



Stronger Together – Dementia Awareness Program

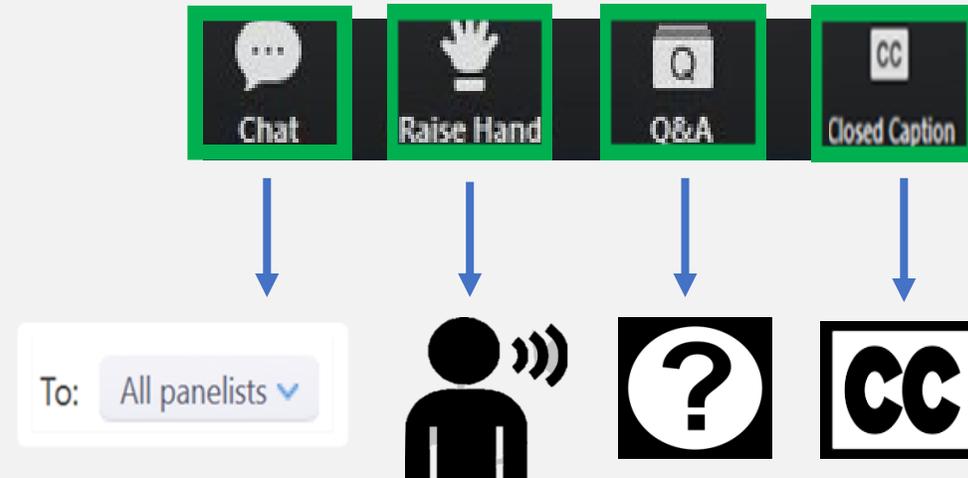
February 28, 2024

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Enjoy the session!





Disclaimer

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Webinar Objectives

- Highlight the role of community health representatives (CHRs) in Northern Valley Indian Health's (NVIH) efforts to address dementia
- Provide a snapshot of current and future program activities
- Discuss NVIH's use of a mobile health care unit to expand services

Today's Presenters



Teresa Martens, MSN, RN
Community Health & Outreach Director
Northern Valley Indian Health



Tonya Tyler, RN
Community Health RN Coordinator
Northern Valley Indian Health



Jeffery Flanagan
Program Coordinator
Northern Valley Indian Health



NVIH is a private, nonprofit tribal organization founded in 1971 by a group of Northern California American Indians seeking to reestablish health services in California.

NVIH is governed by a board of directors from the Mechoopda Indian Tribe of Chico Rancheria, the Grindstone Indian Rancheria of Wintun-Wailaki Indians of California, the Yocha Dehe Wintun Nation of California, and the Kletsel Dehe Band of Wintun Indians of California.

NVIH's Mission

Excellence in health care services to Native Americans and all community members

Values

Compassion
Integrity
Respect
Customer service
Teamwork





Comprehensive and integrated medical, dental, behavioral health; women’s health; nutrition; and community health and outreach services are provided to more than 6,500 American Indians and Alaska Natives (AI/ANs) who reside in the five-county NVIH service area. That area includes Glenn, Yolo, and portions of Colusa, Butte, and Tehama counties. NVIH clinics are in the cities of Chico, Willows, Red Bluff, and Woodland.



PROGRAMS

COMMUNITY HEALTH & OUTREACH

Provide services to the Native American population, including members of the Native households

CHICO: 530-899-5156 Fax: 530-645-1536

WILLOWS: 530-934-5431 Fax: 530-934-2372

WOODLAND: 530-207-5483 Fax: 530-661-4416

Terri Martens, MSN, RN

Community Health & Outreach Director

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RN

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MA/CHR

Cynthia Garcia

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Ace's CHW

Daniella Duran- Arias

MA/CHR

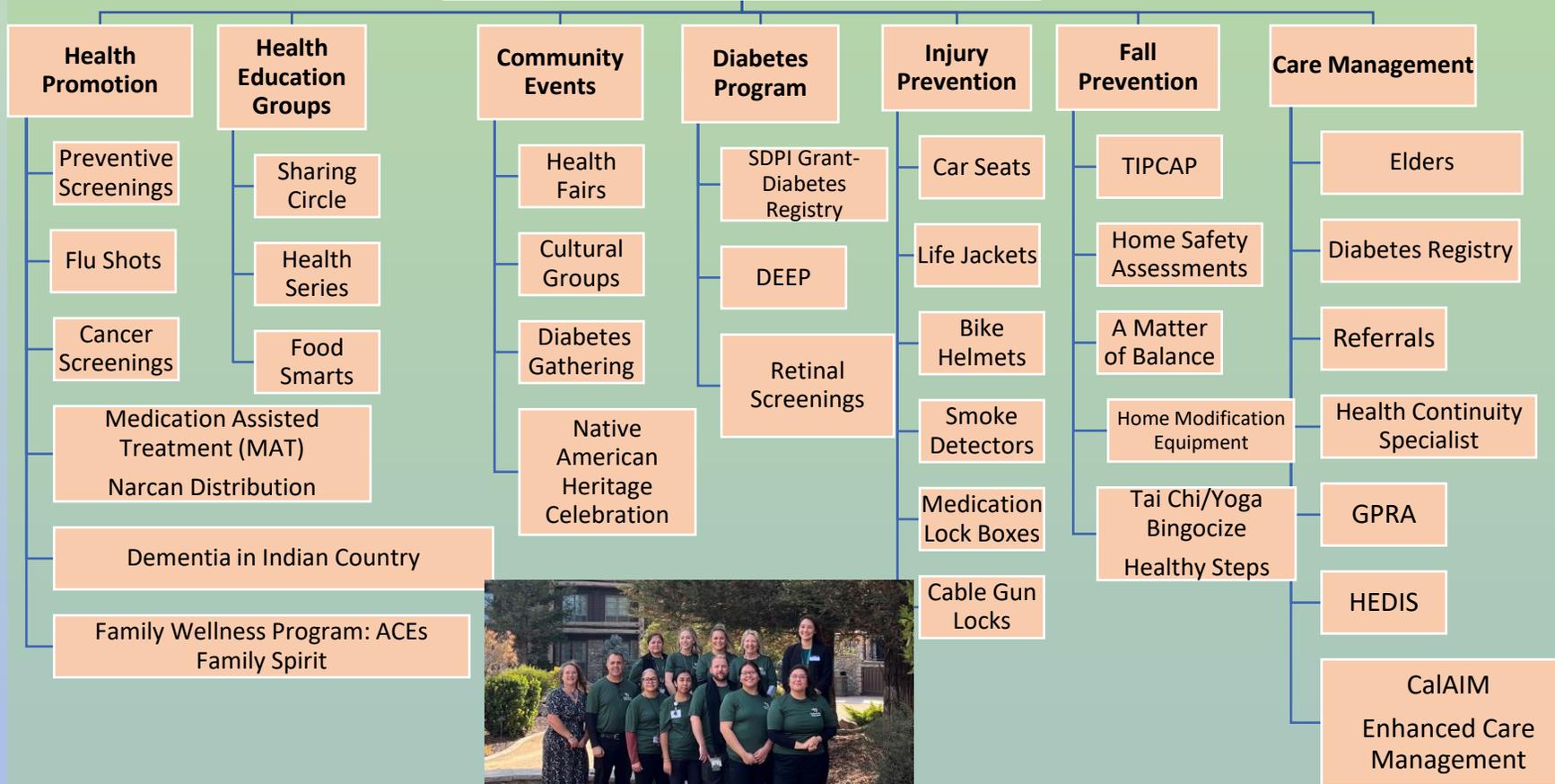
Provides services to portions of Butte and Tehama Counties within NVIH Service Area designated by IHS

Provides services to all of Glenn and parts of Colusa County within NVIH Service Area designated by IHS

Provides services to Yolo County within NVIH Service Area designated by IHS



Community Health & Outreach Services



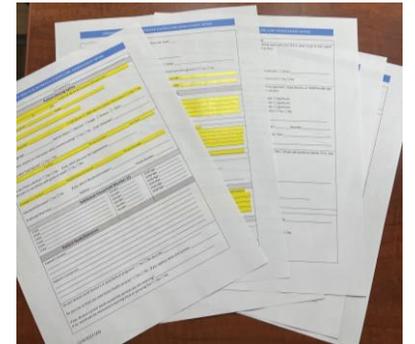
Care Management

Comprehensive assessment is key to **patient-centered care plan**

Visit type: Home/clinic/community

Intake includes immediate functional needs questions

- Stay Independent
 - Assessment for fall risk; Sit and Stand as second assessment
- Home safety assessment
 - Home modifying equipment
- Mini-Cog
 - Caregiver training
- Adverse childhood experiences
 - Stress busters
- Patient Health Questionnaire-2
 - Potential referral to behavioral health
- Substance use
 - Potential referral to primary care practitioner (PCP), addiction specialist



Goals

1. Raise awareness of dementia
 - a. Training
 1. Community Health & Outreach Team attended Dementia Care Aware
 2. Community education sessions
 - a) Alzheimer's Association
 - b) Agency on Aging: Passages Programs
 3. Medical providers and support team
 - a) Barriers: Evaluation by neurologist
 - b) Training by Dr. Finke re: primary care's role in diagnosis
2. Selecting screening tool
 - a. Mini-Cog/AD-8
 - b. Community Health & Outreach staff training in administration of screening tools
3. Identified target populations
 - a. Age 55+, risk factors that increase incidence of cognitive decline
 - b. Assigned screening with Community Health & Outreach intake
 - c. Patients referred for a home safety assessment
 - d. Patients verbalizing a change in their health status

Mini-Cog Instructions for Administration & Scoring

Step 1: Three Word Registration
Look directly at person and say "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are listed at the bottom below the screen below. Please say them to me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.^{1,2} For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Beams	Forest	Wagon	Blind	Caravan	Elephant
Surprise	Season	Kitchen	Nation	Golden	Heaven
Chair	Table	Italy	Prayer	Picture	Mountain

Step 2: Clock Drawing
Say, "Now, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say, "Now, set the hands to 10 past 11."
Use prepared circle (see next page) for this exercise. Physical instructions as provided as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall
Ask the person to recall the three words you stated in Step 1. Say, "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____

Scoring

Word Recall	(0-3 points)	1 point for each word spontaneously recalled or heard reading
Clock Draw	(0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed on the outer perimeter and approximately correct position (e.g., 12, 3, 6, and 9 are in their proper place with no missing or duplicate numbers). Hands are pointing to the 11 and 12:15. Hand length is not scored. Scoring is based on where a clock drawing is placed.
Total Score	(0-5 points)	Total score = Word Recall score + Clock Draw score. A total point of 3 on the Mini-Cog [®] has been validated for dementia screening, but may not correlate with clinically meaningful cognitive impairment with score higher. When greater sensitivity is desired, a cut point of 4 is recommended as a "gray" indicator to need further evaluation of cognitive status.

References

1. Borroni S, Scialoja J, Chen R, et al. The Mini-Cog as a screen for dementia: Validation in a population based sample. *J Am Geriatr Soc* 2003;51:1431-1434.
2. Borroni S, Scialoja J, et al. Memory identification of cognitive impairment in primary care. *Int J Geriatr Psychiatry* 2004;21:381-384.
3. Langlois C, Scialoja J, et al. Test that asks for clock drawing errors for dementia screening. *Int Psychogeriatr* 2004;16:469-474.
4. Tang K, Chan J, et al. Cognitive tests to detect dementia: A systematic review and meta-analysis. *JAMA* 2004;292:1743-1749.
5. McCarter J, Anderson P, et al. Screening for cognitive impairment in an elderly veteran population. *Alzheimer Dis Assoc* 2003;18:200-203.
6. McCarter J, Anderson P, et al. Finding dementia: A primary care. The results of a clinical demonstration project. *J Am Geriatr Soc* 2002;50:218-217.
7. Borroni S, Scialoja J. The Mini-Cog: Review, screening characteristics with the original and alternative forms. *Int J Geriatr Psychiatry* 2001;16:214-222.

ADB Dementia Screening Interview

Patient ID#: _____
CS ID#: _____
Date: _____

Remember: "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change	N/A, Don't know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
5. Forgets exact month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			
TOTAL ADB SCORE			

Adapted from Galvin J, et al. The ADB, a brief informant interview to detect dementia. *Neurology* 2003;60:558-564.
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Completed Screening is Reviewed by PCPs

- a. If screening is positive
- Medical team initiates evaluation
 - Community Health & Outreach Team provides:
 - a. Education on steps of evaluation
 - b. Needs assessment
 - c. Support navigating health care systems
 - d. Support navigating local resources
 - e. Addresses modifiable risk factors
 - f. Advanced care planning
 - g. Community engagement
- b. If screening is negative:
- Medical team determines necessity of evaluation
 - Community Health & Outreach Team provides:
 - a. Needs assessment
 - b. Support navigating health care systems
 - c. Support navigating local resources
 - d. Addresses modifiable risk factors
 - e. Advanced care planning
 - f. Caregiver needs assessments
 - g. Community engagement

SELF MANAGEMENT GOAL WORKSHEET

A SELF-MANAGEMENT PLAN IS AN ACTION YOU CHOOSE TO IMPROVE YOUR HEALTH

You are being treated for: _____

What action would you like to set a goal for? _____

Scale: 1 = Impossible 2 = Not Very Sure 3 = Pretty Sure 4 = Very Sure 5 = Absolutely Sure

What will you do?	When will you do it? How often?	How important is this to you? How confident are you that you can work on this goal?
Self monitoring Blood glucose Blood pressure Take medications	_____ times a day _____ times per week as prescribed	1 2 3 4 5 1 2 3 4 5
Make appointments Primary care Specialist Dentist Vision	With whom? _____ By When? _____	1 2 3 4 5 1 2 3 4 5
Nutrition – Increase Vegetables Fruit Protein Water Other	_____ per day or _____ per week _____ per day or _____ per week	1 2 3 4 5 1 2 3 4 5
Nutrition – Decrease Carbohydrates Fats Sweets Salt Caffeine Soda Alcohol Eating out	_____ per day or _____ per week _____ per day or _____ per week	1 2 3 4 5 1 2 3 4 5
Exercise Walk Run Bike Swim Other	_____ minutes a day _____ days a week	1 2 3 4 5 1 2 3 4 5
Tobacco Use Cessation method:	Cut back to _____ Quit Date _____	1 2 3 4 5 1 2 3 4 5
Stress Management <small>Ideas include: Breathing, Yoga, Meditation, reading, art, assessing priorities & commitments</small>	What? _____ _____ per day or _____ per week	1 2 3 4 5 1 2 3 4 5

Things that could make it difficult for you to reach your goal: _____

My plan for overcoming these difficulties: _____

Our plan to follow-up with you is: _____

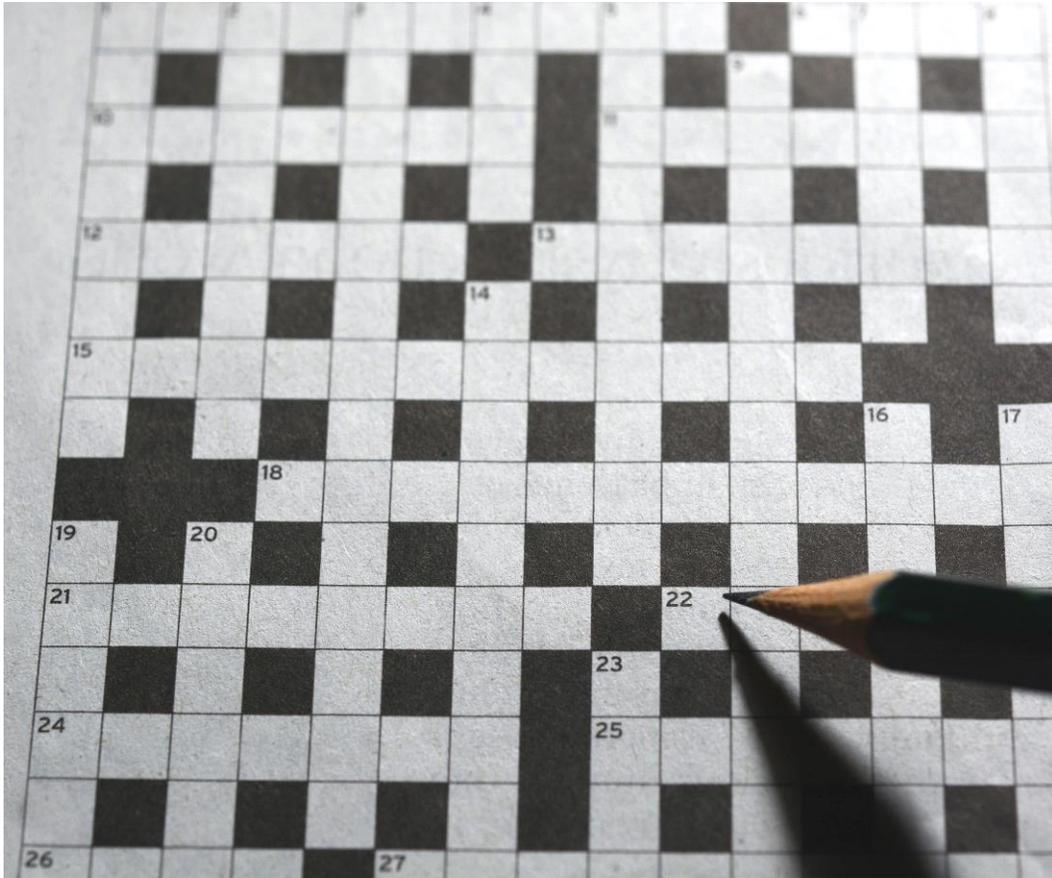
Name: _____ Date: _____

Current Opportunities for Community Engagement

Lifestyle modifications

- Education on health
- Exercise
- Nutrition
- Stress reduction
- Sleep
- Social connection

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	 ALZHEIMER'S AWARENESS				DEEP 9:30 - 11:30am	
4	5	Healthy Steps 1:00 - 2:00pm	Healthy Steps 1:00 - 2:00pm	Health Series Luncheon 12:00 - 2:00pm	9	10
11	12	13	 FLAG DAY 14	15	16	17
NATIONAL MEN'S HEALTH WEEK - JUNE 12TH TO JUNE 18						
		Beading Circle 1:00 - 3:00pm	Bingocize 2:00 - 3:00pm	Diabetes Talking Circle 2:00 - 3:30pm	Bingocize 2:00 - 3:00pm	
FATHER'S DAY 18 	 NVIH CLOSED	WOW begins	 Bingocize 2:00 - 3:00pm	Retinal Screening Day 1:00 - 4:00pm	Bingocize 2:00 - 3:00pm	24
25	26	27	Bingocize 2:00 - 3:00pm	Bingocize 2:00 - 3:00pm	Family Night @CHC 5:30-7:00pm	Bingocize 2:00 - 3:00pm



Programming In Development

Memory café pilot

- 10-week series
- Alternating weeks of education and activities to build on what was taught (e.g., sessions about healthy brain foods during Week 1, recipe preparation during Week 2)
- Activities to stimulate the brain and promote social engagement

Caregiver training

- Savvy Caregiver Program
- REACH
- Use of local resources

Mobile Medical Services

- **Pilot implementation to Grindstone Indian Rancheria/Elk Creek**
 - Community Health & Outreach Team coordinated the implementation team (medical team, maintenance, IT, tribal permission)
- **Implemented mid-September, weekly from 9 a.m. to 3 p.m.**
- **Role of Community Health & Outreach Team**
 - Transportation to appointments
 - Warm hand-offs for medication management, health education (blood pressure), resources
 - Home visits for home safety assessments
 - Health Series luncheons: Health education, healthy meal, exercise, and cultural activity
 - Elder's Nutrition cooking program
- **Creating community partnerships that allow for the expansion of mobile medical services**



Walk to End Alzheimer's: Saturday, October 14, 2024



Team Forget Me Nots



Questions?

