

**Nevada Task Force on Alzheimer's Disease
State Plan Recommendations Planning Template**

**Suggested Revisions from the
Dementia Friendly Nevada Support Team**

Recommendation #1: Statewide Information and Referral System

TFAD Member Lead: Gini Cunningham

Determination: Revised/Updated

Suggested Revisions:

Already submitted suggested revisions during TFAD meeting on March 15, 2022.

DRAFT

Recommendation #2: Telehealth

TFAD Member Lead: Peter Reed

Determination: Revised/Updated

Suggested Revisions:

Support expanded access to telehealth services throughout the state to enhance brain health/risk reduction, early detection, diagnosis of dementia and ongoing care. Encourage the use of telehealth for both ~~persons~~ people living with dementia and family ~~caregivers~~ care partners to support well-being and access to care, especially in rural Nevada. Utilize the statewide information and referral system (Recommendation #1) to include telehealth providers for ~~persons~~ people living with dementia and connect to the network of telehealth providers, ~~providers convened by the Nevada CAN Geriatrics Telehealth Collaborative, and others~~ as applicable.

Indicators:

Monitor Telehealth projects across the state to determine if they are:

- Available and accessible;
- Being utilized effectively and efficiently; and
- Providing information/access to follow-up resources.

Review telehealth delivery data, including from Medicaid, Medicaid Managed Care Organization and Medicare Dual Special Needs Plans utilization data reports, to ensure better quality of life for ~~patients~~ people living with dementia and their ~~caregivers~~ care partners.

Potential Funding:

Grants, donations and/or gifts.

Specific sources may include:

- Older Americans Act (through ADSD)
- Other federal resources: US Health Resources and Services Administration (HRSA) Geriatrics Workforce Enhancement Programs (GWEP), currently in progress at UNR & UNLV); US DHHS Office of Science and Technology.

Recommendation #3: Cultural Competence

TFAD Member Lead: Tina Dortch

Determination: Revised/Updated

Suggested Revisions:

To help ensure successful processes and outcomes, advocates would benefit from engaging in non-stigmatizing, cultural sensitivity competency training, as well as proactive efforts to gain input from affected communities. Specific activities might include, without limitation:

- 1) Promoting implicit bias testing. Encourage personnel involved in public-facing engagements with the Alzheimer's dementia community to take implicit bias assessments;
- 2) Promoting listening sessions. Before developing campaigns, entities conducting outreach should engage Alzheimer's dementia community members to gauge impressions on aging services and healthcare experienced by its culturally-diverse and marginalized members; and
- 3) Promoting development and use of culturally-competent 'toolkits' as a resource to support entities providing awareness and outreach campaigns for the Alzheimer's dementia community.

These activities align with the understanding that person- and relationship- centered care involves non-stigmatizing, customized outreach approaches to address a multicultural population (i.e., reflecting differences in ability, generation, ethnicity/race, and sexual orientation/gender identity). Adopting this approach has been shown to increase a person's receptiveness to outreach efforts, improve the quality of their care and minimize their experienced health disparities.

Indicators:

- Monitor number of created, adopted, and disseminated culturally- sensitive-competence training programs and toolkits, including progress and implementation of Nevada SB 364 and SB 470 (2019).

- Monitor number of service providers that report having participated in cultural-sensitivity-competence training.

Potential Funding

Grants, donations and/or gifts.

Specific sources may include:

- National Resource Center on LGBT Aging;
- US Department of Health and Human Services (US DHHS) Office of Minority Health
- Nevada Department of Health and Human Services (NV DHHS) – ADSD Collaboration with different cultural and ethnic focused organizations.

DRAFT

Recommendation #4: Outreach to Physicians

TFAD Member Lead: Chuck Duarte / Tina Dortch

Determination: Revised/Updated

Suggested Revisions:

Continue to support collaborations between medical professionals and medical associations to adopt and promote use of best-practice diagnostic guidelines for ~~Alzheimer's disease and other forms of~~ dementia (such as utilization of validated clinical assessment tools, guidance and toolkits such as the KAER toolkits developed by Gerontological Society of America, and online trainings), to increase access to quality care and to encourage participation in available clinical trials/studies. Support consistent, meaningful, and effective communication between these medical professionals and community-based service organizations, including bi-directional referrals to clinical and community-based resources.

Specifically, support statewide partnerships and collaborations to increase access to early diagnosis of ~~Alzheimer's and other~~ dementias, and to expand dementia care education across primary care practices and health systems in Nevada. These initiatives will include, but are not limited to, the HRSA GWEPs through the UNR and UNLV ~~S~~schools of ~~M~~medicine, the UNR Med Sanford Center for Aging, Project ECHO Nevada, the Cleveland Clinic Lou Ruvo Center for Brain Health, the UNR Dementia Engagement, Education and Research (DEER) Program's Dementia Friendly Nevada initiative, ~~as well as the partnership between and~~ the Alzheimer's Association, ~~and the Nevada Division of Public and Behavioral Health (DPBH).~~

Indicators:

Data gathered through the CDC Behavioral Risk Factor Surveillance System (BRFSS) survey modules on subjective cognitive decline and caregiver burden. Alzheimer's Association physician referral data reports, and other

data on early detection/diagnosis, as available. To the extent practicable, NV DHHS will track and report Nevada-specific data related to the goal established in Healthy People (HP) 2030: Improve health and quality of life for people living with dementia, ~~including Alzheimer's disease~~. In addition, the Department shall report data for the following HP 2030 Dementia Including Alzheimer's (DIA) objective:

DIA-3: Increase the proportion of adults aged 45 years and older with Subjective Cognitive Decline (SCD) who have discussed their confusion or memory loss with a health care professional.

Data specific to Nevadans in the age group associated with DIA-3 is collected at least biannually by NV DHHS using BRFSS cognitive decline module. The module is a six-question survey used to determine how cognitive decline affects individuals age 45 and older in performing activities of daily living including caring for themselves.

Potential Funding:

Grants, donations and/or gifts.

Recommendation #5: State Match Program for APRNs

TFAD Member Lead: Dylan Wint

Determination: Retained as is

Suggested Revisions:

Support the establishment of a state match program between the NV DHHS, collaborating with the State Board of Nursing, and federal partners. This match program is intended to address the state's health provider shortage in rural and frontier communities. Match money, which could be offered as loans or scholarships, would be made available to APRNs, who commit to the specified loan or scholarship terms and required service provisions as they relate to providing health care services to underserved rural and frontier areas in Nevada.

Indicators:

Primary Care Workforce Development Office, NV DHHS, working with the State Board of Nursing, would monitor the number of APRNs serving underserved rural and frontier areas in Nevada.

Potential Funding:

Grants, donations and/or gifts.

Specific sources may include:

- HRSA grants;
- State appropriations.

Recommendation #6: Residential Long-term Care

TFAD Member Lead: Jennifer Carson

Determination: Revised/Updated

Suggested Revisions:

Continue to review current funding and new funding streams to support the development of quality residential long-term care options for people living with ~~Alzheimer's disease and other forms of~~ dementia in Nevada. Develop, launch, and sustain a statewide committee, convened by the Nevada Long-Term Care Ombudsman Program, focused on identifying and implementing long-overdue reforms necessary to improve the quality of long-term care to better support the health and well-being of all residents, including residents living with dementia. Ensure adequate resources for the Ombudsman program to provide education to residents, family care partners and long-term care staff about resident rights and appropriate channels for reporting abuse, neglect, and exploitation. Engage the statewide committee in developing a set of quality indicators for dementia care and support in long-term care. Provide funding or incentives to encourage long-term care providers to increase capacity for placement of and ability to provide person-directed and relationship-centered care for individuals living with ~~Alzheimer's disease and other forms of~~ dementia. Also emphasize person-centered planning that helps ~~promote well-being and preserves dignity, as well as helping~~ residents, their families, and caregivers staff, feel and experience respect, dignity, support, valueself-worth, empowerment, well-being, and inclusion in everyday community life.

Align Nevada's dementia care training requirement with the nation's highest standards for long-term care staff education (e.g., see Washington State's dementia care training requirement). Encourage Mandate and enforce the identification, adoption and implementation of established, evidence-based and evidence-informed, person- and relationship-centered dementia care training recommendations and training programs, including

but not limited to: the Nevada Department of Veterans ~~(NDVS)~~ Services ~~(NDVS)~~ Bravo Zulu program, Alzheimer's Association Dementia Care Practice Recommendations, Dementia Action Alliance/Eden Alternative's Raising the Bar practice guide, and others as appropriate.

In addition, require long-term care staff attend annual continuing education that emphasizes the importance of treating co-morbidities, addressing injury risks, utilizing public health guides for emergency preparedness and emergency response (such as those developed by and available through the CDC), and attending to behavioral health needs among residents living with dementia while supporting an increase in accurate diagnoses and providing effective care planning.

Indicators:

- Monitor the number and quality of dementia care and support options within Nevada's of long-term care options for persons with Alzheimer's disease and other forms of dementia across the state, as well as success of long-term care dementia training programs as noted in the recommendation communities in accordance with the quality indicators developed by the statewide committee.
- Successful implementation of an expanded dementia care training requirement for long-term care staff.
- Monitor the workforce capacity and anticipated demand for long-term care services needed to support the growing number of Nevadans living with dementia.
- Evaluate the enforcement and success of continuing education for long-term care staff in accordance with the above recommendation.

Potential Funding:

Grants, donations and/or gifts.

Specific sources may include:

- Medicaid expansion through Home- and Community-Based Services Waiver;
- ~~Expansion through the DHHS Behavioral Rate for skilled nursing facilities;~~
- Increased supplemental SSI rate;
- Tax incentives;
- Civil monetary penalty funds;

DRAFT

Recommendation #7: Caregiver-Care Partner Support

TFAD Member Lead: Chuck Duarte

Determination: Revised/Updated

Suggested Revisions:

Provide caregivers-care partners with information about and access to evidence-based and evidence -/informed education, support services, and resources to:

1. Promote knowledge and understanding of Alzheimer's disease and other forms for dementia;
2. Increase understanding of effective care-partnering approaches to care-and support people living with dementia;
3. Provide and expand respite services for family and informal caregivers-care partners of persons-people living with dementia; and
4. Enhance caregiver well-being Emphasize the importance of maintaining care partners' health and well-being.

These services include, but are not limited to, family care consultations, solution-focused caregiver-care partner support groups, educational programs and services (including those focused on the proactive promotion of family care partner health), and respite programming and evidence-based programs as included in the Nevada Dementia Supports Toolbox.

Support efforts to promote and fund comprehensive caregiver-care partner education and services that are provided by many organizations, including, but not limited to: AARP, Alzheimer's Association, Catholic Charities, ~~the~~ Cleveland Clinic Lou Ruvo Center for Brain Health, UNR DEER Program, NDVS, Nevada Senior Services, UNR Nevada Caregiver Support Center and UNR Med Sanford Center for Aging.

Improve access to support services and programs by sustaining a statewide information and referral system (Recommendation #1) for family care partners and people living with dementia. Broaden the eligibility requirements and grant funding for these programs so that more families may benefit regardless of financial status or age.

~~Broaden the eligibility requirements for programs and grant funding so that more families may benefit from them regardless of financial status or age.~~

Support the Dementia Friendly Nevada initiative and the work of ~~the state's~~local Dementia Friendly Nevada Community ~~Action~~ Groups, ~~throughout Nevada.~~

~~Improve access to support services and programs by sustaining a statewide information and referral system (recommendation #1) for families, caregivers, and individuals with Alzheimer's disease and other forms of dementia.~~

Indicators:

- ADSD and DPBH will track and compile data collected from their respective funded programs.
- ADSD and DPBH will annually monitor program availability, waitlists, number of consumers/clients served, and hours of caregiver care partner support services provided through ADSD-funded programs.
- ~~Key partners and other d~~Dementia-related organizations ~~that are~~ working in alignment to support these efforts will also be asked to report on service delivery and outcomes from caregiver care partner support programs.

Potential Funding:

Grants, donations and/or gifts.

Specific sources may include:

- Fund for a Healthy Nevada;
- ~~Retired and Senior Volunteer Programs (RSVP);~~

- Older Americans Act Funding (through ADSD);
- The Alzheimer's Association.
- CDC BOLD funding (through DPBH)
- Administration for Community Living (ACL)

DRAFT

Recommendation #8: Dementia Training

TFAD Member Lead: Jennifer Carson/Chuck Duarte

Determination: Revised/Updated

Suggested Revisions:

Align Nevada's dementia care training requirement (NRS 449.094) with the nation's highest standards for long-term care staff education (e.g., see Washington State's dementia care training requirement). Mandate and enforce the implementation of new or established evidence-based and evidence-informed person- and relationship-centered dementia care training recommendations and training programs, including but not limited to: the Nevada Department of Veterans Services' (NDVS) Bravo Zulu program, the Alzheimer's Association Dementia Care Practice Recommendations, Dementia Action Alliance/Eden Alternative's Raising the Bar practice guides, and others as appropriate.

~~TFAD encourages the State of Nevada to identify, adopt, and/or develop, a consistent, high-quality, comprehensive dementia training program that aligns with NRS 449.094 requirements and current national practice recommendations. This~~ Such training programs should be made available to all residential, long-term care, and community-based aging services organizations through leveraging key partners to ~~encourage and~~ implement and evaluate the program in-person and/or online trainings., including ~~program delivery and evaluation.~~ Evaluation efforts should include assessment of core competencies.

Indicators:

- A high-quality, comprehensive dementia training program is identified or developed and made available to all residential and community-based aging services statewide.
- The identified or developed program is encouraged by key partners.

- The program is adopted and implemented by an increasing number of residential and community-based aging services over the plan's two-year period.

Potential Funding:

Grants, donations and/or gifts.

Specific sources may include:

- State appropriation and/or state grants for the proposed dementia training initiative.

DRAFT

Recommendation #9: Volunteers

TFAD Member Lead: Gini Cunningham

Determination: Revised/Updated

Suggested Revisions:

Promote collaboration between various organizations including non-profits, service organizations, healthcare institutions, faith-based organizations and universities, which have existing programs, education, and practices that address ~~Alzheimer's disease and other forms of~~ dementia, to recruit and train volunteers in delivering support programs and services, while providing the necessary infrastructure and support to volunteers to ensure their effectiveness. This commitment to education and outreach needs to include rich and abundant train-the-trainer models that permit and encourage volunteers to share knowledge, information, tools and resources in communities while finding, recruiting, and training local residents to continue to learn more about ~~Alzheimer's disease and other forms of~~ dementia. Increased outreach and personal connections among volunteers and community members will help de-stigmatize and reduce fear and misunderstanding associated with dementia through open-conversations and reliable information.

In supporting age- and dementia-friendly communities, volunteers will learn how to promote each person's well-being, as well as preserve their personal dignity and respect in everyday community life. It is essential to dispel the myth that volunteers lack the knowledge and capabilities to fulfill this critical role.

Ensure volunteers have access to the most current, reliable information about brain health and the best available evidence on dementia care-partnering practices

Indicators:

- Monitor and correspond with non-profits, service organizations, healthcare institutions, and universities that recruit volunteers to learn the number of volunteers recruited, the types of training they offer and how many volunteers they train, as well as to track key services being provided.
- Determine which additional trainings and services might be needed to expand volunteer education and opportunities.

Potential Funding:

Grants, donations, and/or gifts.

DRAFT

Recommendation #10: Awareness of Dementia and the Legal Profession

TFAD Member Lead: Susan Hirsch

Determination: Revised/Updated

Suggested Revisions:

Awareness of ~~Alzheimer's disease and other forms of~~ dementia is crucial to effective representation of legal services clients. Their need to be protected from exploitation includes, but is not limited to, such areas as: estate planning, guardianship, decision-making and advanced care planning. Students entering law-related professions, including, but not limited to, attorneys, paralegals, and related careers should be offered, through their course of study, opportunities to learn, discuss, and consider the specifics of ~~Alzheimer's disease and other forms of~~ dementia. This includes, but is not limited to, professional responsibility for effective representation of clients with capacity issues and estate planning for clients, who are at risk of exploitation, undue influence, or capacity concerns.

After completion of course study, licensed professionals are urged to pursue continuing legal education (CLE) in the area of ~~Alzheimer's disease and other forms of~~ dementia. The State Bar of Nevada (the licensing entity for Nevada attorneys), the Board of Continuing Legal Education, as well as trade associations, such as the Washoe County Bar and Clark County Bar Associations, are encouraged to promote awareness and education related to ~~Alzheimer's disease and other forms of~~ dementia. These CLE programs would provide legal professionals with ongoing education about recent developments, research, and treatments about ~~Alzheimer's disease and other forms of~~ dementia, including, but not limited to, application to issues of independence, decision making, and advanced care planning. Further, TFAD supports the offering of CLE credits for dementia-related, medically-based courses for legal professionals that could satisfy ethics credits for these licensed professionals.

Indicators:

- Increased number of quality educational opportunities, both pre- and post- professional education or training, which are offered in schools of post-secondary education and increased number of students who complete this coursework.
- Syllabus or other information related to topics covered at UNLV's William S. Boyd School of Law related to encouraged topics of concern.
- CLE offerings in the topic area, as well as data on professionals, who have taken such training to complete requirements or to advance ongoing education.
- Determine number of courses offered to interested stakeholders by qualified members of the legal community.

Potential Funding:

Grants, donations and/or gifts.

Specific sources may include:

- State appropriations to higher education.

Recommendation #11: Hospital Transitional Care Practices

TFAD Member Lead: Peter Reed

Determination: Revised/Updated

Suggested Revisions:

Ensure high quality hospital-to-community (i.e., home and long-term care) care transitions programs are available to ~~persons~~ people living with dementia and their ~~caregivers~~ family care partners, with key elements including: care/discharge planning, care management and associated tools, information on community resources, wrap-around services, ~~and~~ periodic follow-up check-ins and assessments, strategies for living well with dementia, and dementia self-management. One such program specific to Alzheimer's and dementia currently available in Southern Nevada is Nevada Senior Services' Hospital-to-Home program. Another relevant resource is the *Community Paramedics* program (active in Humboldt County).

To explore new innovations, as well as expand and support existing efforts, the NV DHHS should investigate federal funding opportunities through the Centers for Medicare and Medicaid Services (CMS) and the CMS Innovation Center, as well as others. Opportunities to support more widespread use of ~~a~~ care transitions programs should be explored by seeking and establishing key partnerships within Nevada's healthcare system and identifying available resources. Efforts should be taken to mobilize continuing education programs designed to build medical providers' understanding of the importance of care transition planning and their skills in convening interprofessional teams of providers to counsel patients at the time of discharge.

Hospital-to-community care transitions programs should emphasize the essential role of family care partners and support the development of care transition plans that support family care partner health and well-being.

New and existing programs should be evaluated to determine program accessibility, effectiveness, and impact.

Indicators:

- Monitor the number of care transitions programs available across Nevada’s counties, including those connected to rural hospitals, such as the Community Paramedics program.
- Monitor the number of continuing education programs for Nevada medical providers that discuss the importance of care transition planning.
- Evaluate new and existing care transitions programs.
- ~~Monitor the ongoing process and impact data of the Hospital-to-Home program, with updates from Nevada Senior Services.~~

Potential Funding:

Grants, donations and/or gifts.

Specific sources may include:

- Collaboration within DHHS, including between ADSD, Division of Health Care Financing and Policy (DHCFP), DPBH, and other appropriate State agencies;
- Federal innovations and funding opportunities.

Recommendation #12: Veterans and Their Families

TFAD Member Lead: Jennifer Carson/Chuck Duarte

Determination: Revised/Updated

Suggested Revisions:

Support the continuation and creation of initiatives to offer culturally appropriate services to older veterans by all aging services organizations across the state. TFAD encourages programs relating to veterans living with dementia and their families, including the ongoing implementation of the Bravo Zulu: Achieving Excellence in Relationship-Centered Dementia Care program for professional and family ~~caregivers~~care partners. Such education programs should include robust information on modifiable risk factors of dementia and the role that lifestyle can play in reducing risk and supporting well-being supporting people living with dementia in living well.

Further, promote the continued viability and quality of care being offered by Nevada's two ~~V~~veterans' ~~H~~Homes, both in Northern Nevada and Southern Nevada.

Indicators:

- Monitor the implementation of veteran-focused dementia programs, Bravo Zulu and the services being offered by Nevada's Veterans' Homes.
- Ensure the Nevada Legislative Interim Committee for Seniors, Veterans and Adults with Special Needs receives updates, as appropriate.

Potential Funding:

Grants, donations and/or gifts.

Specific sources may include:

- NDVS;

- Federal sources.

DRAFT

Recommendation #13: Driving and Dementia

TFAD Member Lead: Dylan Wint

Determination: Revised/Updated

Suggested Revisions:

Support the standardization of the system of driver evaluation. Improve the infrastructure, services, and support for ~~persons~~ people living with dementia whose driving ability may be compromised, including education for people living with dementia about applicable laws and restrictions. This includes developing and implementing:

1. A uniform set of evidence-based screening tools for healthcare providers, first responders and ~~caregivers~~ care partners;
2. A standardized evidence-based evaluation tool for use by the Department of Motor Vehicles (DMV); ~~and~~
3. -Dissemination of information regarding driving and safety for ~~persons~~ people living with dementia as well as development and delivery of relevant training to help support healthcare and DMV professionals; ~~and~~
- 3.4. Development of suitable alternatives to support the free mobility of people living with dementia who cannot or do not drive.

Information disseminated should convey how to address the multi-faceted needs and concerns of ~~persons~~ people living with dementia and those who care for them. Specific information should include signs that an individual's driving ability might be compromised and how to access relevant resources to address this concern. Information should also be available regarding ways to support the retention of thinking skills important to driving through lifestyle modifications. Such information should be available on the DMV websites, as well as be distributed in printed materials to healthcare and social service providers, first responders, ~~families,~~ caregivers care partners and the public. Engage healthcare providers and first responders to evaluate the utility of the recommended ~~screening~~ evaluation tools.

Promote age- and dementia-friendly communities, which provide alternative transportation resources, through volunteerism and public-private partnerships, to maximize an individual's independence and assure public safety. Interprofessional teams of providers can assist people living with dementia and family care partners in planning for their transportation needs, including utilizing available resources, when a decision is made—either through shared negotiation or revocation of license following evaluation—that a person living with dementia is no longer able to drive independently.

Indicators:

- Communicate and coordinate with the DMV to ensure their awareness of needs and resources.
- Monitor input from healthcare providers and first responders about the utility of recommended screening-evaluation tools.
- The DMV will monitor the number of accidents and fatalities and collect data on: the age of drivers; the number of referrals by health care providers, first responders, and caregivers-care partners to the DMV; and the number of evaluations conducted by the DMV following referral.
- NV DHHS will facilitate the distribution of informational materials related to driving and dementia, and will explore how the distribution of information can be expanded and/or improved over time.
- NV DHHS will monitor the number and usage of alternative transportation resources and provide this data to TFAD.

Potential Funding:

Grants, donations and/or gifts.

Specific sources may include:

- Federal funding;
- DMV;
- NDOT;

- Regional Transportation Commission (RTC);
- ADSD.

DRAFT

Recommendation #14: Community Awareness

TFAD Member Lead: Tina Dortch

Determination: Revised/Updated

Suggested Revisions:

Promote dementia- friendly community awareness programs which are designed to increase knowledge, understanding and access to brain-health- and dementia-related information and supportive resources. Awareness programs serve to reduce stigma and dispel myths and stereotypes around a diagnosis of dementia, engage care partners and offer support to individuals-people living with dementia in living well over the course of their illness. These programs should also provide information to enable those people affected by dementia to become partners in the search for effective therapies through participation in research, evidence-based interventions and clinical trials.

Dementia friendly community awareness programs may include, but are not limited to:

1. Promotion of strategies for living well with dementia.
- ~~1.2.~~ Initiatives to promote brain health for all individuals-people and reduce risks associated with modifiable lifestyle factors;
3. Helpful resources to support people living with dementia and care partners in developing effective communication strategies;
- ~~2.4.~~ Overview of dementia, including prevalence, types, early symptoms, diagnosis treatment, and course of illness, along with information about the benefits of early detection and diagnosis;;
- ~~3.5.~~ Community resources, educational programs and social services including evidence- based programs to support for individuals people living with dementia and care partners;
6. Highlight Opportunities for individuals-people living well with dementia to advocate for their own well-being and participate in meaningful engagement in community life;

- 4.7. Educational resources to support family care partners in fostering their own health and well-being;
8. Educational resources to increase awareness about research opportunities and benefits of clinical trials with special consideration for those in underserved, minority communities; and-
- 5.9. Information to help people living with dementia, family care partners, and community members recognize the signs of abuse, neglect, and exploitation, along with resources to access in such cases.

The target audience for community awareness programs includes individuals-people living with dementia, family care partners, professional care partners, businesses, faith-based communities, first responders, government agencies, social service organizations, community groups and any other interested individuals. Programs promoting community awareness are offered statewide by various organizations and groups including, but not limited to, Dementia Friendly Nevada ~~Community Action Groups~~, Alzheimer's Association, Cleveland Clinic Lou Ruvo Center for Brain Health and the University of Nevada Reno's (UNR) Dementia Engagement, Education, and Research (DEER) Program. Various outreach strategies can be used to promote these programs such as broadcast/print interviews, articles in newspapers/magazines/websites and postings on social media sites. The Dementia Friendly Nevada website promotes community awareness programs scheduled in various communities statewide and offered online, and offers resources for brain health promotion.

In addition to promoting community awareness about brain health and dementia within the broader community, it is important to ensure adequate opportunities to learn about brain health and dementia across the Nevada System of Higher Education at both the undergraduate and graduate levels. Such learning opportunities could be supported through better integration

of core concepts within a variety of different disciplinary curricula and the development of new gerontology degree programs.

Indicators:

- Monitor the number and types of dementia-related community awareness presentations including, but not limited to, those listed on the Dementia Friendly Nevada website and offered through Dementia Friendly Nevada Community ~~Action~~-Groups, UNR Sanford Center for Aging, The DEER Program, Alzheimer’s Association and Cleveland Clinic Lou Ruvo Center for Brain Health.

Potential Funding:

Grants, donations and/or gifts.

DRAFT

Recommendation #15: Organizational Outreach

TFAD Member Lead: Susan Hirsch/Tina Dortch

Determination: Revised/Updated

Suggested Revisions:

~~Encourage the business, government, social service, and non-profit sectors to~~
Engage all sectors of community (including but not limited to healthcare, faith-based communities, law enforcement, retail, restaurants, government, and long-term residential care and senior living) in:

1. Incorporating brain-health- and dementia-related information/resources into existing employee assistance programs to offer specialized assistance to ~~individuals~~ people living with dementia and care partners;
2. Offering dementia awareness programs to their employees, including, but not limited to, Dementia Friends, Dementia Friendly Community Awareness Training (CAT), ~~and~~ Alzheimer's Association Education Programs, and education programs through the Cleveland Clinic Lou Ruvo Center for Brain Health;
3. Promoting education regarding brain health, and dementia risk reduction, and living well with dementia initiatives; and
4. Developing partnerships with ~~statewide-local~~ Dementia Friendly Nevada Community Action Groups and/or the statewide Dementia Friendly Nevada Initiative.

Indicators:

- Monitor dementia-~~friendly~~ activities within, and collaborations between with businesses, government agencies social service organizations and not for-profit entities entities in diverse community sectors.

Potential Funding:

Grants, donations and/or gifts.

Specific sources may include:

- Employers and employer organizations.

DRAFT