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SEMI-ANNUAL PERFORMANCE REPORT COVER SHEET

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|---|---|
| 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 Division for Aging Services</u>
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| 5. Project Period: | <u>09/30/2008 – 03/31/2010</u> |
| 6. Reporting Period: | <u>Semi Annual- Due April 29th, 2009</u> |
| 7. Final Reporting Period: | <u>April 29th, 2010</u> |
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| 10. Date of Report: | <u>March 31, 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 Division for Aging Services, 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

In February 2009, a partnership between the Lou Ruvo Brain Institute and the Cleveland Clinic was announced. The new name for the center is the Cleveland Clinic Lou Ruvo Center for Brain Health which is expected to be largely completed in June of 2009. This strategic partnership ensures Nevada is at the forefront of neurological advancement for Alzheimer's disease and related dementia diagnostics and treatment.

DAS representatives met with partners January 28, 2009 to discuss strategy, current activities and direction for the proposal. Representatives for all partners were present. Performance measures were discussed and class schedules and data collection needs for reporting were detailed.

Constructing inroads into the cultural diversity and inherent distrust of technology and governmental entities is a process we are 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.

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.

Project partners met in January 2009 to discuss program accomplishments and barriers to service outreach in rural areas. The performance outcomes were detailed and agreed upon by partners. During this phase in the grant, partners conducted outreach efforts and hosted Professional Telemedicine Education Classes (see Attachment 1 for class schedule). The Center for Cognitive Aging served 446 people and hosted 42 clinics between September 2008 and March 31, 2009.

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

Between October 2008 and March 31, 2009, the staff of the Alzheimer's Association had six (6) contacts with personnel working with Native American Indian populations in Northern Nevada. These meetings helped establish a relationship to work with Reno/Sparks Indian Colony in Cason City, the Walker River Tribe in Mineral County and the Douglas Reservation in Gardnerville in disseminating information about Alzheimer's disease (AD) and discuss how the Alzheimer's Association could assist the Indian tribes of Northern Nevada. As a result of these outreach efforts, a total of six (6) Native

American Indians attended education seminars, entitled: *Strategies for Success-caregiving strategies for those caring for loved ones with AD*, held in Carson City in January 2009; *Maximize Your Memory/Maintain Your Brain- Brain Health education*, held in February 2009; the *Latest Research on AD*, also held in February 2009; and *Compassionate Communications and Challenging Behaviors- how to deal with the challenging behaviors of loved ones with AD*, held in March 2009.

Between October 2008 and March 31, 2009, staff of the Alzheimer's Association worked hand-in-hand with one of the staff of **Nevada Hispanic Services** to help provide information about Alzheimer's disease to the Hispanic Community in rural Nevada. Spanish-speaking staff of the Alzheimer's Association made trips to Dayton, Carson City, Gardnerville and Virginia City to disseminate Spanish-language information about Alzheimer's disease resulting in 50 Spanish-speaking families contacted through this effort. As a result, five (5) Spanish-speaking families participated in care consultations which included both short-term and long-term planning for caring for their loved ones with Alzheimer's disease.

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

(see Attachment 1 for class schedule).

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 Alzheimer's Association provided three telephone support-group facilitations for the rural communities in October 2008, December 2008 and March 2009.

In the rural communities, in conjunction with a staff person from **Nevada Hispanic Services**, five Spanish-speaking care consultations occurred during this time period, and 74 English-speaking families residing in the rural communities participated in care consultations.

Provide interactive video question and answer sessions for families

Two staff of the Alzheimer's Association, one English-speaking and one Spanish-speaking, attended a video-teleconference session at the **Center for Cognitive Aging** in January 2009 and interacted with the clients, who were online from Elko and Carson City.

Other televideo conferencing is scheduled for June and July 2009.

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.

One challenge faced was culture shock, and not wishing to impose our cultural way of doing things on the Native American Indian population. We worked slowly but diligently with the Native American Indians in Northern Nevada to be able to provide information and assistance as they requested.

The Hispanic population in Northern Nevada is eager for information about Alzheimer's disease. However, due to staff constraints and budget limitations, we cannot devote as much time to this population in the rurals.

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.

Activities are targeted to achieve measurable outcomes to selected populations. Through the dedication of program partners, program participants are being reached and assisted with Alzheimer's related information and diagnostics.

Nevada outcomes for the Innovative Grant – October 1, 2008-March 30, 2009:

- 80% of Latino and Native American participants reported that the education/caregiving training they received increased their knowledge about Alzheimer's disease (AD)/dementia and that they learned something new that applies to their situation.
- 80% of rural participants reported that the education and caregiving training they received increased their knowledge about Alzheimer's disease/dementia and that they learned something new that applies to their situation.
- 80% of participants in the telemedicine program reported that the educational information they received via this program was useful and helped them more effectively manage the care and safety of the care recipient.
- 80% of telephone support group participants reported that the group increased their knowledge about dementia and helped them more be more effective in their work as a caregiver or support group facilitator.

The Alzheimer's Association reported 100 percent of Latino and Native American participants indicated our education and training increased their knowledge about Alzheimer's disease. In addition, 99 percent of rural participants who attended education and training indicated they learned something new that applies to their situation.

100% of the telephone support group participants indicated their knowledge was increased and helped them to be more effective in their work as caregivers/support group facilitators. The results of televideo program participants have not yet been measured.

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 \$ 30,000 (i.e., 32 percent of first year total federal funds on direct services.)**
- **The funded project has spent an estimated \$ 5,000 (i.e., 6 percent of federal funds on administrative costs.)**

Nevada partners began work on the Innovative grant in September 2008, however Nevada's budget restriction was not lifted until December 2008. Even so, partners began preliminary work and are fully functioning as of December 2008. DAS funded the project using state money to ensure continuity to the programs and for the communities. The first year total federal allocation is \$83,968. Administrative costs accrued by the project will be limited to 10 percent of federal funds. At least 50 percent of federal funds will be utilized for direct services. So far, the Alzheimer's' Association has spent 100 percent of funding on direct services.

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.

So far, Nevada partners have produced the following deliverables:

- 50 Spanish-language booklets entitled: *Basics of Alzheimer's Disease —What It Is and What To Do*, disseminated by Spanish-speaking staff into stores/bars/ and one health care facility working with Hispanics in Rural Nevada.
- 10 Spanish-language pamphlets entitled: *Signs and Symptoms of Alzheimer's Disease*, provided by Spanish-speaking staff directly to Spanish-speaking families in the rurals.
- 15 books Spanish-translated books entitled What's Happening to Grandpa were given to Spanish-speaking families by Spanish-speaking staff in the rurals.
- 191 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.
- 2,500 Northern Nevada Newsletters were mailed to families in rural Northern Nevada in January 2009.