



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

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

Date and Time of Meeting: Wednesday, May 18, 2016
1:00 P.M.

Location: Sanford Center for Aging
Center for Molecular Medicine (CMM) Room 155
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: Jane Fisher, Ph. D. and Peter Reed, Ph. D.

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.)

No public comment.

III. Welcoming Remarks

Jane Fisher, Ph. D., Subcommittee Chair

Jane Fisher, Ph.D. stated that the goal of the meeting today is to evaluate data gathered in the past several months and begin drafting the recommendations to the Task Force on Alzheimer's Disease (TFAD).

IV. Approval of Minutes from the April 25, 2016 Meeting (For Possible Action)
Jane Fisher, Ph. D., Subcommittee Chair

Peter Reed, Ph. D., motioned for approval of the minutes from April 25, 2016. Dr. Fisher seconded the motion. Minutes were approved unanimously.

V. Report on Survey to Healthcare Providers
Peter Reed, Ph. D
Director
Sanford Center for Aging

Dr. Reed commented that the initial draft of the survey to health care providers was presented at the last meeting to solicit feedback from the subcommittee. As a result he learned about an article that had explored the issues of driving and dementia, using physicians' perspectives, which included effective survey tools. Dr. Reed was able to incorporate the information from the article into the survey he had drafted. He would like further input on the modified survey before recruiting the appropriate respondents.

Discussion ensued about shortening the length of the survey and how the survey should be presented electronically in terms of organizational affiliation. Dr. Fisher suggested that the introductory/instructions portion could include an explanation on the purpose of the survey being conducted on behalf of TFAD subcommittee. Dr. Reed added that it can be stated that this ongoing effort is being supported by the Nevada Caregiver Support Center and the Sanford Center on Aging.

Dr. Reed questioned what mechanism might be used to garner the feedback or input on the survey. Dr. Fisher responded that she will contact the Attorney General's Office to see what would need to be done. Dr. Reed suggested that Dr. Fisher can present the answer at the June 1, 2016 TFAD meeting.

Dr. Reed explained that, at present, the plan is to administer the survey through the Nevada State Medical Association. A board member has agreed to present the study. Right now, the survey is very much positioned as a physician's survey. If it were to be used for other health care providers, further modifications would need to be made.

Discussion ensued about the different options to present the survey, including:

1. Revise the survey to remove all references specific to "physicians" and change to "health care providers" to be more generic. Then distribute to

various groups of health care professionals and group the data together as one group.

2. Develop surveys specific to different professional groups.
3. Decide which particular group of providers to focus on and limit the scope to these groups.

Dr. Fisher said that often nurses and other non-physician personnel will spend more time discussing concerns with families, so their input would be critical. Dr. Reed stated that he could reframe the survey as generic to any health care providers, have it distributed right away to the physicians group, and then further explore how to disseminate the surveys to nurses. Dr. Fisher suggested that the faculty at the UNR nursing school could be helpful, along with the Nevada Nursing Board.

VI. Report on Information from the Insurance Industry
Jane Fisher, Ph. D., Subcommittee Chair

Dr. Fisher stated that a list of several insurance providers in the state was provided by Sally Ramm. Inquiries were sent to these parties to inquire what would happen should a client develop a neurocognitive disorder. Dr. Fisher was informed that there may be a clause in the insurance policy regarding health concerns, but further investigation would have to be done at the national level to learn more specific details about how the insurance industry addresses concerns about impaired driving.

VII. Update on Input from Law Enforcement
Jane Fisher, Ph. D., Subcommittee Chair

Dr. Fisher commented that she has a meeting with law enforcement professionals on June 10, 2016, and the survey will be disseminated then. She explained that the survey that was developed last Fall 2015 has been revised based on feedback received from a group in Carson City. The revised survey will be administered to other law enforcement agencies. Data needs to be collected in southern Nevada and the rural counties from police departments and Sheriffs offices.

The event on June 10, 2016 is a training for law enforcement professionals in rural Nevada.

VIII. Update on Input from Social Workers
Jane Fisher, Ph. D., Subcommittee Chair

Dr. Fisher reported that a summary of data from 12 social workers have been compiled as of May 12, 2016. However, additional data has arrived and will be added to update the summary, which will be shared at the next TFAD meeting.

Dr. Fisher commented that valuable input was provided by social workers from the Aging and Disability Services Division (ADSD), and much was gleaned from their responses.

IX. Update on Age-Friendly Community
Gini Cunningham
Community Volunteer

Gini Cunningham was not able to join the call, so her report will be deferred to another time.

Dr. Reed provided an overview of the outcomes from the Dementia Friendly Nevada meeting, hosted by the Alzheimer's Association of northern and southern Nevada, which took place on May 12, 2016. Dr. Reed said there were about 25 people present in the north, comprising various community representatives including law enforcement, clergymen, elder law attorneys, financial planners, and other stakeholders. The discussion was also transmitted through Telehealth services. A few individuals with Alzheimer's disease and their families were also present. A group called Dementia Friendly America, based in Minnesota, was invited to come facilitate the planning meeting with the goal to initiate conversations on what could potentially be done and how to structure ways to accomplish the goals and activities of the group. The objective is how to assist the community to be more responsive to the needs of individuals with Alzheimer's disease and other forms of dementia.

Dr. Reed stated if we're looking at age-friendly communities in this context of TFAD, it would make a lot of sense to bring the dementia-friendly discussion into that as well. As this initiative unfolds, perhaps a presentation could be made to TFAD.

Dr. Reed said he's planning on attending future meetings and as further developments arise, a better determination can be made for the appropriate time to present the ideas to TFAD.

X. Analysis of Data and Work Session on Draft of Recommendations to TFAD (For Possible Action)
Jane Fisher, Ph. D., Subcommittee Chair

Dr. Fisher stated that data is still being collected and received from several sources, including law enforcement and others, and plans to approach health care providers still need to be implemented. She suggested that it would be beneficial to work on an outline of items to be addressed in the recommendations. She proposed that she can draft a summary of what has been accomplished to date and have it ready to present to TFAD on June 1, 2016, with the understanding that there will be some topics that will be left open for discussion, which can be completed after more data is synthesized.

The outline of the presentation may include:

1. Begin with a summary of the priority of public safety being addressed by TFAD, with an emphasis that quality of life requires that an individual is physically safe.
 - Driving is one of the leading barriers to the safety of people with neurocognitive disorders to families and communities.
 - Given that quality of life is a priority, in terms of TFAD mission statement, it is critical to address the issue of driving and dementia.
2. Present a summary of the work of the driving and dementia subcommittee and the sources that are being used to inform the recommendations. Those data sources would include:
 - Town hall meetings.
 - Persons with neurocognitive disorders and their families.
 - Various professional groups including social workers, law enforcement, health care providers, Department of Motor Vehicles (DMV), the insurance industry, and advocacy groups, including AARP and the Alzheimer's Association.
3. Briefly summarize the data on the risks associated with impaired driving—the prevalence and incidents data in terms of accident numbers.
 - There is no direct data that speaks directly to persons with neurocognitive disorders, but there is data on the risks of fatal accidents among older adults—fatality rates associated with automobile accidents occurring with older adults.
4. Present a summary of information gathered from evaluation of the research on driving assessment.
5. Offer recommendations as the conclusion.

Dr. Fisher stated that, based on the discussions and data collected over the past several months, possible recommendations should address:

1. Implementation of a screening tool for first responders, which can be linked to a recommendation to provide training and education for first responders on how to use the screening tool.
 - If an individual meets the threshold on the screening tool, the first referral process could be established.
 - A second source of referrals could be physicians.
 - A third source of referrals would be referrals from other concerned parties.
2. Implementation of a standardized method of evaluation of driving competency for persons with dementia (with input from the DMV).
3. Dissemination of information on the driving and dementia issues to the public to increase awareness on services available.
 - Encourage physicians to provide information directly to persons who are diagnosed and their families so they can start thinking about these issues.

- Provide information and support to families on how to deal with issues of conflicts that may surface when they have concerns about the driving competence of their family member. (Many families reported struggling with these conflicts on the survey.) Address emotional challenges for families.
4. Development of infrastructure to support individuals who are no longer able to drive.
- Utilize Age-Friendly and Dementia-Friendly Community Models.
 - Explore alternative transportation options, including developments nationally.
 - Investigate internet-based support services such as grocery delivery, etc.
 - Encourage coordination of volunteer organizations to provide transportation and services.

Discussion ensued on possible ways to consolidate these important elements into concise recommendations. Dr. Reed encouraged strategically integrating the essential actions into one or two comprehensive recommendations. Dr. Fisher emphasized that the data gathered from various stakeholders demonstrated two overarching issues: 1) The current assessment system is not standardized. 2) Infrastructure is lacking, but needs are increasing.

Dr. Reed proposed forming two main recommendations with the following structure:

1. Create a standardized system for the identification of people at risk, for testing of their competence, and the follow-up necessary to ensure that the right steps are taken to maintain safe driving for people with dementia. Also assure the consistency of the application of the system.

Action steps may include:

- 1) The first responder assessment tool
- 2) Referral sources
- 3) Testing infrastructure and follow-up

2. Encourage establishment of infrastructure and services to support people who can no longer drive and increase awareness and dissemination of information about the services.

Action steps may include:

- 1) Alternative transportation options
- 2) Availability of standardized consistent resources to community members

Dr. Fisher agreed to put together the draft recommendations on behalf of the subcommittee to present to TFAD at the meeting on June 1, 2016.

- XI. Consider Agenda Items for Next Meeting (**For Possible Action**)
Jane Fisher, Ph. D., Subcommittee Chair

Dr. Reed suggested that outcomes from the June 1, 2016 TFAD meeting may facilitate better determination of future work timeline and action steps.

- XII. Discuss and Approve Next Meeting Date (**For Possible Action**)
Jane Fisher, Ph. D., Subcommittee Chair

The next meeting date will be discussed after the June 1, 2016 TFAD meeting.

- XIII. 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.

- XIV. Adjournment

The meeting was adjourned at 2:04 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.