

Dementia Friendly Nevada Notes

Sector Group

- Southern Nevada
- Northern Nevada
 - First step was to identify who we are, what can we do today, what are the needs today?
 - Identified individual sectors, finance, religion, healthcare
 - Looking for training regarding communication and interactions with dementia patients – what works and what doesn't within our sectors?
 - Tailor training to specific sectors based on what works for people with dementia
 - High level step – train trainers within sectors to carry out training within their sector
 - To move forward we need volunteers and access
 - Who else do we need? People who have influence – chamber of commerce, rotary
 - Trainers – Alzheimer's association
 - Organizations have to be willing to partner with each other to make sure information is useful and sector specific.
 - Sector training – as we develop trainings it would be helpful to draw on knowledge of the "State action" team to review training
- Pahrump

Community Group

- Southern Nevada
 - Albert – begin with awareness building, educating people about the disease, engage people in the community
 - Identifying leaders we need to engage - city reps, mayors of Henderson and Las Vegas, start talking about what it takes to create DF community
 - Share information with different organizations, veterans, rural areas, different consortiums.
 - First step – build up task force of people in the room who will participate in dementia friendly development. Set a monthly date to meet and develop the program and then proceed with action steps
 - Use task force to do awareness, education, engagement, and outreach; encourage local communities to take action as well.
 - Leanne – create steering committee with stakeholders, patients and caregivers, important to put a face to the disease, create robust PR campaign to bring the stories to the public. Engage state government to get legislation passed to incentivize business to create dementia friendly businesses. Similar to ADA regulations.
- Northern Nevada
 - Organize locally, grassroots organizations that are already working together
 - High level action steps – media support, grant support, senior centers
 - First next step – take information to at least one person or one group to start a grass roots movement
 - What do we need most? People with passion and commitment, money (incentives); show people the benefits, put a face to the disease, incentivize businesses

- What else do we need? A really clear message.
 - Q – Any conversation who could be a fiscal agent (if money is involved)?
 - Q – How can an action team receive funds through fiscal agent with different agendas?
 - A – Use fiscal agent who is totally unaffiliated.
 - A – Minnesota had collaborative of agencies and one stepped forward to be a fiscal sponsor/agent; could get grants; some groups identified community based organizations as fiscal agent.
 - A – Keep out of states hand because of beau racy.
- Importance of local action, but well connected across the state; statewide network with localized action groups; state action team is guided by a small team of champions who work together, including someone living with dementia, funded coordinator role to serve as a convener and a helpful resource; bridging sector teams and local action teams; take advantage of every level of coordination that we can; State action team should not be aligned with a single organization.
- High level action steps – first take stock of who is here today, who is represented, what communities are represented, address gaps of who is not here.
- Who else do we need? We don't yet know; identify gaps in representation
- Resources – look at sectors and their resources and not rely on the same people we have always relied on, new funding; local and state level.
- State action team is made up of local action team reps and people who are in room today.
 - Q – What does term “elder” mean? Means people who are living with dementia (expert).
 - Keep meeting schedules dementia friendly.
- Pahrump
 - Susan – first next step – is there community buy-in? radio/tv show where people can call in , newspaper survey, awareness/engagement process
 - What is needed most to move forward –community buy-in
 - Who else do we need? VA Clinic, medical group, hospitals, hospices, banks, gov, law firms, senior centers
 - Made a list of people in community that need to buy in, develop collaborative action team
 - High level action steps – ask presidential candidates about dementia friendly America, state officials, county officials, get community to recognize importance of this
 - Local community input
 - Social media avenues to see if there is community by in (FB, Twitter, etc.)

State Action Team:

People in the room, champions from local action teams, they have a specific set of roles and responsibilities, one org would serve as a fiscal agent, guiding group for the work, have a coordinating function (paid coordinator), role to ensure sector training occurs, first through a centralized source.

Comments:

Local action teams should have reps from each sector and those sectors are on state action team, collaboration between all action teams.

What do you need to do to make sure something happens after today?

- Outreach to groups you want to involve to identify stakeholders.
- Know who's already in the room.
- Is there a group that will keep the ball rolling and make sure next steps are being done?
- Services and sectors are not state oriented so maybe start with regional groups and convene and discuss what is doable in the community/state.
- Sectors go back to organizations to see what they can do and who else they need to involve. This would be the starting point for change.
- Grassroots will get the job done faster than top down. But call to action is needed.
- Question - are local action teams going to be formed per the project that have their own action teams? Answer – invite existing coalitions to engage and not create new ones, pick objections and get started.
- Local action team means local community.
- Local action teams should share resources.
- State action team is a place to go for resources and who convenes the meetings, plays a supportive role.
- Do other states have a state coordinator? Yes, some states have a state coordinator, paid position from a federal grant, Minnesota did not have a state coordinator, they had a guiding coalition, and state was a partner.
- Jacob - Everyone commit to go back to their org and identify something they would like to accomplish, he will follow up to reconvene. Wants feedback from other people in organizations who could not be here today. He would like to schedule a follow up meeting but does not want to filter everyone's suggestions, he wants collaboration from everyone in the room and another opportunity for everyone to be together to share ideas and next steps.
- Leanne - Remember to look at diversity and be inclusive.
- Natural next steps? Start locally with own organizations first and see what team emerges from that for the state action team.
- Look at organizations that are trans locational (Cleveland Clinic, Alzheimer's Association, UNR)
- Olivia – Administration on Community Living will release an RFP that is around dementia capability, possible grant money
- Center for Healthy Aging could be a neutral fiscal agent.
- Next meeting? Virtual meeting, who should be here, 2 hour meeting, video conferencing? Send out reflection questions before next meeting to bring to share.
- What questions do you want to ask to local communities, organizations for next meeting?
 - What do we want to see in effect immediately - priorities?
 - What do you think (of DF Nevada, and steps we outlined in this meeting)?
 - What can we commit as organizations?
 - What do you think about our organization becoming more dementia friendly?
 - What values are we guided by?

What is our timeline? Wednesday, June 15th, 8am-10am, Location TBD

Group to have conference call if RFP comes out – Jacob, Albert, Leanne, Peter, Jennifer