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SEMI-ANNUAL PERFORMANCE REPORT COVER SHEET

1. Grant #:	<u>Award Number: 90A10019/01</u>
2. Project Title:	<u>ADDGS Innovative Grant:</u> <u>Early Stage Dementia Project Telehealth Early Phase</u> <u>Patient and Family Support Program (TESP)</u>
3. Grantee Name & Address:	<u>State Of Nevada - Aging and Disability Services Division</u> <u>1860 E Sahara Avenue</u> <u>Las Vegas, Nevada 89104</u>
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5. Project Period:	<u>09/30/2008 – 03/31/2010</u>
6. Reporting Period:	<u>Semi Annual- Due October 30th, 2009</u>
7. Final Reporting Period:	<u>April 29th, 2010</u>
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10. Date of Report:	<u>October 30, 2009</u>
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Introduction:

Nevada's goal during the 09/30/2008 – 03/31/2010 ADSSP Innovative Grant period is to improve function and delay institutionalization of rural dementia patients through partnership with the Aging and Disability Services Division, Northern Nevada Alzheimer's Association, the University of Nevada Reno Center for Cognitive Aging and the Lou Ruvo Brain Institute utilizing "telehealth" technologies. The target population for this grant is financially compromised, rural individuals with early phase Alzheimer's Disease, family caregivers, Spanish speaking patients and families and Native American patients and families

The Cleveland Clinic Lou Ruvo Center for Brain Health (CCLRCBH) is still under construction but is largely completed and functional. The clinic continuously refers clients to the Alzheimer's Association as needed and is offering services in Las Vegas and Reno. Neurologists travel to Reno weekly to provide services. CCLRCBH and the Alzheimer's Association of Northern Nevada and Northern California (AA-NNV) continue to work together to provide services to Nevada seniors.

ADSD representatives met with partners at CCLRCBH October 8th, 2009 to discuss strategy, current activities and direction for the proposal for the remainder of the grant period.

- 1. What did you accomplish during this reporting period and how did these accomplishments help you reach your stated project goal(s) and objective(s)? Please note any significant project partners and their role in project activities.**

Between April 2009 and September 30, 2009, the staff of the Alzheimer's Association in Northern Nevada participated at three health fairs sponsored by and for Native American Indian populations in Northern Nevada. These health fairs included one in May 2009 and two in July 2009 and were held in Washoe and Churchill Counties. Basic information about Alzheimer's disease (AD) was distributed at these health fairs. A total of 115 Native Americans received basic informational pamphlets and booklets about AD at these health fairs. During the same period, staff from the Center for Cognitive Aging conducted 27 total clinics and served a total of 55 patients.

Recruit Spanish-speaking and Native American dyads impacted by early-stage dementia through Indian Health Services and Nevada Hispanic Services

Between April 2009 and September 30, 2009, the Alzheimer's Association in Northern Nevada Hispanic Outreach Coordinator worked hand-in-hand with staff from **Nevada Hispanic Services** to provide information about Alzheimer's disease to the Hispanic Community in rural Nevada. The Hispanic Outreach Coordinator made 13 trips to Dayton, Incline Village, Cold Springs, Carson Valley, and Wellington and disseminated basic information about AD at Spanish restaurants, video stores, and Mexican markets. The coordinator also distributed information about AD at the annual *Cinco de Mayo* event in Sparks, Nevada where both urban and rural Hispanics gather annually to celebrate Mexican Independence Day. As a result of these outreach efforts, 394 Spanish-speaking individuals were provided with basic information about AD and nine Spanish-

speaking families were provided with care consultations and continue to be provided with follow-up so they can make short and long-term plans for their loved ones with AD.

Provide workshop classes onsite conducted by the Alzheimer's Association's Rural Outreach Coordinator

The following nine workshop classes were held in rural communities by the Alzheimer's Association between April and September 30, 2009 and served 138 individuals:

April 2009:

Maintain Your Brain: Carson City, Nevada (held 2x)
Understanding Memory Loss: Gardnerville, Nevada
Compassionate Communication and Challenging Behaviors: Carson City, Nevada

May 2009:

Alzheimer's Association's Annual Education Conference: Reno, Nevada (43 professionals and family members from rural communities attended this all day conference)

July 2009:

Understanding Memory Loss: Carson City, Nevada
Compassionate Communication and Challenging Behaviors: Gardnerville, Nevada

August 2009:

10 Warning Signs: Winnemucca, Nevada

September 2009:

10 Signs: Fallon, Nevada
Introduction to Alzheimer's Disease: Gardnerville, Nevada

Provide telephone, interactive video, and face to face behavioral and counseling consultations for Spanish-speaking and English-speaking caregivers and patients on an ongoing, as needed basis.

The Hispanic Outreach Coordinator provided nine Spanish-speaking families with care consultations during this time period. The initial care consultations were provided in person and 34 telephone follow-ups were provided via telephone. 57 English-speaking families residing in the rural communities participated in care consultations during this time period.

Provide interactive video question and answer sessions for families

Two tele-health interactive video-teleconference sessions were held during the period (one in June and one in July). 38 family members attended these sessions.

- 2. What, if any, challenges did you face during this reporting period and what actions did you take to address these challenges? Please note in your response changes, if any, to your project goal(s), objective(s), or activities that were made as a result of challenges faced.**

During this reporting period, Cleveland Clinic Lou Ruvo Center for Brain Health continued operations initiated by the University Of Nevada Medical Center. During this time period, the Nurse practitioner left the clinic. Neurologist from Las Vegas began flying to Reno weekly to continue program development and support. Telehealth activities began to decline in July 2009 but are anticipated to increase when a new nurse practitioner position is filled.

Constructing inroads into the cultural diversity and inherent distrust of technology and governmental entities is a process partners are still working to overcome. In order to assist in remedying this, the outreach coordinator position was increased from 10 hours per week to a full time position. The Hispanic Outreach Coordinator would be able to reach more families for care consultations and a greater depth of education if more hours were available for service. The Outreach Coordinator is constrained by time and travel budgets.

- 3. How have the activities conducted during this project period helped you to achieve the measurable outcomes identified in your project proposal? Please note in your response, information on evaluation outcome measures and systems development measures, as approved in your grant application and developed in conjunction with AoA and AoA-provided technical assistance.**

- Outcomes:
100% of Hispanic participants indicated information and care consultations provided increased their knowledge about AD.

99% of rural participants who attended education and training indicated they learned something new that applies to their situation.

100% of those participating in the interactive televideo conferencing found the information very helpful in helping with the short and long-term care of their loved one with AD.

In September 2,700 Northern Nevada Newsletters were mailed to families in rural Northern Nevada.

4. How has your project met the 50% direct service requirement? Has the project limited administrative costs to 10% of federal funds? In your response, include the following, completed statements:

- **The funded project has spent an estimated \$ 72,513 (i.e., 65.511 percent of first year total federal funds on direct services.)**
- **The funded project has spent an estimated \$ 7,390 (i.e., 6.667 percent of federal funds on administrative costs.)**

The funded project has spent approximately 66% of the federal share amount on direct services. Primary services were delivered by a neurologist, a psychologist, a social worker and a master's level nurse with support from a medical assistant and video site facilitators.

5. What was produced during the reporting period and how have these products been disseminated? Products may include articles, issue briefs, fact sheets, newsletters, survey instruments, sponsored conferences and workshops, websites, audiovisuals, and other informational resources.

- **Products and Dissemination**

394 Spanish-language booklets entitled "Basics of Alzheimer's Disease—What It Is and What To Do" were disseminated by Spanish-speaking staff into stores/bars/ and one health care facility working with Hispanics in the rurals.

394 Spanish-language pamphlets entitled "Signs and Symptoms of Alzheimer's Disease" were provided by Spanish-speaking staff directly to Spanish-speaking families in the rural areas.

394 Spanish-language booklets entitled What's Happening to Grandpa were given to Spanish-speaking families by Spanish-speaking staff in the rural areas.

411 English-language booklets entitled "Basics of Alzheimer's Disease—What It Is and What To Do," "The Ten Signs of Alzheimer's Disease," "Education and Support Groups in Northern Nevada," "Resource List for Family Caregivers in Northern Nevada" and "Facts About Alzheimer's Disease" were mailed to clients from rural Nevada who called and requested information and referral.