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[00:00:25] **Speaker 1** You can watch the extended interviews with Doctor Osterholm, as well as Senator Baldwin and Representative Style on our website. In other health news, nearly 7 million people in the U.S. are living with dementia. And experts say that number will double by the year 2060. In Wisconsin, 130,000 people have Alzheimer's, making up half of all nursing home residents. As this population continues to grow, so does the strain on caregivers. One group is looking to an alternative care model, creating a dementia village in Sheboygan. A local nonprofit says this will be the first of its kind in the United States. Modeled after a world renowned village in the Netherlands. The 79 acre plot will contain On-Site care workers more than 100 homes and have amenities like a grocery store, restaurant and theater. For more, we turn to Dementia Innovations co-founder and board president Mary Pitch and Mary. Thanks very much for being here.

[00:01:32] **Speaker 2** Thank you for inviting me.

[00:01:34] **Speaker 1** So describe for us what makes this planned village, which you were calling Le Vasa, different from a nursing home.

[00:01:44] **Speaker 2** It's different on so many levels. I think one of the things to think about is nursing homes were really designed for people with frail that are frail elderly people, not for those with dementia. Our village lives who is designed specifically for the unique needs of the person with dementia.

[00:02:01] **Speaker 1** And tell me what Lavasa means.

[00:02:05] **Speaker 2** So lavasa is really a new word. This is a new concept of care and support. And we brought words together. Living as usual, living as usual, as one of the core care concepts of the village. And it really just means that living is usual, allowing the person with dementia to open their front door and walk outside. Living in a home that they own. An environment that is designed to meet their needs again, just living as usual.

[00:02:32] **Speaker 1** Why is that better for residents? I mean, it seems obvious, but what have you learned?

[00:02:38] **Speaker 2** You know, I think as we age, there's a feeling often times that safety at all cost, right? That safety at all costs. And what is that cost? All of us take risk every day. We drove. We walked across the street. But as we age, and especially as we age with dementia, we kind of lose the person besides their dementia, and allowing them to be able to live in an environment that has positive risk acceptance. We know there's going to be some risk. We know they can live as usual. Allows them to not lose their personhood, not become only defined by their dementia, but really about still being a person even as they age with dementia.

[00:03:20] **Speaker 1** What what sparked this idea?

[00:03:24] **Speaker 2** So there's a bit of a story to that. I'll make it as short as I can, but there was a group of us that got together to work on our way that we responded to dementia crisis in our community, and we weren't doing a great job about that. So if somebody with dementia was having some behaviors, we would send law enforcement. They're not criminals. So we changed the way we respond. And now we have EMS respond. We've trained over 4000 caregivers and professionals and de-escalation in place. But we knew we could do better. We knew that was still a Band-Aid approach. And we said, how do we do better is by starting to look at the beginning and that's their environment. How do we never have to get to that response in the first place? So we created and designed this environment.

[00:04:10] **Speaker 1** How costly will it be for people to live there?

[00:04:15] **Speaker 2** So we are a nonprofit, and we made that decision to be a nonprofit so that we could really support all income levels to be able to live at La Vista. We are looking at fees to be able to be right in line with traditional care settings, but they get so much more. And then we'll also have levels of care and support, which is different than traditional levels of care, generally speaking, who are kind of A11 fee no matter if you need it or not. And we're going to be able to give them choices. In addition, we do plan to have an endowment that will continue to support those who are not able to afford it.

[00:04:51] **Speaker 1** So this is the first of its kind in the United States. Is it your expectation that this will be a model for other places.

[00:05:00] **Speaker 2** We sure hope so. Somebody has to be first. We often get asked why aren't others doing it? And I really believe the answer is because it's a lot of work. Every decision we are making is a new decision, but somebody has to be first, and then we can help make sure that that model, this movement of care and support, a change in how we look at dementia, will move throughout the country.

[00:05:22] **Speaker 1** Nice. Mary, thanks very much.

[00:05:25] **Speaker 2** Thank you.

[00:05:26] **Speaker 1** For more on this and other issues facing Wisconsin, visit our website at PBS wisconsin.org/news. And you can watch short about our reporting on the PBS Wisconsin YouTube and Facebook pages. That's our program for tonight. I'm Frederica Freiberg. Have a good weekend.