that address everyone's needs. Then we can say we are doing our job.

Note: Send us your comments and feedback and become a part of the change process by e-mailing me at ira@asherman.com.