

IOWA DEMENTIA EDUCATION PROJECT

**FINAL REPORT
JUNE 30, 2010**

Alzheimer's Disease and Other Dementias: Curriculum and Dissemination Plan

Iowa Department on Aging Contract 1004

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Table of Contents

| | |
|--|----|
| Executive Summary | 3 |
| History and Background | 3 |
| Revised Goal | 4 |
| Objectives, Deliverables and Results | 4 |
| Other Deliverables and Results | 8 |
| Additional Recommendations and Next Steps | 9 |
| Financial Report | 10 |
| Appendices | |
| A - Work Completed Prior to October 31, 2009 | |
| B - Standard Curriculum Model for Dementia Education | |
| C - Dementia Training Policy Recommendations | |
| D - Caregiver Conference | |
| E - Project Outline | |
| F - Monthly Reports | |

Alzheimer's Disease and Other Dementias: Curriculum and Dissemination Plan

Iowa Department on Aging Contract 1004

Final Report

Executive Summary

The Iowa Department on Aging (IDA) contracted with the Alzheimer's Association, Greater Iowa Chapter (Association) to improve the availability and quality of dementia education for individuals in Iowa who care for people with Alzheimer's disease and related dementias. The Association created the Dementia Education Task Force consisting of various stakeholders to develop a standard curriculum model to train direct care workers about Alzheimer's disease and related dementias. The task force also developed recommendations for certifying curriculum and trainers, creating administrative rules and disseminating information about training standards. The task force worked closely with representatives of the Direct Care Worker Advisory Council to coordinate activities, achieve common goals and make efficient use of limited resources. Finally, the Association conducted education conferences for family caregivers and conducted a statewide public awareness campaign to educate individuals of the warning signs of Alzheimer's disease and available resources.

History and Background

Alzheimer's disease is a progressive, degenerative brain disease that impairs memory, thinking, and behavior and ultimately leads to death. Approximately 5.3 million Americans have Alzheimer's disease, including 69,000 Iowans. One in eight individuals over age 65 and nearly half of persons over age 85 will get the disease. Alzheimer's usually begins gradually, causing a person to forget recent events and have difficulty performing familiar tasks. The disease advances at rates that vary from person to person, causing confusion, personality and behavior changes, and impaired judgment. Although 70 percent of persons with Alzheimer's live at home where they are cared for by family members and friends, most will eventually require assistance from community based services and/or long term care services.

The Alzheimer's Association has long been an advocate for persons with Alzheimer's disease and has provided leadership to addressing the problem on the state and federal level through its public policy activities. In 2007 the Association advocated for legislation to create an Alzheimer's disease task force to study the problem of Alzheimer's in Iowa and make recommendations to address the problem. This legislation was passed and signed into law by Governor Culver in April 2007. With the leadership of the IDA and assistance from the Association, a task force was created, met throughout the fall of 2007 and submitted a report with more than 20 recommendations. Two of those recommendations addressed education for professional caregivers. The following year the Association and IDA collaborated to initiate and support legislation to implement these recommendations and SF 2341 was ultimately enacted.

SF 2341 called for expanding and improving training and education of persons who provide care for individuals with Alzheimer's disease and other forms of irreversible dementia. The law requires a variety of audiences (i.e. direct care workers, administrators and managers, long term care residents' advocates and law enforcement personnel) who work in various settings (nursing facilities, assisted living facilities, adult day services, elder group homes and home health services) to have access to expanded and improved dementia training in the original project. The IDA was assigned responsibility for implementation.

The Association entered into a contract with the IDA in July 2009 to implement the requirements of SF 2341. A project was developed with an overall goal to improve the availability and quality of dementia education for individuals who care for people with Alzheimer's disease and other related dementia. The Association began work on the project in August by creating a dementia education task force to develop training standards, create new curricula, and disseminate programs throughout the state. The task force

represented a diverse group of stakeholders, including individuals from various healthcare and social service disciplines, settings at which care is provided, educational institutions, caregivers and others. The task force held its first meeting in September to begin its work and formed sub-committees to address specific projects. Initial work also occurred on a state-wide public awareness campaign and six regional education conferences for family caregiver conferences.

In October, Governor Culver signed an executive order requiring state agencies to reduce their budgets by 10%. Consequently, the funding for this project was reduced from \$182,350 to \$72,517. See Appendix A for a summary of work completed prior to October 31, 2009.

The project was inactive from November 2009 to January 2010 as the Association and IDA awaited confirmation of funding and then scaled back the project to align with available funds. A revised contract was signed in early February, 2010 and the project resumed shortly afterwards.

Revised Goal

Improve the availability and quality of dementia education for direct care workers who provide care for people with Alzheimer's disease and other related dementia.

Objectives, Deliverables and Results

Objective 1: Develop a standard curriculum model for dementia training of direct care workers. The standard curriculum model will consist of only the key components of curriculum, not an actual curriculum, and will include such components as target audience, learning objectives, topics, length of program, credentials of presenters, teaching methods and evaluation requirements. The Alzheimer's Association's evidence-based Practice Recommendations for Quality Dementia Care will be basis for the standard model.

Deliverable: The Alzheimer's Association shall submit its recommended standard curriculum model to the IDA by June 1, 2010.

Results: The standard curriculum model was submitted to the Iowa Department on Aging on June 1, 2010. See Appendix B for the recommended standard curriculum model.

Objective 2: Collaborate with the IDA as necessary and consider the recommendations of the Direct Care Workers Task Force for the development of training standards for dementia education for direct care workers in Iowa.

Deliverable: none

Results: The work of the Direct Care Workers Advisory Council was an integral part of the five face to face meetings of the Dementia Education Task Force. A meeting in February 2010 included a presentation about the five year effort of the DCWTF. The presentation included suggestions on how to align the work of the dementia education task force.

- The focus should be on function of the worker, rather the setting in which they are employed.
- The credential earned at the completion of training should be consistent in both initiatives.
- The timeframe to receive continuing education should be consistent
- The agency and process for coordinating credentials should be consistent.
- The process of grandfathering should align.

These areas are aligned in the dementia education task force recommendations for a standard curriculum model.

Additionally, there was overlap with membership on both task forces (Terry Hornbuckle and Marilyn Stille) and State Public Policy Group (SPPG) facilitated both projects. The dementia task force adopted the same

definition of direct care worker as the DCWTF. Finally, these final recommendations will be shared with the DCWTF to enhance communication upon completion of the project.

Objective 3: Serve as a resource to the IDA in the development of administrative rules for dementia training, including, but not limited to making recommendations based on the standard curriculum model, providing a sampling of administrative rules from other states and recommending best practices in dementia training.

Deliverable: none

Results

The Association reached out to IDA's administrative rules coordinator on two occasions during the contract period to begin dialogue about administrative rules. At the request of IDA staff, work on administrative rules was delayed until conclusion of the 2010 legislation session. Following the session, former director John McCalley suggested the Association provide information from other states which have already developed administrative rules. Appendix C includes recommended best practices dementia training, including samples from other states, from the Alzheimer's Association's public policy office. The Association remains committed to assisting with the development of administrative rules after the conclusion of this contract.

The Dementia Education Task Force also addressed the issue of administrative rules. The task force recommends that an outreach effort occur before and during administrative rules process to solicit stakeholder input and comments. This outreach represents the Phase One of recommended dissemination activities (see Objective 5 below)

Phase 1 Goal: Ensure recommendations of Iowa Dementia Education Task Force are written into Iowa Administrative Rules.

Objectives:

- Educate stakeholders on the importance of dementia education for direct care workers.
- Increase awareness of the recommended competencies for direct care workers and the importance that those competencies serve as essential education on dementia for direct care workers.
- Serve as a resource for stakeholders on dementia education, competencies for direct care workers, and the new model for educating direct care workers on dementia care and services.

Target Audience

- Iowa Department on Aging leaders and staff
- Iowans engaged in rule-making outreach
- Members of the Iowa Dementia Education Task Force
- Stakeholders in dementia education, including consumers, direct care workers, family of individuals with dementia, and others

Strategies

- Collaborate with the Iowa Department on Aging to engage Iowans in the rule-making process through town-hall style meetings to elicit feedback on the recommendations of the Iowa Dementia Education Task Force.
- Disseminate high-quality resources on the recommended model for educating direct care workers on dementia care and services, including the competencies, standards for maintenance of credential, and requirements for curriculum and instructor approval.
- Publish information on membership, deliberations, and recommendations of Iowa Dementia Education Task Force on Alzheimer's Association and collaborating partner websites.

Timeline: July to December 2010

Upon completion of Phase 1 of the dissemination plan, the IDA will collaborate with the Administrative Rules Coordinator and follow Iowa's normal rulemaking process. Additionally, the Association will be available to consult with the IDA as needed.

The Association recommends that the formal rule making process begin no later than January 1, 2011 and be complete by June 30, 2011.

Objective 4: Recommend a process for reviewing, certifying and evaluating existing and new dementia education curricula and trainers based on the standard model.

Deliverable: The Alzheimer's Association shall submit its recommendations for a process for reviewing, certifying and evaluating existing and new dementia education curricula and trainers based on the standard model by June 30, 2010.

Results: The following recommendations were developed by the Dementia Education Task Force:

The Dementia Education Task Force recommends that the Iowa Department of Public Health oversee the process of reviewing, evaluating and certifying curriculum and approving instructors. This process will result in state approved dementia curriculum and meet the intent of SF 2341. The task force suggests the approval process occur within the IDPH's Bureau of Professional Licensure and that it seek advice and input from stakeholders regarding curriculum review and instructor approval. The task force recommends the IDPH revise its internal procedures to address the process and frequency of curriculum and instructor review.

Additionally, the Dementia Education Task Force recommends that the Iowa Department on Aging review dementia education competencies and essential skills every five years. This review should also include input from stakeholders, including the groups represented on the task force.

Objective 5: Recommend a process for disseminating information about the new training standards and administrative rules to direct care workers via professional associations, newsletter articles, web-based information, existing conferences and meetings and other methods.

Deliverable: By June 30, 2010, the Alzheimer's Association shall submit its recommendations for a process to disseminate information about the new training standards and administrative rules to direct care workers via professional associations, newsletter articles, web-based information, existing conferences and meetings and other methods.

Results: The following recommendations were developed by the Dementia Education Task Force

Phase 1 - described above under Objective 4.

Phase 2 – Post Adoption of Administrative Rules

Goal: Increase direct care workers', employers', and consumers' awareness of new standard for credentialing in dementia care and services.

Target Audiences

- Direct care workers
- Employers of direct care workers
- Consumers and their family members
- Advocacy organizations
- Trade associations

Strategies

Collaborate with the Iowa Department on Aging to create a written summary of the new administrative rules in lay person's language suitable for electronic and print distribution.

Distribute information to stakeholders, including trade associations, Iowa Caregivers Association and others.

Create an outline and Power Point presentation about the new administrative rules and train presenters who will deliver the information at conferences, trade shows and other meetings of stakeholders. Presentations will be customized according to target audiences. Messages for target audiences will also be customized:

Direct Care Workers - Enhanced training in the area of dementia care will increase skills to perform your duties, leading to

- More respect for the profession
- More training leads to reduced stress
- Helpful in securing jobs in the health care field
- Less redundancy in training

Trade associations, advocacy groups, nurses and other professions

- Enhanced training of direct care workers is part of an effort to professionalize the direct care workforce to enhance Iowa's quality of life and care
- Direct care workers are an important part of a care team – this training will enhance the work of the team as a whole
- Competency-based standard allows various curricula that may be offered by many different organizations
- Training recommendations represent a consensus of stakeholders from various interested organizations and disciplines.

Employers of direct care workers – enhanced training for dementia care will lead to

- Reduced turnover due to more competent employees
- Happier customers and families due to improved care of the person with dementia
- Better quality of care for the person with dementia
- Training and skills that is portable from one employer to another; less redundancy in training
- Greater flexibility and accessibility for training options; improved quality of educational programs as a result of the process of certifying curriculum and instructors.

Consumers and Family Members

- Current services for persons with dementia should improve
- Education focuses on person-centered and consumer directed care; loved ones will be treated as individuals with individualized care and services
- Competency requirements of curriculum represent a holistic approach to care and services for individuals with dementia

Timeline: Phase Two of the dissemination plan will begin on July 1, 2011 or when the administrative rules have been finalized.

Objective 6: Conduct one family caregiver conference to educate unpaid caregivers about how to improve the quality of care for family members still living at home and of the availability of resources on Alzheimer's disease.

Deliverable: Prior to June 30, 2010, the Alzheimer's Association shall conduct one educational conference in central Iowa targeting unpaid caregivers

Results

In addition to caregiver conferences in Fort Dodge and Davenport (summarized in Appendix A), a conference “Hopeless to Hopeful...Alzheimer’s Research and Caregiving” was held in Des Moines on April 14, 2010. The conference featured keynote presentation by Dr. Bill Thies, chief medical and scientific officer of the national Alzheimer’s Association, David Troxel, MPH, co-author of five books on Alzheimer’s care and several local speakers. Over 250 people attended the conference, with family caregivers making up the largest portion of the audience (107 individuals), followed by health care professionals (78). Funds from the Iowa Department on Aging were used to cover costs of speakers and handouts for attendees, thus allowing the Association to reduce registration fees for caregivers.

See Appendix D for conference brochure and summary of evaluations of the April conference

Other Deliverables and Results

Deliverable: The Alzheimer’s Association, Greater Iowa Chapter shall attend an initial meeting with the IDA within ten days of approval of the revised contract to review the project’s revised scope of work.

Results: The meeting was held on February 4, 2010. Both parties verbally agreed to scope of work for the revised project.

Deliverable: Within two weeks after the initial meeting, the Alzheimer’s Association, Greater Iowa Chapter will submit a project outline detailing key components and completion dates for the project.

Results: The project outline was submitted via email on February 19, 2010. See Appendix E for the project outline.

Deliverable: The Alzheimer’s Association shall submit a brief status report upon the completion of each month regarding the progress of the project and a final year-end report by July 10, 2010.

Results: Reports and associated invoices were mailed by the 15th of each active month of the project. See Appendix F for copies of monthly reports.

Public Awareness Campaign

The original contract included a statewide public awareness campaign to educate lowans about the warning signs of Alzheimer’s disease and increase awareness of resources available from the Alzheimer’s Association. This portion of the project was eliminated with the October 2009 budget reductions. When it became apparent that all funds would not be spent as anticipated, former director McCalley granted permission to reallocate contract funds to conduct the campaign in late May, coinciding with Older Americans Month.

The statewide radio campaign focused on raising awareness of the Alzheimer’s Association and directing listeners to visit www.alz.org/10signs.org. The Association collaborated with Radio Iowa to purchase ads at discounted rates and to obtain donated ads to increase the impact and reach of the advertising dollars. Radio Iowa purchased ads throughout the entire state during the final two weeks of May. Donated and/or bonus ads were aired in early June. The campaign included 68 radio stations that target listeners age 25 and older. Ads were broadcasted combined total of 2,920 times, with an estimated 2,396,700 impressions during the three week campaign. Purchased ads cost \$10,460 and radio stations contributed an additional \$5,950 worth of bonus or free ads.

Additional Recommendations and Next Steps

1. Although it is outside the scope of the project, the task force recommends that supervisors, administrators, nurses, case managers, social workers and other licensed professionals should also be

competent in providing quality dementia care and services. The task force believes that these groups should also be required to receive training prior to employment and on an annual basis.

2. This report recommends a process to evaluate and certify dementia education curriculum and instructors. The task force recognizes that additional human and financial resources will be needed for this task. The Alzheimer’s Association will collaborate with the Iowa Department on Aging, Iowa Department of Public Health and other state agencies to identify costs and develop strategies, including funding from the Iowa Legislature, to continue this work.
3. Members of the Dementia Education Task Force noted the inconsistencies between administrative rules for different settings in which dementia care is provided. In particular, nursing facilities with CCDI units are currently required to provide only six hour hours of annual dementia training, while assisted living facilities must provide eight hours annually. The Alzheimer’s Association encourages the IDA and Iowa Department of Inspections and Appeals to collaborate on the rulemaking process to insure that rules are consistent in all settings and across all state agencies.
4. The recommendations for initial training of direct caregivers, along with a 30 day window of time to complete the training, represents a significant increase in required training hours. This recommendation is the consensus of the Dementia Education Task Force. In recognition of the challenges of meeting this recommendation, the Alzheimer’s Association encourages the IDA or IDPH, to explore opportunities for funding, including state appropriations or use of civil monetary fines, to cover the some or all of the cost of initial dementia training for direct care workers.
5. The Association will submit its report and recommendations to the Direct Care Worker Advisory Council and encourage continued alignment of the efforts of both entities.
6. Due to funding cuts, this project addressed only limited requirements of SF 2341. The Association urges the IDA to continue devoting resources to other components of the legislation, including training for expanded audiences, public awareness activities, reviewing trends related to long term living needs of persons with dementia and education of healthcare providers.

Financial Report

| | <u>Budget</u> | | | <u>Actual</u> | | |
|-------------------------------|--------------------|--------------|--------------|--------------------|--------------|--------------|
| | Grant Funds | Match | Total | Grant Funds | Match | Total |
| <u>Personnel</u> | | | | | | |
| Project Director | 3,750.00 | 3,750.00 | 7,500.00 | 2,800.00 | 3,550.00 | 6,350.00 |
| Program Director | 4,000.00 | 4,000.00 | 8,000.00 | 3,800.00 | 4,400.00 | 8,200.00 |
| Program Specialist | 1,250.00 | | 1,250.00 | 1,525.00 | | 1,525.00 |
| Administrative Assistant | 8,000.00 | | 8,000.00 | 6,150.00 | 230.00 | 6,380.00 |
| <u>Postage, telephone</u> | | | | | | |
| Postage and shipping | 250.00 | | 250.00 | 250.00 | | 250.00 |
| Telephone/conference calls | | 250.00 | 250.00 | | | |
| <u>Travel</u> | | | | | | |
| Lead agency staff travel | 150.00 | | 150.00 | 117.50 | | 117.50 |
| <u>Miscellaneous</u> | | | | | | |
| Office supplies | 600.00 | | 600.00 | 396.71 | 203.29 | 600.00 |
| Facility and equipment rental | | 100.00 | 100.00 | | | |
| Other | 500.00 | | 500.00 | 109.95 | | 109.95 |
| <u>Task Force meetings</u> | | | | | | |
| Member time | | 10,000.00 | 10,000.00 | | 8,412.50 | 8,412.50 |
| Food and refreshments | 1,500.00 | | 1,500.00 | 1,500.00 | | 1,500.00 |
| Mileage reimbursement | 2,000.00 | | 2,000.00 | 2,763.71 | | 2,763.71 |

| | | | | | | |
|----------------------------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| Meeting materials | 1,000.00 | | 1,000.00 | 440.85 | | 440.85 |
| Miscellaneous | 1,000.00 | | 1,000.00 | | | |
| Dissemination activities | 5,000.00 | | 5,000.00 | | | |
| <u>Caregiver conference</u> | 6,517.00 | 2,500.00 | 9,017.00 | 10,148.13 | 3,500.00 | 13,648.13 |
| <u>Public Awareness Campaign</u> | | | | 10,460.00 | 5,950.00 | 16,410.00 |
| <u>Sub-Contractors</u> | | | | | | |
| State Public Policy Group | 37,000.00 | | 37,000.00 | 32,054.50 | 4,945.45 | 36,999.95 |
| Total | 72,517.00 | 20,600.00 | 93,117.00 | 72,516.35 | 31,191.24 | 103,707.59 |

Appendix A

Work Completed Prior to October 31, 2009

Dementia Education Task Force: Invitations were sent to nearly 30 individuals to join the Dementia Education Task Force and the first meeting was held on September 24, 2009. Twenty-eight individuals, representing various settings (nursing facilities, assisted living, adult day services, and home care) and disciplines (administrators, nurses, direct care worker, Alzheimer's Association staff and family caregivers) participated. The meeting included introductions, history of dementia education in Iowa, presentation by Director John McCalley, discussion of guiding principles and review of the task force charge. The Iowa Caregivers Association donated meeting space and a morning snack. The State Public Policy Group was hired as a sub-contractor to assist with the entire project, facilitate task force meetings and assure alignment with the training recommendations from the Direct Care Worker Advisory Council.

Education for Family Caregivers: This two-pronged objective included statewide paid advertising to raise awareness about the warning signs of Alzheimer's disease and available resources for caregivers and also caregiver conferences. The Alzheimer's Association worked with Learfield Communications to create a statewide paid advertising campaign that would have featured 30-second messages on 63 radio stations throughout Iowa, plus 15-second messages on WHO Des Moines, WMT in Cedar Rapids and WOC in Davenport. Additionally, 30 second messages were planned for Fox 17-TV in Des Moines and KGAN-TV in Cedar Rapids. Advertising rates were significantly discounted and Learfield Communication offered to donate website banners to enhance the reach of the ads. All contracts for paid advertising were cancelled when funding was reduced. To date, efforts to secure private funding for paid advertising have been unsuccessful.

The second component of this objective involved educational conferences for family caregivers. A conference was held in Fort Dodge in October was attended by 115 people. This conference featured Dr. Kathleen Buckwalter from the University of Iowa as the keynote speaker. Grant funds were used to promote the program and provide caregiver resources for attendees. Another conference was held in Davenport and attended by 120 people. Grant funds covered paid advertising to recruit participants and provide caregiver resources for all attendees.

Appendix B

Standard Curriculum Model for Dementia Education

Deliverable

The Alzheimer's Association shall submit its recommended standard curriculum model to the IDA by June 1, 2010.

Background

The Alzheimer's Association created a Dementia Education Task Force charged with developing a comprehensive standard curriculum model and implementation plan for training personnel working regularly with persons with Alzheimer's disease and other forms of irreversible dementia. The task force consisted of 18 members representing various stakeholders, including the Direct Care Worker Task Force, who met six times between September 2009 and May 2010 to develop the standard curriculum model. See appendix for task force membership.

Standard Curriculum Model for Dementia Education

Target Audience – Direct care workers

These are individuals who provide supportive services and care to people experiencing illnesses or disabilities, not including nurses, case managers, or social workers. This definition directly aligns with the definition developed and used by the Iowa Direct Care Worker Task Force and Advisory Council. For the purposes of this project, a direct care worker is an individual who is employed to aid and attend individuals with Alzheimer's and other forms of irreversible dementia.

Although it is outside the scope of the project, the task force recommends that supervisors, administrators, nurses, case managers, social workers and other licensed professionals should also be competent in providing quality dementia care and services.

Desired Competencies

Competencies are defined as the skills, knowledge and approach that a direct care worker must possess and demonstrate to effectively provide care for a person with Alzheimer's disease or dementia. Dementia education curricula must have learning objectives that address the following competencies:

- Understanding Dementia
- Communication
- Person Centered/Directed Care
- Understanding Behavioral Symptoms
- Unique Aspects of Daily Living
- Meaningful Relationships and Social Engagement
- Ethics of Caregiving
- Understanding and Managing Stress

Competency requires a variety of essential skills, specifically:

Understanding Dementia

The direct care worker will demonstrate understanding of Alzheimer's disease and other forms of irreversible dementia, knowledge of the losses and progression associated with irreversible dementia and its impact on the quality of life of the individual with dementia.

Essential Skills:

- Knowledge of the types of irreversible dementia
- Knowledge of the progression of disease
- Understanding of the difference between normal aging and Alzheimer's disease and related dementia.
- Knowledge of the ten warning signs of dementia
- Knowledge of the definition of dementia
- Knowledge of how other dementia differs from Alzheimer's

Communication

The direct care worker will demonstrate an understanding of dementia-related communication changes and develop skills to communicate and interact effectively with individuals with dementia, as well as their families and associated care teams. The direct care worker will focus on positive relationships using affirming communication and non-verbal strategies that enhance the individual's self esteem. The direct care worker will avoid correcting, reasoning, and/or reality orientation while demonstrating an understanding of the guidance provided in individualized plans. The direct care worker will learn to look beyond the words and communication losses to understand what the individual is communicating with their behavior and other non-verbal communication.

Essential Skills:

- Understanding of the common characteristics of communication with individuals with dementia
- Ability to individualize communication
- Ability to communicate as part of care team
- Ability to communicate with families of individuals with dementia
- Ability to interpret the care plan
- Recognition and understanding of the importance of non-verbal communication
- Recognition that behaviors are a way of communicating
- Ability to respond appropriately to repetitive questions
- Maintaining a person's dignity by validating emotions and frustrations
- Understanding that discussions about a person in his/her presence, without his/her participation, should be avoided
- Understanding that correcting, reasoning and/or arguing with a person should be avoided
- Ability to use simple sentence structure and statements that include only one thought
- Recognition that a person's need for comfort is more important than the direct care worker's need to be right

Person Centered/Directed Care

The direct care worker will demonstrate how to provide holistic care and services based on the knowledge that each person with irreversible dementia is unique with individual needs and preferences. The direct care worker will demonstrate how to promote the individual's strengths and how to minimize the impact of the disease to assure the best quality of life for the individual.

Essential Skills:

- Ability to define person-centered/directed care
- Understanding of VIPS – Valuing, individualized care and services, perspective, and positive social environment (V- valuing people with dementia, I-treating people as individuals P-looking at the world from their perspective, S- Providing a positive social environment)
- Knowledge of care teams and individualized care plans and ability to implement care plans.
- Ability to use personal background, history, family members, and/or life story to individualize care and services

Understanding Behavioral Symptoms

The direct care worker will demonstrate knowledge of behavioral symptoms of persons with irreversible dementia caused by brain damage and progression of the disease. The direct care worker will demonstrate strategies and approaches that minimize frustration, protect the person's dignity and enhance quality of life. The direct care worker will demonstrate knowledge of how to utilize individualized care plans by understanding individuals' unique behavioral symptoms, the purpose of and side effects of medications, and the best approach to an individuals' unique actions and reactions.

Essential Skills:

- Recognition of non-verbal indicators of pain
- Knowledge of non-pharmaceutical interventions
- Knowledge of common pharmaceutical side effects
- Understanding of how behaviors are symptoms of unmet needs
- Ability to define late-day anxiety and fatigue-related behavior such as “sundowning” and “catastrophic reaction”
- Understanding the positive and negative effects environment may have on the behavior of persons with dementia
- Ability to list common causes for behavioral changes
- Recognition of causes for difficult symptoms related to a task
- Understanding inappropriate sexual behaviors and need for intimacy

Unique Aspects of Daily Living

The direct care worker will demonstrate an understanding of the unique impact of irreversible dementia on an individual's ability to carry out personal care and the importance of structure in their daily life. The direct care worker will demonstrate how to adapt care and services to respect each person's privacy, dignity, and nutritional needs; minimize the individual's frustration; and encourage independence as appropriate.

Essential Skills:

- Knowledge of unique strategies for personal care of individuals with dementia
- Recognizing the importance of cueing and prompting
- Ability to adapt strategies to the current abilities of the individual with dementia
- Knowledge of how to support the nutritional and hydration needs of individuals with dementia
- Ability to demonstrate the following:
 - Sequencing
 - Mirroring
 - Hand-over-hand
 - Chaining and end-chaining
 - Bridging
 - Mouth opening and swallowing facilitation
- Understanding of risk factors and interventions to prevent falls (Safety)
- Knowledge of how cognitive and functional loss impacts daily life

Meaningful Relationships and Social Engagement

The direct care worker will demonstrate an understanding of the importance of relationships with family, friends, neighbors, direct care workers and the community in which the person with irreversible dementia lives. The direct care worker will demonstrate how to offer therapeutic programming which provides individualized activities which are meaningful, stimulating and encouraging contact with others.

Essential Skills:

- Understanding of how to recognize spirituality of individual served
- Ability to encourage simple pleasures and stimulate the senses through activities
- Ability to integrate meaning and structure into daily life
- Understanding of ways to meet the emotional needs of families with loved ones with dementia
- Knowledge of reasons why families may be described as “difficult” or “demanding”
- Understanding the importance of establishing relationships with other individuals in setting/facility or peer group
- Understanding the importance of individuals with dementia being accepted as they are.

Ethics of Caregiving

The direct care worker will demonstrate an understanding of ethical issues that relate to working with persons with irreversible dementia and how these issues impact the individual’s quality of life. Direct care workers will incorporate ethical care giving principles into their work practice providing holistic care and support to persons with irreversible dementia.

Essential Skills:

- Knowledge and understanding the rights of individuals served
- Understanding end of life care and services
- Knowledge regarding the ethical principles of caregiving
- Knowledge of legal issues for direct care workers, such as mandatory abuse reporting

- Understanding standards of professional conduct

Understanding and Managing Stress

Direct care worker will demonstrate their knowledge of how stress impacts the individual with dementia, their family, friends and the direct care worker personally. The direct care worker will demonstrate effective ways of managing stress in their work environment which will enable them to provide the best quality of life possible for individuals with irreversible dementia.

Essential Skills:

- Knowledge of approaches for reducing direct care worker burden and burnout
- Understanding how direct care worker stress impacts the individual served

Modes of Delivery

Training may be delivered in a variety of ways, including classroom instruction, audio-visuals, web-based, case study discussion, and other methods. A combination of methods is recommended to enhance accessibility and effectiveness and to allow for different learning styles among direct care workers.

Competency testing

The curriculum must provide information on how direct care workers will be evaluated for competency. Competency testing should include an assessment of knowledge, affective and psychomotor skills and may include such methods as written pre-and post-tests, skills checklists, supervisor observation and/or client response.

Credential earned upon completion of an approved curriculum

Direct care workers will receive a Certificate of Completion issued by the instructor of approved curriculum.

Minimum initial training hours

Direct care workers must receive a total of 16 hours of training upon beginning of employment. The hours may be a combination of classroom and supervised interactive experience. The 16 hours must be completed within 30 days of initial employment.

Instructor qualifications

Instructors of dementia curriculum must have a minimum of two years experience providing care or services for individuals with dementia, professionally or otherwise.

Instructors shall also have completed educational coursework on learning or have experience with teaching adults or supervising direct care workers.

Frequency of Training

After the initial 16 hours of training, direct care workers must receive eight hours of continuing education annually. The content of the continuing education must pertain to one or more of the competency categories described above.

Portability

The Certificate of Completion is valid in all settings in which dementia care is provided and is transferable from one employer to another.

Comments

- The task will forward these recommendations to the Direct Care Worker Advisory Council to ensure ongoing collaboration between groups.
- Although the work of this project is focused on direct care workers, the task force believes other paid professionals, including administrator, supervisors, nurses, social workers and case managers who regularly provide care to persons with Alzheimer’s should also be required to obtain training in the area of dementia care.
- The final report to the Iowa Department on Aging, due June 30, 2010, will include additional recommendations on the process for reviewing and certifying curricula and instructors; resources and recommendations for creating administrative rules for dementia training and recommendations for disseminating information regarding the new rules.

Dementia Education Task Force Members

| Organization or Perspective | Representative(s) |
|--|--|
| Alzheimer’s Association chapters in Iowa | Carol Sipfle, Nancy Carrick, Connie Lucas, Jackie Westhoff, Kelly Hauer, Clayton Freeman |
| Assisted living | Diane Rollins (Friendship Haven) |
| Community Colleges | Victor Palmer (Hawkeye Community College and Marilyn Stille (Northwest Iowa Community College) |
| Direct Care Worker Task Force/Advisory Council | State Public Policy Group staff, Marilyn Stille, Terry Hornbuckle, Iowa Caregivers Association |
| Family Member | Pat Hildebrand |
| Hospice | Ann Riesenberg (Hospice of Central Iowa) |
| Iowa Adult Day Services Association | Denise Gienapp (Wesley Adult Day) |
| Iowa Association of Homes and Services for the Aging | Kathy Strang |
| Iowa Caregivers Association | Mary Oliver |
| Iowa Department on Aging | Terry Hornbuckle |
| Iowa Department of Inspections and Appeals | Ann Martin |
| Iowa Health Care Association | Peggy O’Neil (Bickford Cottage) |
| Persons with disabilities | Casey Westhoff (ARC of Iowa) |

Appendix C

Dementia Training Policy Recommendations

Appendix D

Hopeless to Hopeful...Alzheimer's Research and Caregiving conference

Evaluation Results

Conference Name: Hopeless to Hopeful...Alzheimer's Research and Caregiving

Location: Ramada Tropics Resort and Conference Center, Des Moines, IA

Date: Wednesday, April 14, 2010

(137 total evaluations were returned)

Overall, I was satisfied with this conference:

| | |
|-------------------|----|
| Strongly Agree | 99 |
| Agree | 37 |
| Not Sure | 0 |
| Disagree | 0 |
| Strongly Disagree | 0 |

| | |
|-------------------|----|
| Strongly Agree | 76 |
| Agree | 56 |
| Not Sure | 4 |
| Disagree | 0 |
| Strongly Disagree | 0 |

I would recommend this conference to others:

| | |
|-------------------|-----|
| Strongly Agree | 102 |
| Agree | 34 |
| Not Sure | 0 |
| Disagree | 0 |
| Strongly Disagree | 0 |

I can describe the elements of the Best Friends Approach:

| | |
|-------------------|----|
| Strongly Agree | 69 |
| Agree | 61 |
| Not Sure | 6 |
| Disagree | 0 |
| Strongly Disagree | 0 |

I learned something new from this conference:

| | |
|-------------------|-----|
| Strongly Agree | 102 |
| Agree | 35 |
| Not Sure | 0 |
| Disagree | 0 |
| Strongly Disagree | 0 |

Breakout sessions were relevant and useful:

| | |
|-------------------|----|
| Strongly Agree | 63 |
| Agree | 65 |
| Not Sure | 6 |
| Disagree | 0 |
| Strongly Disagree | 0 |

I learned something I can use at this conference:

| | |
|-------------------|-----|
| Strongly Agree | 100 |
| Agree | 36 |
| Not Sure | 0 |
| Disagree | 0 |
| Strongly Disagree | 0 |

Is this the first time you have attended an Alzheimer's Association conference?

| | |
|-----|----|
| Yes | 73 |
| No | 61 |

The registration process was simple:

| | |
|-------------------|-----|
| Strongly Agree | 102 |
| Agree | 29 |
| Not Sure | 3 |
| Disagree | 2 |
| Strongly Disagree | 0 |

How did you hear about this conference?

| | |
|--------------------------|----|
| Alzheimer's Association | 83 |
| Healthcare provider | 16 |
| Advertisement | 12 |
| Employer or colleague | 12 |
| Family member or friend | 9 |
| Other | 1 |
| -From another conference | |

My knowledge of Alzheimer's disease has increased:

Your gender:

| | |
|--------|-----|
| Female | 123 |
|--------|-----|

Male 12

Other 11

Choose the one that best describes you. I am a:

| | |
|--------------------------------------|----|
| Person with memory loss or dementia | 1 |
| Spouse/partner | 11 |
| Daughter/son | 38 |
| Other relative or friend | 7 |
| Healthcare or human service employee | 66 |

| |
|---|
| Support Group Facilitator (4) |
| LPN, Holistic Practitioner |
| RN, Holistic Practitioner |
| Activities Director |
| Retired professional/volunteer |
| Volunteer Adult Day/Alzheimer's Association |
| RN- Coordinator of Memory Care |

Your race/ethnicity:

| | |
|-----------------------------------|-----|
| White/Caucasian | 130 |
| Black/African-American | 1 |
| Hispanic/Latino | 0 |
| Asian or Pacific Islander | 2 |
| American Indian or Alaskan Native | 0 |
| Two or more races | 1 |
| Other | 0 |

Your yearly household income:

| | |
|---------------------|----|
| \$25,000 or less | 10 |
| \$2,5001 - 50,000 | 34 |
| \$50,001 - 75,000 | 42 |
| \$75,001 - 100,000 | 10 |
| More than \$100,000 | 13 |

Your age:

| | | | | | | | |
|----|---|----|---|----|---|----|---|
| 23 | 2 | 38 | 3 | 51 | 9 | 62 | 9 |
| 26 | 1 | 40 | 2 | 52 | 5 | 63 | 5 |
| 28 | 2 | 41 | 2 | 53 | 2 | 64 | 3 |
| 29 | 2 | 42 | 2 | 54 | 3 | 65 | 2 |
| 30 | 1 | 43 | 3 | 55 | 6 | 66 | 2 |
| 31 | 1 | 44 | 4 | 56 | 2 | 67 | 6 |
| 32 | 1 | 45 | 2 | 57 | 6 | 68 | 3 |
| 34 | 1 | 47 | 2 | 58 | 3 | 70 | 2 |
| 35 | 1 | 48 | 4 | 59 | 4 | 71 | 3 |
| 36 | 1 | 49 | 3 | 60 | 6 | 75 | 3 |
| 37 | 2 | 50 | 3 | 61 | 3 | 79 | 1 |

Your home zip code:

| | | | | | | | |
|-------|---|-------|---|-------|---|-------|---|
| 50009 | 1 | 50014 | 2 | 50023 | 2 | 50035 | 1 |
| 50010 | 6 | 50015 | 1 | 50025 | 1 | 50036 | 3 |

| | | | |
|-------|----|-------|---|
| 50047 | 2 | 50322 | 1 |
| 50048 | 1 | 50323 | 1 |
| 50049 | 1 | 50325 | 4 |
| 50050 | 1 | 50327 | 4 |
| 50061 | 1 | 50501 | 5 |
| 50070 | 2 | 50533 | 2 |
| 50072 | 1 | 50575 | 1 |
| 50109 | 1 | 50598 | 1 |
| 50115 | 1 | 50613 | 1 |
| 50125 | 3 | 50627 | 1 |
| 50129 | 2 | 50801 | 2 |
| 50156 | 1 | 50840 | 1 |
| 50158 | 4 | 52577 | 9 |
| 50166 | 1 | 52807 | 1 |
| 50170 | 1 | 54813 | 1 |
| 50174 | 1 | 61201 | 1 |
| 50201 | 1 | 68136 | 1 |
| 50207 | 1 | | |
| 50208 | 2 | | |
| 50216 | 1 | | |
| 50217 | 1 | | |
| 50219 | 1 | | |
| 50220 | 2 | | |
| 50230 | 1 | | |
| 50231 | 1 | | |
| 50237 | 2 | | |
| 50248 | 2 | | |
| 50250 | 4 | | |
| 50263 | 1 | | |
| 50265 | 2 | | |
| 50266 | 3 | | |
| 50273 | 2 | | |
| 50276 | 1 | | |
| 50277 | 1 | | |
| 50310 | 10 | | |
| 50311 | 2 | | |
| 50312 | 2 | | |
| 50314 | 1 | | |
| 50315 | 5 | | |
| 50317 | 1 | | |
| 50320 | 1 | | |

Comments:

What did you like best about this conference?

1. Information timely and geared toward various levels of expertise and experience for both families and professionals
2. Grief work shop
3. Great information
4. Great location, good size
5. David Troxel presentation
6. Variety of information
7. Bill Connet- such a wonderful modeling for caregivers and professionals alike
8. Great speakers- kept time schedule
9. Energy from David Troxel
10. Great "modeling" in question and answer session
11. Atmosphere was comfortable
12. Good facility for meeting space
13. David Troxel- he was positive and upbeat. Loved his approaches, he makes sense
14. The great speakers! Different from the "usual"- not boring. Held your attention and time went fast. Hope to attend again!
15. The progression of the material
16. Loved! Loved! Loved Bill Connet!
17. David Troxel's 2 presentations were very informative and information that he had will be very useful at my Alzheimer's disease program
18. Activities for Alzheimer's disease persons, legal information, "knack", person centered
19. Registration process- loved having people who could tell us where we needed to go
20. Staying on time and built in time for questions
21. Like breakout sessions and moving about
22. Compared to the last conference I went to this was a great improvement
23. Very reasonably priced- it allowed for more families and caregivers to attend
24. The entire day was great! I'm glad I had the opportunity to attend
25. Excellent exhibits- exhibitors were very helpful and excellent communicators
26. Excellent lunch served in a very efficient manner
27. Answers to personal questions and handouts
28. The reasonable cost and the abundance of information available
29. Feeling of support from other family members
30. In addition to the speakers, the interaction with other caregivers. Good to know through exhibitors and speakers how much support is available
31. I thought it was great! Very informative! Gave me some great ideas for staff development
32. Organization
33. It was exceptional! Speakers were fun, educational, and inspirational!
34. Speakers were excellent- topics I thought might not pertain to me were still very useful
35. Ideas for activities and music activity
36. The fact that the day was interactive was great

How could we improve this conference?

1. Longer session with Sasha Mudlaff

2. A description of what is covered in breakout sessions to help those of us who are both professional and caregiver
3. Larger font in PowerPoint presentations
4. Have presenters repeat audience members questions in question and answer session
5. Everything was great- please pat yourself on the back
6. I thought it was excellent
7. Notify participants you have received their registration form and check
8. Great speakers! Great exhibits! Great lunch!
9. All new material for next year
10. All was great!! Keep up the good work for all!!
11. Longer session with Bill Connet
12. Motivational speaker at the beginning
13. Classroom style room set up
14. Make breakout sessions a little longer
15. Two day conference
16. Possibly hold on a Saturday, as it is difficult to take off work
17. Great as is
18. Breaking up into small groups for problem discussion
19. You did a great job!!
20. Advertise more to nurses and public
21. Continue to have several exhibitors
22. More breakout sessions
23. Longer session on financial planning
24. Vegetarian option for lunch
25. Warmer room temperature
26. Clearer breakdown from mild, moderate, and late stage
27. Keep this format- it was great! Especially the music!
28. More in depth about communicating with Alzheimer's
29. Breakouts more for long term care providers, families, and activity directors- make them more individualized

What topics would you like to see at future conferences?

1. Variety of dementias
2. How to work with care facility staff- as family member of someone with Alzheimer's disease- being an advocate
3. How to interview/determine which care facility is best for your loved one
4. Spirituality and Alzheimer's
5. Humor in the workplace when working with Alzheimer's individuals and with family members
6. More about front temporal and Picks disease
7. More about memory jogging tips for those with early stage dementia
8. More about benefits of journaling in early dementia
9. More on grief coping
10. Caregiving for the baby boomers
11. More information on Alzheimer's in the assisted living setting
12. Medications
13. How to inform your friends of what you are going through more. What could help them understand the hardships you are going through

14. Living surrounding improvements for locked units
15. Modules for professionals regarding dealing with residents families
16. More information on end stage Alzheimer's
17. Long distance caregiving
18. Research again
19. Medical symptoms
20. Available treatments
21. Focus on adult day services
22. Holistic approaches
23. Caring for the caregiver
24. How to deal with insurance companies trying to manage care of residents
25. Activities for late stage dementia
26. Discussing the discontinuation of Aricept and Namenda
27. Offer the classes required for Dementia training for nurses or staff that care for people with dementia/Alzheimer's
28. How to support families and provide education to families
29. Activities and rehab for Alzheimer's
30. Culture change in long term care and dementia care
31. Continued updates on progress- everything here today!
32. Ideas on dementia training
33. Stages of Alzheimer's- what the different stages are and what to expect in each of the stages
34. Stress relief for staff
35. Performing cognitive tests
36. Memory loss without Alzheimer's
37. Workbook listing local support services with phone numbers, etc
38. It was great- well planned and nice mix of topics
39. Pain management
40. Nutrition complications
41. New approaches/education
42. More "hands on" tips for families
43. Love the life story idea- keep it going

Overall evaluation- 98% scored strongly agree or agree on evaluations for overall conference satisfaction

Conference Details

Registration

| | |
|--|-----|
| Family Member or Caregiver: | 107 |
| Healthcare Professional: | 78 |
| Support Group Facilitators: | 11 |
| Total Registrations: | 196 |
| Staff, guests, speakers, and volunteers: | 35 |
| Walk-ins: | 10 |
| Absent attendees: | 15 |
| | |
| Total Exhibits: | 21 |

| | |
|---------------------------------------|-----|
| Total Exhibitors: | 26 |
| Total Attendance: | 191 |
| Total Number of People at Conference: | 252 |

- Approximately 26 registrations came in after April 4, 2010 (newspaper article)
- 81 CEU/CEH certificates requested for professionals
- Made 2000 brochures- distributed by email, mailed 1,800 to those on our mailing list, hand delivered, mailed to support group leaders and included at programs. Information was included on website, newspaper, newsletter, and support group newsletter

Appendix E

Project Outline

**Iowa Dementia Education Project
Project Outline - Revised**

Alzheimer's Association, Greater Iowa Chapter

J = January 2010
F = February 2010
M = March 2010
A = April 2010
Ma = May 2010
Ju = June 2010

| Tasks | Completion | | | | | | Deliverable |
|---|------------|---|---|---|----|----|--|
| | J | F | M | A | Ma | Ju | |
| Sign contract amendment and hold initial meeting with IDA staff to review the project's scope of work | X | | | | | | Meeting held |
| Submit revised project outline to IDA | | X | | | | | Project outline submitted |
| Reduce the size Dementia Education Task Force while maintaining broad representation from all stages of the continuum of care for persons with dementia. | X | X | | | | | Task force membership is approximately 15 |
| Hold meetings of the Dementia Education Task Force to address the following project deliverables: <ul style="list-style-type: none"> • Develop a standard curriculum model for dementia training of direct care workers. • Collaborate with the IDA as necessary and consider the recommendations of the Direct Care Workers Task Force for the development of training standards for dementia education for direct care workers in Iowa. • Serve as a resource to the IDA in the development of administrative rules for dementia training. | | X | X | X | X | | Standard curriculum model completed. DCWTF is represented on dementia education task force. Input provided |

| | | | | | | | |
|---|--|---|---|---|---|---|--|
| <ul style="list-style-type: none"> • Recommend a process for reviewing, certifying and evaluating existing and new dementia education curricula and trainers. • Recommend a process for disseminating information about the new training standards and administrative rules to direct care workers. | | | | | X | X | <p>when requested.</p> <p>Recommendations included in final report.</p> <p>Recommendations included in final report.</p> |
| <p>Conduct one additional conference targeting unpaid caregivers to educate them about how to improve the quality of care for family members still living at home.</p> | | | | X | | | <p>Total participation of 150 individuals</p> |
| <p>Submit monthly status reports and expenses to IDA</p> | | X | X | X | X | X | <p>Reports submitted by the 10th of each month.</p> |
| <p>Submit a final report, including recommendations, copies of training materials, recommendations for continuation and results of the evaluation to the IDA</p> | | | | | | X | <p>Report submitted by July 10, 2010</p> |

Appendix F

Monthly Reports

Monthly Status Report: July 2009

Summary of Activities

- The Alzheimer's Association, Greater Iowa Chapter was notified of the IDA's intent to award the contract. Exchanged communication with IDA staff resulting in final contract on 7-30-09. The Alzheimer's Association is seeking board approval for the Executive Director to sign contract.
- Meeting with Terry Hornbuckle, Joel Wulf, Carol Sipfle and Nancy Carrick on 7-16-09 to strategize for implementation, respond to questions and begin project.
- Project Outline developed and submitted to IDA on 7-31-09.
- Initial meeting with State Public Policy Group, one of four sub-contractors.
- Letter and mailing list developed to invite individuals and organizations to join Dementia Education Task Force.
- Internal systems created to track expenses and monitor progress toward project goals and budget.

Contract Expenses:

Requested from IDA (documentation and invoice attached)

| Expense | Amount |
|------------------------------|------------|
| n/a | \$0 |
| Sub-total grant funds | \$0 |

Matching Funds

| Expense | Amount | Match source |
|----------------------------------|--------------|-------------------------|
| Project director – 10 hrs @ \$50 | \$500 | Alzheimer's Association |
| Program director – 10 hrs @ \$40 | \$400 | Alzheimer's Association |
| Sub-total matching funds | \$900 | |

Total **\$900**

Monthly Status Report for August 2009

The following activities occurred during the last month:

- The Alzheimer’s Association began working with sub-contractor State Public Policy Group to create the Dementia Education Task Force. A list of 29 potential members was created; letters inviting members to attend the first meeting of the task force were sent; the first meeting was set for Sept 24, 2009; and an agenda for the meeting was developed. SPPG provided input on potential membership from the Direct Care Worker Advisory Committee; provided an on the project update to Alzheimer’s Association staff; and suggested ways to align the two projects.
- Initial research for a statewide public awareness campaign began to determine how to maximize the impact of the impact of paid advertising. The public awareness campaign is slated to begin in November to coincide with National Alzheimer’s Disease Awareness Month.

Contract Expenses:

Requested from IDA (invoice attached)

Expense

| | |
|----------------------------------|-----------------|
| Program Director – 5 hrs @ \$40 | \$200.00 |
| Project Director – 7 hrs @ \$50 | \$350.00 |
| Admin Asst. – 40 hrs @ \$20 | \$800.00 |
| Program Specialist – 3 hrs @\$25 | 75.00 |
| Sub-contractor – SPPG | \$4,090.90 |
| Sub-total grant funds | 5,515.90 |

Matching Funds

Expense

| | Amount | Match source |
|---------------------------------|---------------|-------------------------|
| Program director – 5 hrs @ \$40 | \$200 | Alzheimer’s Association |
| Sub-total matching funds | \$200 | |

Total **\$5,715.90**

Monthly Status Report for September 2009

Dementia Education Task Force

- The first meeting of the Dementia Education Task Force was held on September 24, 2004. Twenty-eight individuals, representing various settings (nursing facilities, assisted living, adult day services, and home care) and disciplines (administrators, nurses, direct care worker, Alzheimer's Association staff and family caregivers) participated.
- The meeting included introductions, history of dementia education in Iowa, presentation by Director John McCalley, discussion of guiding principles and review of the task force charge.
- The Iowa Caregivers Association donated meeting space and a morning snack. The State Public Policy Group facilitated the meeting.
- A summary of the task force meeting is attached.
- Future meetings of the task force were set for October 27, November 18 and December 15.

Public Awareness Campaign

- Learfield Communications developed a proposal for a statewide paid advertising campaign designed to raise awareness of the 10 Warning Signs of Alzheimer's disease and the resources available for family caregivers. The proposal includes 30-second messages to be placed on 63 radio stations throughout Iowa, plus 15-second messages on WHO Des Moines, WMT in Cedar Rapids and WOC in Davenport. Additionally, 30 second messages will also be aired on two television stations - Fox 17 in Des Moines and KGAN in Cedar Rapids.
- Advertising rates negotiated by Learfield Communications represent significantly discounted rates, estimated to be one-third of the cost of what an advertiser would pay if negotiated independently.
- Learfield Communications is donating an Alzheimer's Association banner on the website for the month of November.
- Ads will primarily occur in November coincide with National Alzheimer's Disease Awareness Month and reinforce other messaging.

September Expenses

| General Expenses | Grant Funds | Match | Total |
|---|--------------------|--------------|--------------|
| <u>Personnel</u> ⁽¹⁾ | | | |
| Project Director (20 hours @ \$50) | \$500.00 | \$500.00 | \$1,000.00 |
| Program Director (20 hours @ \$40) | \$400.00 | \$400.00 | \$800.00 |
| Administrative Assistant (35 hours @ \$20) | \$700.00 | | \$700.00 |

| | | | |
|-----------------------------------|----------|----------|----------|
| <u>Postage, telephone</u> | 0 | 0 | 0 |
| <u>Travel – lead agency staff</u> | 0 | 0 | 0 |
| Miscellaneous | | | |
| Office supplies | \$203.29 | \$203.29 | \$406.58 |

Project Specific Expenses

Task Force meetings (face to face)

| | | | |
|-----------------------------------|----------|------------|------------|
| 24 members @ \$25.00/hr X 6 hours | | \$3,600.00 | \$3,600.00 |
| Food and refreshments | \$486.93 | | \$486.93 |
| Mileage reimbursement for members | \$934.45 | | \$934.45 |
| Meeting materials, handouts, etc | \$407.35 | | \$407.35 |

Sub-Contractors

| | | | |
|---------------------------|--|-------------------|--------------------|
| State Public Policy Group | | \$4,090.90 | \$4,090.90 |
| | | <hr/> | <hr/> |
| | | \$7,722.92 | \$4,703.29 |
| | | | \$12,426.21 |

Monthly Status Report for October 2009

Dementia Education Task Force

- Alzheimer’s Association staff met with sub-contractor State Public Policy Group to strategize about the future of the dementia education task force when it was announced that funding for the project may be eliminated. The decision was made to cancel the October 28 task force meeting, but ask members to continue saving meeting dates in November and December.
- A request was made to Director Krogmeier of the Department of Human Services to allocate civil monetary penalty funds for the dementia education task force. There has been no response to date.
- The national Alzheimer’s Association was asked to provide funding for the dementia education task force, but declined.

Public Awareness Campaign

- Plans and contracts for the statewide paid advertising campaign were cancelled.
- Iowa Health System was approached to provide funding for the public awareness campaign, but declined the request.
- Grant funds were used to provide resources to unpaid family caregivers who attended conferences in two locations. A conference in Fort Dodge was attended by 115 people. This conference featured Dr. Kathleen Buckwalter from the University of Iowa as the keynote speaker. Grant funds were used to promote the program and provide caregiver resources for attendees.
- Another conference was held in Davenport and attended by 120 people. Grant funds covered paid advertising to recruit participants and provide caregiver resources for all attendees.

October Expenses

| General Expenses | Grant Funds | Match | Total |
|---|--------------------|--------------|--------------|
| <u>Personnel</u> ⁽¹⁾ | | | |
| Project Director (12 hours @ \$50) | \$300.00 | \$300.00 | \$600.00 |
| Program Director (8 hours @ \$40) | \$160.00 | \$160.00 | \$320.00 |
| Administrative Assistant (27 hours @ \$20) | \$540.00 | | \$540.00 |
| | | | |
| <u>Postage, telephone</u> | 0 | 0 | 0 |
| | | | |
| <u>Travel – lead agency staff</u> | 0 | 0 | 0 |
| | | | |
| <u>Miscellaneous</u> | | | |
| Office supplies | 77.96 | | 77.96 |

Project Specific Expenses – Family Caregiver Conferences

| | | |
|--|----------|----------|
| • Printing – Fort Dodge and Davenport | 309.19 | 309.19 |
| • K. Buckwalter, speaker expenses and mileage – Fort Dodge | 654.00 | 654.00 |
| • Caregiver resources – Davenport | 1,707.25 | 1,707.25 |
| • Promotion/advertising – Fort Dodge and Davenport | 1,486.00 | 1,486.00 |

Sub-Contractors

| | | |
|---------------------------|-----------------|-----------------|
| State Public Policy Group | \$4,090.90 | \$4,090.90 |
| | 9,325.30 | 460.00 |
| | 9,785.30 | 9,785.30 |

Monthly Status Report for February 2010

An initial meeting was held with Terry Hornbuckle on February 4, 2010 to review the revised contract and scope of work. This satisfies deliverable #1 of the project.

The revised project outline was submitted to the Iowa Dept. on Aging and accepted on February 22, 2010. This satisfies deliverable #2.

The original Dementia Education Task Force consisting of over 30 members was downsized to 17 members. Membership includes representation from nursing facilities, assisted living, home care, adult day services, individuals with disabilities, direct care workers, Iowa Departments of Aging and Inspections and Appeals, community colleges, hospice, Alzheimer's Association, and a family caregiver.

The Dementia Education Task Force met on February 24, 2010 and was attended by 20 people. The meeting included a review of the revised project, discussion about what a "standard curriculum model" means and its essential elements, overview of the work of the Direct Care Worker Advisory Council and brainstorming of competencies needed for dementia care providers. Future Dementia Education Task Force meetings have been set for March 9, March 24 and April 7.

February Expenses

| General | Grant Funds | Match | Total |
|---|-------------|------------|------------|
| <u>Personnel</u> ⁽¹⁾ | | | |
| Project Director (12 hours @ \$50) | \$300.00 | \$300.00 | \$600.00 |
| Program Director (14 hours @ \$40) | \$280.00 | \$280.00 | \$560.00 |
| Program Specialist (8 hours @ \$25) | \$200.00 | | \$200.00 |
| Administrative Assistant (25 hours @ \$20) | \$500.00 | | \$500.00 |
| <u>Postage, telephone</u> | 0 | 0 | 0 |
| <u>Travel – lead agency staff</u> | 0 | 0 | 0 |
| 79 miles @ \$.50/mi | \$39.50 | | \$39.50 |
| Project Specific Expenses | | | |
| <u>Dementia education task force</u> | | | |
| Member time (11 members @ 4.5 hrs X \$25) | | \$1,237.50 | \$1,237.50 |
| Reimbursement of members' travel expenses | \$518.50 | | \$518.50 |
| Meeting materials/printing | \$33.50 | | \$33.50 |
| Meals and refreshments for meeting | \$249.95 | | \$249.95 |
| <u>Family Caregiver Conferences</u> | | | |

| | | |
|--|-------------------|------------------------------|
| Deposit on venue for family caregiver conference | \$500.00 | \$500.00 |
| Sub-Contractors | | |
| State Public Policy Group | \$4,945.45 | \$4,945.45 |
| Total | \$7,566.90 | \$1,837.50 \$9,384.40 |

Monthly Status Report for March 2010

The Dementia Education Task Force held face to face meetings on March 9 and 24, 2010. The full task force continued the work it began in February to create the standard curriculum model for dementia training in Iowa. Thus far the task force has developed recommendations that address competencies for direct care workers, competency assessment, instructor qualifications, modes of delivery, minimum hours of training and credential to be earned upon completion of training. The work of the task force was supported by two sub-committees – one to develop competencies and another to recommend competency assessment – who met by conference call in March.

The task force continued to work to align its efforts with the Direct Care Worker Task Force by continued DCWTF representation and through regular updates by SPPG.

The Alzheimer’s Association also reached out to the Iowa Department on Aging to offer assistance toward the creation of administrative rules for dementia training in Iowa. Follow-up will occur after the legislative session ends.

Planning for a family caregiver conference continued throughout March and brochures were distributed via email and hard copy to over 1000 individuals. National speakers Dr. Bill Thies of the Alzheimer’s Association and David Troxel will serve as keynote speakers. The conference is planned for April 14, 2010 in Des Moines.

March Expenses

| General | Grant Funds | Match | Total |
|--|-------------|------------|------------|
| Personnel ⁽¹⁾ | | | |
| Project Director (24 hours @ \$50) | \$600.00 | \$600.00 | \$1,200.00 |
| Program Director (70 hours @ \$40) | \$1,400.00 | \$1,400.00 | \$2,800.00 |
| Program Specialist (14 hours @ \$25) | \$350.00 | 0 | \$350.00 |
| Administrative Assistant (68 hours @ \$20) | \$1,360.00 | 0 | \$1,360.00 |
| | | | |
| Postage, telephone (general) | \$250.00 | 0 | \$250.00 |
| | | | |
| Travel – lead agency staff | | | |
| 156 miles @ \$.50/mi | \$78.00 | 0 | \$78.00 |
| | | | |
| Miscellaneous | \$109.95 | | \$109.95 |
| Office Supplies | \$115.46 | | \$115.46 |
| | | | |
| Project Specific Expenses | | | |

| | | | |
|--|--------------------|-------------------|--------------------|
| <u>Dementia education task force</u> | | | |
| 3-2-10 meeting - 4 members @ 2 hrs X \$25) | | \$200.00 | \$200.00 |
| 3-9-10 meeting – 9 members @ 5 hrs X \$25 | | \$1,125.00 | \$1,125.00 |
| 3-15-10 meeting – 4 members @ 2 hrs X \$25 | | \$200.00 | \$200.00 |
| 3-24-10 meeting – 9 members @ 5 hrs X \$25 | | \$1,125.00 | \$1,125.00 |
| Reimbursement of members' travel expenses | \$547.05 | | \$547.05 |
| Meeting materials/printing | | | |
| Meals and refreshments for March 9 and 24 | \$512.24 | | \$512.24 |
| | | | |
| <u>Family Caregiver Conferences</u> | | | |
| Printing conference brochure and participant materials | \$1,133.24 | | \$1,133.24 |
| Postage for conference | \$704.16 | | \$704.16 |
| | | | |
| Sub-Contractors | | | |
| State Public Policy Group | \$4,945.45 | | \$4,945.45 |
| | | | |
| Total | \$12,105.55 | \$4,650.00 | \$16,755.55 |

Monthly Status Report for April 2010

The Dementia Education Task Force met on April 7, 2010. The task force completed its work to develop a standard curriculum model for dementia education. The recommended model will be sent to the IDA under separate cover prior to the June 1, 2010 deadline. The task force also discussed ways to encourage participation in the creation of administrative rules for dementia education and promote the new rules once they are complete.

The majority of contract work during April was devoted to a conference for family and professional caregivers. The conference was held on April 14 and attended by 250 people. The conference featured Dr. Bill Thies of the Alzheimer's Association and David Troxel, MPH, as the keynote speakers. Other speakers addressed legal issues, activities for persons with dementia, grief, music therapy and DIA's dementia training requirements. There were more than 20 exhibitors at the conference who were an additional resource for caregivers. Matching funds were obtained from the Scottish Rite Foundation (\$2,500) and Homesteader's Life (\$1,000).

April Expenses

| <u>Personnel</u> | Grant Funds | Match | Total |
|---|--------------------|--------------|--------------|
| Project Director (20 hours @ \$50) | \$500.00 | \$500.00 | \$1,000.00 |
| Program Director (60 hours @ \$40) | \$1,200.00 | \$1,200.00 | \$2,400.00 |
| Program Specialist (25 hours @ \$25) | \$625.00 | | \$625.00 |
| Administrative Assistant (50 hours @ \$20) | \$1,000.00 | | \$1,000.00 |
| <u>Postage, telephone (general)</u> | \$0.00 | | \$0.00 |
| <u>Travel – lead agency staff</u> | \$0.00 | | \$0.00 |
| <u>Miscellaneous</u> | \$0.00 | | \$0.00 |
| <u>Postage</u> | \$0.00 | | \$0.00 |
| <u>Office Supplies</u> | \$0.00 | | \$0.00 |
| | | | |
| Project Specific Expenses | | | |
| <u>Dementia education task force</u> | | | |
| Reimbursement of members' travel expenses | \$763.71 | | \$763.71 |
| Meeting materials/printing | \$0.00 | | \$0.00 |
| Meals and refreshments for April 7 meeting | \$250.88 | | \$250.88 |
| Task force member time (7 members X 5 hrs @ \$25) | | \$875.00 | \$875.00 |
| | | | |
| <u>Family Caregiver Conferences</u> | | \$3,500.00 | \$3,500.00 |
| Participant materials | \$531.13 | | \$531.13 |
| Conference meals and refreshments | \$3,023.16 | | \$3,023.16 |
| Equipment rental | \$100.00 | | \$100.00 |

| | | | |
|---------------------------|--------------------|-------------------|--------------------|
| | | | |
| Sub-Contractors | | | |
| State Public Policy Group | \$4,945.45 | | \$4,945.45 |
| | | | |
| Total | \$12,939.33 | \$6,075.00 | \$19,014.33 |

Monthly Status Report for May 2010

Two major activities occurred in May. The first is completion of the recommended standard curriculum model for dementia education. Notes from four meetings of the Dementia Education Task Force were compiled into the draft document. The task force held an optional task force meeting by conference call on May 26, 2010 to review the document and provide additional input. The final recommendation was submitted electronically to the IDA on May 28 and a hard copy was hand delivered on June 1, 2010.

Secondly, after consultation with the Director of IDA, a scaled back version of a public awareness campaign was initiated. The Alzheimer's Association staff worked with Radio Iowa to place a total of eighty-five 15 or 30 second messages radio stations throughout Iowa. The messages aired during the weeks of May 17, 24 and 31. Additional ads were purchased to be aired in June.

May Expenses

| General | Grant Funds | Match | Total |
|---|--------------------|--------------|--------------|
| Personnel | | | |
| Project Director (10 hours @ \$50) | \$250.00 | \$250.00 | \$500.00 |
| Program Director (8 hours @ \$40) | \$160.00 | \$160.00 | \$320.00 |
| Program Specialist (11 hours @ \$25) | \$275.00 | \$0.00 | \$275.00 |
| Administrative Assistant (39 hours @ \$20) | \$780.00 | \$0.00 | \$780.00 |
| | | | |
| Postage, telephone (general) | \$0.00 | \$0.00 | \$0.00 |
| Travel – lead agency staff | \$0.00 | \$0.00 | \$0.00 |
| Miscellaneous | \$0.00 | \$0.00 | \$0.00 |
| Postage | \$0.00 | \$0.00 | \$0.00 |
| Office Supplies | \$0.00 | \$0.00 | \$0.00 |
| | | | |
| Project Specific Expenses | | | |
| Dementia education task force | | | |
| Reimbursement of members' travel expenses | \$0.00 | \$0.00 | \$0.00 |
| Meeting materials/printing | \$0.00 | \$0.00 | \$0.00 |
| Meals and refreshments | \$0.00 | \$0.00 | \$0.00 |
| Task force member time (2 mbrs X 1 hr @ \$25) | | \$50.00 | \$50.00 |
| | | | |
| Family Caregiver Conferences | \$0.00 | \$0.00 | \$0.00 |
| | | | |
| Public Awareness Campaign | \$10,460.00 | | \$10,460.00 |
| | | | |

| | | | |
|---------------------------|--------------------|-----------------|--------------------|
| Sub-Contractors | | | |
| State Public Policy Group | \$4,945.45 | | \$4,945.45 |
| | | | |
| Total | \$16,870.45 | \$460.00 | \$17,330.45 |