

**Educators lab II – Review of a short-term joint staff training event**

Aim of the second short-term joint staff training (Educators' Lab II) was to discuss the educator's experience with the course development accompanied by feedback from external advisors and coaches. The first part of the event was hosted virtually on September 26, 2022 (at the launch of the piloting phase of the STUDICODE online dementia course) and the second part of the event was organised virtually on June 06, 2023 (after the students' feedback has been analysed). Splitting the Educators' Lab into two parts maximised the learning effect for the STUDICODE lecturers as it provided a staggered opportunity for discussion and allowed a more consistent exchange among the educators – with the scope of creating lasting benefits for the lecturers and their future educational activities.

**Format of the “Educators Lab 2”**

As stated in the application form, the event was organised in a virtual format. The event was hosted in a series of two meetings. The virtual format allowed for a tight programme where the three day face-to-face programme could be accommodated on a two-day event. Participants from all STUDICODE partner sites attended the meetings within the “Educators Lab 2”. All of them are educators in the medical field with a high interest in dementia. The group also included two educators who recently submitted their doctoral thesis and aim at applying their knowledge about online teaching in their professional career. All partners contributed to the group discussions and shared their learnings from the course development.

The following table provides an overview of the two sessions within the Educators Lab, their formats and goals:

Date	Format	Goal of session	Corresponding output
September 26, 2022	Showcasing and demonstration of the STUDICODE online dementia course in the different languages on the respective Moodle systems	Exchange “lessons learned” from the content development, find joint solutions for possible issues with the online implementation on Moodle	O4: Online Dementia Course O5: Evaluation Kit for Students O6: Digital Educators Guide
June 06, 2023	Discussion of feedback provided by 3 dementia / didactic experts, review of students' feedback, discussion of course improvements, discussion of sustaining the project learnings and results	Discuss feedback of external advisors and students, decide on possible updates to the course materials, set up a plan for sustaining the project learnings	O4: Online Dementia Course O5: Evaluation Kit for Students O6: Digital Educators Guide O7: Policy Recommendations

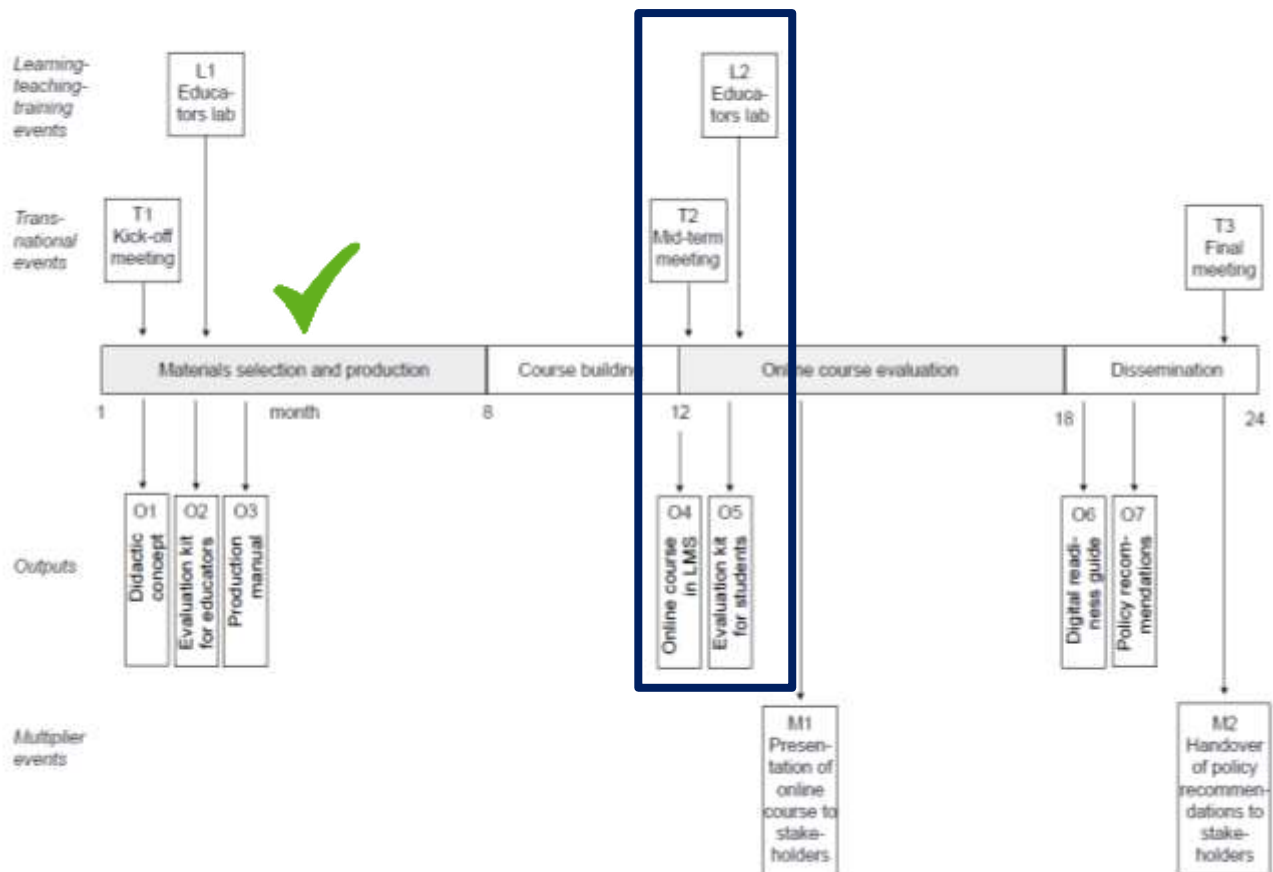
**Summary of session 1**

Goal of this meeting was to discuss the progress of the project as part of the midterm meeting and exchange “lessons learned” from the content development phase as part of the Learning-Teaching-Training Activity “Educators’ Lab 2”.

**Prefix: Project progress and timelines (part of midterm meeting)**

The team at TUM-MED presented an overview of the project’s progress, intellectual outputs and reporting timelines. So far, the project was operating according to schedule. The first intellectual outputs were achieved as planned. At this point, the project ended the course building phase and was about to launch the course.

**STUDICODE Project Structure**



The translation of course materials was almost completed and the implementation to the partners’ learning management systems was ongoing. The questionnaire for the students and evaluation questions were also included. The course was scheduled to launch at all partner sites in October / November 2022. Moreover, the group discussed their plans for the midterm reporting, the budget plan and upcoming timelines and events.

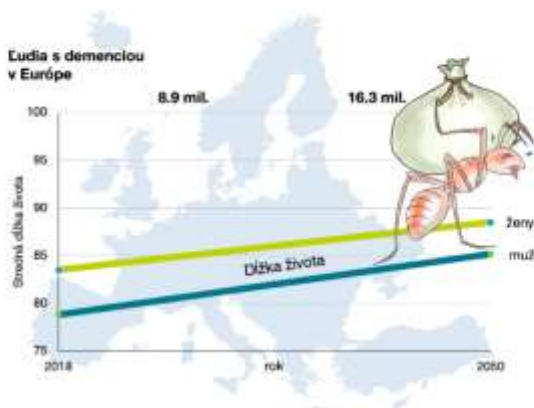
## Post-evaluation of digital readiness (IO Evaluation kit for educators as part of the Educators' Lab 2)

Participants took the evaluation kit for educators (IO2) as part of the post course development phase. The team at TUM-MED agreed to evaluating the results and presenting the outcomes at the next meeting of the Educators' Lab 2.

## Showcasing of the course on the partners' learning management systems

The partners demonstrated their Moodle courses and showcased a live walkthrough of the different media formats in their course:

Slovak version



Príto sa demencia radí medzi najčastejšie zdravotné problémy a jednu z hlavných príčin invalidity a závislosti starších ľudí. Obrázok s ňou zobrazuje percento ľudí vo veku 65 rokov alebo starších, ktorí majú špecifický zdravotný problém.



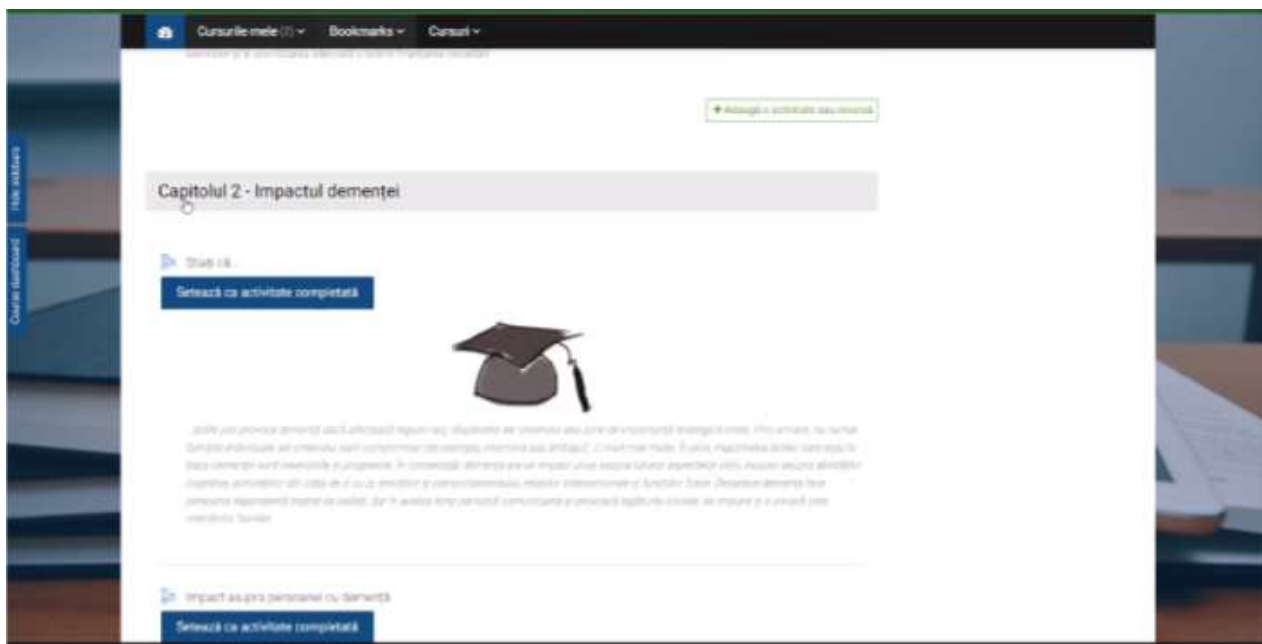
### Normálne starnutie versus demencia

Demencia nebýva často diagnostikovaná v skorom štádiu. Hlavným dôvodom je, že vzhľadom a dôkazom jej príznakov považujú skôr príznaky za súčasť normálneho starnutia. Aký nastala zmena, je potrebná jasná kospekcia medzi normálnym starnutím a demenciou.

Tu si môžete otestovať svoje vedomosti o rozdieloch:

Normálne starnutie	Demencia
Očakávanie nepravidelného vzostupu predovšetkým	
Opakované klebetenie tej istej veci	
Opakované zabúdanie na udalosti alebo stretnutia	
Strata "záh" v prípade rozptýlenia alebo rozptýlenia iných ľudí rannou	
Tužba pri vykonávaní zvláštnych činností	
Sociálne vedľajšie správanie	
Občasná zabúdanie miest ľudí alebo zariadení, ale neskôr sa rozpoznanie si na ne	
Potreba viac času na zložité úlohy	
Časté problémy s ňádejším opätovným ústom	
Občasná úmra z práce, rodinných alebo spoločenských podujatí	
Trvalá zmena zvyčajného správania	

Romanian version



Slovenian version

- stroški
- > Vpliv na družbo - Stigma (4)
- > Vpliv na družbo - Povzetek
- > Vpliv demence na posameznika (1)
- > Vpliv demence na posameznika - spremembe
- > Vpliv na posameznika - kakovost življenja
- > Vpliv na posameznika - Tomaž
- > Vpliv na posameznika - vpliv na svoje
- > Vpliv na posameznika - Povzetek
- > 3. Vzroki
- > Vzroki - lokalizacija
- > Vzroki - regije
- > Vzroki - najpogostejši
- > Vzroki - reverzibilni vzroki, zmanjšanje tveganja
- > Vzroki - zdrav slog
- > 3. VZROKI - Komorbidnost
- > Vzroki - povzetek
- > Diagnostica - uvod
- > Diagnostica - orodja in preiskave
- > Normalno staranje vs demenca
- > Kaj pomeni diagnoza

- **slikanje možganov:** MRI (magnetno resonanca) za slikanje možganske strukture, PET (pozitronsko emisijsko tomografijo) za presnovo možganov;
- v izbranih primerih **biomarkerje** (koncentracije beljakovin v cerebrospinalni tekočini) in
- **redko genetsko testiranje.**

Zaradi napredka, ki je bil dosežen pri slikanju možganov in biomarkerjih, je mogoče osnovno bolezen (zlasti Alzheimerjevo bolezen) identificirati, preden se razvijejo značilni simptomi. Ta znanstveni napredek vzbuja etične pomisleke.

Pregled diagnostičnih orodj v poteku Alzheimerjeve bolezni:

The diagram illustrates the progression of Alzheimer's disease across three stages: 'Faze pred simptomi' (Pre-symptomatic), 'Prodromska faza' (Prodromic phase), and 'Faza demence' (Dementia phase). The y-axis represents 'Kognitivna učinkovitost' (Cognitive effectiveness) and the x-axis represents 'Blagostanje' (Well-being) from -20 to 15. Diagnostic tools are mapped to these stages: CSF proteini, Amyloid PET, Tau PET, and FDG PET in the pre-symptomatic phase; MRI in the prodromic phase; and 'Testi in intervjuji' in the dementia phase.

- Zgornja slika prikazuje, na kateri stopnji bolezni diagnostični instrumenti postanejo pozitivni.
- Zadnji korak diagnoze** je ugotoviti **točke intervencije kot osnovo načrta oskrbe** (mor. individualne potrebe, komorbidna stanja).



English version as part of the German version on TUM-Moodle

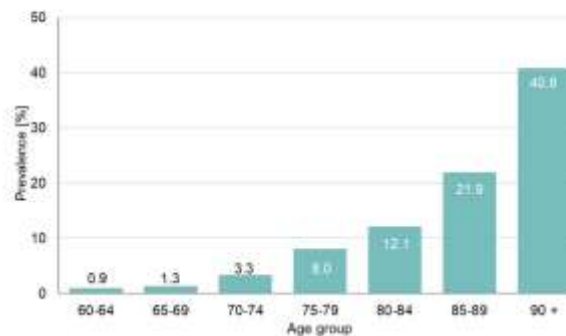
**Societal impact of dementia**

**You already know that...**

...dementia is not a disease but a syndrome that is usually caused by chronic and progressive diseases of the brain. The specific pattern of symptoms depends on the nature and localisation of the underlying disease. However, it universally involves cognitive decline, impairment of activities of daily living and alterations of behaviour. These changes significantly lower the person's quality of life and puts a huge burden on their carers. Although age is not a cause, dementia becomes significantly more frequent with advancing age (see infochart below). The illustration below shows that the prevalence of dementia almost doubles every five years.



Age-specific prevalence of dementia in Europe



**Exchange of experiences**

The partners shared their observations about the content development and online implementation to Moodle:

- Learning how to upload materials to Moodle took more time than planned
- Building the course was a creative process
- Creating the material was inspiring and motivating for other educators / courses

**Next meeting**

For the upcoming editions of the Educators' Lab, the group suggested the following topics:

- Exchange of experiences with content production
- Invite dementia lectures from different countries and ask for feedback
- Invite a representative of Alzheimer Europe / ADI and ask for feedback
- Discussion on future course improvements and local adaptations

The team at TUM-MED agreed to contact dementia experts and obtain their feedback on the STUDICODE online dementia course.

## **Summary of session 2**

Aim of the second session of the Educators Lab 2 was to discuss the feedback obtained from external experts as well as from students. Based on the subsequent discussion, the group deliberated on possible updates to the course and setting up a plan for sustaining the project learnings.

## **Current state of the project implementation**

Since the first session, the project was granted a cost-neutral extension of project duration (project terminating on October 31, 2023). Therefore, the meeting started with a short summary of the project implementation. The team at TUM-MED stated that the STUDICODE online dementia course has been piloted for one semester at all project sites. For the analysis of student feedback, 110 fully filled questionnaires were obtained by May 2023. Also, the group provided an overview of upcoming activities:

- Learning-Teaching-Training event (= today)
- Finalisation of Intellectual Output 6 = Educators guide (Carol Davila UFM)
- Finalisation of Intellectual Output 7 = Policy briefing (TUM-MED)
- Multiplier event (disseminating project results) } Euract conference in Bled, Slovenia \*
- Final meeting (internal)

*\* currently waiting for approval of abstracts, travel funding can be discussed after approval of abstracts*

## **Feedback provided by experts from didactics and dementia**

For this part of the event, external advisors provided feedback on the online course. An expert on didactics in higher education institutions of South-Eastern Europe summarized the course as good, and described it as informative, educational as well as appropriate for medical students. An expert on European developments in dementia research stated that the course is interactive and highlighted the varied media formats as well as the person-centered focus on dementia management as the focus of the STUDICODE course. The final expert came from the field of dementia education and underlined that she was impressed by the clarity of the content and the illustrations.

The STUDICODE consortium was very honored by the great feedback.

## **Feedback provided by students through an evaluation form at the end of the online course**

Students at the project sites were asked to provide their feedback on the course at the end of the final course chapter. As of May 2023, 110 questionnaires were completely filled. Highlights of the analysis were:

### Scope of the course

- 83% stated that the scope of topics was „exactly right“
- 82% stated that the depth of information was „exactly right“

### Description of media formats

- useful (74%), motivational (69%), entertaining (63%)

### Learning outcomes

- 80% obtained a better understanding of collaborative dementia care
- 66% obtained a clearer concept of dementia

### Overall grade

- 61% of students rated the course with grade A



The STUDICODE partners were delighted about the student feedback. They expressed that – considering their little knowledge about online teaching prior to the project – the course is a great success. Adaptions based on the student feedback are possible, but no severe issues were indicated by the students. The team at the Memory Centre Bratislava has gathered a list of small issues which will be corrected within the project duration.

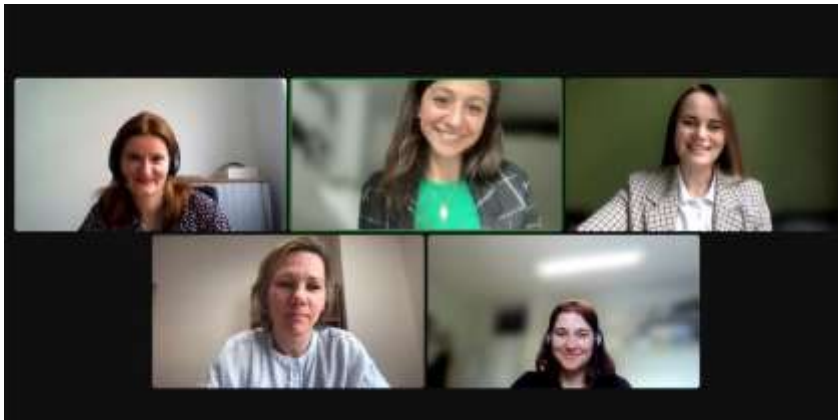
### **Discussion of experiences, learnings and plans for sustaining the learnings of the project**

The team at the partner site in Slovakia reported their issues with the Moodle cloud system which was more complicated to work with than expected. They expressed their wish to not continue using Moodle after the project's end and stated that they might move the Slovak course to a website.

For the Slovenian site, the partner reported that they will amend their course by additional content on timely diagnosis of dementia at GP (general physician) level. The other partners will review this new content and try to include it into their local course.

Final, the group discussed ideas for follow-up projects on the basis of their improved digital teaching skills: E.g. a similar project could be set up addressing school children (teenagers) with the scope of providing information about mental health (including dementia, but not limited to dementia). The Erasmus+ programme might be a source for such a project. The team at TUM-MED agreed to search for funding opportunities. Furthermore, the group discussed expanding the STUDICODE course by additional content and making the course available for students of other disciplines and medical professionals as part of a vocational training intervention. In order to further share the STUDICODE outputs, the group agreed that contacts to partners in other South-Eastern European countries as well as non EU countries (Serbia, Bosnia-Herzegovina, North Macedonia) will be established. Lastly, the group at TUM-MED agreed to provide the STUDICODE course materials to OER (open educational resources) repositories.

### **Next steps: events and meetings**



In order for the STUDICODE lecturers to share their “lessons learned” from the project’s educational intervention with a wider group of colleagues, the group briefly discussed upcoming steps and activities in the project:

*(Photo: STUDICODE project)*

- Feedback on the conference in Bled – Slovenia (October 5-7) / project meeting e.g. on October 4 in Bled as part of the project closing event
- IO6 (Educators Guide / UMF)
- IO7 (Policy Recommendations / TUM-MED)

### **Supporting material**

Improved online teaching competencies of the STUDICODE educators will be used for finalizing the Intellectual Outputs 6 (Digital Educators Guide) and Outputs 7 (Policy Recommendations) as well as supporting the dissemination of project results and the second multiplier event.

- <https://studicode.med.tum.de/en/studicode-finishes-second-learning-teaching-training-event-successfully>
- <https://studicode.med.tum.de/en/studicode-kicks-second-learning-teaching-training-activity-and-mid-term-meeting>

### **Annex to the first session of Educators' lab 2**

- Knowledge check for students (as discussed during the live demonstration of the course)
- Feedback questionnaire for students (part of the discussion round)
- HTML code for coloured boxes (requested by the partners at the first session)

**Knowledge check for students** = 14 questions for students to check whether they have learned something from the course, the questions could be implemented after the last chapter (services and facilities), correct answers here displayed in **bold**

1) The major reason for the increasing number of persons with dementia is ...

- a. digital overload.
- b. a yet unidentified virus.
- c. the increase in life expectancy.**
- d. the spread of unhealthy lifestyles.

2) The stigma surrounding dementia ...

- a. cannot be changed by awareness campaigns.
- b. is a barrier to seeking help and getting timely diagnosis and treatment.**
- c. only affects the person living with dementia.
- d. is a characteristic of low-income countries.

3) Which of the following statements is true?

- a. A person with dementia cannot make independent decisions anymore.
- b. In persons with dementia, the ability to make decisions declines during the progression of dementia.**
- c. The diagnosis of dementia implies that the person cannot make independent decisions.
- d. When someone else needs to make decisions on behalf of the person with dementia, the person's previously expressed wishes are irrelevant.

4) Which of the following statements is true:

- a. The quality of life of a person with dementia is largely determined by their age.
- b. The quality of life of a person with dementia is largely determined by their gender.
- c. The level of activities and the quality of relationships are key determinants of quality of life in persons with dementia.**
- d. The quality of life of a person with dementia is largely determined by the underlying disease.

5) Which neurodegenerative disease is characterised by changes of behaviour, personality, and language expression?

- a. Alzheimer's disease
- b. Frontotemporal degeneration**
- c. Lewy body disease
- d. Parkinson's disease



- 6) Which of the following is not a potentially reversible cause?
- Excessive alcohol consumption
  - Dysfunction of the thyroid
  - Parkinson's disease**
  - Normal pressure hydrocephalus
- 7) Choose the wrong statement:
- Occasionally forgetting events, conversations, appointments or peoples' names is part of normal ageing.
  - Frequently confusing the day and getting lost is not part of normal ageing.
  - Needing more time to perform complex activities is part of normal ageing.
  - Word finding difficulty, making grammatical and phonematic errors as well as difficulty reading and writing are part of normal aging.**
- 8) Choose the wrong statement:
- Timely diagnosis of dementia is important because dementia can only be cured at an early stage.**
  - Timely diagnosis of dementia is important as a prerequisite and guidance for treatment and person-centred care interventions.
  - Timely diagnosis of dementia is important because it provides time for persons with dementia and their families to plan for the future.
  - Timely diagnosis of dementia can be a relief for the person with dementia because it explains changes in cognition, daily activities, behaviour or personality.
- 9) Choose the wrong statement:
- We must always find out if persons with dementia want to know their diagnosis.
  - Most people with dementia and the majority of carers wish to be informed about the diagnosis.
  - If a person with dementia does not want to know the diagnosis, it is mandatory to inform the close family about it.**
  - The disclosure can cause frustration and anxiety.
- 10) Which question can be asked to persons with dementia?
- Which medications are you currently taking and at which dose?
  - Under which telephone number can I reach your wife?
  - Two weeks ago, we started treatment with donepezil. Do you tolerate it well?**
  - When was your last hearing check-up?
- 11) Choose the wrong statement:
- Treatment interventions for dementia can be categorised into pharmacological and non-pharmacological interventions as well as environmental modifications and assistive technologies and caregiver interventions.
  - Current pharmacological treatments contribute little to the quality of life of persons with dementia.
  - Expectations, risks and benefits of antidementia drugs should be discussed with the person with dementia and their family.
  - The choice of treatment does not need take into consideration age, medical history and the severity of the disease.**
- 12) Choose the wrong statement:
- Physical therapy is one form of non-pharmacological interventions.
  - Music therapy is an example for emotion-focused interventions.
  - Occupational therapy is an example for emotion-focused interventions.**
  - Cognitive behavioural therapy is an example for behaviour-focused interventions.

13) Choose the wrong statement:

a. Respite care organisations temporarily take care of the person with dementia outside the home.

**b. Palliative care can only be provided in a specialised institution.**

c. Day care programmes are for persons with mild to moderate dementia.

d. Respite care provides informal carers with time to temporarily unwind or engage in activities without the person with dementia.

14) At which level of severity may a person with dementia require a special care unit?

a. Mild

b. Mild to moderate

**c. Moderate to severe**

d. Persons with dementia never require a special care unit

**Feedback questionnaire for students** = set of 20 questions for students where they can provide feedback to the STUDICODE lecturers:

Students' feedback on the course (20 questions):

The scope of topics covered by the course was...

too narrow

just right

too broad

The depth of information provided in the course was...

too basic

just right

too profound

The variety of media formats (videos, games, scenarios) provided in the course was... (multiple answers possible)

distracting

entertaining

helpful

boring

motivational

difficult

new to me

Through the online course I have a clearer concept of dementia.

I completely disagree.

I partly disagree.

I partly agree.

I completely agree.

Through the online course I have a better understanding for the importance of collaborative care in dementia.

I completely disagree.

I partly disagree.

I partly agree.

I completely agree.

What grade would you assign to the online course?

Grade A (very good)

Grade B

Grade C

Grade D

Grade E

Grade F (insufficient)

Please try to answer the following questions:

**When I use a search engine, I can take advantage of its advanced features.**

I don't know how to do it

I can do it with help

I can do it on my own

I can do it with confidence and, if needed, I can support/guide others

**I know about different storage media (e.g. internal or external hard disk, USB memory, pen drive, memory card).**

I have no knowledge of this / I never heard of this

I have only a limited understanding of this

I have a good understanding of this

I fully understand this topic/issue and I could explain it to others

**I know how to organise digital content (e.g. documents, images, videos) using folders or tagging to find them back later.**

I don't know how to do it

I can do it with help

I can do it on my own

I can do it with confidence and, if needed, I can support/guide others

**I know how to copy and move files (e.g. documents, images, videos) between folders, devices or on the cloud.**

I don't know how to do it

I can do it with help

I can do it on my own

I can do it with confidence and, if needed, I can support/guide others

**I know how to use advanced videoconferencing features (e.g. moderating, recording audio and video).**

I don't know how to do it

I can do it with help

I can do it on my own

I can do it with confidence and, if needed, I can support/guide others

**I know that some digital content can be reused and reworked legally (e.g. public domain or with Creative Commons licences).**

I have no knowledge of this / I never heard of this

I have only a limited understanding of this

I have a good understanding of this  
I fully understand this topic/issue and I could explain it to others

**I know how to edit or make changes to digital content that others have created (e.g. insert a text into an image, edit a wiki).**

I don't know how to do it  
I can do it with help  
I can do it on my own  
I can do it with confidence and, if needed, I can support/guide others

**I know how to create something new by mixing different types of content (e.g. text and images).**

I don't know how to do it  
I can do it with help  
I can do it on my own  
I can do it with confidence and, if needed, I can support/guide others

**I am careful to follow the rules about copyrights and licenses of digital content that I find.**

Not at all  
Not much/ very little  
Yes I do/ Yes I am/ Yes it does  
Very much

**I know which different types of licences apply to the use of digital content (e.g. Creative Commons licences).**

I have no knowledge of this / I never heard of this  
I have only a limited understanding of this  
I have a good understanding of this  
I fully understand this topic/issue and I could explain it to others

**I know about digital tools that can help older people or people with special needs.**

I have no knowledge of this / I never heard of this  
I have only a limited understanding of this  
I have a good understanding of this  
I fully understand this topic/issue and I could explain it to others

**I am curious about new digital devices and applications and I am keen to experiment with them whenever I find the opportunity.**

Not at all  
Not much/ very little  
Yes I do/ Yes I am/ Yes it does  
Very much

**I know how to use online learning tools to improve my digital skills (e.g. video tutorial, online courses).**

I don't know how to do it  
I can do it with help  
I can do it on my own  
I can do it with confidence and, if needed, I can support/guide others

**I know about new trends in the digital world and how they impact on my personal or professional life.**

- I have no knowledge of this / I never heard of this
- I have only a limited understanding of this
- I have a good understanding of this
- I fully understand this topic/issue and I could explain it to others

**Description on how to enter coloured-boxes in Moodle using HTML** (requested by event participants)

The boxes look like this:

**You already know that...**



...dementia is not a disease but a syndrome that is usually caused by chronic and progressive diseases of the brain. The specific pattern of symptoms depends on the nature and localisation of the underlying disease. However, it universally involves cognitive decline, impairment of activities of daily living and alterations of behaviour. These changes significantly lower the person's quality of life and puts a huge burden on their carers. Although age is not a cause, dementia becomes significantly more frequent with advancing age (see infochart below). The illustration below shows that the prevalence of dementia almost doubles every five years.

**Key points**



- Dementia is a huge societal challenge in terms of prevalence, individual and family burden, as well as cost
- The number of persons living with dementia in Europe will increase from 9 million in 2018 to 16 million in 2050
- Dementia is among the most frequent health issues in older adults
- Without prevention or cure in view this will strain health and social systems to their limits
- Including indirect costs through caregiver efforts and loss of caregiver income dementia is one of the costliest health conditions
- Dementia is associated with stigma which intervenes with help seeking, timely diagnosis and treatment, development of services and appropriate priority in funding research





<!-- End -->

It would look like this:

Insert here your text

The hat / light bulb icons are inserted via "src=...". The code displayed here links to our server where the files are stored. Therefore, you would need to replace the icon or replace the link with a link that goes your own server.

This is the code slightly altered for our first box (= with hat)

```
<!-- box --></h3>
<div class="container" style="padding-right: 15px">
  <div style="position: relative; top: -30px; right: -15px; float: right;"><span class="" style="color:
rgb(0, 0, 0);">
  </span>
  <span class="" style="color: rgb(0, 0, 0);">
  </span><span class="" style="color: rgb(0, 0, 0);">
  </span>
</div>
<div style="border-radius: 10px; background-color: #003C8120; padding: 20px; margin: 15px 0
20px 5px">
  <p style="text-align: left;"><strong><span class="" style="font-size: x-large; color: rgb(0, 0,
0);">You already know th</span><span class="" style="font-size: x-large; color: rgb(0, 0, 0);">at...
</span></strong><span class="" style="font-size: x-large; color: rgb(0, 0, 0);"></span>
  <span class="" style="color: rgb(0, 0, 0);">
  </span><span class="" style="color: rgb(0, 0, 0);">
  </span><span class="" style="font-size: x-large; color: rgb(0, 0, 0);">
  </span><span class="" style="color: rgb(0, 0, 0);">
  </span><span class="" style="color: rgb(0, 0, 0);">
  </span>
  <br><span class="" style="font-size: x-large; color: rgb(0, 0, 0);"></span><span class=""
style="font-size: x-large; color: rgb(0, 0, 0);"> </span><span class="" style="font-size: x-large; color:
rgb(0, 0, 0);">
  </span><span class="" style="color: rgb(0, 0, 0);">
  </span><span class="" style="color: rgb(0, 0, 0);">
  </span>
</p>
  <p><span class="" style="color: rgb(0, 115, 207); font-size: large;"><span class="" style="font-
size: x-large; color: rgb(0, 0, 0); font-size: 25px; line-height: 120%">...dementia is not a disease but
a syndrome that is usually </span></span><span class=""
style="color: rgb(0, 115, 207); font-size: large;"><span class="" style="font-size: x-large; color:
rgb(0, 0, 0); font-size: 25px; line-height: 120%"><br>caused by chronic and progressive diseases
of the brain. <br>The specific pattern of symptoms depends on the nature and localisation of the
underlying disease. However, it universally involves cognitive decline, impairment of activities of
daily living and alterations of behaviour. These changes significantly lower the person's quality of
life and puts a huge burden on their carers. Although age is not a cause, dementia becomes
significantly more frequent with advancing age (see infochart below). The illustration below shows
```

```
that the prevalence of dementia almost doubles every five years.</span>
  <span class="" style="color: rgb(0, 0, 0);">
    </span><span class="" style="font-size: x-large; color: rgb(0, 0, 0);"></span><span class=""
style="color: rgb(0, 0, 0);">
  </span></span><span class="" style="color: rgb(0, 0, 0);">
</span>
</p>

<p></p>
</div>
</div>
<h3><span class="" style="color: rgb(0, 0, 0);">
</span><!-- box End -->
```

Code for second box (= with light bulb), the code is the same as above, just the link to the server where the picture is stored is different

```
<div class="container " style="padding-right: 15px ">
  <div style="position: relative; top: -60px; right: 0px; float: right; "><span class="" style="font-size:
x-large; color: rgb(0, 0, 0);">
  </span><span class="" style="color: rgb(0, 0, 0);">
  </span>
  <span class="" style="color: rgb(0, 0,
0); font-size: x-large; ">
  </span><span class="" style="font-size: x-large; color: rgb(0, 0, 0);">
  </span><span class="" style="color: rgb(0, 0, 0);">
  </span>
</div>
<div style="border-radius: 10px; background-color: #003C8120; padding: 10px; margin: 15px 0
10px 5px ">
  <p style="text-align: left; "><strong><span class="" style="font-size: x-large; color: rgb(0, 0, 0);
">Key points</span></strong><span class="" style="font-size: x-large; color: rgb(0, 0, 0); ">
</span><span class="" style="font-size: x-large;
color: rgb(0, 0, 0); "></span><span class="" style="color: rgb(0, 0, 0); ">
  </span><span class="" style="font-size: x-large; color: rgb(0, 0, 0); ">
  </span><span class="" style="color: rgb(0, 0, 0); ">
  </span><span class="" style="color: rgb(0, 0, 0);">
  </span>
  <br><span class="" style="font-size: x-large; color: rgb(0, 0, 0); ">
  </span><span class="" style="color: rgb(0, 0, 0); ">
  </span><span class="" style="color: rgb(0, 0, 0);">
  </span>
</p>
<ul>
  <li><span class="" style="font-size: x-large; color: rgb(0, 0, 0); ">Dementia is a huge societal
challenge in terms of prevalence, individual and family burden, as well as cost</span><span
class="" style="color: rgb(0, 0, 0);">
  </span>
  </li>
  <li><span class="" style="font-size: x-large; color: rgb(0, 0, 0); ">The number of persons living
with dementia in Europe will increase from 9 million in 2018 to 16 million in 2050</span><span
class="" style="color: rgb(0, 0, 0);">
  </span>
  </li>
</ul>
```

```
</li>
<li><span class="" style="font-size: x-large; color: rgb(0, 0, 0); ">Dementia is among the most
frequent health issues in older adults</span><span class="" style="color: rgb(0, 0, 0);">
</span>
</li>
<li><span class="" style="font-size: x-large; color: rgb(0, 0, 0); ">Without prevention or cure in
view this will strain health and social systems to their limits</span><span class="" style="color:
rgb(0, 0, 0);">
</span>
</li>
<li><span class="" style="font-size: x-large; color: rgb(0, 0, 0); ">Including indirect costs through
caregiver efforts and loss of caregiver income dementia is one of the costliest health
conditions</span><span class="" style="color: rgb(0, 0, 0);">
</span>
</li>
<li><span class="" style="font-size: x-large; color: rgb(0, 0, 0); ">Dementia is associated with
stigma which intervenes with help seeking, timely diagnosis and treatment, development of services
and appropriate priority in funding research</span>
<span class="" style="color: rgb(0, 0, 0);">
</span>
</li>
</ul>
<ul></ul>
</div>
</div>
<p><span class="" style="color: rgb(0, 0, 0);">
</span>
<!-- box End -->
```

Disclaimer: The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.