

Dementia Friendly Southern Nevada Community Meeting
2/15/19 Cleveland Clinic, 9AM-11AM

Host: Cleveland Clinic

Attendance:

Nicole Hanna, Carlos Leon, Kimberly Stokes, Maria Rodriguez, Theresa Yanni, Theresa Minifield, Verla Niebuhr, Danylle Hitchen, Jennifer Poole, Randy Bolsinger, Dennis Kesner, Kathy Kesner, Robert McNaul, Azaria Williams, Vikki Kempker, Deondre Harris, Gina Jolliff, Barbara Payne, Susan Farris, Ericka Shipley, Alonzo Thornton, Kate Ingalsby, Cory Lutz, Shannon Blackerby, Tabitha Goodall, Jocelyn Acevedo, David Nichols, Sandra Miner, Dora Tompkins, Jasmine Sligh, Derrick Montemayor, Susan Hirsch, LeeAnn Mandarino, Isaac Santa Ana, Marwan Sabbagh

Meeting Notes:

Introduction

Vineyard Virtual Training

- Support Groups
- Virtual Dementia Training
 - Takes 8 minutes per person, 20 minutes whole process.
- Lunch and Learn
- Part of training staff
- Education
- Memory Screenings
- Movement and aroma therapy
- Tai Chi, mobile and independent

Dr. Marwan Sabbagh

- Difficult conversations with Alzheimer's
 - Diagnosis
 - Driving
 - End of Life, hospice care, stopping the medications
- How things are going in the home?
 - Interview the caregiver.
 - Let's work with the social workers.
- Good quality care, Innovation.
- Publications: The Alzheimer's Diet. The Alzheimer's Answer. Fighting for My Life.
- How to get doctors to refer to neurologist?
 - Primary care physicians have 36 months of training, one month of neurology, one day of dementia exposure. Blood test, thyroid, B12, MRI. Training structure do not make physician
 - Create a certification course for physicians on Dementia.
- How to get doctors more comfortable with addressing dementia?
 - There are a lot of CME courses. Online webex. People have deeply held notion that we cannot treat dementia. Unmotivating doctors. We can diagnosis Dementia with tremendous accuracy.
- How to access driving capabilities?
 - If we cannot come to a peaceful consensus, doctor orders a driving test.
- Sometimes caregiver is overlooked.

- Partnering with memory care facilities? There is a lot of research around respite, we find that memory care facilities are heading the hospital instead of respite.
 - Great idea!
 - Care path makes sense, but has not been completed yet.

Dementia Friendly: How to become more active?

- Hiring and scheduling, to get schedulers more involved.
- Communities are involved in sector groups.

Key priority areas

1. Engagement of people living with dementia and caregivers
 - Having more people with dementia in our group. To guide our strategies. We want active engagement.
2. Resource connections
 - People have trouble accessing resources. 211 system. ADRC, ADSD, Nevada Care Connection. Resource notebook.
 - When people call 211, do they need the questions to ask.
 - There are call specialists able to identify the person's needs.
 - If we all had the 211 cards at our resource tables.
 - If we had a quarter post would help with a short description.
 - 211 guidelines, also for for-profit with a sliding fee scale.
3. Community awareness
 - Outreach, sharing robust caregiver toolbox. How can increase awareness? Embed into organization, discharge plan?
 - How to expand our reach in to surrounding communities.
 - Dr. Sabbagh expressed his passion and referral process for physicians. How do we reach those physician groups?
 - Community Awareness Training. New businesses and organizations focus.
 - Memory Screening
 - Social Media campaign
 - Social Media App

Awareness Issue

- Creating a flier to invite people with Dementia.
- Support groups, respite care groups. Invite.

Next Steps:

1. Assign Action Teams
2. Community Awareness Training
 - a. Looking for suggestions for businesses.
 - b. Personal letter draft.
 - c. Suggest segments of businesses, so businesses do not have to close for a period of time.

How can we be more active?

1. Recruit
2. Memory screening locations

Next Meeting:

- Friday, March 8, 9:00AM-11:00AM, United Way Building, 5830 W Flamingo Rd, Las Vegas, NV 89103