



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

Administrative Office
3416 Goni Road, D-132
Carson City, NV 89706

(775) 687-4210 • Fax (775) 687-0574
adsd@adsd.nv.gov

RICHARD WHITLEY
Director

JANE GRUNER
Administrator

BRIAN SANDOVAL
Governor

Minutes

Name of Organization: Task Force on Alzheimer's Disease (TFAD)
Driving and Dementia Subcommittee

Date and Time of Meeting: Friday, September 25, 2015
12:00 p.m.

Location: Sanford Center for Aging
Center for Molecular Medicine (CMM) Room 163
1664 N. Virginia Street
Reno, NV 89557

Driving/Parking Directions: <http://dhs.unr.edu/aging/contact-us>

To Join the Telephone Conference
Call-in Number: 877-336-1831
Access Number: 9186101

Agenda

I. Call to Order/Roll Call

Jane Fisher, Ph. D., Subcommittee Chair
Department of Psychology
University of Nevada, Reno

Members present: Dr. Jane Fisher and Dr. Peter Reed

Members participating by telephone: Gini Cunningham

Others present: Susie Longchamp, M. A., Alyssa Lamin, and Carly Tye,
University of Nevada Reno (UNR) students

Others participating by telephone: Denise Hund, Family Care Associate, Alzheimer's Association, Reno

Staff present: Sunadda Woodbury

II. **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

Denise Hund, Family Caregiver Associate, Northern Nevada Alzheimer's Association, presented information on the upcoming Driving and Dementia Town Hall Meeting in Reno. She stated that the meeting will be held on October 19, 2015, from 9:00 a.m.-noon at the Alzheimer's Association Offices located at 1301 Cordone Ave., Reno, Nevada. The meeting will include representatives from the Department of Motor Vehicles (DMV), Transit Authorities, physicians, and caregivers working with those with early stages of Alzheimer's disease.

Ms. Hund commented that a reservation is required, and participants may call 1-800-272-3900 or contact Jacob Harmon at jharmon@alz.org.

Ms. Hund also provided remarks regarding Recommendation I in the TFAD State Plan, which involves the statewide information and referral system. Mr. Harmon asked her to inform the group that the Alzheimer's Association has a system in place that is available 24/7 through the 800 number mentioned above.

III. **Welcoming Remarks**

Jane Fisher, Ph. D., Subcommittee Chair

Dr. Fisher welcomed all to the meeting, and asked participants to introduce themselves.

Dr. Fisher gave an overview of the work of the subcommittee thus far. She stated that the Driving and Dementia Subcommittee has been involved, since the last meeting, with activities focusing on gathering input from stakeholders including families, persons with a memory disorder, and professionals whose work puts them in contact with persons with dementia.

Dr. Fisher stated that today's meeting will focus on reports on those activities, and making plans to prepare for the TFAD meeting in October.

IV. **Updates and Discussion on Scheduling and Format of Town Hall meetings.** Report on outcome from the Winnemucca Town Hall meeting
Jane Fisher, Ph. D., Susan Longchamp, and Gini Cunningham

Gini Cunningham reported on the outcomes of the first town hall meeting which took place in Winnemucca. She indicated that Sunadda Woodbury, TFAD Support Staff, was present and had prepared notes which can be distributed to the group. (See Attachment A)

Ms. Cunningham stated there was impressive involvement by people in the community. The panelists included representatives from the City Council, the American Association of Retired Persons (AARP), the Sheriff's Office, the City Police, the hospital, the Senior Center, and caregivers. Ms. Cunningham commented that she extended an invitation to the DMV, but they declined, citing a conflict of interest. In sum, there were approximately thirty people in attendance.

Ms. Cunningham then provided a recap of the town hall meeting including introductions and comments by the panelists who were asked to state their role and the role of their organizations in regards to driving and dementia and her observations of the attendees' responses to the survey questionnaire that was distributed and collected during the meeting.

Ms. Cunningham conveyed that there is a high level of interest for training for law enforcement officers. This group of stakeholders is eager to gain more education and understanding so they can better assist those living with Alzheimer's disease and other forms of dementia. Ms. Cunningham said that she was putting together a laminated sheet on "Signs of Dementia" that these officers could use, and she planned to have further conversations with them to see how their needs for training could be met.

Ms. Cunningham reported that the Winnemucca City Police has a form that is available to anyone who wishes to report concerns about a person who should no longer be driving. This form is forwarded to the DMV for further action. However, she related that the biggest concern in Winnemucca is once the license is taken away, what transportation options would be available to these individuals? There is only one taxi in town, and the senior bus will not pick up someone who cannot navigate the bus on their own. The bus also runs during limited hours and only from Monday thru Friday.

Responding to a query from Dr. Fisher regarding the senior bus service, Ms. Cunningham commented that it is funded through a grant. A limitation to the service is the client must be able to get on/off the bus by themselves without assistance.

According to Ms. Cunningham, a question on liability during the meeting did not receive sufficient time for discussion. The topic is weighty and needs careful consideration. What happens if a caregiver or family has knowledge that someone shouldn't be driving anymore but doesn't do anything about it, then the person gets into the accident? Would those with prior knowledge be liable?

Another insight from the meeting involved the idea of bringing health care and other services into people's homes, which would be ideal for those who are homebound. EMTs could make a visit and provide in-home care. Meals on

Wheels could be an option. Additionally, adult day care is appealing to help occasionally relieve the daily burdens for families and caregivers.

Dr. Fisher remarked that one of the concerns in Washoe County for those who lose the ability to drive is these persons having to take public transportation without the aid of people who are familiar to them. Furthermore, those who are verbally-challenged would not be comfortable riding on the bus alone. There are both physical and emotional challenges that can be very stressful.

Dr. Fisher inquired about other transportation options families have been able to rely on besides the bus and taxi service. Ms. Cunningham stated that families are often left on their own to figure out solutions, with most relying on help from family members, friends, and neighbors. Ms. Cunningham relayed that RSVP has been able assist in the past, but the number of volunteers are very limited. Ms. Cunningham related that, after speaking with several individuals in the community, it is apparent that in a small town, neighbors should be able take care of each other and assist with these needs

Discussion ensued about which outcomes from the Winnemucca Town Hall Meeting may affect policy recommendations to the TFAD State Plan in the future. Ms. Cunningham commented that altogether people appreciated learning more about the work of the TFAD and the fact that the involvement and voices of people in Nevada are valued, especially in discussing a significant topic like driving and dementia.

Responding to a query from Dr. Reed regarding which specific issues may directly impact the recommendations the group may put together, Ms. Cunningham commented that the expansion of services to rural communities, identifying what funding sources are available, and improving Alzheimer's-related educational opportunities are significant issues.

Another concern is the report that there may be inconsistencies in the DMV evaluation process. From the town hall meeting, the senior center director shared that some of her clients told her that when they were denied a driver's license in Winnemucca, they could go obtain one in Lovelock. Ms. Cunningham also added that there also seems to be a lag time when a letter of concern is sent to the DMV from an individual or a doctor regarding an impaired driver. It may take some time for the record to get flagged while the person continued to drive without restrictions. Ms. Cunningham related a case involving a gentleman with noticeable impairments--couldn't sign his name, couldn't understand instructions, barely passed the vision test, and couldn't stand straight for the picture. Yet he was able to walk out of the DMV with a driver's license. His wife, who was his main caregiver, had hoped someone else would prohibit him from driving, yet that did not happen. Fortunately, he gave up driving on his own later on. In sum, many caregivers are looking to others for help when they feel unable to handle the situation on their own.

Dr. Reed commented that it's surprising that there are no established guidelines that all the DMVs could follow in the same manner. Dr. Fisher observed that ideally the same evaluation criteria should be used by all the facilities in Nevada. She remarked that there are plans to survey the DMV as well.

Discussion ensued regarding the questionnaires. Ms. Cunningham reported that many people did not want to disclose the fact that they had "dementia" or problems with driving. Dr. Fisher suggested that a script, emphasizing that the questionnaire is voluntary and anonymous as well as explaining the reasons for seeking the input, could be presented before the questionnaires are distributed. Ms. Cunningham commented that the word 'dementia' is often associated with a stigma, which people want to distance themselves from. She observed better responses from people when she explained that there could be many causes to driving impairments besides dementia.

Ms. Cunningham noted that there was also a mention about a physician who is employed by Elko County and the Guardianship Office and acts as the 'bad guy' who can assist families in determining whether a person should continue to drive or not. Dr. Fisher expressed interest in learning more about this individual's role and how his position is funded.

Discussion ensued about ways to better monitor time for panelists and public comments. Dr. Fisher commented that for the future town halls, more time should be planned for public input.

Responding to a query from Dr. Fisher regarding plans for future town halls in the rural areas, Ms. Cunningham related that extending invitations to the community through the newspaper, the radio, distributing flyers around town, sharing information by word of mouth, and personal invitations worked well. Explaining why participation is important to their town and to Nevada as a whole also made an impact. Ms. Cunningham stated that she is planning to do more visits and information gathering in Lovelock, Wells, and Elko in the future.

Dr. Fisher concluded that she and Susie Longchamp will work on revising the questionnaires per suggestions made and have them ready by the time Ms. Cunningham visits Lovelock on October 21st. Carlin is scheduled for the last Wednesday of October, and perhaps a visit to Wells will be in early November. Ms. Cunningham will also look into setting up something in Elko and Ely. Dr. Fisher stated that there is also possibility to hold a town hall in Carson City and involve people in the Gardnerville and Minden area as well.

Responding to a query from Dr. Reed regarding the synthesizing of information, Ms. Longchamp stated that she and research assistants in the Geropsychology Laboratory in the UNR Department of Psychology will be transcribing the audio

recordings of the meetings and entering all the data from the surveys into software for analysis.

V. Updates regarding surveys of DMV and EPS staff and law enforcement professionals

Jane Fisher, Ph. D. and Susan Longchamp

Ms. Longchamp stated that a questionnaire was developed for surveying social workers at Elder Protective Services (EPS). The questionnaire has been sent to Michele Knittle, Manager of Social Services for EPS, who will distribute the survey to the social workers and will return the responses when completed.

Dr. Fisher suggested contacting other social workers at the Aging and Disability Services Division for input, especially those who are involved in helping people stay in their homes and live independently. This would be beneficial and can expand the process to include a larger group of people who have contact with individuals who may have experiences concerning driving.

Ms. Longchamp reported that she contacted the DMV for information but has not received a response yet.

Dr. Fisher commented that a questionnaire has been formulated for law enforcement. She stated that there is training in Carson City scheduled for November 6th for the Sheriff's Office coming up, and they've agreed to have the deputies complete the questionnaire. Dr. Fisher and Ms. Longchamp will also follow up in Washoe County.

Dr. Fisher remarked that a representative from the Washoe County Sheriff's Office will be at the town hall meeting in Reno on October 19, 2015, and she plans to contact their office before the town hall. She will also make contact with the Clark County Sheriff's Office.

Responding to a query from Dr. Fisher regarding communications with law enforcement in rural Nevada, Ms. Cunningham replied that those in Lovelock and Battle Mountain were very interested in making connections. Fallon Police and Tonopah Sheriff's Department also expressed interest. Dr. Fisher emphasized that it would be very beneficial to understand what law enforcement is experiencing and what they feel the priorities should be, because in many instances they communicate directly with the families and make referrals to the DMV. They are typically on the frontlines in terms of contact with impaired drivers.

VI. Updates regarding input from healthcare professionals
Peter Reed, Ph. D.

Discussion ensued about the appropriate process for gathering data from health care providers. Dr. Reed inquired whether he should be developing a survey specific to the providers or not. Dr. Fisher explained that since doctors and nurses are often on the frontlines, not only with making diagnostic judgments, but interacting with families and persons with dementia around the issues of driving, they may be able to provide input on what these individuals are experiencing. She would like the data to be systematically gathered.

Dr. Fisher shared information from the outcomes of the California law pertaining to physician reporting. She stated that when a physician determines that someone is in the moderately-impaired range, the person is required to report to the DMV and that individual would automatically lose his/her driving privileges. On paper, that might make sense. However, an unintended consequence was people started to avoid seeing their physicians. Thus, this became a significant issue.

Dr. Fisher related that at the UNR Caregiver Support Center, they regularly encounter situations where families are very challenged by concerns about driving. They are counting on family physicians to tell their loved ones that they can no longer drive, because the family members have observed problems with their driving. The issue is there doesn't seem to be consistency among the methods of assessment by physicians, and often it is difficult for the providers to know how a patient may behave outside of the office.

In sum, it would be helpful to get input from physicians on:

1. What they're encountering
2. What they've found to be effective and ineffective in addressing concerns about impaired driving
3. What they would be willing to do if a recommendation were to be proposed in terms of procedure
4. Are physicians using the reporting mechanisms set up by the DMV consistently, which at this point are not 'required' but available?

Dr. Reed offered that he could develop an online survey, that could be easily distributed and administered, to address some of these questions. He also said that he could start with the key influencers to get some feedback, namely Dr. Steve Phillips, Dr. Charles Bernick at the Cleveland Clinic Lou Ruvo Center for Brain Health, others who specialize in this area, and primary care providers and internal medicine doctors at UNR.

Dr. Fisher commented that it would be beneficial to also reach out physician organizations in northern and southern Nevada. They meet on a monthly basis, and could be good target groups.

Ms. Longchamp also offered to assist with developing and administering the physician survey. She mentioned there is already an account set up. Dr. Fisher commented that Ms. Longchamp has also found a paper on a survey that was conducted with physicians regarding their encounters with elderly patients on issues with driving. This can be useful as a guide for developing questions for the survey.

Dr. Reed stated that he would like to have an additional meeting with Ms. Longchamp to work on the survey. He related that a big consideration will be determining the right people to solicit for feedback. Dr. Fisher recommended including nurses and nurse managers at internal medicine and neurology offices as well.

VII. Discuss Timeline for Drafting the Recommendations to the TFAD **(For Possible Action)**

Jane Fisher, Ph. D., Subcommittee Chair

Discussion ensued about a timeline for submitting the recommendations to the TFAD. Dr. Fisher expressed that since the next revision of the State Plan will not need to be submitted to the Governor until January of 2017, there will be a valuable amount of time allotted for gathering data and further investigating of empirical research on driving.

Dr. Reed proposed that a reasonable timeline might be:

1. Completion of the synthesizing of data and formulation of preliminary recommendations by June 2016
2. Distribution of the draft copies of the recommendations to TFAD members by August 2016
3. Final approval of the recommendations by November 2016

VIII. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.)

No public comment.

IX. Adjournment

The meeting was adjourned at 1:00 p.m.

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.