Virginia Alzheimer's Disease and Related Disorders Commission
Dementia State Plan
Public Listening Session

VIRGINIA BEACH
April 22, 2015
3:00 pm - 5:00 pm
The Memory Center
1853 Old Donation Parkway
Virginia Beach, VA 23464

MINUTES

Members Present:
Lynne Seward
Kevin Walsh

Members of the Public:
16 attendees

DARS Staff:
Charlotte Arbogast, Dementia Services Coordinator

Alzheimer's Association Staff:
Carter Harrison, Public Policy Director
Gino Colombaro
Patricia Lacey

Welcome Lynne Seward started the meeting at 3:15. She welcomed attendees and thanked them for attending. Virginia Beach Mayor Will Sessoms welcomed attendees and recounted his experiences watching a close friend live with and die from Alzheimer's disease. Lynne Seward also welcome Cynthia Swift from Representative Rigell's office. Kathryn Bennett welcome attendees on behalf of the Memory Center.	Lynne Seward
Introductions of Panel Commission members and staff introduced themselves.	Lynne Seward
Overview of the Public Listening Sessions Lynne Seward reviewed the purpose of the listening sessions in the process of developing Virginia's next Dementia State Plan.	Lynne Seward
Walk Through of the Dementia State Plan Carter Harrison provided an overview of the new Dementia State Plan, including highlighting the actions up to the point of the public listening sessions and what will happen moving forward. He noted that the Dementia State Plan goals are driven by the work groups and that the document will not sit on a shelf into the future. The Commission is very focused on accomplishing all the goals, objectives and strategies, some of which have received substantial edits since 2011.	Carter Harrison
Role of Public Comments Lynne Seward encouraged attendees to share their experiences and challenges in particular.	Lynne Seward
Public Comments Below are the comments received during the listening session:	All
1. Felicia Sawyer: Ms. Sawyer recommended increasing the pay for CNAs who care for individuals with dementia and others. She commented that emergency rooms are not very good at helping older adults. Ms. Sawyer wondered if the ombudsmen could have an increased role in settings other than nursing homes.	

2. Angela Manz: Ms. Manz, who works as an elder law attorney, said that her family found that it was difficult to care for her grandmother. The family needed help caring for her when she was no longer safe to live alone but did not yet qualify nursing home care and they could not afford an assisted living facility. She reported that there is a gap in assisted living care since there is no Medicaid coverage for it. Further, fewer providers are taking the auxiliary grant. She said that many caregivers do not know how to care for loved ones who are discharged from the hospital and sometimes the directions are complicated and overwhelming. She suggested that webinars might be a good avenue for providing training cost-effectively and to the baby boomer generation and younger. She commented that there are also challenges in helping individuals who wander or are violent. A lot of places will not take them, especially if they have limited resources.
3. Donna Callihan: Ms. Callihan said she saw a need for more training of hospital staff, particularly on appropriate medication use and how to keep residents from further deteriorating while in the hospital. She also noted that training for dementia in nursing schools is not long enough. She commented that sometimes individuals should be referred to geriatricians, not just primary care physicians, for dementia, comparing the specialization to that pediatrics.
4. Eric Coble: Mr. Coble said there is a gap between hospitals and rehabilitation facilities and there is a need for something in between. Otherwise, individuals bounce back and forth between the two. He wondered if dementia should be better linked to Health People 2020 and if the dementia-field could replicate the work that others have done in reducing infant mortality in hospitals. He suggested more training for physicians and that this issue needs to be a national and state priority.
5. Bonnie Ethridge: Ms. Ethridge reported the need for more dementia-specific training. Many CNAs come out of school but are seldom ready to go into the homes of individuals.
6. Katrina Parker: Ms. Parker reported on the need for training on discharge planning and improved discharge planning that supports families. Discharge planners need to know the resources in the community in order to help families transition. She has recommended webinars to families and she had one family who all participated in the webinar and they were complimentary of the quality and accessibility.
7. Kathryn Bennett: Ms. Bennett noted that she has heard that changes in Medicare have affected the ability of geriatric psychiatrists to care for individuals with just dementia and no other psychiatric conditions but who have behavioral and psychological symptoms. She also commented that on the need for training of emergency room staff and perhaps a dementia-friendly ER that is not as stressful and chaotic.
8. Cathy Snyder: Ms. Snyder suggested that the Alzheimer's Association has a lot of quality training and materials that people can take advantage of for themselves or staff.
9. Lucy Tolman: Ms. Tolman said that more support groups are needed.

Wrap-Up Lynne Seward wrapped up the listening session by reminding attendees that this is their plan also. There is a need for Virginia to be dementia-capable and the comments, suggestions, experiences, etc. that were provided today can help us move closer to that goal.	Lynne Seward
Adjournment Lynne Seward adjourned the meeting at 4:00 pm.	Lynne Seward