Dementia Friendly
Douglas County:
Community Assessment

A Community-Action Group of the
Nevada Aging and Disability Services
Division Dementia-Friendly Nevada
Initiative

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KEY FINDINGS – DOUGLAS COUNTY COMMUNITY ASSESSMENT

- According to the Nevada State Demographer, there are an estimated 1,602 individuals aged 65+, including 527 individuals aged 85+, living with dementia in Douglas County.
  - It is estimated that 229 of those individuals aged 65+, who are currently living with dementia, live alone.

- 46 residents of Douglas County completed the Community Awareness Survey, 78% of which were completed online.

- Top sectors completing the survey were: Government (35%), Neighbors (15%), Community-based services and supports (9%), and Hospitals (11%).
  - Of note, the Business / Retail sector comprised 4% of responses.

- 57% of respondents reported some form of personal relationship with someone who is currently living with or who had lived with dementia.

- Overall, respondents in Douglas County reported moderately positive attitudes toward individuals living with dementia, with an average score of 102/140 (73%).
  - Respondents reported a moderately high level of comfort in engaging with individuals living with dementia, with an average score of 57/84 (67%).
  - Respondents reported relatively high knowledge regarding dementia, with an average score of 45/56 (80%).

- Considering sectors, individuals from the Business / Retail sector scored the highest (111), with the Education (107) and Neighbor (105) sectors also reporting high scores.
  - Individuals from Hospitals (100), and Community Based Supports (97) reported among the lowest scores.

- Key community strengths reported include: 1) the senior center, 2) support groups and 3) the community in general.

- Key community weaknesses/gaps reported include: 1) lack of education regarding dementia for community members, 2) lack of support groups, and 3) lack of supportive care options.
• Key community resources respondents would recommend to others include: 1) the local senior center, 2) the Good Neighbor program supported by the Douglas County Sheriffs Office, and 3) state resources.

• Service priorities, as ranked by the community, were: 1) increasing awareness of dementia-related resources, 2) increasing staff / volunteer education on dementia / dementia communication skills, dementia related resources / awareness of the warning signs of dementia (tie), and skills for interacting with individuals with dementia.
PROJECT OVERVIEW

The Dementia-Friendly Nevada initiative, led by the Nevada Aging and Disability Services Division (NV-ADSD) and the Nevada Division of Public and Behavioral Health (NV-DPBH), is intended to engage community groups (CGs) across the state of Nevada in developing local priorities for supporting people living with dementia, and ensure that they are able to live well within their communities (i.e., a community’s dementia capability). The newest CG to join Dementia Friendly Nevada is Douglas County. To inform community dialog, the Sanford Center for Aging conducted a comprehensive evaluation project with the Douglas County community. Specifically, this evaluation project was undertaken to develop an understanding of the community’s dementia capability based on existing state level data sources, as well as new data collected from residents of Douglas County. To that end, three population estimates were calculated: 1) the number of individuals aged 65+ who are believed to be living with dementia within the county, 2) the number of individuals aged 85+ who are believed to be currently living with dementia, and 3) the number of individuals living alone who are believed to be currently living with dementia. These estimates are based on formulas provided by Dementia Friendly America, and use data obtained from the Nevada State Demographer’s 2010 ASHRE (Age, Sex, Hispanic status, and Ethnicity Estimate) report. In addition to these demographic estimates, a survey was conducted by the Sanford Center for Aging to determine basic community attitudes and knowledge of dementia, as well as the perceived strengths and gaps surrounding dementia related services within the county. This report details those findings.

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1 Data from the 2010 ASHRE report was used in the current estimates as the data for the 2020 census was not available at the time of the creation of this report.
DEMOGRAPHICS OF DEMENTIA

To estimate the number of individuals currently living in Douglas County with dementia, population estimates were retrieved from the Nevada State Demographer’s 2010 ASHRE report. Overall, it is estimated that 11% of elders aged 65+ within Douglas County are living with dementia. This estimate increases to 33% for elders aged 85+ within the community. Of those elders 65+ who are currently living with dementia, it is estimated that 14% live alone. Table 1 presents data estimates of the elder and dementia population in Douglas County.

TABLE 1: 2021 ESTIMATED DEMOGRAPHICS – DOUGLAS COUNTY

<table>
<thead>
<tr>
<th>State Demographic</th>
<th>Est. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Aged 65+</td>
<td>14,419</td>
</tr>
<tr>
<td>Est. Total with Dementia</td>
<td>1,602</td>
</tr>
<tr>
<td>Est. W/ Dementia Living Alone</td>
<td>229</td>
</tr>
<tr>
<td>Total Aged 85+</td>
<td>1,582</td>
</tr>
<tr>
<td>Est. Total With Dementia 85+</td>
<td>527</td>
</tr>
</tbody>
</table>

Additionally, the Centers for Medicare and Medicaid Services (CMS) estimated that approximately 7.8% of Medicare beneficiaries, or 936 individuals, received services for Alzheimer’s disease or related dementia in 2018 within Douglas County².

COMMUNITY DEMENTIA ATTITUDE SURVEY

To assess community attitudes regarding dementia, the Sanford Center for Aging developed a survey intended to be administered community-wide to any community members willing to provide their perspectives. Participants were first asked to complete basic demographic questions, including a question asking them to identify the specific sector that they represent. Next, a measure designed to measure attitudes towards people living with dementia was completed, the Dementia Attitude Scale (O’Connor & McFadden, 2010). The goal of this measure was to determine the overall attitude of the community at large towards individuals living with dementia. Finally, participants completed questions to assess their personal experiences with people with dementia, as well as their experiences with dementia-related services within the Douglas County community.

DOUGLAS COUNTY COMMUNITY SURVEY

To help identify if the link spread outside of Douglas County, participants were asked to report their mailing zip code. Participants who did not report one of the zip codes belonging to Douglas County were excluded from the current data analysis. See Appendix D for zip codes identified in the current study as belonging to Douglas County. Surveys outside the target area (n = 7) were excluded from analyses, as the major goal of the current assessment is to determine the attitudes and needs of individuals living within Douglas County.

A total of 46 Douglas County community members completed the survey, either online or through a paper survey administration during the Fall of 2021. The paper version of the survey was administered to members of the community by community action group members at several locations within Douglas County, resulting in 10 (22%) completed surveys. Members of the community action groups also helped spread the link to the online survey via their electronic personal and professional contact lists, resulting in 36 additional community members (78%) completing the survey.

BASIC DESCRIPTION OF RESPONDENTS

A majority of respondents to the survey were non-Hispanic White (80%), women (78%), and approximately middle aged (57) with ages ranging from 24 to 81. Most survey respondents represented the government sector (35%).
neighbors / community members (including those who identified as retired; 15%), hospitals / acute care services (11%), and community-based supports (9%). No other sector reported more than 2 (4%) members. To see the distribution of sectors represented in completing the survey, see Figure 1.

**FIGURE 1. SECTORS REPRESENTED BY SURVEY RESPONDENTS BY PERCENTAGE**

![Pie chart showing sector representation by survey respondents by percentage.](chart)

*Note.* Participants who reported ‘Other’ reported either working in the Parks Department or in a trade (not specified).

A majority of respondents (57%; Figure 2) reported having personal experience with someone living with dementia. Of those reporting having personal experience with dementia, the most common relationship between the respondent and the individual with dementia was ‘parent’ (48%), followed by ‘client’ (32%) or ‘other relative, such as aunt or grandparent’ (22.6%; Figure 3).
FIGURE 2. PERCENT REPORTING HAVING PERSONAL EXPERIENCE WITH DEMENTIA

Note: Percents are not cumulative as multiple relationships could be reported. Other relative includes grandparents as well as in-laws. Client includes individuals listed as patients of the respondent, including those served in residential nursing centers.

DEMENTIA ATTITUDES

The Dementia Attitude Scale (DAS; O’Connor & McFadden, 2010) was chosen to measure respondent attitudes towards individuals living with dementia. This scale consists of 20 items and contains two sub-scales (see Appendix F for scale
items broken down into sub-scales). The first sub-scale is labeled “social comfort” and contains items measuring an individual’s overall comfort level interacting with individuals living with dementia (e.g., I feel confident around people with dementia). The second, “dementia knowledge” contains items measuring individual’s knowledge regarding dementia and the experience of living with dementia (e.g., People with dementia like having familiar things nearby). Subscale items are listed in Appendix H. Full results of the DAS are presented in Table 2.

Similar to previous results within the state of Nevada, individuals who reported knowing someone living with dementia also reported more positive attitudes toward individuals with dementia (Figure 4).

**FIGURE 4. MEAN COMFORT SUBSCALE SCORE BY KNOWLEDGE OF ANOTHER LIVING WITH DEMENTIA**

![Comfort Subscale](image)

*Note.* Scale axis set to sub-scale min / max.

Overall, with a possible range of 20 – 140 on the DAS, Douglas County community members reported generally positive attitudes toward individuals living with dementia, with a mean score of 102 (SD = 15.2), or 73% of the total possible score. These results mirror other communities that have participated in the Dementia Friendly Nevada program. Other findings include:

- With a possible range of 12 – 84, Douglas County community members reported a mean score of 56.6 (67%) on the social comfort sub-scale, suggesting that they were moderately comfortable interacting with individuals living with dementia and
With a possible range of 8 – 56, Douglas County community members reported a mean score of 44.7 (80%) on the dementia knowledge sub-scale, suggesting that they were above average in their knowledge regarding dementia, as well as the experience of living with dementia. Some differences of note were that women (n = 36) reported higher overall scores compared to men (n = 9). This difference in scores was repeated for both the Comfort and Knowledge sub-scales (see Table 3). Alternatively, participants who completed the survey online (n = 38) tended to report lower scores compared to those who completed the survey via paper (n = 8; see Table 3).

| TABLE 3: MEANS AND STANDARD DEVIATIONS FOR DAS BY SPECIFIC DEMOGRAPHIC GROUPS (n=47) |
|---------------------------------|---------------------------------|---------------------------------|
|                                 | Overall                        | Subscale 1:                     | Subscale 2:                     |
|                                 | Range: 20 – 140                | Range: 12 – 84                  | Range: 8 - 56                   |
| Overall Sample                  | Mean 102.0 SD 15.2             | Mean 56.6 SD 10.4               | Mean 44.7 SD 8.4                |
| Gender                         |                                |                                |                                |
| Male                            | Mean 98.2 SD 14.6              | Mean 53.7 SD 8.8                | Mean 43.0 SD 8.5                |
| Female                          | Mean 104.2 SD 13.7             | Mean 57.6 SD 10.7               | Mean 45.9 SD 7.4                |
| Experience w/ Dementia          |                                |                                |                                |
| Know                            | Mean 101.9 SD 17.6             | Mean 54.5 SD 10.2               | Mean 44.0 SD 9.4                |
| Don’t Know                      | Mean 102.1 SD 14.3             | Mean 57.6 SD 10.5               | Mean 45.1 SD 8.0                |
| Administration Method           |                                |                                |                                |
| Online                          | Mean 101.2 SD 15.5             | Mean 56.7 SD 10.7               | Mean 44.1 SD 8.3                |
| Paper                           | Mean 106.3 SD 14.1             | Mean 56.0 SD 9.7                | Mean 47.6 SD 9.2                |

There was also no clear difference in the reported views of dementia between respondents who reported that they know a person who was living with dementia compared to those who reported not knowing someone living with dementia (see Table 3), although there were clear differences on the Comfort

3 One person declined to report their gender.
subscale (see Table 3 & Figure 4).

There were also differences between respondents’ views regarding individuals living with dementia depending on what sector they reported representing. Excluding sectors that only had one respondent\(^4\), individuals who reported being in the education sector reported the highest overall score (n = 2, 106.5), with individuals who reported being community members (i.e., those who were retired and/or do not hold jobs in the public domain; n = 7, 105.3) and government agencies (n = 16, 100.7) reporting the next highest overall scores. Individuals who reported being involved in hospitals and/or acute care settings (n = 5, 99.6) and community-based supports and services (n = 4, 96.8) reported the lowest scores of the identified sectors. Scores for those who reported a sector that wasn’t listed (n = 3, 88.0) reported the lowest scores overall. Scores for all measured sectors are reported in Figure 5.

**FIGURE 5. OVERALL MEAN DEMENTIA ATTITUDE SCORE BY SELF-REPORTED SECTOR**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Agencies</td>
<td>100.7</td>
</tr>
<tr>
<td>Community Based Supports</td>
<td>96.8</td>
</tr>
<tr>
<td>Business / Retail</td>
<td>111.5</td>
</tr>
<tr>
<td>Hospitals</td>
<td>99.6</td>
</tr>
<tr>
<td>Neighbors</td>
<td>105.3</td>
</tr>
<tr>
<td>Education</td>
<td>106.5</td>
</tr>
<tr>
<td>Other</td>
<td>88</td>
</tr>
</tbody>
</table>

*Note.* Scores could range from 20 – 140. Sectors with only one respondent were not reported to preserve anonymity of respondents.

**STRENGTHS WITHIN DOUGLAS COUNTY FOR INDIVIDUALS LIVING WITH DEMENTIA**

Individual respondents were asked to report what they perceived as the strengths of the Douglas County community in regards to meeting the needs of individuals living with dementia. In total, 21 respondents completed this question.

\(^4\) Sectors with only one respondent included emergency planning / first responders, banks / financial services, transportation services, residential care services, and library services.
Most people who completed the question noted that there were community supports at the Douglas County Community Center (n = 9, 41%), as well as support groups (n = 6, 29%). The community in general (n = 4, 18%), the Good Neighbor’s program offered by the Douglas County Sheriff’s office as well as the local residential care facility all received the next highest number of nominations (n = 3, 14%). Interestingly, 4 (18%) of respondents reported that there were no strengths within Douglas County.

**Weaknesses Within Douglas County for Individuals Living With Dementia**

Individual respondents were asked to report what they perceived to be the weaknesses of the Douglas County Community in regards to meeting the needs of individuals living with dementia. In total, 18 individuals responded to this question.

Most people who completed this question noted that there was a lack of education for community members (n = 4, 20%). Additionally, the lack of support groups in the area, a lack of transportation services, lack of supportive care options, a lack of education options for both caregivers and individuals living with dementia (n = 3, 15%) were also all listed as weaknesses for the community. A lack of clinical services, a lack of community services, as well as the cost of long-term care facilities were noted by 2 individuals each (10%).

**Recommended Resources for Individuals Living With Dementia**

Respondents were asked to report what resources, if any, they would recommend to others who had either received a recent diagnosis of dementia, or who had had a family member or care partner diagnosed with dementia. A total of 19 respondents completed this question.

The most common responses mentioned were community supports (e.g., the Douglas County Community Center, as well as the Good Neighbors supported by the Douglas County Sheriff’s Office; n = 4, 21%), with state resources (e.g., ADSD), medical support, and community services all receiving 3 mentions (16%). Adult day services, social opportunities, physicians, educational opportunities for both families of and individuals living with dementia were the next most likely resources to be nominated (n = 2, 11%).
Priority Focus Areas

As noted in Figure 6, respondents reported that increasing the awareness of resources and support organizations in their community was a high priority, with increasing staff and/or volunteer training the next most important priority. Increasing dementia related resources and increasing the awareness surrounding the warning signs of dementia were tied, and increasing skills associated with interacting with individuals living with dementia was the lowest rated priority. Mean scores for all priority areas are presented in Figure 6.

**Figure 6. Priority Focus Areas for Dementia-Friendly Douglas County (n = 45)**

![Bar chart showing priority focus areas for dementia-friendly Douglas County.]

*Note. Scores could range from 1 (Strongly Disagree) to 5 (Strongly Agree).*

Overall, respondents in Douglas County reported a moderate degree of knowledge surrounding the warning signs of dementia (3.0), with individuals who had personal experience with someone living with dementia reporting higher levels (3.3) than those who did not have such experience (2.5; Figure 7).
FIGURE 7. OVERALL MEAN DEMENTIA KNOWLEDGE OF 10 WARNING SIGNS

Note. Scores could range from 1 (Not At All Knowledgeable) to 5 (Very Knowledgeable).
APPENDIX A: SUMMARY OF PHASE 1 MATERIALS

**Table A1**  
Summary of Phase 1 Materials

<table>
<thead>
<tr>
<th>Evaluation Goal</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine basic demographics of individuals living with dementia within the Paiute Tribal Reservation</td>
<td>Dementia Friendly Initiative Demographics Sheet</td>
</tr>
<tr>
<td>Determine initial knowledge of dementia specific programs of community leaders within the Dementia Toolbox Programs Awareness Survey</td>
<td>Dementia Toolbox Programs Awareness Survey</td>
</tr>
<tr>
<td>Determine community members’ basic attitudes toward individuals with dementia, as well as personal experience with individuals with dementia and dementia related services</td>
<td>DAS / Dementia Friendly Initiative Community Member Questionnaire</td>
</tr>
</tbody>
</table>
## APPENDIX C: DOUGLAS COUNTY ZIP CODES

### TABLE C1
ZIP CODES IDENTIFIED AS BEING WITHIN Douglas COUNTY

<table>
<thead>
<tr>
<th>Zip Code 1</th>
<th>Zip Code 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>89460</td>
<td>89448</td>
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<td>89410</td>
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<td>89423</td>
<td>89411</td>
</tr>
<tr>
<td>89705</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D: STRENGTHS WITHIN THE DOUGLAS COUNTY FOR INDIVIDUALS LIVING WITH DEMENTIA (DIRECT COMMENT TRANSCRIPTION)

- No answer
- all of the above
- N/A
- Senior center
- support groups
- support groups, transportation
- Support services through Douglas County Senior Center
- The friendliness of the people
- We have an Adult Day Club to assist with Respite, we also have the good neighbors program to check on elderly in the community who either live alone or just need someone to talk to, and we have the MOST team to check on individuals in eh community who might need additional resources.
APPENDIX E: WEAKNESSES WITHIN THE DOUGLAS COUNTY FOR INDIVIDUALS LIVING WITH DEMENTIA (DIRECT TRANSCRIPTION)

- No Answer Give
- Clinical services
- Cost of assisted living
- I think the biggest gap we have is not have support groups and education for community members, family members and people living with dementia. It would help to know that they are not alone and to educate our community to help their neighbors.
- N/A
- Unfamiliar with support groups, though they may be there. Safe activities for people with dementia.
Subscale 1 Comfort:
- I feel confident around people with dementia.
- I am comfortable touching people with dementia.
- I feel uncomfortable being around people with dementia.
- I am not very familiar with dementia.
- I would avoid an agitated person with dementia.
- I feel relaxed around people with dementia.
- I feel frustrated because I do not know how to help people with dementia.
- It is rewarding to work with people with dementia.
- I cannot imagine caring for someone with dementia.
- I am afraid of people with dementia.
- People with dementia can be creative.
- Every person with dementia has different needs.

Subscale 2 Knowledge:
- People with dementia like having familiar things nearby.
- It is important to know the history of people with dementia.
- It is possible to enjoy interacting with people with dementia.
- People with dementia can enjoy life.
- People with dementia can feel when others are kind to them.
- We can do a lot now to improve the lives of people with dementia.
- I admire the coping skills of people with dementia.
- Difficult behaviors may be a form of communication for people with dementia.