

## IOWA CHAPTER

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## PARKINSON'S MEDICATION

Managing Parkinson Disease motor symptoms relies on medications, so knowing the options available and how to use them safely and effectively is essential.

**Drug Therapy Options**

Medications for Parkinson Disease work by increasing dopamine levels in the brain. Carbidopa/levodopa (CD/LD) is the most effective treatment and the preferred choice for patients age 65 and older because of its safety profile and multiple formulations. CD/LD is a combination of two medicines: levodopa is converted into dopamine in the brain, while carbidopa keeps levodopa intact

until it reaches the brain and reduces nausea. Patients started on other medications will eventually be prescribed CD/LD.

The second most effective class is the dopamine agonists, which mimic the effects of dopamine in the brain. Due to possible side effects, they are less preferred in older adults. The third most effective class is the monoamine-oxidase type B (MAO-B) inhibitors, which can be used alone for mild symptoms or added to CD/LD for additional motor symptom control.

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# APDA IOWA IMPACT REPORT

## ABOUT APDA

The APDA Iowa Chapter works tirelessly every day to support and empower those in our community who are impacted by Parkinson's disease (PD).

We promote hope and optimism through innovative services, programs, education, and support, while also funding vital research. We are here to help you and your loved ones every step of the way.

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## APDA IOWA MAKING AN IMPACT



# 2,990

Number of in-person education or wellness touches by the program team in 2025

# 42

 Support groups state-wide

# 99

 Counties reached

# 68

 Local businesses supported APDA Iowa in 2025

# 2,485

 New people added to APDA Iowa in 2025

# 14

 Hardship grants awarded in 2025

# 557

Donor-funded exercise classes offered in 2025

Added two new styles of donor-funded PD exercise



Aquatics



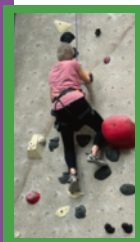
Rock Climbing

# 13,500

Educational newsletters mailed out

# 2,500

Weekly, educational e-mails sent out



**"I realized if I can do this I can do anything!"**

-Lauren, Parkinson's Warrior and attendee of APDA rock climbing

## DEAR APDA FRIENDS AND SUPPORTERS,

Your kindness reaches far beyond a donation. Every life touched, every family supported, and every moment of hope and optimism is because of you. Iowans helping Iowans and changing lives in ways that words can never fully express. The dollars raised stays here, so the impact stays here.

We are profoundly grateful for your compassion and belief in our mission and thank you for standing with the Parkinson's community!

Your APDA Iowa Staff,

Shelly Charter  
Executive Director

Natasha Winterbottom  
Fundraising and Event  
Manager

Stephanie Wilson  
Program Manager

Susan Callison  
Program Manager



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# PARKINSON'S MEDICATION



Hedva Barenholtz Levy  
PharmD, BCPS, BCGP

Other drug classes have more limited roles. Amantadine augments dopamine activity through indirect pathways; it can reduce dyskinesia—involuntary, purposeless movements that often develop after several years of CD/LD therapy—and help treat “off” episodes. Anticholinergic drugs are effective for managing tremor but are mostly used in patients younger than 65 due to problematic side effects in older adults. Catechol-O-methyltransferase (COMT) inhibitors are never used alone; they are only added to CD/LD therapy to boost effectiveness.

## Practical considerations with carbidopa/levodopa

### Formulation differences

CD/LD is available as immediate release (IR) tablets, controlled release tablets (CR; sometimes labeled “ER” on pharmacy labels), and extended release (ER) capsules. Regardless of formulation, levodopa is short-acting and must be taken several times a day. Continuous infusion formulations are useful in later stages when oral medications can no longer maintain adequate

motor control.

Oral formulations of CD/LD come in more than one strength. Keep your medication list current with the milligram strength(s) and the time of each dose. Make sure caregivers understand the importance of dose timing, which is tailored to your symptoms. Motor complications can develop as Parkinson’s progresses, including symptoms returning before the next dose, “on”/“off” fluctuations, and dyskinesia. If these occur, notify your doctor. Keeping a journal of symptom timing, dose timing, and recent food or drink intake can help your care team adjust dosage or add a booster medication.

### Interactions

CD/LD has an important drug interaction with iron (also called ferrous sulfate or gluconate, for example). Oral iron products can decrease effectiveness of levodopa by blocking its absorption from the gut. Thus, separate doses of CD/LD and iron by 2 hours. If you have questions about how to space your doses, check with your pharmacist or physician.

CD/LD also has an important food interaction with protein. For some people, high-protein meals can block levodopa gut absorption and decrease the amount that reaches the brain. Ideally, CD/LD should be taken on an empty stomach; if nausea occurs, a non-protein snack is acceptable. In early Parkinson’s, the protein interaction may be negligible, but over time individuals become

more dependent on CD/LD and may notice a delayed or reduced “on” effect. When this happens, eating low-protein meals at breakfast and lunch and shifting most daily protein to the evening meal—when motor fluctuations are less disruptive—is recommended. This simply redistributes, rather than reduces, total protein intake. Note that high-protein nutritional drinks can interact, too.

### Vitamin B6 supplementation

In March 2026, the Food and Drug Administration issued a warning about CD/LD decreasing vitamin B6 (pyridoxine) levels that can lead to seizures. Patients taking CD/LD should speak with their physicians about monitoring levels of the different B vitamins, including B6, and add a supplement as needed.

### Medication Reviews

A thorough medication review can help identify prescription or nonprescription medications that interact with your Parkinson’s regimen or worsen Parkinson’s symptoms regardless of which medications you take. In addition, your pharmacist or physician doing the review can ensure you are taking your medications correctly. Another benefit of medication review is the opportunity to address nonmotor symptoms of Parkinson’s disease and optimize drug and non-drug management of these conditions.

Drug Therapy Options  
for Treating Parkinson’s  
Motor Symptoms

NEXT PAGE 

**Table: Drug Therapy Options for Treating Parkinson's Motor Symptoms**

Drug Class	Generic Name (Brand Name), Formulation	Comments	Advantages
Carbidopa/levodopa	Sinemet, Parcopa ODT, IR tablet	Preferred option for adults age 65 and older	Most effective and potent option; available in many formulations
Dopamine agonists	Pramipexole (Mirapex, Mirapex ER), tablet Ropinirole (Requip, Requip XL), tablet Rotigotine (Neupro), patch Apomorphine (Onapgo), subcutaneous continuous infusion	Requires gradual dose increase over several weeks to reach effective dose	ER and XR tablets can be administered once daily Lower dyskinesia risk than carbidopa/levodopa
MAO-B inhibitors	Selegiline (Eldepryl), tablet (Zalepar), ODT Rasagiline (Azilect), tablet Safinamide (Xadago), tablet	Many drug interactions Rasagiline and safinamide improved safety and effectiveness over selegiline	Once daily administration
Amantadine	Amantadine (Symmetrel), IR tablet, capsule, solution (Gocovri), ER capsule	Rarely used alone; added on to carbidopa/levodopa therapy	Helpful for managing dyskinesia
Anticholinergic Drugs	Benzotropine (Cogentin), tablet Trihexyphenidyl (Artane), tablet	Should be avoided in older adults	Helpful for managing tremor in younger patients
COMT Inhibitors	Entacapone (Comtan), tablet Carbidopa/levodopa/entacapone (Stalevo), tablet Opicapone (Ongentys), capsule	Never used alone; only added on to carbidopa/levodopa therapy; entacapone must be taken with each carbidopa/levodopa dose; opicapone dosed once daily	Helpful to extend effectiveness of carbidopa/levodopa

ER = Extended Release; COMT = Catechol-O-Methyltransferase; IR = Immediate Release; ODT = Orally Disintegrating Tablet

Some potential adverse reactions include nausea, dizziness, dry mouth, and dyskinesia. For a **complete list of Parkinson's approved medications** and their side effects, see <http://apda.link/medsapproved>

# EVERY JOURNEY WITH PARKINSON'S IS UNIQUE BUT WE'RE ALL MOVING FORWARD TOGETHER

Karen Bush Hoiberg - Parkinson's Care Partner, Sister, and Advocate

I didn't expect Parkinson's disease to return to my life so soon or so personally. About a year after I lost my beautiful sister to Parkinson's, my husband was diagnosed with the same disease. Although I had a suspicion that he might have it, the words landed with a familiar weight - heavy and cruelly unfair. Still carrying the grief of losing Bonnie was intertwined with uncertainty and fear. PD was no longer the disease that taken my sister, it was now our future.

I appreciate that each person has a different course with PD. I watched my sister live with courage and quiet strength. When she could no longer walk, I watched her crawl. Even though PD reshaped her life, she always strived to do the things she had always done. Slowly she gave up her independence with a smile on her face.

PD is often spoken about clinically, in terms of symptoms and stages, but living beside it tells a different story. It is the daily losses that grow - the voice that softens, the handwriting that changes, the inability to focus. Losing Bonnie left an emptiness that still lingers. PD felt like a closed door - painful, but behind me.

My husband's diagnosis reopened everything. This time, PD arrived not as an ending, but an uncertain beginning. Yet, the experience is not the same. PD is deeply personal for those diagnosed

with the disease as well as their caregivers; in some ways, it's a blessing that no two paths look alike. While memories of Bonnie's struggle surface, I constantly remind myself that this is Eric's story as well as mine. Medicine advances, awareness grows, things normalize for longer stretches, and hope ebbs and flows. The love and perseverance that carried Bonnie through her hardest days now surround my husband in different but equally powerful ways.

Living with PD twice has taught me that the disease does not just affect those diagnosed, it reshapes families and tests relationships. PD has taken a lot from my family, but it has also deepened my understanding of resilience and love. I share our story for those who may recognize themselves in it - for those grieving, those newly diagnosed and those caring for someone they love. **You are not alone.**



# EXERCISE CLASS SCHEDULE

Register online at [www.apdaparkinson.org/community/iowa/](http://www.apdaparkinson.org/community/iowa/)

## IOWA

### ANKENY

**Edencrest Siena Hills**  
Movement Training – Level 1  
Wednesdays, 10:00am

### CLIVE

**Walnut Ridge Senior Living Center**  
Aquatic Movement – Level 2  
Fridays, 10:00am

### CRESTON

**Salem Lutheran Church**  
Movement Training – Level 2  
Mondays, 1:30pm

### DES MOINES

**Des Moines Ballroom**  
PD Moves Dance Class – Level 1  
March 23rd – May 18th; Mondays, 6:00pm

### DES MOINES

**Northside Senior Center**  
Movement Training – Level 1  
Wednesdays, 10:00am

### FAIRFIELD

**Fairfield Community Center**  
Movement Training – Level 1  
Wednesdays, 2:45pm

### GRIMES

**Climb Iowa**  
Rock Climbing for Parkinson's: Levels 1-3  
1st & 3rd Tuesdays, 10:00am

### IOWA CITY

**Iowa City Senior Center**  
Movement Training – Level 2  
Wednesdays, 10:00am

### JOHNSTON

**Brio of Johnston**  
Tai Chi - Level 1  
Saturdays, 10:00am

### OTTUMWA

**River Valley Place Assisted Living**  
Movement Training – Level 1  
Tuesdays, 10:00am

### OSCEOLA

**Skills Nursing Lab – Clarke County Hospital**  
Movement Training – Level 1  
Wednesdays, 11:00am

### PLEASANT HILL

**Edencrest of Pleasant Hill**  
Movement Training – Level 1  
Fridays, 9:45am

### SHENANDOAH

**Shenandoah Medical Center**  
Movement Training – Level 1  
Thursdays, 11:30am

### WAUKEE

**Independence Village**  
Movement Training – Level 2 & 3  
Mondays, 11:00am – Level 2  
Fridays, 11:00am – Level 3

# SUPPORT GROUP SCHEDULE

Register online at [www.apdaparkinson.org/community/iowa/](http://www.apdaparkinson.org/community/iowa/)

## IOWA

### ACKLEY

Ackley Civic Center  
2nd Wednesday, 2:00pm

### ALTOONA

Prairie Vista Village Chapel  
3rd Thursday, 10:00am

### AMES

Sixty Forward: Conference Room  
3rd Thursday, 3:00pm

### ANAMOSA

Jones Regional Medical Center  
1st Monday, 3:00pm

### BETTENDORF

Palmer Hills Retirement Center  
3rd Saturday, 10:00am

### BURLINGTON

Great River Medical Center –  
Black Hawk Room  
3rd Thursday, 2:00pm

### CARROLL

St. Anthony's Regional Hospital  
Every Thursday, 11:00am

### CEDAR FALLS

UnityPoint Prairie Parkway: Meet-  
ing Room 1  
Last Tuesday, 4:00pm

### CENTERVILLE

MercyOne Hospital  
3rd Thursday, 5:30pm

### CRESTON

Salem Lutheran Church  
3rd Monday, 2:00pm

### DES MOINES

Wesley on Grand  
1st Wednesday, 2:00pm  
Life Time  
3rd Thursday, 12:00pm

### DUBUQUE

UnityPoint Finley Hospital  
3rd Saturday, 10:00am

### FAIRFIELD

Jefferson County Health Center  
1st Thursday, 10:00am

### FOREST CITY

YMCA  
3rd Friday, 10:00am

### FORT DODGE

Friendship Haven, Schmoker Bldg  
1st Wednesday, 11:30am

### INDIANOLA

The Village  
3rd Thursday, 10:00am

### IOWA CITY

Grand Living at Bridgewater  
3rd Tuesday, 6:00pm

### JOHNSTON

Brio of Johnston  
2nd Monday, 2:00pm

### LEON

Decatur County Hospital  
3rd Tuesday, 11:30am

### LOGAN

Logan United Methodist Church  
Every Tuesday, 10:30am

### MARSHALLTOWN

Our Savior Lutheran Church  
2nd Tuesday, 10:30am

### MASON CITY

Southbridge Mall  
3rd Thursday, 2:30pm

### NEWTON

Newton Village  
2nd Saturday, 10:30am

### NORTHWOOD

Viking Activity Center  
2nd Thursday, 1:30pm

### OSCEOLA

Clarke County Hospital  
2nd Wednesday, 1:00pm

### OTTUMWA

YMCA  
1st Tuesday, 1:00pm

### PELLA

Pella Manor at Hearthstone  
2nd Thursday, 2:00pm

### SHENANDOAH

Shenandoah Medical Center  
2nd Thursday, 11:00am

### SIOUX CENTER

Crown Pointe Estates  
2nd Thursday, 10:00am

### SIOUX CITY

Siouxland Center for Active Gen-  
eration  
4th Monday, 1:00pm

### SPIRIT LAKE

Bedell Family YMCA  
1st Tuesday, 9:30am

### STORM LAKE

St. Mark Lutheran Church  
2nd Tuesday, 1:30pm

### WAUKEE

Independence Village of Waukee  
3rd Friday, 1:30pm

### WAVERLY

Waverly Health Center  
3rd Thursday, 1:30pm

### WEBSTER CITY

Van Diest Medical Center  
3rd Tuesday, 11:00am

### WEST DES MOINES

Cedar Ridge Village  
3rd Thursday, 1:30pm  
Edgewater Senior Living  
3rd Wednesday, 1:00pm  
Grand Living Tower Place  
3rd Saturday, 10:00am  
Rock Valley Physical Therapy  
2nd Tuesday, 12:30pm

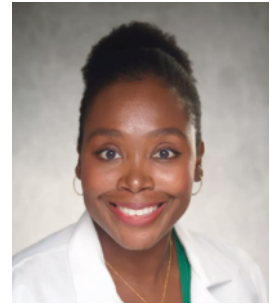
# APATHY & PD

“Feeling inert” is how a former boat-loving, family jokester, and doting grandfather with Parkinson’s disease (PD) describes apathy. This description of apathy is not exhaustive, but it connotes an emotional slumber that creeps in and slowly suffuses daily living with a dull but implacable inertia. On average, two in five people living with PD experience apathy (Pagonabarraga J, 2015), albeit unknowingly at times. Apathy is an overlooked non-motor symptom of PD due to the subtlety with which it bakes itself into the folds of the disease. For that reason, its edges are hard to probe, and by the time its symptoms become evident, its consequences on the quality of life may have already been consequential.

Apathy is a syndrome characterized by a reduction in drive, interest, and emotional responsiveness (Harrison et al, 2025; Maher et al, 2024; Pagonabarraga et al, 2015).

Its mechanisms have not yet been totally figured out, but it is believed to arise from dysfunction in the brain network associated with motivated behavior (Pagonabarraga et al, 2015). There is evidence that apathy correlates with poorer functioning, reduced quality of life, and greater disease burden in PD (Maher et al, 2024). Apathy is a complex phenomenon that includes different domains, and as such, it manifests in different forms in different people.

If you find yourself lacking ambition (to do or complete anything) and/or have lost interest in the hobbies and activities that you used to enjoy and/or feel indifferent a lot of the time, you may be in the throes of apathy. The first step is to discuss your symptoms with your movement disorder provider who will ensure that your PD medications are optimized; for, apathy can sometimes be a non-motor fluctuation of PD.



Pascale Doresca

MSN, ARNP, ACAGNP-BC

Pascale is a movement disorder nurse practitioner at the University of Iowa Health Care

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## Emotional

lack of spontaneous emotion, blunted affect

## Cognitive

loss of interest, ideas, and curiosity for routine or new events

## Behavioral

trouble self-initiating purposeful actions, doing tasks, getting up and going

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Through your discussions, your provider will attempt to rule out depression, fatigue, and other PD symptoms— the overlaps between which makes apathy hard to diagnose sometimes. Indeed, fifty percent of people with apathy have concurrent depression, and sifting through and distinguishing between the two can be difficult (Harrison et al, 2025). It is crucial, though, to dissociate the two as treatment for depression can sometimes worsen apathy. The Apathy Scale and the Apathy Evaluation Scale are sometimes used to measure apathy; however, clinicians often rely on their interviews with patients and care partners to identify apathy.



Once a diagnosis is made, clinicians may prescribe medications depending on the severity of apathy and its manifestation. There exists no gold standard treatment for apathy. Medications like Pramipexole (a dopamine agonist), Rivastigmine (a cognitive enhancer), stimulants, and some antidepressants are used sometimes based on the type of apathy.

Nonpharmacological interventions to help people with apathy are as important as medication therapy. Music therapy, mindfulness meditation, and transcranial magnetic stimulation have demonstrated some benefits in some studies, but more evidence is needed (Maher, 2016).

## Tips for Living Well with PD & Apathy



- Good, quality sleep is **FOUNDATIONAL** for well-being. This is even more important in people with PD and apathy. If your sleep is fragmented, and you feel tired in the daytime, you may benefit from having sleep-related problems ruled out. Then you may have to return to the basics of sleep hygiene: consistent sleep schedule, using your bed only for sleep and sex, making your bedroom quiet and relaxing, reducing your fluid intake in the evening, etc.
- Create structured environments with a routine that includes movements, naps, medication timing, entertainment.
- Know yourself. Choose activities that fit your personality and likings and plan them around the times your medications are working, and you are rested.
- **DO NOT JUDGE YOURSELF.** PD is often accompanied by symptoms that can make people self-conscious. Symptoms such as drooling, quiet voice, word-finding difficulties can cause people to be less social. Apathy is sometimes misinterpreted as laziness. Avoid passing judgement onto yourself. Apathy is real.
- Set small, measurable goals every day.
- Regular physical activity is the best medicine for PD.
- Prioritize social interactions with people you trust. Your presence suffices; you can just listen.

## Giving Highlight

IRA Charitable Gifts: If you're 70½ or older, you can make a qualified charitable distribution (QCD) directly from your IRA to support our work, without increasing your taxable income. It's a simple way to give today while making a meaningful difference. **For more information or questions, please reach out to Shelly Charter at: [scharter@apdaparkinson.org](mailto:scharter@apdaparkinson.org)**



# CAREGIVING PURGATORY

## THAT PLACE IN BETWEEN



June Van Klaveren

Did you ever notice how much waiting you do as a caregiver? Waiting for the neurologist to call. Waiting in exam rooms. Waiting at red lights when you're already late. Waiting for a hospital discharge. Waiting for your person with Parkinson's to button a shirt, reach the table, leave the

bathroom, finish a sentence. That waiting has a name: Caregiving Purgatory. If you're caring for someone with Parkinson's disease, you know this place well. It's the in-between. It's the long middle — the stretch where symptoms shift, independence flickers, and we live in constant adjustment mode.

Parkinson's is progressive. That sounds clinical. In real life, it means the target keeps moving. One week balance seems steady; the next, freezing episodes appear. Medication works, until it doesn't. Cognition is sharp, until it isn't. We become part detective, part nurse, part advocate, and

### Here are five practical ideas to survive the messy middle:

- 1 **Stop waiting for "normal" to return.** It won't. Parkinson's doesn't reverse course. Grieving the loss of former expectations is painful, but necessary. Instead of asking, "When will things go back?" ask, "What works now?" Create new expectations that fit today's reality.
- 2 **Build micro-respite into your routine.** A weeklong getaway may not be realistic. A 30-minute walk might be. A quiet cup of coffee behind a closed-door counts. Small, consistent breaks are not indulgent — they are preventive maintenance for your mental health.
- 3 **Separate the person from the disease.** Irritability, apathy, slowed responses, quiet voices. These are neurological symptoms. When tension rises, remind yourself, "This is Parkinson's talking." That mental shift protects both your peace and your relationship. This is the most difficult tip, isn't it?
- 4 **Simplify decisions.** Decision fatigue is real. The volume of decisions we make now is staggering. Reduce optional choices where you can. Rotate simple meals. Use written medication lists. Create routines. Make checklists!
- 5 **Tell the truth to someone safe.** Not everyone can handle the raw version of this journey. Find one trusted person, friend, counselor, support group, and speak honestly. "I'm tired." "I'm scared." "I miss who we used to be." Bottled emotions don't disappear; they leak.

part exhausted human being – all things we probably didn't "sign up for." Caregiving purgatory is emotionally confusing because nothing feels dramatic enough to justify falling apart, yet everything feels heavy enough to wear you down. It's all the little things, stacked daily. You may grieve losses others don't see. You may feel guilty for wishing things were easier. You may love deeply and resent the disease in the same breath.

Here's what isn't said often enough: as caregivers, we live in chronic uncertainty. That alone is exhausting. Of course we're weary. Of course, we feel stretched thin. This isn't a failure of character. It's the weight of sustained ambiguity. And still, we are showing up on ordinary Tuesdays. We are steadying steps, managing medications, advocating at appointments, preserving dignity in quiet, unseen ways. That matters more than we realize. The middle is long. But we are not weak for feeling its weight.

WE ARE HUMAN AND WE ARE DOING SACRED WORK, EVEN WHEN IT FEELS LIKE LIMBO.

Our thoughts are with June on the recent passing of her husband Larry.

## » UPCOMING EVENTS & PROGRAMS

### PRESS ON

PRESS ON™ is an eight-week education and support program for those who have been living with PD for five or more years and their care partners.

Join us on **June 8<sup>th</sup>** in West Des Moines, IA

### Optimism Walk Save the Date

Our largest community celebration! Mark your calendar, **Saturday, September 19<sup>th</sup>** at Walker Johnson Park in Urbandale, IA!

Details coming soon!

### Parkinson's Education Programs

Education programs for those living with PD and their care partners.

#### Wednesday, May 20<sup>th</sup>

from 5:30 - 6:30 pm  
*Ask the Doc with Lynn Struck, MD*

**Location:** West Des Moines, IA

Big news, **Council Bluffs!** A Parkinson's Education Program is headed your way this summer. More details coming soon!



Need help with registration? Give us a call at 515.207.6296! We're happy to assist and can register you over the phone.

### Annual APDA Iowa Conference

This year's conference theme, **Connected in Community. Strengthened by Support.**, emphasizes the power of shared knowledge, community engagement, and support networks in improving quality of life for people living with Parkinson's.

Join Us! **Friday, June 5<sup>th</sup>** from 9 am – 4 pm, doors open at 8 am for registration and resource fair.

**Location:** Lutheran Church of Hope, West Des Moines, IA

Visit our **Upcoming Events & Programs** page for details and to stay up to date on everything happening with APDA Iowa.

Go to: <http://apda.link/iaupcoming>

2951 86th St. Suite 125  
Urbandale, IA 50322



# Iowa Optimism Walk

**Save the Date!**

**Saturday, September 19th**

Grab your friends and family to join us for a short non-competitive awareness walk with family-friendly activities, fun incentive prizes, raffle baskets, and more!

**Check-In & Activities: 12:30 PM Ceremony: 1:30 PM (Walk to follow Ceremony)**

 Walker Johnston Park-Giovannetti Shelter  
9000 Douglas Avenue, Urbandale, Iowa

**Gather your family and friends!  
Sign your team up today!**



**Walk with us to put an **END** to Parkinson's disease!**

## APDA IOWA CHAPTER

2951 86th St. Suite 125  
Urbandale, IA 50322

515-207-6296

Office Hours: 9am - 4pm | Tuesday - Friday  
Staff available by phone on Mondays

## LET'S CONNECT

[apdaparkinson.org/ia](http://apdaparkinson.org/ia)

@apdaiowa

