

**EVALUATION REPORT: EXPANSION OF
DEMENTIA-CAPABLE COMMUNITIES WITHIN
URBAN AND RURAL SETTINGS IN OHIO
USING EVIDENCE-BASED AND EVIDENCE-
INFORMED PROGRAMMING**

April 2024

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EXECUTIVE SUMMARY

This report shares the methods, instruments, and findings of an evaluation of dementia-capable community efforts in urban and rural Ohio regions conducted by Miami University's Scripps Gerontology Center. With funding from the Administration for Community Living Alzheimer's Disease Programs Initiative (ADPI), partner organizations from the aging and intellectual and developmental disabilities (IDD) networks collaborated to improve the dementia-capability of their local communities, with a specific focus on individuals with dementia who live alone and individuals with IDD who have, or may be at risk of developing, dementia.

The project implemented educational interventions and evidence-based programs with the goal of improving the quality of life for people living with dementia and their caregivers. Project partners included community-based organizations serving older adults, individuals with IDD, and their caregivers in urban northeast and rural southeast Ohio counties. The findings in this report reflect data collected from the beginning of the grant period in August 2020 through December 31, 2023.

Over the course of the grant period, 2,113 professionals and other community members, 667 Caregivers, and 350 individuals living with dementia engaged in project activities. This count is the number of unique individuals who engaged in project activities and provides a good estimate of the project's impressive breadth of reach.

Highlighted Findings

- Over the course of the grant period, 2,113 professionals and other community members, 667 Caregivers, and 350 individuals living with dementia engaged in project activities.
- Within the grant period, 7 DF Champions trainings (2 General/Sector; 2 Living Alone; and 3 IDD) trained 77 individuals representing 15 different organizations (8 urban and 7 rural) to facilitate DF information sessions. Twenty-two Champions were trained to offer the General/Sector version, 24 were trained to offer the Living Alone version, and 31 Champions were trained to offer the IDD version.
- During the grant period a total of 110 DF information sessions were held (6 Living Alone, 13 IDD, and 91 General), with a total of 1,149 attendees.
- Participation in Dementia Friends information sessions resulted in statistically significant improvements in knowledge and attitudes about dementia and in confidence interacting with and caring for people living with dementia.
- Attendees of Dementia Friends general information sessions showed significant improvement in motivation to get to know people with dementia better.
- After attending Dementia Friends information sessions, participants reported an increase in awareness about Alzheimer's and related dementias, and feeling

more equipped to recognize the signs and symptoms of Alzheimer's and related dementias.

- Overall, supplemental education session attendees reported positive change in awareness of dementia, ability to recognize signs and symptoms of dementia, understanding of education session topics, and confidence interacting with people with dementia.
- Measures of quality of life, social isolation, relationship strain, and depression for care receivers and measures of social isolation, relationship strain, and depression for caregivers enrolled in BRI CC showed stability or small but statistically insignificant changes in the expected direction. While evaluations typically look for improvements in these outcome measures, it has been argued that, for people with dementia and their caregivers, a slowed decline might be a more appropriate indicator of intervention success.

Conclusions

This project provided a unique opportunity for organizations in urban and rural areas serving the aging and IDD populations to build connections, innovate, and collaborate across sectors that have traditionally been siloed. These collaborations have resulted in novel adaptations of educational materials and resources for specialized populations; changes in individuals' knowledge, attitudes, and confidence in relation to dementia and those who live with dementia; and new perspectives and skills for both aging and IDD professionals. Additionally, this project was a continuation of state and national collaborations across ADPI grantees; those collaborations supported the development and testing of evaluation measures with the potential to provide ACL with comparable data on national efforts to increase dementia-inclusiveness and capability.

The numbers of professionals, individuals with dementia, and caregivers who engaged in project activities in both urban and rural areas throughout the grant period are impressive. The hard work and dedication of the grant partners, the relationships and collaborations between grant partners and other Ohio and national ADPI grantees, and the innovations developed through this project have built a strong foundation for future efforts in dementia-capable service systems and dementia-inclusive communities. The depth and breadth of individual and community-level actions and changes that were created through this project bode well for this geographic area and for this model of dementia-inclusiveness momentum.

INTRODUCTION

In May 2018, The Administration for Community Living (ACL) announced the [Alzheimer's Disease Programs Initiative \(ADPI\)](#) funding opportunity. This funding supports and promotes the development and expansion of dementia-capable home and community-based service systems in both states and communities. Benjamin Rose Institute on Aging (BRIA) a community-based, non-profit aging services provider headquartered in Cleveland, Ohio, along with several other partner organizations, was awarded a 3-year grant to improve the dementia-capability of two regions of Ohio – the urban northeast Cuyahoga County and the rural southeast counties of Athens and Washington. BRIA served as the administrators of the grant and project partners included the Ohio Council for Cognitive Health (OCFCH); O'Neill Senior Center Welcome House, United Seniors of Athens County, and the Farrell Foundation. The Scripps Gerontology Center at Miami University (Scripps) was contracted to provide third-party evaluation of project activities. This report shares the evaluation methods, instruments, and findings.

OBJECTIVES

The overarching goal of the project was to improve the quality of life for people living with dementia and their caregivers through increasing the dementia capability of community members and community-based organizations. Project objectives included 1) Creating a sustainable project management model, whose project activities, recruitment, and outcomes would be guided by an Advisory Taskforce; 2) Implementing Dementia Friends USA, and disseminating supplemental Alzheimer's Disease and Related Dementias (ADRD) education trainings and informational resources in Cuyahoga, Athens, and Washington Counties for organizations and individuals serving, supporting, or caring for individuals living in the community (including living alone) with, or at risk of developing, ADRD, including individuals with intellectual and developmental disabilities (IDD), and their caregivers; 3) Implementing two ACL-approved evidence-based programs, BRI Care Consultation™ and SHARE for Dementia, in underserved rural and urban organizations in Ohio to support individuals living with, or at risk of developing, ADRD (including those who live alone), including individuals with intellectual and developmental disabilities (IDD), and their caregivers; and 4) Broadly disseminate lessons learned and outcomes of urban vs. rural model implementations.

PROJECT TIMELINE

The project began in August 2020 with a 6-month planning period in which project partners worked with ACL project consultants and program officers to develop a work plan and evaluation plan to guide all project activities. Implementation activities began in February 2021. The project was originally scheduled to end in July 2023, however, project partners were granted a 6-month, no-cost extension through January 2024.

PROJECT INTERVENTIONS

Project interventions included both educational offerings and evidence-based programming intended to address these gap areas identified by ACL: 1) Provision of effective supportive services to persons living alone with ADRD in the community; 2) Improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and developmental disabilities with ADRD or those at high risk of developing ADRD; and 3) Delivery of behavioral symptom management training and expert consultations for family caregivers.

Educational Offerings

The project utilized two approaches to education delivery: 1) a train-the-trainer approach where grant partners and other interested community-based organizations were trained to facilitate dementia information sessions, and 2) sessions hosted by BRIA in which professionals from multiple disciplines provided content on dementia-focused topics.

Dementia Friends

Dementia Friends (DF), administered by Dementia Friends USA and USAging, includes information sessions that provide community members with basic education about dementia and encourage participants to commit to practical actions that support individuals living with dementia and their caregivers.¹ In this project, three versions of Dementia Friends information sessions were offered: Dementia Friends – Living Alone, Dementia Friends – IDD, and Dementia Friends – General. Individuals trained to facilitate DF information sessions are called DF Champions. While DF information sessions are typically 60 minutes long, the DF sessions offered in this program were 75 minutes to allow for evaluation activities.

Supplemental Dementia Education Sessions

To provide additional education on various dementia-related topics, BRIA worked with experts across Ohio to develop and present sessions with targeted content for family and friend caregivers of people living with dementia and professionals who work with this population. The sessions were each 60 minutes in length and four sessions were offered in each project reporting period.

Evidence-Based Programming

ADPI grantees are required to include at least one dementia-specific evidence-based or evidence-informed intervention in their grant activities. This project utilized the Benjamin Rose Institute Care Consultation™ (BRI CC) and SHARE for Dementia programs.

Benjamin Rose Institute Care Consultation™

BRI CC is an evidence-based care-coaching program delivered through telephone and email to adults with health conditions and their family or friend caregivers. BRI CC utilizes trained, expert Care Consultants to link and coordinate health care, community, and family services; organize family and friends in assisting in care tasks; advise on behavioral symptom management; and provide emotional support. BRI CC has three main components 1) initial assessment, 2) action plan, and 3) ongoing monitoring and support. These components are built into the web-based Care Consultation Information System (CCIS) to guide the delivery of the intervention. BRI CC and the CCIS were developed through a series of research studies.^{2, 3, 4, 5, 6} In this project, BRI CC was implemented by four of the grant partners who became licensed delivery sites and trained staff to serve as Care Consultants.

SHARE for Dementia

SHARE (Support, Health, Activities, Resources, and Education), is a counseling-based care-planning intervention developed by BRIA for persons living with early-stage dementia and their family care partners. The foundation of SHARE is built upon assessing and documenting the person living with dementia's care values and preferences for future care. Through working together with a SHARE Counselor over five sessions, the care dyad begins to identify other sources of support, such as family and friends and service providers, in order to build a more balanced and realistic plan of care for the future.⁷ In this project, SHARE was implemented by one project partner who trained their staff as SHARE Counselors.

DFA Community Metrics Instrument

To capture the efforts of Advisory Taskforce members in regards to participation in dementia-capable improvements and expansion in their communities across the project period, the evaluation team and project partners developed the DFA Metrics instrument. This instrument was adapted from the *Dementia Friendly America Dementia Friendly Community Metrics (2016)* to assist in identifying the adoption of dementia-friendly systems, processes, practices, training, and environmental changes that might contribute to the sustainability of Taskforce efforts beyond the initial grant period. In this project, the instrument was intended to be administered to each member organization of the Advisory Taskforce at three times in each year of the grant period.

METHODS

The evaluation team was charged with developing instruments to collect data related to the impacts of project interventions. All educational offering outcomes (for supplemental education sessions, and for Dementia Friends session) were measured using a pre-post design in which training-specific questionnaires were administered prior to and after each session. Dementia Friends knowledge assessment were specific to the content of

the three versions of DF offered in the project (General, IDD, and Living Alone). Supplemental Education session-specific assessments of knowledge gain were informed by input from session presenters about their learning objectives. Evaluation of DF also included a follow-up to capture effects of education sessions on participants' thinking and actions after attending sessions. The follow-up was conducted by telephone interview or online survey 6-8 weeks after DF sessions to attendees who volunteered to provide their contact information in the post-session questionnaire. Outcomes for the BRI CC and SHARE interventions were measured through baseline and follow-up interviews with participants using several pre-existing validated measures. Table 1 shows the originally-proposed evaluation plan outcomes and data collection methods associated with each project component.

Table 1. Proposed Outcomes and Data Collection Methods by Intervention		
Intervention	Proposed Outcome	Data Collection Method
Dementia Friends General Version	<ul style="list-style-type: none"> Increased knowledge and understanding of dementia Improved confidence in interacting with, and responding to people living with dementia Self-assessed increase in awareness and feeling more equipped 	<ul style="list-style-type: none"> Pre/post questionnaires administered by Dementia Friends Champions Follow-up interviews conducted by evaluation team
Dementia Friends Living Alone Version	<ul style="list-style-type: none"> Increased awareness of signs and symptoms of dementia and how to approach individuals living alone Increased knowledge of resources available in the community for individuals living alone with dementia 	<ul style="list-style-type: none"> Pre/post questionnaires administered by Dementia Friends Champions Follow-up interviews conducted by evaluation team
Dementia Friends IDD Version	<ul style="list-style-type: none"> Increased understanding of IDD and dementia Increased knowledge of IDD and dementia resources available in the community (including information about BRI CC) 	<ul style="list-style-type: none"> Pre/post questionnaires administered by Dementia Friends Champions Follow-up interviews conducted by evaluation team
Supplemental Education Sessions	<ul style="list-style-type: none"> Improved knowledge about the session topic Increased awareness and confidence 	<ul style="list-style-type: none"> Pre/post questionnaires administered through links provided at registration, at the beginning and end of sessions, and via email
BRI CC	<ul style="list-style-type: none"> Improved psychosocial outcomes on measures of <i>quality of life, relationship strain, depression, and social isolation</i> individuals with dementia and their caregivers or supports Decreased difficulty during interactions with community sectors/organizations and their caregivers or supports Increased service knowledge and awareness by individuals with dementia, and their caregivers or supports Decreased service utilization outcomes (hospital re-admissions, emergency department visits, delayed nursing home placement) for individuals with dementia 	<ul style="list-style-type: none"> Baseline and follow-up Interviews conducted by BRI CC Care Consultants
SHARE for Dementia	<ul style="list-style-type: none"> Improved psychosocial outcomes on measures of <i>quality of life, relationship strain and depression</i> for individuals with early stage dementia and their care partners Decreased difficulty during interactions with community sectors/organizations for individuals with early stage dementia and their care partners Increased service knowledge and awareness by individuals with early stage dementia and their care partners 	<ul style="list-style-type: none"> Baseline and follow-up Interviews conducted by project assistants
DFA Community Metrics	<ul style="list-style-type: none"> Increased adoption of dementia-friendly systems, processes, practices, training, and environmental changes by Taskforce members to contribute to the sustainability of Taskforce efforts beyond the grant period. 	<ul style="list-style-type: none"> Online survey administered via email to each Advisory Taskforce member organization

EVALUATION PLAN ADAPTATIONS

There were four adaptations made to the evaluation plan during the grant period. First, the BRI CC baseline and follow-up interviews were revised in January 2022. Two measures were removed: “Services” and “Community Difficulties”, and a brief healthcare “Utilization” measure was added when it was learned that this information was set up to be recorded in the Care Consultant Information System. Care Consultants reported that these revisions reduced the amount of time to administer the interviews from approximately 25-30 minutes to approximately 15 minutes. This change was made to alleviate respondent and Care Consultant burden, with the hope of increasing evaluation participation.

Second, in the last year of the project, the time period between the baseline and follow-up BRI CC interviews was reduced from six months to three months. This change was made in hopes of increasing the numbers of participants completing both baseline and follow-up interviews prior to the end of the grant period and allowing for more robust analysis.

The third adaptation to the evaluation plan was in relation to the DFA Metrics instrument. The original intent of the DFA Metrics instrument was to capture the efforts of Advisory Taskforce members in regards to participation in dementia-capable improvements and expansion in their communities across the project period. It was designed as an online survey, to be administered in each year of the grant, to assist in identifying the adoption of dementia-friendly systems, processes, practices, training, and environmental changes that might contribute to the sustainability of Taskforce efforts beyond the initial grant period. The survey was administered in Years 1 and 2, to key contacts identified within each participating organization, however, shifts in the participation of Advisory Taskforce members affected the collection of data from the same organizations from year to year, prohibiting the planned analysis. Therefore, the evaluation team did not administer the instrument at a third point and no analyses were conducted using this measure.

The last adaptation was in regards to the SHARE for Dementia intervention. SHARE implementation was delayed due to challenges in securing a community partner to offer the program. Throughout the project period, six dyads participated in the SHARE program and only four dyads completed both baseline and follow-up measures, which the evaluation team determined was too small of a sample for analysis.

EVALUATION TEAM ACTIVITIES

In this community-based participatory project, the evaluation team was fully-engaged with grant partners throughout the grant period, beginning with the initial planning period. All evaluation instrument development and revisions occurred with feedback

from grant partners and ACL oversight and approval. The evaluation team worked with project partners to develop and conduct initial and ongoing data collection training for education session facilitators and BRI CC Care Consultants and SHARE Counselors. Additionally, the team attended monthly grant partner meetings, quarterly Advisory Taskforce meetings, and monthly fidelity and support sessions for BRI CC licensed sites, during which the team addressed questions and concerns related to the evaluation and data collection processes. The team also worked closely with grant partners to write the semi-annual reports required by ACL and was available on an ongoing basis to provide support by email and telephone as needed.

RESULTS

Over the course of the grant period, 2,113 professionals and other community members, 667 Caregivers, and 350 individuals living with dementia engaged in project activities. Tables 2 through 6 show the characteristics of people living with dementia, caregivers, and professionals who participated in education and evidence-based interventions.

**Table 2. Dementia Friends Participant Characteristics (All Versions):
People Living with Dementia and Caregivers**

	People Living with Dementia (6)	Caregivers (33)	Total (39)
Age			
Under 60	1	16	17
60+	5	15	20
Age missing	0	2	2
Gender			
Female	4	26	30
Male	2	7	9
Gender missing	0	0	0
Geographic Location			
Urban	4	25	28
Rural	2	7	9
Location missing	0	0	0
Ethnicity			
Hispanic or Latino	0	0	0
Not Hispanic or Latino	5	30	35
Ethnicity missing	1	3	4
Race			
Participants may check more than one race category so total may be greater than total served above.			
American Indian or Alaskan Native	0	1	1
Asian or Asian American	0	0	0

Table 2. Dementia Friends Participant Characteristics (All Versions): People Living with Dementia and Caregivers			
	People Living with Dementia (6)	Caregivers (33)	Total (39)
Black or African American	2	4	6
Native Hawaiian or other Pacific Islander	0	0	0
White	4	26	30
Race missing	0	2	2
Minority Status			
Minority	2	7	9
Not Minority	4	26	30
Military Status			
Served in the military	1	5	6
Has not served in the military	5	28	33
Military status missing	0	0	0
Relationship to Caregiver			
Spouse or partner	0		0
Parent	0		0
Other caregiver	0		0
No caregiver	0		0
Relationship missing	6		6
Living Arrangement			
Lives alone, has an identified caregiver	0		0
Lives alone, no identified caregiver	0		0
Lives with a caregiver	0		0
Lives with someone who is not a caregiver	0		0
Living arrangement missing	6		6

Table 3. Supplemental Dementia Education Session Attendee Characteristics: People Living with Dementia and Caregivers			
	People Living with Dementia (13)	Caregivers (303)	Total (316)
Age			
Under 60	6	123	129
60+	4	82	86
Age missing	3	98	101
Gender			
Female	5	225	230
Male	4	28	32
Gender missing	4	50	54
Geographic Location			

Table 3. Supplemental Dementia Education Session Attendee Characteristics: People Living with Dementia and Caregivers			
	People Living with Dementia (13)	Caregivers (303)	Total (316)
Urban	9	230	239
Rural	0	26	26
Location missing	4	47	51
Ethnicity			
Hispanic or Latino	1	15	16
Not Hispanic or Latino	7	222	229
Ethnicity missing	5	66	71
Race			
Participants may check more than one race category so total may be greater than total served above.			
American Indian or Alaskan Native	0	2	2
Asian or Asian American	1	11	12
Black or African American	1	28	29
Native Hawaiian or other Pacific Islander	0	0	0
White	6	198	204
Race missing	5	64	69
Minority Status			
Minority	2	41	43
Not Minority	6	198	204
Minority status missing	5	64	69
Military Status			
Served in the military	2	6	8
Has not served in the military	4	252	256
Military status missing	7	45	52
Relationship to Caregiver			
Spouse or partner	0		0
Parent	0		0
Other caregiver	2		2
No caregiver	0		0
Relationship missing	11		11
Living Arrangement			
Lives alone, has an identified caregiver	0		0
Lives alone, no identified caregiver	0		0
Lives with a caregiver	0		0
Lives with someone who is not a caregiver	0		0
Living arrangement missing	13		13

Table 4. Professionals Trained by Education Intervention			
Professional Role	Supplemental Education Sessions (1,324)	Dementia Friends (All Versions) (789)	Total (2,113)
Information and referral providers, options counselors	120	22	142
Case managers, care coordinators, discharge planners	306	94	400
Other dementia-related program providers (e.g. caregiver skills trainers, support group facilitators, adult day services staff)	164	20	184
Direct care workers (e.g. certified nursing assistants, personal care attendants, companions)	21	54	75
Medical care providers (e.g. physicians, nurse practitioners, physicians assistants)	70	107	177
Allied health providers (e.g. occupational therapists, pharmacists, dietitians)	47	7	54
Volunteers (e.g. Meals on Wheels, friendly visitors)	40	57	97
First responders (paid and unpaid)	7	99	106
Legal professionals	11	13	24
Financial professionals (e.g. bank tellers, financial planners)	2	2	4
Community businesses (e.g. retail store employees, café baristas, hairdressers)	8	38	46
Clergy, other members of faith community	3	6	9
Students preparing for dementia-related work	46	15	61
Other	226	172	398
Profession missing	253	83	336

Table 5. BRICC Participant Characteristics: People Living with Dementia and Caregivers			
	People Living with Dementia (325)	Caregivers (325)	Total (650)
Age			
Under 60	23	108	131
60+	293	154	447
Age missing	9	63	72

Table 5. BRICC Participant Characteristics: People Living with Dementia and Caregivers			
	People Living with Dementia (325)	Caregivers (325)	Total (650)
Gender			
Female	192	217	409
Male	127	57	184
Gender missing	6	51	57
Geographic Location			
Urban	272	221	493
Rural	21	14	35
Location missing	32	90	122
Ethnicity			
Hispanic or Latino	6	5	11
Not Hispanic or Latino	299	253	552
Ethnicity missing	20	67	87
Race			
Participants may check more than one race category so total may be greater than total served above.			
American Indian or Alaskan Native	0	0	0
Asian or Asian American	7	0	0
Black or African American	109	100	209
Native Hawaiian or other Pacific Islander	0	0	0
White	195	159	354
Race missing	14	61	75
Minority Status			
Minority	124	111	235
Not Minority	184	151	335
Minority status missing	17	63	75
Military Status			
Served in the military	28	9	37
Has not served in the military	249	204	453
Military status missing	48	112	160
Relationship to Caregiver			
Spouse or partner	80		80
Parent	145		145
Other caregiver	53		53
No caregiver	11		11
Relationship missing	36		36
Living Arrangement			
Lives alone, has an identified caregiver	94		94
Lives alone, no identified caregiver	38		38
Lives with a caregiver	174		174
Lives with someone who is not a caregiver	19		19
Living arrangement missing	0		0

Table 6. SHARE for Dementia Participant Characteristics: People Living with Dementia and Caregivers			
	People Living with Dementia (6)	Caregivers (6)	Total (12)
Age			
Under 60	3	3	6
60+	3	3	6
Age missing	0	0	0
Gender			
Female	1	5	6
Male	5	1	6
Gender missing	0	0	0
Geographic Location			
Urban	6	6	12
Rural	0	0	0
Location missing	0	0	0
Ethnicity			
Hispanic or Latino	0	0	0
Not Hispanic or Latino	6	6	12
Ethnicity missing	0	0	0
Race			
Participants may check more than one race category so total may be greater than total served above.			
American Indian or Alaskan Native	0	0	0
Asian or Asian American	0	0	0
Black or African American	0	0	0
Native Hawaiian or other Pacific Islander	0	0	0
White	6	6	12
Race missing	0	0	0
Minority Status			
Minority	0	0	0
Not Minority	6	6	12
Minority status missing	0	0	0
Military Status			
Served in the military	3	1	4
Has not served in the military	3	5	8
Military status missing	0	0	0
Relationship to Caregiver			
Spouse or partner	6		6
Parent	0		0
Other caregiver	0		0
No caregiver	0		0
Relationship missing	0		0
Living Arrangement			
Lives alone, has an identified caregiver	1		1
Lives alone, no identified caregiver	0		0

Table 6. SHARE for Dementia Participant Characteristics: People Living with Dementia and Caregivers			
Lives with a caregiver	5		5
Lives with someone who is not a caregiver	0		0
Living arrangement missing	0		0

The following sections provide the evaluation findings for the educational and evidence-based interventions. For each intervention, we provide both the outputs (numbers of sessions, attendees, trained facilitators, participating organizations) and data related to desired outcomes (changes in knowledge, confidence, action). The findings in this report reflect data collected from the beginning of the grant period through December 31, 2023.

EDUCATIONAL OFFERINGS

Dementia Friends

As previously stated, there were three versions of DF offered in this project: a general version, one that focused on individuals with IDD and dementia, and another on individuals with dementia who live alone.

Outputs

Within the grant period, 7 DF Champions trainings (2 General/Sector; 2 Living Alone; and 3 IDD) trained 77 individuals representing 15 different organizations (8 urban and 7 rural) to facilitate DF information sessions. Twenty-two Champions were trained to offer the General/Sector version, 24 were trained to offer the Living Alone version, and 31 Champions were trained to offer the IDD version.

During the grant period a total of 110 DF information sessions were held (6 Living Alone, 13 IDD, and 91 General), with a total of 1,149 attendees.

Appendix A provides the date, hosting organization, county, audience, session version, and number of attendees for all DF sessions held in the grant period.

Outcomes

The outcomes of these Dementia Friends-General, Dementia Friends-Living Alone (DF-LA) and Dementia Friends—IDD (DF-IDD) sessions were assessed using a pre-test/post-test comparison of knowledge and confidence. The pre- and post-session questionnaires differed only in that they included content-specific knowledge items such as “All people with Down syndrome will eventually develop Alzheimer’s disease”, and “People living alone with dementia are less likely to recognize their own limitations and are unlikely to seek the help they need” for the DF-IDD and DF-LA versions respectively. All other items were identical across versions. The pre- and post-session

questionnaires for each version are included in Appendices B, C, and D. As the aggregated data in Tables 7 through 12 show, participation in these information sessions resulted in statistically significant improvement ($p < .01$) in knowledge and on two of the four attitudes/confidence items. The DF-General information sessions also resulted in a significant improvement on the “I am motivated to get to know people with dementia better.” item. For all three trainings, the pre-test degree of agreement on item 2 (People with dementia and/or IDD need to feel respected, just like anyone else.) was very high, leaving very little room for improvement at post-test.

Table 7. Dementia Friends for IDD: Knowledge

DF IDD: Knowledge	Mean % correct on pre-test	Mean % correct on post-test	p value
N=119	90.1.3%	93.6%	< .001

Table 8. Dementia Friends for IDD: Confidence

DF IDD: Confidence	N for paired-sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	118	3.65	4.35	< .001
People with IDD and/or dementia need to feel respected	118	4.82	4.86	.549
Able to respond with understanding	118	4.12	4.56	< .001
Motivated to get to know people with IDD and/or dementia better	118	4.35	4.51	.053

Notes: Item scores ranged from 1 (strongly disagree) to 5 (strongly agree). Sample size varies across items due to pairwise deletion of missing data on each item.

Table 9. Dementia Friends for Living Alone: Knowledge

DF Living Alone: Knowledge	Mean % correct on pre-test	Mean % correct on post-test	p value
N=46	82.1%	90.3%	< .001

Table 10. Dementia Friends for Living Alone: Confidence

DF Living Alone: Confidence	N for paired sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	45	3.67	4.31	< .001

Table 10. Dementia Friends for Living Alone: Confidence				
People with IDD and/or dementia need to feel respected	46	4.65	4.89	.094
Able to respond with understanding	46	4.09	4.46	< .018
Motivated to get to know people with IDD and/or dementia better	45	4.20	4.33	.382

Notes: Item scores ranged from 1 (strongly disagree) to 5 (strongly agree). Sample size varies across items due to pairwise deletion of missing data on each item.

Table 11. Dementia Friends for General Sector: Knowledge			
DF General Sector: Knowledge	Mean % correct on pre-test	Mean % correct on post-test	p value
N=684	92.2%	95.0%	< .001

Table 12. Dementia Friends for General Sector: Confidence				
DF General Sector: Confidence	N for paired sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	602	3.44	4.25	< .001
People with IDD and/or dementia need to feel respected	614	4.84	4.83	.588
Able to respond with understanding	610	3.92	4.48	< .001
Motivated to get to know people with dementia better	604	4.22	4.44	< .001

Notes: Item scores ranged from 1 (strongly disagree) to 5 (strongly agree). Sample size varies across items due to pairwise deletion of missing data on each item.

There were two post-test- only items on which participants rated their increase in awareness about Alzheimer’s and related dementias, and feeling more equipped to recognize the signs and symptoms of Alzheimer’s and related dementias. On a scale of 1 to 5 (strongly disagree to strongly agree) the average amount of agreement reported for all three trainings was very high, ranging from 4.29 to 4.48. These results demonstrate a high degree of agreement that sessions were effective in improving awareness and feeling equipped.

Follow-up Interviews

In the post-session questionnaires, attendees of DF information sessions had the opportunity to provide their contact information if they were willing to be contacted by a

member of the evaluation team for a follow-up interview after the session. The interviews addressed how attendees became aware of the DF session, motivations for attending, main “take-aways”, and whether they had used any of the information they learned in the session in their personal or professional life since attending. Additionally, respondents were asked whether they had taken any personal actions in relation to dementia since the session. The full follow-up interview questionnaire is provided in Appendix E.

Approximately 6-8 weeks after a session, the evaluation team attempted to contact all session attendees who provided their contact information in the post-session questionnaire either by telephone or email (depending on the contact information provided). Interviews were conducted by telephone unless the attendee requested to answer the interview questions via online survey. If an attendee was not able to be reached by the third attempt, the evaluation team automatically sent a link for the online survey if an email address was available.

A total of 326 DF attendees provided contact information for follow-up, but the percent who actually completed a follow-up was low (24%). The evaluation team was able to complete interviews with, or received online responses from, 77 attendees (44 from general sessions, 27 from IDD sessions, and 7 from living alone sessions).

Half (51%) of follow-up respondents reported that they heard about the DF session from an employer or co-worker. Other sources included family, newsletter, health plan, and the local Board of Developmental Disabilities. Most respondents were motivated to attend the DF session because they had a family member or friend who had experienced dementia or because they wanted to learn more about dementia.

Respondents reported various take-aways from the DF sessions, including the difference between normal aging and dementia, available resources, and communication strategies. Several respondents said that the videos shown during the session were very impactful, particularly the “Bookshelf” analogy used to explain how dementia affects memory. Approximately 73% of respondents reported that they had used information learned in the session in their personal or professional lives. Specific examples included sharing resources from the DF session with coworkers and peers, “slowing down and taking my time”, and using the tips learned in the session to better communicate with family members and clients. One respondent reported reassuring clients who are experiencing symptoms of dementia that “this is a process and we are here to help them.”

Respondents were also asked whether or not they have taken certain actions since attending the information session. Table 13 shows the number and percentage of respondents who reported taking each action. The most frequently-taken actions were

Offered support to caregivers of people with dementia and Been more patient with people with dementia and/or IDD when out in the community.

Table. 13. Post-Session Actions Taken by Dementia Friends Attendees, All Versions (n=77)	
Action Taken*	# of Participants Reporting Action
Offered support to caregivers of people with dementia	52
Been more patient with people with dementia and/or IDD when out in the community	50
Offered support to people with dementia and/or IDD	35
Gotten in touch with someone you know living with dementia and/or IDD	29
Encouraged friends to become dementia-friendly	27
Gotten more information about dementia and/or IDD	9
Made your community more dementia-friendly	9
Made your workplace more dementia-friendly	8
Volunteered for an organization that helps people with dementia and/or IDD or their caregivers.	6
Made your home more dementia-friendly	2
Asked your doctor for a cognitive assessment during their annual physical exam	2
Campaigned for change (e.g. by participating in local dementia advocacy events)	1
Volunteer to participate in a clinical trial	1

*Respondents were able to report/select multiple actions.

Respondents who reported that they made their home, workplace, or community more dementia-friendly were asked to provide examples of those actions. One respondent reported that they had made their home more dementia-friendly by remodeling it to make things generally safer and more accessible, such as installing handrails. One respondent shared that they had made their workplace more dementia-friendly by discussing dementia inclusive communities within staff meetings and arranging to conduct a Dementia Friends session with staff. Another respondent said that they were

making their community more dementia-friendly by sharing handouts and reaching out isolated people in their community with flowers, visiting, and telephone calls.

Supplemental Education Sessions

The supplemental education sessions provided education on various dementia-related topics, with targeted content for family and friend caregivers of people living with dementia and professionals who work with this population. The sessions were each 60 minutes in length and were presented by professional experts from across the state of Ohio.

Outputs

During the grant period, 24 supplemental education sessions were offered. There were 4,949 registrants and 2,782 attendees. Of those attendees, 777 were located in project counties, 405 were from other Ohio counties, and 1,612 reported zip codes outside of Ohio. A full listing of all the supplemental education session dates, topics, presenters, and numbers of registrants and attendees is available in Appendix F.

Outcomes

Changes in knowledge for the supplemental education sessions were assessed by pre-post comparisons on a five-item true-false scale. The knowledge items were unique to each topical session and were written by the experts leading those sessions. The full pre and post-session questionnaires and customized knowledge questions for all the sessions are provided in Appendices G and H.

The outcomes presented here are for the four sessions that occurred in the last reporting period of the grant; outcomes for sessions occurring February 2021 – July 2023 are provided in Appendix I. Only two of the four sessions utilized true-false knowledge questions (“*Collaborative Approaches in Elder Justice for Protecting Adults Living with Dementia and Intellectual and Developmental Disabilities*” and “*Benefits, Risks, and Tips to Optimize Medications to Treat Dementia and Mild Cognitive Impairment*”) in this reporting period. Even though there were differences in percentages of correct answers between pre- and post-tests, no statistically significant changes were found during the matched-pair analysis. An important factor that likely contributed to the lack of significant changes was the small sample sizes for matched-pair analysis. This was due to the data collection challenges discussed in detail in the Challenges section. These challenges (pre- and post- test surveys delivered via email to registrants and participants respectively) resulted in surprisingly little overlap between pre- and post-test completers. For example, for the session on *Benefits, Risks, and Tips to Optimizing Medications to Treat Dementia and Mild Cognitive Impairment*, 75 people completed the pre-test and 66 completed the post-test, but there were only 22-23 matched pairs available for the t-test analysis of change.

Tables 14 through 17 present results for the pre-post changes in confidence and attitudes for each of the four supplemental education sessions offered during the final reporting period. These items were assessed on a 5-point rating scale of agreement (from strongly disagree (1) to strongly agree (5)). The first and third sessions (*A Guide to Inclusive Practice for Libraries, Community Allies, and All Those Committed to Changing the Dementia Narrative* and *The Impact of Music Intervention on Engagement and Socialization in Persons Living with Dementia*) used customized questions to assess participants' confidence and attitudes and showed a significant improvement ($p < .01$) at the post-test. The other two sessions used the standard confidence and attitudes items and did not show any significant improvement on any of the items. This is not surprising considering that the pre-test degree of agreement on those items was very high leaving little room for improvement at post-test.

Table 14. 9/21/23 - Confidence and Attitudes: Dementia: The Rest of The Story: A Guide to Inclusive Practice for Libraries, Community Allies, and All Those Committed to Changing the Dementia Narrative				
	N for paired- sample t-test	Pre-test mean	Post-test mean	p value
I am familiar with the content of the Ohio Council for Cognitive Health's <i>Dementia Inclusive Public Library Guide</i>	17	2.29	3.94	< .001
I have ideas about how I might use the Ohio Council for Cognitive Health's <i>Dementia Inclusive Public Library Guide</i>	16	2.69	4.25	< .001
I know how to work with public libraries to make my community more dementia inclusive	17	3.18	4.06	.003

Notes: Item scores ranged from 1 (strongly disagree) to 5 (strongly agree).

Table 15. 10/18/23 -Confidence and Attitudes: Collaborative Approaches in Elder Justice for Protecting Adults Living with Dementia and Intellectual and Developmental Disabilities				
	N for paired- sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	17	4.18	4.41	.104
People with IDD and/or dementia need to feel respected	17	4.76	4.76	-
Able to respond with understanding	17	4.41	4.53	.431
Motivated to get to know people with dementia better	17	4.53	4.47	.579

Table 16. 12/12/23 - Confidence and Attitudes: Every Time I Hear That Song: The Impact of Music Intervention on Engagement and Socialization in Persons Living with Dementia				
	N for paired-sample t-test	Pre-test mean	Post-test mean	p value
I am familiar with the <i>Making Connections through Music</i> intervention	18	2.28	4.00	< .001
I understand the processes and challenges associated with delivering a group music intervention for persons living with dementia	18	2.39	3.94	< .001
I am familiar with the BRI Care Consultation program	18	2.39	3.56	.001
I understand how the BRI Care Consultation program can be used to support individuals with, or at risk of, dementia, including individuals with intellectual and developmental disabilities (IDD) and their caregivers	18	2.39	3.56	.001

Table 17. 1/18/24 - Confidence and Attitudes: Benefits, Risks, and Tips to Optimize Medications to Treat Dementia and Mild Cognitive Impairment				
	N for paired-sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	22	4.45	4.64	0.104
People with IDD and/or dementia need to feel respected	23	5.00	5.00	-
Able to respond with understanding	23	4.70	4.70	1.00
Motivated to get to know people with dementia better	22	4.68	4.68	1.00

Post-test only self-assessed gains

In addition to the pre-post assessment of changes, a second method of assessing the impact of the sessions asked participants to rate their own changes in awareness, understanding of the topic, confidence interacting with individuals living with dementia, and ability to recognize signs and symptoms of dementia. Table 18 shows the results of these self-reported changes. The first two items in the table were assessed on a 5-point rating scale of agreement (from strongly disagree (1) to strongly agree (5)). For the second two items (understanding of the topic and increased confidence), respondents

were asked how much impact the session had (from no increase in understanding or confidence (1) to greatly increased (10)). The first and third sessions did not assess changes in awareness and ability to recognize signs and symptoms of dementia due to the nature of their topics. There is some variability across sessions on these measures, but the overall pattern shows a high degree of agreement that the sessions created self-assessed positive change on all four items related to awareness, ability, understanding, and confidence.

Table 18. Supplemental Education Sessions Self-Assessed Changes								
Session Type, Date, and Title (N range across all 4 items)	Self-assessed increase in awareness about dementia (1-5)		Self-assessed increase in ability to recognize signs and symptoms of dementia (1-5)		Self-assessed increase in understanding of topic (1-10)		Self-assessed increase in confidence interacting with individuals living with dementia (1-10)	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
September 21, 2023 (N = 34) <i>Dementia: The Rest of The Story: A Guide to Inclusive Practice for Libraries, Community Allies, and All Those Committed to Changing the Dementia Narrative</i>	-	-	-	-	8.71	9.00	8.91	9.50
October 18, 2023 (N = 58 - 60) <i>Collaborative Approaches in Elder Justice for Protecting Adults Living with Dementia and Intellectual and Developmental Disabilities</i>	3.88	4.00	3.98	4.00	7.91	8.00	7.39	8.00
December 12, 2023 (N = 36 - 37) <i>Every Time I Hear That Song: The Impact of Music Intervention on Engagement and Socialization in Persons Living with Dementia</i>	-	-	-	-	8.24	9.00	7.92	9.00
January 18, 2024 (N = 62 - 66) <i>Benefits, Risks, and Tips to Optimize Medications to Treat Dementia and Mild Cognitive Impairment</i>	4.05	4.00	3.91	4.00	8.00	8.00	6.98	8.00

EVIDENCE-BASED PROGRAMMING

BRI Care Consultation™

Outputs

During the grant period, BRI CC was offered through four grant partners: Benjamin Rose, O’Neill Center, United Seniors, and Welcome House. Table 19 provides the cumulative numbers of enrolled cases, completed baseline interviews, and completed follow-up interviews. There were a total of 325 enrolled cases between the four delivery sites, with the majority enrolled by Benjamin Rose. The numbers of enrolled participants who completed both a baseline and follow-up interview ranged from 48 to 49 for caregivers and 51 to 68 for care recipients, depending on the scale.

Table 19. BRI Care Consultation Enrollment and Cumulative Evaluation Interviews					
Site	Enrolled	Usable* Caregiver Baseline	Usable* Care Receiver/ Proxy Baseline	Usable* Caregiver Follow-up	Usable* Care Receiver/ Proxy Follow-up
BRIA	236	59	71	36	40
O’Neill	29	9	14	7	12
United Seniors	35	7	10	6	7
Welcome House	25	8	18	8	13
Total	325	83	113**	57	72
		Total Usable Baselines = 196		Total Usable Follow-ups = 129	
		Total Matched Pairs = 48-49***		Total Matched Pairs = 51-68***	

*Interviews were considered usable if they contained complete identifiers and any other responses.

**There are multiple cases with no identified caregiver.

***The number of matched pairs available for analysis varied by scale.

Outcomes

One measure of the effectiveness of the BRI CC intervention was a comparison of baseline measures of quality of life, social isolation, relationship strain, and depression to those same measures at follow-up (usually around 3 or 6 months) for both caregivers and care recipients. The analyses of both Caregiver and Care Receiver/Proxy interview data showed that the only significant change ($p < .05$) was slightly decreased quality of life for the caregivers. All other scales showed stability or small but statistically insignificant changes in the expected direction. While evaluations typically look for improvements in these outcome measures, it has been argued that, for people with dementia and their caregivers, a slowed decline might be a more appropriate indicator

of intervention success. To confirm the analysis, a reliability analysis was done for each of the four scales with high resultant reliability scores.

The baseline and follow-up interview questionnaires are included in Appendices J and K and detailed results of the pre-post comparisons are provided in Appendix L.

SHARE for Dementia

SHARE implementation was delayed due to challenges in securing a community partner to offer the program. Throughout the project period, six dyads participated in the SHARE program and only four dyads completed both baseline and follow-up measures, which the evaluation team determined was too small of a sample for analysis.

DFA METRICS INSTRUMENT

The original intent of the DFA Metrics instrument was to capture the efforts of Advisory Taskforce members in regards to participation in dementia-capable improvements and expansion in their communities across the project period. It was designed as an online survey, to be administered in each year of the grant, to assist in identifying the adoption of dementia-friendly systems, processes, practices, training, and environmental changes that might contribute to the sustainability of Taskforce efforts beyond the initial grant period. The full survey is provided in Appendix M. The survey was administered in Years 1 and 2, to key contacts identified within each participating organization, however, shifts in the participation of Advisory Taskforce members affected the collection of data from the same organizations from year to year, prohibiting the planned analysis. Therefore, the evaluation team did not administer the instrument at a third point and no analyses were conducted using this measure.

LESSONS LEARNED

Throughout the grant period, the evaluation team and project partners continually sought ways to increase participation in the evaluation. This was especially true in regards to the BRI CC baseline and follow-up interviews and the supplemental education session pre-post data collection. To decrease respondent burden in baseline and follow-up interviews, the questionnaires were revised by removing two measures and shortening the time needed to conduct the interview. (The removed measures are available in Appendix N.) Additionally, BRIA's We Care (BRI CC) program adopted a "divide and conquer" strategy where one Care Consultant was responsible for administering the intervention while another staff member trained as a Care Consultant conducted all of the baseline and follow-up interviews. In regards to the education sessions, we learned that the best method for collecting pre-post data was to provide protected time within the session for participants to complete the questionnaires. This strategy was used in the DF sessions and nearly all session attendees participated in the evaluation. To keep the supplemental education sessions to a 60-minute time

period, registrants had the opportunity to complete the pre-session questionnaire at registration, via email prior to the session, and then again right before the start of the session (however, time was not protected for them to complete the questionnaire at that time). Those who then attended the session were provided with a link to the post-session questionnaire immediately following the session and then received a reminder and a link to the questionnaire within a week after the session. Despite these steps, session evaluation participation was very low.

CONCLUSIONS

This project provided another opportunity for organizations serving the aging and IDD populations to build connections, innovate, and collaborate across sectors that have traditionally been siloed. The strong relationships built and strengthened between grant partners have fostered a supportive environment for professionals to enhance their understanding of individuals living with dementia and those who have IDD, and deepen their commitment to community-level dementia inclusiveness. The opportunity for these professionals to share their expertise and learn from each other, and their enthusiastic willingness to do so, was a defining feature of this project. Grant partners have delivered multiple conference presentations to both aging and IDD audiences, and they continue to look for other opportunities to raise the visibility of this transformational movement.

The numbers of professionals, individuals with dementia, and caregivers who engaged in project activities in both urban and rural areas throughout the grant period are impressive. The education offered through this project produced significant increases in knowledge about dementia, positive attitudes about dementia, confidence in interacting with people with dementia, ability to respond to people living with dementia with understanding, and the motivation to get to know people with dementia better. Community change begins with individual change, and this project has armed urban and rural regions of Ohio with tools and resources to continue to raise awareness about the needs of individuals living with dementia and their caregivers and to combat the stigma that contributes to isolation and poor quality of life.

The hard work and dedication of the grant partners, the relationships and collaborations between grant partners and other Ohio and national ADPI grantees, and the collaborations developed and strengthened through this project have built a strong foundation for future efforts in dementia-capable service systems and dementia-inclusive communities. The depth and breadth of individual and community-level actions and changes that were created through this project bode well for these geographic areas and for this model of dementia-inclusiveness momentum.

APPENDICES

APPENDIX A. DEMENTIA FRIENDS SESSIONS

Date	Hosting Organization	County	Audience	Session Version	# Of Attendees
04/20/2021*	Advisory Taskforce, GWEP Partners, Project Partners	Athens, Washington, Cuyahoga	Professionals	General	16
05/12/2021*	Advisory Taskforce, GWEP Partners, Project Partners	Athens, Washington, Cuyahoga	Professionals	IDD	23
05/12/2021*	Advisory Taskforce, GWEP Partners, Project Partners	Athens, Washington, Cuyahoga	Professionals	Living Alone	22
07/27/2021	Advisory Taskforce	Athens, Washington, Cuyahoga	Professionals	General	21
07/27/2021	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
07/29/2021	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
08/27/2021	United Seniors of Athens County	Athens	Staff	General	7
09/07/2021	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
09/28/2021	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	5
09/30/2021	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	5
10/01/2021	Cleveland Food Bank and Western Reserve Area Agency on Aging	Cuyahoga	Staff	General	14
10/13/2021	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
10/21/2021	UpBEAT; Ohio Health	Athens	Caregivers	Living Alone	13
10/27/2021*	Advisory Taskforce, GWEP Partners, Project Partners	Athens, Washington, Cuyahoga	Professionals	Living Alone	2
11/02/2021	Athens County Board of DD	Athens	Staff	IDD	61
11/03/2021*	Advisory Taskforce, GWEP Partners, Project Partners	Athens, Washington, Cuyahoga	Professionals	IDD	2
11/23/2021	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3

Date	Hosting Organization	County	Audience	Session Version	# Of Attendees
11/30/2021	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	2
12/21/2021	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
12/27/2021	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
01/04/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
01/25/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	5
01/27/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
02/11/2022	O'Neill	Washington	Staff	General	8
02/23/2022	SAGE Cleveland	Cuyahoga	Clients	Living Alone	16
02/28/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	5
03/03/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	4
03/29/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
03/31/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
03/31/2022	Ohio University's Aging and Gerontological Education Society (AGES)	Athens	Allied Health Students	General	24
04/11/2022*	BRIA, Welcome House, O'Neill	Cuyahoga, Washington	Staff	IDD	6
04/14/2022*	BRIA, Welcome House, O'Neill	Cuyahoga, Washington	Staff	General	5
04/26/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	2
04/27/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	6
05/16/2022	Cuyahoga County Board of DD	Cuyahoga	Staff	IDD	29
05/17/2022	Cuyahoga County Board of DD	Cuyahoga	Staff	IDD	18
05/24/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	5
06/14/2022	South Parkersburg Church	Washington	Community	General	23

Date	Hosting Organization	County	Audience	Session Version	# Of Attendees
06/15/2022	Marietta Police Department	Washington	First Responders	General	6
06/21/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
06/23/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
06/24/2022	Buckeye Hills Regional Council	Washington	Staff	General	11
07/18/2022	O'Neill	Washington	Staff	General	2
07/19/2022	Washington County EMTs and Firemen	Washington	Staff	General	8
07/20/2022	Washington County EMTs and Firemen	Washington	Staff	General	7
07/20/2022	Cleveland VAMC	Cuyahoga County	Staff	General	42
07/21/2022	Washington County EMTs and Firemen	Washington	Staff	General	5
07/25/2022	Cuyahoga County Board of DD	Cuyahoga	Family	IDD	7
07/27/2022	Cuyahoga County Board of DD	Cuyahoga	Family	IDD	9
07/27/2022	Washington County Career Center	Washington	Students	General	8
07/28/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	7
08/19/2022	Senior Companion Program, BRIA	Cuyahoga	Volunteers	General	41
08/23/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
08/29/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
09/29/2022	Marietta Police Department	Washington	First Responders	General: First Responders	10
10/03/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
10/12/2022	Washington Board of DD	Washington	Community Members and Staff	IDD	7
10/12/2022	Cleveland VA Medical Center / University Heights Hospital	Cuyahoga	Nurses	General (Hospital)	37
10/14/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
10/17/2022	Washington County Career Center	Washington	Medical Assistant Students	General (Hospital)	3

Date	Hosting Organization	County	Audience	Session Version	# Of Attendees
10/25/2022	Margaret Wagner Apartments, BRIA	Cuyahoga	Residents	Living Alone	8
11/01/2022	Church of the Savior	Cuyahoga	Members	General	6
11/03/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
11/03/2022	A Dementia Friendly LIFE	Lorain	Community	General	4
11/22/2022	OhioHealth Hospice	Athens	Community	General	3
11/23/2022	OhioHealth Hospice	Athens	Community	General	5
11/29/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
12/1/2022	Washington County Sheriff Reserve	Washington	First Responders	General (First Responders)	10
12/14/2022	A Dementia Friendly LIFE	Lorain	Community	General	7
12/29/2022	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	4
01/09/2023	United Way Parkersburg	Wood	Staff	General	5
01/10/2023	Athens Senior Center - Community Branch	Athens	Community	Living Alone	8
01/11/2023	Washington County Career Center	Washington	Medical Assistant Students	General (Hospital)	3
01/11/2023	Down's Syndrome Association of NE Ohio	Cuyahoga	Community	IDD	12
01/31/2023	Grafton Library	Lorain	Community	General	13
02/08/2023	Washington County Career Center	Washington	Medical Assistant Students	General (Hospital)	9
02/23/2023	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	4
02/28/2023	Cuyahoga County Board of Developmental Disabilities	Cuyahoga	Staff	IDD	48
03/08/2023	Washington County Career Center	Washington	Medical Assistant Students	General (Hospital)	3
03/09/2023	Fairview Park Senior Center	Cuyahoga	Community	General	12

Date	Hosting Organization	County	Audience	Session Version	# Of Attendees
03/16/2023	Church of the Holy Angels	Cuyahoga	Community	General (Faith)	13
03/16/2023	DF Champions Training	Cuyahoga	Champions	General	1
03/16/2023	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
03/24/2023	O'Neill Center	Washington	Community	General	10
03/29/2023	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	2
03/31/2023	Louis Stokes Cleveland Department of Veterans Affairs Medical Center	Cuyahoga	Staff	General (Veterans)	9
05/03/2023	Parkersburg Fire Department	Washington	Staff	General (First Responders)	20
05/08/2023	Parkersburg and Wood Public Library	Wood (WV)	Community	General	2
05/10/2023	Washington County Career Center	Washington	Medical Assistant Students	General (Hospital)	7
05/10/2023	O'Neill Center	Washington	New Staff	General	2
05/16/2023	Cleveland Heights Library	Cuyahoga	Community	General	11
05/24/2023	Parkersburg Fire Department	Washington	First Responders	General (Hospital)	16
05/24/2023	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
05/26/2023	Legal Aide Society of Cleveland	Cuyahoga	Legal Professionals	General (Legal)	25
06/15/2023	United Seniors of Athens County	Athens	Community	General	19
06/22/2023	BRIA – Senior Companion Program	Cuyahoga	Community	General	4
06/23/2023	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	2
06/28/2023	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	3
07/05/2023	Camden Clark Ambulance Services	Wood (WV)	First Responders	General (First Responders)	16

Date	Hosting Organization	County	Audience	Session Version	# Of Attendees
07/06/2023	Warren County Volunteer Fire Department	Washington	First responders	General (First Responders)	14
07/10/2023	United Seniors of Athens County	Athens	Community	General	8
08/31/2023	NCC	Cuyahoga	Staff	IDD	24
09/01/2023	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	4
09/29/2023	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	2
11/07/2023	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	1
11/13/2023	Medina Public Library	Medina	Community	General (Library)	162
11/28/2023	OhioHealth O'Bleness Hospital	Athens	Staff	General (Hospital)	2
11/30/2023	BRIA-Senior Companions	Cuyahoga	Volunteers	General	4
01/11/2024	Down Syndrome Association of NE Ohio	Cuyahoga	Staff	IDD	6
01/24/2024	United Seniors of Athens County	Athens	Staff	General	4
Total:					1,144

*Offered as part of a Champions training.

APPENDIX B. DEMENTIA FRIENDS GENERAL PRE/POST QUESTIONNAIRES

Dementia Friends Pre-Session Questionnaire - General/Sector

Before today’s session, please take a few moments to complete this questionnaire. For each question, place an X in the blank or fill in the blank to record your response. All responses will be kept confidential.

<p>1. Please tell us who you are. (Check all that apply.)</p> <p><input type="checkbox"/> I have dementia.</p> <p><input type="checkbox"/> I am an unpaid caregiver for someone who has dementia.</p> <p><input type="checkbox"/> I am a professional who serves individuals with dementia or their families.</p> <p><input type="checkbox"/> I have a family member, friend, or acquaintance who has dementia.</p> <p><input type="checkbox"/> I do not know anyone who has dementia, but would like to learn more about it.</p>	<p>2. What is your current employment status? (Check all that apply.)</p> <p><input type="checkbox"/> I work full-time.</p> <p><input type="checkbox"/> I work part-time.</p> <p><input type="checkbox"/> I am retired.</p> <p><input type="checkbox"/> I am unemployed.</p> <p><input type="checkbox"/> I am a student.</p>
<p>3. Which of the following <u>best</u> describes your current profession? (Check only one).</p> <p><input type="checkbox"/> N/A – I am not currently working or volunteering.</p> <p><input type="checkbox"/> Volunteer (e.g., Meals on Wheels, friendly visitor)</p> <p><input type="checkbox"/> Information and referral provider or options counselor</p> <p><input type="checkbox"/> Case manager, care coordinator, or discharge planner</p> <p><input type="checkbox"/> Other dementia-related program provider (e.g., caregiver skills trainer, support group facilitator, adult day services staff)</p> <p><input type="checkbox"/> Direct care worker (e.g., certified nursing assistant, personal care attendant, companion)</p> <p><input type="checkbox"/> Medical care provider (e.g., physician, nurse practitioner, physician assistant, nurse)</p> <p><input type="checkbox"/> Allied health provider (e.g., occupational therapist, pharmacist, dietitian)</p> <p><input type="checkbox"/> First responder (paid or unpaid)</p> <p><input type="checkbox"/> Clergy or other member of faith community</p> <p><input type="checkbox"/> Legal professional</p> <p><input type="checkbox"/> Financial professional (e.g., bank teller, financial planner)</p> <p><input type="checkbox"/> Community businesses (e.g., retail store employee, pharmacy, café barista, hairdresser)</p> <p><input type="checkbox"/> Student preparing for dementia-related work</p> <p><input type="checkbox"/> Other: _____</p>	
<p>4. What is your highest level of formal education?</p> <p><input type="checkbox"/> Less than high school equivalency</p> <p><input type="checkbox"/> High school diploma/GED</p> <p><input type="checkbox"/> Associate degree</p> <p><input type="checkbox"/> Bachelor’s degree or higher</p>	<p>5. Have you served in the U.S. military?</p> <p><input type="checkbox"/> Yes, I have served in the U.S. military.</p> <p><input type="checkbox"/> No, I have not served in the U.S. military.</p>

<p>6. If you are an unpaid caregiver to someone with dementia, what is their relationship to you?</p> <p><input type="checkbox"/> Spouse/partner</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Other (list relationship): _____</p> <p><input type="checkbox"/> I am not an unpaid caregiver to someone with dementia. (Skip to question #8)</p>	<p>7. If you are an unpaid caregiver to someone with dementia, do you live with that person?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Does the person you care for live alone?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, the person lives in a care facility or group home.</p> <p><input type="checkbox"/> No, the person lives with someone else. (specify relationship): _____</p>
<p>8. Which race(s) do you identify with? (Check all that apply.)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Asian or Asian American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>9. What is your ethnicity?</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p>
<p>10. How do you identify your gender?</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I identify as: _____</p>	<p>11. What is your age?</p> <p>_____ years</p>
<p>12. What is your zip code?</p> <p>_____</p>	<p>13. Are you already a Dementia Friend?</p> <p><input type="checkbox"/> Yes, I became a Dementia Friend on the Dementia Friends USA website before today.</p> <p><input type="checkbox"/> Yes, I became a Dementia Friend by attending an information session before today.</p> <p><input type="checkbox"/> No, this is my first Dementia Friends session.</p>

Please circle whether you think each statement is true or false.

Dementia is a part of normal aging.	True	False
Dementia is not just about memory problems. It can affect thinking, communication, and everyday tasks.	True	False
Trouble handling money or paying bills is a common symptom of having dementia.	True	False
People with dementia may express themselves or communicate through actions instead of words.	True	False

On a scale from 1 (Strongly Disagree) to 5 (Strongly Agree), circle the number you feel reflects your feelings about each statement.

	Strongly Disagree				Strongly Agree
I am confident interacting with people with dementia.	1	2	3	4	5
People with dementia need to feel respected, just like anyone else.	1	2	3	4	5
I am able to respond to people with dementia with understanding.	1	2	3	4	5
I am motivated to get to know people with dementia better.	1	2	3	4	5

Which category best describes the organization you represent at this training? (Please mark ONLY ONE.)

Clinical/Health provider	Emergency/Disaster response
Home and community-based services	Transportation
Business/Retail	Housing
Legal	Arts/Civic engagement
Financial	Public spaces/services (e.g., library)
Faith-based/Spiritual	Other (please specify):

Thank you for taking the time to complete this questionnaire.

This questionnaire was developed by Scripps Gerontology Center with support from a cooperative agreements (No. 90ADPI0008-01-00 and 90ADPI0052-01-00) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS) and adapted from the *ACL Recommended Brief Tool for Dementia Friendly Education and Training Sessions: Organizational or Sector Trainings (July 2019)* and the *Dementia Friends USA Dementia Friends Evaluation and Action Steps*.

Dementia Friends Post-Session Questionnaire – General/Sector

Thank you for attending the Dementia Friends Session and for becoming a Dementia Friend! Please answer the following questions based on the session. All responses will be kept confidential.

Please circle whether you think each statement is true or false.

Dementia is a part of normal aging.	True	False
Dementia is not just about memory problems. It can affect thinking, communication, and everyday tasks.	True	False
Trouble handling money or paying bills is a common symptom of having dementia.	True	False
People with dementia may express themselves or communicate through actions instead of words.	True	False

On a scale from 1 (Strongly Disagree) to 5 (Strongly Agree), circle the number you feel reflects your feelings about each statement.

	Strongly Disagree				Strongly Agree
My awareness has increased about Alzheimer's and other related dementias.	1	2	3	4	5
I feel more equipped as a community member to recognize the signs and symptoms of Alzheimer's and other related dementias.	1	2	3	4	5
I am confident interacting with people with dementia.	1	2	3	4	5
People with dementia need to feel respected, just like anyone else.	1	2	3	4	5
I am able to respond to people with dementia with understanding.	1	2	3	4	5
I am motivated to get to know people with dementia better.	1	2	3	4	5

Which of the following personal actions will you take to create a more dementia friendly and inclusive community? Place a check next to each action you will take. Select as many as you like.

- Get in touch with someone I know living with dementia
- Be more patient with people with dementia when out in the community
- Offer support to people with dementia
- Offer support to caregivers of people with dementia
- Volunteer for an organization that helps people with dementia or their caregivers
- Campaign for change (e.g. by participating in local dementia advocacy events)
- Volunteer to participate in a clinical trial
- Ask my doctor for cognitive assessment during my annual physical exam
- Make my home more dementia friendly
- Make my workplace more dementia friendly
- Make my community more dementia friendly
- Encourage my friends to become dementia friendly
- Get more information about dementia

Are there any other actions you will take? Please list them below:

Please help us plan for future dementia education sessions. What would you like to learn more about in regards to dementia? List suggested topics below:

Researchers from the Scripps Gerontology Center at Miami University would like to follow up with you in about six weeks to learn more about your experience with Dementia Friends.

The follow-up will take no more than 10 minutes. The information you share will be used to improve the Dementia Friends program and to help us think about future services and supports for individuals living with dementia and those who care for them in your community.

If you are willing to be contacted for a brief follow-up, please provide your contact information below. We will keep your contact information confidential.

(Please print clearly)

First Name: _____ Last Name: _____

Phone number: (____) - _____ - _____

Email: _____

Please let us know the best times to reach you by telephone (Check all that apply):

	Morning (9:00 a.m. – 12:00 p.m.)	Afternoon (12:00 p.m. – 5:00 p.m.)	Evening (5:00 p.m. – 9:00 p.m.)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Thank you for taking the time to complete this questionnaire.

This questionnaire was developed by Scripps Gerontology Center with support from a cooperative agreements (No. 90ADPI0008-01-00 and 90ADPI0052-01-00) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS) and adapted from the *ACL Recommended Brief Tool for Dementia Friendly Education and Training Sessions: Organizational or Sector Trainings (July 2019)* and the *Dementia Friends USA Dementia Friends Evaluation and Action Steps*.

APPENDIX C. DEMENTIA FRIENDS FOR IDD PRE/POST QUESTIONNAIRES

Dementia Friends Pre-Session Questionnaire – IDD Version

Before today’s session, please take a few moments to complete this questionnaire. For each question, place an X in the blank or fill in the blank to record your response. All responses will be kept confidential.

<p>14. Please tell us who you are. (Check all that apply.)</p> <p><input type="checkbox"/> I have dementia.</p> <p><input type="checkbox"/> I am an unpaid caregiver for someone who has dementia.</p> <p><input type="checkbox"/> I am a professional who serves individuals with dementia or their families.</p> <p><input type="checkbox"/> I have a family member, friend, or acquaintance who has dementia.</p> <p><input type="checkbox"/> I do not know anyone who has dementia, but would like to learn more about it.</p>	<p>15. What is your current employment status? (Check all that apply.)</p> <p><input type="checkbox"/> I work full-time.</p> <p><input type="checkbox"/> I work part-time.</p> <p><input type="checkbox"/> I am retired.</p> <p><input type="checkbox"/> I am unemployed.</p> <p><input type="checkbox"/> I am a student.</p>
<p>16. Which of the following <u>best</u> describes your current profession? (Check only one).</p> <p><input type="checkbox"/> N/A – I am not currently working or volunteering.</p> <p><input type="checkbox"/> Volunteer (e.g., Meals on Wheels, friendly visitor)</p> <p><input type="checkbox"/> Information and referral provider or options counselor</p> <p><input type="checkbox"/> Case manager, care coordinator, or discharge planner</p> <p><input type="checkbox"/> Other dementia-related program provider (e.g., caregiver skills trainer, support group facilitator, adult day services staff)</p> <p><input type="checkbox"/> Direct care worker (e.g., certified nursing assistant, personal care attendant, companion)</p> <p><input type="checkbox"/> Medical care provider (e.g., physician, nurse practitioner, physician assistant, nurse)</p> <p><input type="checkbox"/> Allied health provider (e.g., occupational therapist, pharmacist, dietitian)</p> <p><input type="checkbox"/> First responder (paid or unpaid)</p> <p><input type="checkbox"/> Clergy or other member of faith community</p> <p><input type="checkbox"/> Legal professional</p> <p><input type="checkbox"/> Financial professional (e.g., bank teller, financial planner)</p> <p><input type="checkbox"/> Community businesses (e.g., retail store employee, pharmacy, café barista, hairdresser)</p> <p><input type="checkbox"/> Student preparing for dementia-related work</p> <p><input type="checkbox"/> Other: _____</p>	
<p>17. What is your highest level of formal education?</p> <p><input type="checkbox"/> Less than high school equivalency</p> <p><input type="checkbox"/> High school diploma/GED</p> <p><input type="checkbox"/> Associate degree</p> <p><input type="checkbox"/> Bachelor’s degree or higher</p>	<p>18. Have you served in the U.S. military?</p> <p><input type="checkbox"/> Yes, I have served in the U.S. military.</p> <p><input type="checkbox"/> No, I have not served in the U.S. military.</p>

<p>19. If you are an unpaid caregiver to someone with dementia, what is their relationship to you?</p> <p><input type="checkbox"/> Spouse/partner</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Other (list relationship): _____</p> <p><input type="checkbox"/> I am not an unpaid caregiver to someone with dementia. (Skip to question #8)</p>	<p>20. If you are an unpaid caregiver to someone with dementia, do you live with that person?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Does the person you care for live alone?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, the person lives in a care facility or group home.</p> <p><input type="checkbox"/> No, the person lives with someone else. (specify relationship): _____</p>
<p>21. Which race(s) do you identify with? (Check all that apply.)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Asian or Asian American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>22. What is your ethnicity?</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p>
<p>23. How do you identify your gender?</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I identify as: _____</p>	<p>24. What is your age?</p> <p>_____ years</p>
<p>25. What is your zip code?</p> <p>_____</p>	<p>26. Are you already a Dementia Friend?</p> <p><input type="checkbox"/> Yes, I became a Dementia Friend on the Dementia Friends USA website before today.</p> <p><input type="checkbox"/> Yes, I became a Dementia Friend by attending an information session before today.</p> <p><input type="checkbox"/> No, this is my first Dementia Friends session.</p>

Please circle whether you think each statement is true or false.

Dementia is not just about memory problems. It can affect thinking, communication, and everyday tasks.	True	False
Trouble handling money or paying bills is a common symptom of having dementia.	True	False
People with dementia may express themselves or communicate through actions instead of words.	True	False
Most adults with an intellectual disability live in institutional settings.	True	False
All people with Down syndrome will eventually develop Alzheimer's disease.	True	False
People with Down syndrome do not usually experience loss of enthusiasm or interest in social interactions due to Alzheimer's disease.	True	False
New onset seizure activity may be an early sign of Alzheimer's disease in people with Down syndrome.	True	False

On a scale from 1 (Strongly Disagree) to 5 (Strongly Agree), circle the number you feel reflects your feelings about each statement.

	Strongly Disagree				Strongly Agree
I am confident interacting with people with IDD and/or dementia.	1	2	3	4	5
People with IDD and/or dementia need to feel respected, just like anyone else.	1	2	3	4	5
I am able to respond to people with IDD and/or dementia with understanding.	1	2	3	4	5
I am motivated to get to know people with IDD and/or dementia better.	1	2	3	4	5

Thank you for taking the time to complete this questionnaire.

This questionnaire was developed by Scripps Gerontology Center with support from a cooperative agreement (No. 90ADPI0008-01-00) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS) and adapted from the *ACL Recommended Brief Tool for Dementia Friendly Education and Training Sessions: Individual Trainings (July 2019)* and the *Dementia Friends USA Dementia Friends Evaluation and Action Steps*.

Dementia Friends Post-Session Questionnaire – IDD Version

Thank you for attending the Dementia Friends Session and for becoming a Dementia Friend! Please answer the following questions based on the session. All responses will be kept confidential.

Please circle whether you think each statement is true or false.

Dementia is not just about memory problems. It can affect thinking, communication, and everyday tasks.	True	False
Trouble handling money or paying bills is a common symptom of having dementia.	True	False
People with dementia may express themselves or communicate through actions instead of words.	True	False
Most adults with an intellectual disability live in institutional settings.	True	False
All people with Down syndrome will eventually develop Alzheimer’s disease.	True	False
People with Down syndrome do not usually experience loss of enthusiasm or interest in social interactions due to Alzheimer’s disease.	True	False
New onset seizure activity may be an early sign of Alzheimer’s disease in people with Down syndrome.	True	False

On a scale from 1 (Strongly Disagree) to 5 (Strongly Agree), circle the number you feel reflects your feelings about each statement.

	Strongly Disagree				Strongly Agree
My awareness has increased about IDD and Alzheimer’s and other related dementias.	1	2	3	4	5
I feel more equipped as a community member to recognize the signs and symptoms of Alzheimer’s and other related dementias.	1	2	3	4	5
I am confident interacting with people with IDD and/or dementia.	1	2	3	4	5
People with IDD and/or dementia need to feel respected, just like anyone else.	1	2	3	4	5
I am able to respond to people with IDD and/or dementia with understanding.	1	2	3	4	5
I am motivated to get to know people with IDD and/or dementia better.	1	2	3	4	5

Which of the following personal actions will you take to create a more dementia friendly and inclusive community? Place a check next to each action you will take. Select as many as you like.

- Get in touch with someone I know living with IDD and/or dementia
- Be more patient with people with IDD and/or dementia when out in the community
- Offer support to people with IDD and/or dementia
- Offer support to caregivers of people with IDD and/or dementia
- Volunteer for an organization that helps people with IDD and/or dementia or their caregivers
- Campaign for change (e.g. by participating in local dementia advocacy events)
- Volunteer to participate in a clinical trial
- Ask my doctor for cognitive assessment during my annual physical exam
- Make my home more dementia friendly
- Make my workplace more dementia friendly
- Make my community more dementia friendly
- Encourage my friends to become dementia friendly
- Get more information about IDD and/or dementia

Are there any other actions you will take? Please list them below:

Please help us plan for future dementia education sessions. What would you like to learn more about in regards to dementia? List suggested topics below:

Researchers from the Scripps Gerontology Center at Miami University would like to follow up with you in about six weeks to learn more about your experience with Dementia Friends.

The follow-up will take no more than 10 minutes. The information you share will be used to improve the Dementia Friends program and to help us think about future services and supports for individuals living with IDD and/or dementia and those who care for them in your community.

If you are willing to be contacted for a brief follow-up, please provide your contact information below. We will keep your contact information confidential.

(Please print clearly)

First Name: _____ Last Name: _____

Phone number: (____) - _____ - _____

Email: _____

Please let us know the best times to reach you by telephone (Check all that apply):

	Morning (9:00 a.m. – 12:00 p.m.)	Afternoon (12:00 p.m. – 5:00 p.m.)	Evening (5:00 p.m. – 9:00 p.m.)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Thank you for taking the time to complete this questionnaire.

This questionnaire was developed by Scripps Gerontology Center with support from a cooperative agreement (No. 90ADPI0008-01-00) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS) and adapted from the *ACL Recommended Brief Tool for Dementia Friendly Education and Training Sessions: Individual Trainings (July 2019)* and the *Dementia Friends USA Dementia Friends Evaluation and Action Steps*.

APPENDIX D. DEMENTIA FRIENDS FOR LIVING ALONE PRE/POST QUESTIONNAIRES

Dementia Friends Pre-Session Questionnaire – Living Alone Version

Before today’s session, please take a few moments to complete this questionnaire. For each question, place an X in the blank or fill in the blank to record your response. All responses will be kept confidential.

<p>27. Please tell us who you are. (Check all that apply.)</p> <p><input type="checkbox"/> I have dementia.</p> <p><input type="checkbox"/> I am an unpaid caregiver for someone who has dementia.</p> <p><input type="checkbox"/> I am a professional who serves individuals with dementia or their families.</p> <p><input type="checkbox"/> I have a family member, friend, or acquaintance who has dementia.</p> <p><input type="checkbox"/> I do not know anyone who has dementia, but would like to learn more about it.</p>	<p>28. What is your current employment status? (Check all that apply.)</p> <p><input type="checkbox"/> I work full-time.</p> <p><input type="checkbox"/> I work part-time.</p> <p><input type="checkbox"/> I am retired.</p> <p><input type="checkbox"/> I am unemployed.</p> <p><input type="checkbox"/> I am a student.</p>
<p>29. Which of the following <u>best</u> describes your current profession? (Check only one).</p> <p><input type="checkbox"/> N/A – I am not currently working or volunteering.</p> <p><input type="checkbox"/> Volunteer (e.g., Meals on Wheels, friendly visitor)</p> <p><input type="checkbox"/> Information and referral provider or options counselor</p> <p><input type="checkbox"/> Case manager, care coordinator, or discharge planner</p> <p><input type="checkbox"/> Other dementia-related program provider (e.g., caregiver skills trainer, support group facilitator, adult day services staff)</p> <p><input type="checkbox"/> Direct care worker (e.g., certified nursing assistant, personal care attendant, companion)</p> <p><input type="checkbox"/> Medical care provider (e.g., physician, nurse practitioner, physician assistant, nurse)</p> <p><input type="checkbox"/> Allied health provider (e.g., occupational therapist, pharmacist, dietitian)</p> <p><input type="checkbox"/> First responder (paid or unpaid)</p> <p><input type="checkbox"/> Clergy or other member of faith community</p> <p><input type="checkbox"/> Legal professional</p> <p><input type="checkbox"/> Financial professional (e.g., bank teller, financial planner)</p> <p><input type="checkbox"/> Community businesses (e.g., retail store employee, pharmacy, café barista, hairdresser)</p> <p><input type="checkbox"/> Student preparing for dementia-related work</p> <p><input type="checkbox"/> Other: _____</p>	
<p>30. What is your highest level of formal education?</p> <p><input type="checkbox"/> Less than high school equivalency</p> <p><input type="checkbox"/> High school diploma/GED</p> <p><input type="checkbox"/> Associate degree</p> <p><input type="checkbox"/> Bachelor’s degree or higher</p>	<p>31. Have you served in the U.S. military?</p> <p><input type="checkbox"/> Yes, I have served in the U.S. military.</p> <p><input type="checkbox"/> No, I have not served in the U.S. military.</p>

<p>32. If you are an unpaid caregiver to someone with dementia, what is their relationship to you?</p> <p><input type="checkbox"/> Spouse/partner</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Other (list relationship): _____</p> <p><input type="checkbox"/> I am not an unpaid caregiver to someone with dementia. (Skip to question #8)</p>	<p>33. If you are an unpaid caregiver to someone with dementia, do you live with that person?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Does the person you care for live alone?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, the person lives in a care facility or group home.</p> <p><input type="checkbox"/> No, the person lives with someone else. (specify relationship): _____</p>
<p>34. Which race(s) do you identify with? (Check all that apply.)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Asian or Asian American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>35. What is your ethnicity?</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Non-Hispanic or Latino</p>
<p>36. How do you identify your gender?</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I identify as: _____</p>	<p>37. What is your age?</p> <p>_____ years</p>
<p>38. What is your zip code?</p> <p>_____</p>	<p>39. Are you already a Dementia Friend?</p> <p><input type="checkbox"/> Yes, I became a Dementia Friend on the Dementia Friends USA website before today.</p> <p><input type="checkbox"/> Yes, I became a Dementia Friend by attending an information session before today.</p> <p><input type="checkbox"/> No, this is my first Dementia Friends session.</p>

Please circle whether you think each statement is true or false.

Dementia is not just about memory problems. It can affect thinking, communication, and everyday tasks.	True	False
Trouble handling money or paying bills is a common symptom of having dementia.	True	False
People with dementia may express themselves or communicate through actions instead of words.	True	False
Over 50 percent of people with dementia live alone.	True	False
People living alone with dementia are at high risk for self-neglect.	True	False
Malnutrition is not a concern for people living alone with dementia.	True	False
People living alone with dementia are likely to seek the help they need.	True	False

On a scale from 1 (Strongly Disagree) to 5 (Strongly Agree), circle the number you feel reflects your feelings about each statement.

	Strongly Disagree				Strongly Agree
I am confident interacting with people with dementia.	1	2	3	4	5
People with dementia need to feel respected, just like anyone else.	1	2	3	4	5
I am able to respond to people with dementia with understanding.	1	2	3	4	5
I am motivated to get to know people with dementia better.	1	2	3	4	5

Thank you for taking the time to complete this questionnaire.

This questionnaire was developed by Scripps Gerontology Center with support from a cooperative agreement (No. 90ADPI0008-01-00) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS) and adapted from the *ACL Recommended Brief Tool for Dementia Friendly Education and Training Sessions: Individual Trainings (July 2019)* and the *Dementia Friends USA Dementia Friends Evaluation and Action Steps*.

Dementia Friends Post-Session Questionnaire – Living Alone Version

Thank you for attending the Dementia Friends Session and for becoming a Dementia Friend! Please answer the following questions based on the session. All responses will be kept confidential.

Please circle whether you think each statement is true or false.

Dementia is not just about memory problems. It can affect thinking, communication, and everyday tasks.	True	False
Trouble handling money or paying bills is a common symptom of having dementia.	True	False
People with dementia may express themselves or communicate through actions instead of words.	True	False
Over 50 percent of people with dementia live alone.	True	False
People living alone with dementia are at high risk for self-neglect.	True	False
Malnutrition is not a concern for people living alone with dementia.	True	False
People living alone with dementia are likely to seek the help they need.	True	False

On a scale from 1 (Strongly Disagree) to 5 (Strongly Agree), circle the number you feel reflects your feelings about each statement.

	Strongly Disagree				Strongly Agree
My awareness has increased about Alzheimer's and other related dementias.	1	2	3	4	5
I feel more equipped as a community member to recognize the signs and symptoms of Alzheimer's and other related dementias.	1	2	3	4	5
I am confident interacting with people with dementia.	1	2	3	4	5
People with dementia need to feel respected, just like anyone else.	1	2	3	4	5
I am able to respond to people with dementia with understanding.	1	2	3	4	5
I am motivated to get to know people with dementia better.	1	2	3	4	5

Which of the following personal actions will you take to create a more dementia friendly and inclusive community? Place a check next to each action you will take. Select as many as you like.

- Get in touch with someone I know living with dementia
- Be more patient with people with dementia when out in the community
- Offer support to people with dementia
- Offer support to caregivers of people with dementia
- Volunteer for an organization that helps people with dementia or their caregivers
- Campaign for change (e.g. by participating in local dementia advocacy events)
- Volunteer to participate in a clinical trial
- Ask my doctor for cognitive assessment during my annual physical exam
- Make my home more dementia friendly
- Make my workplace more dementia friendly
- Make my community more dementia friendly
- Encourage my friends to become dementia friendly
- Get more information about dementia

Are there any other actions you will take? Please list them below:

Please help us plan for future dementia education sessions. What would you like to learn more about in regards to dementia? List suggested topics below:

Researchers from the Scripps Gerontology Center at Miami University would like to follow up with you in about six weeks to learn more about your experience with Dementia Friends.

The follow-up will take no more than 10 minutes. The information you share will be used to improve the Dementia Friends program and to help us think about future services and supports for individuals living with dementia and those who care for them in your community.

If you are willing to be contacted for a brief follow-up, please provide your contact information below. We will keep your contact information confidential.

(Please print clearly)

First Name: _____ Last Name: _____

Phone number: (____) - ____ - _____

Email: _____

Please let us know the best times to reach you by telephone (Check all that apply):

	Morning (9:00 a.m. – 12:00 p.m.)	Afternoon (12:00 p.m. – 5:00 p.m.)	Evening (5:00 p.m. – 9:00 p.m.)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Thank you for taking the time to complete this questionnaire.

This questionnaire was developed by Scripps Gerontology Center with support from a cooperative agreement (No. 90ADPI0008-01-00) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS) and adapted from the *ACL Recommended Brief Tool for Dementia Friendly Education and Training Sessions: Individual Trainings (July 2019)* and the *Dementia Friends USA Dementia Friends Evaluation and Action Steps*.

APPENDIX E. DEMENTIA FRIENDS FOLLOW-UP INTERVIEW

Online survey mirrors the telephone interview with minor modifications.

Interview Script:

Good [morning/afternoon/evening]. My name is _____ with the Scripps Gerontology Center at Miami University. I'm calling to speak with _____.

Participant Name

We're conducting an evaluation of Dementia Friends in the Toledo area and saw that you attended a Dementia Friends information session on _____ at _____.

Date

Location

Thank you for providing your contact information so we could follow up with you after the session. Would now be a good time for you to talk with me about your experience with Dementia Friends? It will take no more than 10 minutes.

Yes No

[If No] Okay, is there another time we could schedule to talk?

Date: _____ Time: _____

[If still No] Okay, would you be willing to complete a brief online survey about your experience if we sent it to you by email?

Yes No

[If No] Okay, thank you for your time. We won't contact you again.

[If Yes] Great! Thank you. What is your email address?

[If they provided an email address in their post-session questionnaire, read the email address to confirm it's correct.]

[If Yes] Great! Thank you! I appreciate your time and have just a few questions for you.

First, I need to let you know that your participation in this telephone interview is voluntary. You may skip questions you do not want to answer, and you may stop at any time. The information you share will be used to improve the Dementia Friends program and to help us think about future services and supports for persons with [IDD and/or] dementia and those who care for them in your community. We will summarize the responses of all the interviews and the results will only be shared in group summaries. Your name will not be shared and will be kept strictly confidential.

First, how did you hear about the Dementia Friends information session?

Why did you decide to attend the information session?

What is the main thing you remember from the session? [If respondent gives an answer not related to content] **Do you remember anything about the information that was presented?**

Have you used any of the information you learned in the session in your personal or professional life?

Yes No

[If Yes] **What information have you used?**

You may remember that in the information session, you were asked about actions that you might take as Dementia Friend. I'm going to ask you about each action and I'd like you to tell me whether or not you have taken that action since the session by answering "Yes" or "No". Some of the actions may not apply to you, and if that's the case, you can just answer, "Not Applicable".

Since you attended the Dementia Friends information session, have you...

Gotten in touch with someone you know living with [IDD and/or] dementia?

Yes No Not Applicable

Been more patient with people with [IDD and/or] dementia when out in the community?

Yes No Not Applicable

Offered support to people with [IDD and/or] dementia?

Yes No Not Applicable

Offered support to caregivers of people with [IDD and/or] dementia?

Yes No Not Applicable

Volunteered for an organization that helps people with [IDD and/or] dementia or their caregivers?

Yes No Not Applicable

Campaigned for change (for example, by participating in local dementia advocacy events)?

Yes No Not Applicable

Volunteered to participate in a clinical trial?

Yes No Not Applicable

Asked your doctor for cognitive assessment during your annual physical exam?

Yes No Not Applicable

Made your home more dementia friendly?

Yes No Not Applicable

[If Yes] 13.a. Could you give an example of how you have made your home more dementia friendly?

Made your workplace more dementia friendly?

Yes No Not Applicable

[If Yes] Could you give an example of how you have made your workplace more dementia friendly?

Made your community more dementia friendly?

Yes No Not Applicable

[If Yes] Could you give an example of how you have made your community more dementia friendly?

Encouraged your friends to become dementia friendly?

Yes No Not Applicable

Gotten more information about [IDD and/or] dementia?

Yes No

[If Yes] What kinds of information?

Are there any other actions that you've taken?

Is there anything else you'd like to share with me about your experience with Dementia Friends?

Those are all the questions I have for you today. Thank you for taking the time to talk with me.

APPENDIX F. SUPPLEMENTAL EDUCATION SESSIONS:

Date	Title	Speaker/Title	Registered	Attended	Attended in Project Counties	Attended in Other Ohio	Attended Outside Ohio
04/13/2021	Communicating with Your Loved One: Strategies for Care Partners Impacted by Dementia	Jennifer Brush, MA, CC/SLP, Author, Fulbright Specialist, and Program Director, Montessori Education for Dementia, St. Nicholas Montessori College	98	59	26	5	28
04/27/2021	Dementia: NOT a Normal Part of Aging	Marty Williman, Program Director, Ohio Council for Cognitive Health	195	135	55	15	65
07/07/2021	Caring for Individuals with Intellectual and Developmental Disabilities and Dementia	Kirsten Fawcett-Dubow, MSW, LISW-S, Director of Clinical Social Work Services, Welcome House	135	73	33	11	29
07/20/2021	Behavioral Interventions: When Caring for Someone with Dementia	Lyndi Winzeler, LSW, Social Worker, MemoryLane Care Services	137	70	25	5	40
08/30/2021	Together We Walk: A Dementia Journey	Sally Tomko, RN, BSN, CDP Provider Relations Manager, Hospice of the Western Reserve	152	79	33	26	20
09/22/2021	Healthy Living for Your Brain and Body: Tips from the Latest Research	Polly Mytinger, Education Programs Manager, Alzheimer's Association	111	58	27	9	22
10/25/2021	Maximizing the Environment for Individuals with Dementia	Lindsey Buddelmeyer, OTD, Associate Professor of Occupational Therapy, The University of Findlay	149	99	24	36	39

Date	Title	Speaker/Title	Registered	Attended	Attended in Project Counties	Attended in Other Ohio	Attended Outside Ohio
12/01/2021	Dementia: Using "Gems" to Uncover Clarity	Sally Tomko, RN, BSN, CDP, Provider Relations Manager, Hospice of the Western Reserve	171	101	28	29	44
03/02/2022	The Financial Fatigue of Caregiving: When Caring for a Loved One with Dementia	Tiffany Taylor, Assistant Director of Housing and Financial Counseling, Empowering and Strengthening Ohio's People (ESOP)	162	80	33	13	34
03/29/2022	Behavioral Interventions: When Caring for Someone with Dementia	Lyndi Winzeler, LSW, Social Worker, Memory Lane Care Services and Jennifer Wolfe, MSW, LISW-S, Provider Training Coordinator, Lucas County Board of Developmental Disabilities	372	214	44	34	136
05/23/2022	Making the Most of Mealtime: Eating, Swallowing, and Dignified Dining for Individuals with Dementia and IDD	Elizabeth Kinzig, MA, CCC-SLP, Licensed, Board-Certified, Speech-Language Pathologist, Program Coordinator, Ohio Council for Cognitive Health	188	131	45	17	69
07/26/2022	Legal and Financial Planning for Older Adults and Persons with Disabilities	Ethan A. Welch, Esq., Attorney, Hickman and Lowder and Janelle Leonard, MSW, LISW, Licensed Independent Social Worker, Hickman and Lowder	260	129	49	12	68
09/21/2022	Pre-Death Grief of Families Caring for Individuals with Dementia	Cyndi Hovland, PhD, MSSW, BSW, LSW, Associate Professor and MSW Program Director at the School of Social Work at Cleveland State University	316	186	37	20	129

Date	Title	Speaker/Title	Registered	Attended	Attended in Project Counties	Attended in Other Ohio	Attended Outside Ohio
10/13/2022	The Basics of Medicare Benefits	Cynthia Walker, Benefits Specialist, Empowering and Strengthening Ohio's People (ESOP)	157	93	40	4	49
10/27/2022	End-of-Life Decisions for Individuals with IDD and Dementia	Sally Tomko, RN, BSN, CDP, Provider Relations Manager, Hospice of the Western Reserve	210	104	33	8	63
11/30/2022	Preventing Caregiver Burnout: Creating Your Self-Care Plan	Kristi Horner, Founder and Executive Director, Courage to Caregivers and Jenny Woodworth, MSW, LSW, Director of Programs, Courage to Caregivers	225	100	21	10	69
02/22/2023	Behavioral Interventions: When Caring for Someone with Dementia	Lyndi Winzeler, LSW, Social Worker at MemoryLane Care Services, and Marty Williman, BSN, RN, Program Director for OCFCH	308	190	43	30	117
04/20/2023	Preventing Brain Disease: Risk Factors and Early Signs and Symptoms of Dementia	Donna Barrett, MSW, LSW, Program Manager of Senior Services for Summit County Public Health and Jennifer Hudak, MPA, Senior Manager and Service and Support Administrator for Summit County Developmental Disabilities Board	95	42	8	10	24

Date	Title	Speaker/Title	Registered	Attended	Attended in Project Counties	Attended in Other Ohio	Attended Outside Ohio
06/07/2023	Bridging the Health Literacy Gap in Dementia Care: A Culturally Inclusive Approach	Marty Williman, BSN, RN, Program Director for OCFCH and Mary Dee, PhD, Program Specialist and Bilingual Community Outreach Worker for Asian Services (ASIA)	157	82	19	17	48
07/25/2023	Bridging Conversations Between IDD and Dementia	Kathy Service, RN, MS, FNP-BC, CDDN, Nurse Practitioner Consultant for the Massachusetts Department of Developmental Services	152	82	29	10	53
09/21/2023	Living Well with Dementia: An Inclusive Guide for Libraries and Communities	Barbara White, MLS, Co-Lead, Dementia Friendly Summit County	264	125	21	20	84
10/18/2023	Collaborative Approaches in Elder Justice for Protecting Adults Living with Dementia and IDD	Dr. Ronan Factora, MD, Physician Staff Center for Geriatric Medicine and Program Director - Geriatric Medicine Fellowship, Cleveland Clinic; Natasha Pietrocola, M.Ed., MBA, Administrator, Cuyahoga County Division of Senior and Adult Services; Dr. Jessica Bibbo, PhD, Senior Research Scientist, Benjamin Rose Institute on Aging; and Courtney Reynolds, MA, MSSA, LSW, Senior Research Analyst I & IRB Coordinator, Benjamin Rose	365	239	47	15	177

Date	Title	Speaker/Title	Registered	Attended	Attended in Project Counties	Attended in Other Ohio	Attended Outside Ohio
12/12/2023	Every Time I Hear That Song: The Impact of Music Intervention on Persons Living with Dementia	Silvia Orsulic-Jeras, MA, Research Associate, Benjamin Rose, and Gregg Gorzelle, BA, GCPH, CDP, Principal Investigator & Associate Director of Research, Hopeful Aging, LLC.	200	109	17	22	70
01/18/2024	Sorting Out the Risks and Benefits of Medications for Dementia and Mild Cognitive Impairment	Sue Fosnight, RPh, BCGP, BCPS, Clinical Lead Pharmacist - Geriatrics, Summa Health	370	202	40	27	135
Total:			4,949	2,782	777	405	1,612

APPENDIX G. SUPPLEMENTAL EDUCATION PRE/POST QUESTIONNAIRES

Supplemental Education Pre-Session Questionnaire

Before today's session, please take a few moments to complete this questionnaire. For each question, place an X in the blank or fill in the blank to record your response. All responses will be kept confidential.

1. Please tell us who you are. (Check all that apply.)

I have dementia.

Do you live in a rural area?

Yes

No

Unsure

I am an unpaid caregiver for someone who has dementia.

Does the person or persons you care for live in a rural area?

Yes

No

Unsure

I am a professional who serves individuals with dementia or their families.

As a professional, do you serve individuals with dementia who live in rural areas?

Most of the individuals I serve live in rural areas.

Some of the individuals I serve live in rural areas.

None of the individuals I serve live in rural areas.

I am unsure whether any of the individuals I serve live in rural areas.

I have a family member, friend, or acquaintance who has dementia.

I do not know anyone who has dementia, but would like to learn more about it.

2. Are you a Dementia Friend?

Yes, I became a Dementia Friend on the Dementia Friends USA website.

Yes, I became a Dementia Friend by attending a Dementia Friends information session.

No, I am not a Dementia Friend.

Please circle whether you think each statement is true or false.

	True	False
	True	False
	True	False
	True	False
	True	False

On a scale from 1 (Strongly Disagree) to 5 (Strongly Agree), circle the number you feel reflects your feelings about each statement.

	Strongly Disagree				Strongly Agree
I am confident interacting with people with dementia.	1	2	3	4	5
People with dementia need to feel respected, just like anyone else.	1	2	3	4	5
I am able to respond to people with dementia with understanding.	1	2	3	4	5
I am motivated to get to know people with dementia better.	1	2	3	4	5

Have you participated (or are you currently participating) in BRI Care Consultation (also known as “WeCare...Because You Do” through the Benjamin Rose Institute on Aging) or SHARE for Dementia? (Check all that apply.)

<input type="checkbox"/>	Currently participating in BRI Care Consultation / WeCare...Because You Do
<input type="checkbox"/>	Previously participated in BRI Care Consultation / WeCare...Because You Do
<input type="checkbox"/>	Currently participating in SHARE for Dementia
<input type="checkbox"/>	Previously participated in SHARE for Dementia
<input type="checkbox"/>	I have never participated in BRI Care Consultation / WeCare...Because You Do or SHARE for Dementia.

Prior to today's session, have you attended other dementia education sessions? (Check Yes or No.)

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

If yes, what other dementia-related topics have you learned about? (Check all that apply below.)		
<input type="checkbox"/>	Dementia: NOT a Normal Part of Aging	Gaps and Disparities in Dementia Care for Diverse Populations
<input type="checkbox"/>	Dementia Caregiving	Music and Dementia
<input type="checkbox"/>	Communicating with Your Loved One: Strategies for Care Partners Impacted by Dementia	Keeping Your Loved One Safe at Home with Dementia
<input type="checkbox"/>	Dementia Care During COVID-19	Diagnosing Dementia
<input type="checkbox"/>	Dementia and Social Isolation	Dementia and Health Care Interventions
<input type="checkbox"/>	Dementia and Nutrition	Evidence-Based Programs for Dementia and Dementia Caregiving
<input type="checkbox"/>	Understanding Different Types of Dementia	Including Individuals Impacted by Dementia in Research
<input type="checkbox"/>	Supporting Individuals with Dementia and Intellectual and Developmental Disabilities	Dementia-Inclusive Communities
<input type="checkbox"/>	Reaching and Serving Individuals Impacted by Dementia Living Alone	Other (Please list.)

Thank you for taking the time to complete this questionnaire.

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Supplemental Education Post-Session Questionnaire

Thank you for attending the education session! Please answer the following questions based on the session. All responses will be kept confidential.

Please circle whether you think each statement is true or false.

	True	False
	True	False
	True	False
	True	False
	True	False

On a scale from 1 (Strongly Disagree) to 5 (Strongly Agree), circle the number you feel reflects your feelings about each statement.

	Strongly Disagree				Strongly Agree
My awareness has increased about Alzheimer's and other related dementias.	1	2	3	4	5
I feel more equipped as a community member to recognize the signs and symptoms of Alzheimer's and other related dementias.	1	2	3	4	5
I am confident interacting with people with dementia.	1	2	3	4	5
People with dementia need to feel respected, just like anyone else.	1	2	3	4	5
I am able to respond to people with dementia with understanding.	1	2	3	4	5
I am motivated to get to know people with dementia better.	1	2	3	4	5

Thinking of the main topic of today’s education session, on a scale of 1 (not increased at all) to 10 (greatly increased), how much did this workshop increase your understanding of the topic? (Circle the number that best reflects your feelings.)

Not increased at all Greatly Increased
1 2 3 4 5 6 7 8 9 10

On a scale of 1 (not increased at all) to 10 (greatly increased), how much did this workshop increase your confidence in interacting with individuals living with dementia? (Circle the number that best reflects your feelings.)

Not increased at all Greatly Increased
1 2 3 4 5 6 7 8 9 10

What did you find most helpful about this training?

What is one thing you learned from this training that you will share with someone else?

Please help us plan for future dementia education sessions. What would you like to learn more about in regards to dementia?

Please circle the number that corresponds with your answer.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A
The session content was presented effectively.	1	2	3	4	5	0
Questions or concerns were addressed effectively and in a timely manner.	1	2	3	4	5	0
Handouts and/or teaching aids (if available) enhanced the session content.	1	2	3	4	5	0
The presenter(s) were knowledgeable about the session content.	1	2	3	4	5	0
The presenter(s)' presentation was clear and effective.	1	2	3	4	5	0
The presenter(s) were responsive to participants.	1	2	3	4	5	0
The presenter(s) used technology effectively.	1	2	3	4	5	0

Additional comments:

Thank you for taking the time to complete this questionnaire.

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APPENDIX H. SUPPLEMENTAL EDUCATION SESSIONS

CUSTOMIZED KNOWLEDGE QUESTIONS

4/13/21

Communicating with Your Loved One: Strategies for Care Partners Impacted by Dementia

Skills and motor learning are examples of declarative memory.	True	False
Memory books can enhance conversations, orientation, and engagement.	True	False
People with dementia no longer have a desire to communicate their needs.	True	False
A person's ability to read declines in the earliest stage of dementia.	True	False
An at-home memory center can reduce anxiety for people diagnosed with dementia.	True	False

4/27/21

Dementia is NOT a Normal Part of Aging

Vascular dementia is the most common type of dementia.	True	False
If dementia is suspected, health care providers should screen an individual for depression.	True	False
Difficulty completing familiar tasks at home or work can be an early warning sign of dementia.	True	False
Dementia affects each person the same.	True	False
All people with Down syndrome will eventually develop Alzheimer's disease.	True	False

7.7.21

Caring for Individuals with Intellectual and Developmental Disabilities and Dementia

Memory loss is the only symptom of Alzheimer's disease.	True	False
Symptoms of dementia are not observable in people with Intellectual and Developmental Disabilities.	True	False
In addition to paid professionals, family members and friends are also considered caregivers for people with Intellectual and Developmental Disabilities.	True	False
Alzheimer's disease can be diagnosed in one office visit with a primary care physician.	True	False
Individuals with a diagnosis of Alzheimer's disease can enjoy life.	True	False

7.20.21

Behavioral Interventions: When Caring for Someone with Dementia

Traumatic brain injury is the most common cause of dementia.	True	False
The behavioral management of mood and psychological symptoms can be challenging and uncomfortable for caregivers.	True	False
Poor understanding of the changes brought about by dementia is not related to challenging behaviors.	True	False
Unmet physical needs and environmental surroundings can affect challenging behaviors.	True	False
It is important to refer individuals to community resources at any stage of dementia.	True	False

8/30/21

Together We Walk: A Dementia Journey

Dementia is not progressive.	True	False
Peripheral vision or "edge vision" is intact throughout all stages of dementia.	True	False
Alzheimer's accounts for approximately 40-70% of all dementias.	True	False
Hospice care and support can benefit people living with dementia and their caregivers.	True	False
When dealing with challenging behaviors, caregivers often need to adjust their own expectations and responses.	True	False

9/22/21**Healthy Living for Your Brain and Body: Tips from the Latest Research**

Scientists have found the “recipe” for brain health.	True	False
25% of blood from every heartbeat goes to the brain.	True	False
Social engagement is associated with living longer with fewer disabilities.	True	False
The World Health Organization (WHO) concluded that vitamins and supplements should be recommended to reduce the risk of cognitive decline and dementia.	True	False
Following some dietary guidelines can reduce your risk of Alzheimer’s disease.	True	False

10/25/21 Community Session**Maximizing the Environment for Individuals with Dementia**

Persons with dementia are at an increased risk of falling compared to older people without dementia.	True	False
When people with dementia experience challenges with depth perception, they are still able to easily recognize steps and curbs.	True	False
A home assessment by an occupational therapy practitioner is not worthwhile unless a person has experienced a fall.	True	False
The four guiding principles that are used by an occupational therapy practitioner when performing a home assessment are: accessibility, participation, reliance on the caregiver, and safety.	True	False
The mirror height in the bathroom can either support or hinder a person’s ability to perform grooming tasks.	True	False

12/1/21 Family Session**Dementia: Using “Gems” to Uncover Clarity**

When someone has dementia, the size of the brain is reduced by one-third.	True	False
History of stroke is a risk factor for dementia.	True	False
“Caregivers” and “care partners” are the same thing.	True	False
Modeling desired behaviors may help a person with dementia understand what you want them to do.	True	False
The ability to process tastes and smells remains intact in persons with dementia.	True	False
Saying “I’m sorry” is a technique to reduce resistance when caring for someone with dementia.	True	False

3/2/22 Family Session**The Financial Fatigue of Caregiving: When Caring for a Loved One with Dementia**

Caregivers do not put their own financial futures at risk in order to care for their loved ones.	True	False
Power of Attorney safeguards are useful when naming an agent to act on one’s behalf.	True	False
An example of a financial pitfall is an individual ruining their own credit.	True	False
Caregivers should avoid conversations regarding caregiving expenses.	True	False
A warning sign of “diminished capacity” is loss of general knowledge regarding financial terms.	True	False

3/29/22 Community Session**Behavioral Interventions: When Caring for Someone with Dementia**

Traumatic brain injury is the most common cause of dementia.	True	False
The behavioral management of mood and psychological symptoms can be challenging and uncomfortable for caregivers.	True	False
Poor understanding of the changes brought about by dementia is not related to challenging behaviors.	True	False
Unmet physical needs and environmental surroundings can affect challenging behaviors.	True	False
It is important to refer individuals to community resources at any stage of dementia.	True	False

5/23/22

Making the Most of Mealtime: Eating, Swallowing, and Dignified Dining for Individuals with Dementia and IDD

Occupational therapists diagnose and treat swallowing disorders.	True	False
Individuals with dementia or IDD may have difficulty following cues to “slow down” when eating too fast.	True	False
A swallowing disorder can contribute to pneumonia or other lung infections.	True	False
Trouble swallowing is called aphasia.	True	False
Coughing after eating or drinking is a sign of a swallowing disorder.	True	False

7/26/22

Legal and Financial Planning for Older Adults and Persons with Disabilities

By signing a power of attorney, you lose your right to speak to doctors or manage your financial affairs.	True	False
You need a trust to avoid probate court.	True	False
Your house is protected for your spouse if you need Medicaid.	True	False
You can live in your home while receiving Medicaid services.	True	False
A guardianship through probate court is necessary if you or your child is disabled.	True	False

9/21/22

Welcoming Death: Exploring Pre-Death Grief Experiences of Caregivers of Older Adults with Dementia

“Pre-death grief” describes the losses experienced by caregivers of individuals with a dementia-related illness prior to the death.	True	False
Preparedness for pre-death loss has been shown to make the end-of-life experience more difficult for caregivers.	True	False
Caregivers of older adults with dementia may welcome death as a way to avoid unwanted alternatives such as the caregiver dying first.	True	False
Anticipating a loss for many years may lead caregivers to feel relief at the time of death.	True	False
Health care professionals should avoid preparing caregivers for the pre-death losses they may experience.	True	False

10/13/22

Medicare ABCD...

The Initial Enrollment Period for Medicare participants is 3 months.	True	False
For each month you go without creditable drug coverage, you pay a 1% late enrollment penalty for Medicare Part D.	True	False
Care planning for individuals diagnosed with cognitive impairment and their caregivers is covered under Medicare.	True	False
A legal authority can act on behalf of a beneficiary if the beneficiary has dementia and does not have the capacity to sign up for a Medicare plan.	True	False
An emergency room stay for observation is billed to Medicare Part A.	True	False

10/27/22**Acknowledging End-of-Life Decisions/Choices for Individuals with IDD, ASD, and Dementia**

“IDD” is the term often used to describe situations in which intellectual disabilities and other disabilities are present.	True	False
People with an intellectual and developmental disability are aware when they are ill or need to see a doctor.	True	False
The key difference between dementia and IDD is the loss of a person’s typical level of functioning.	True	False
Involving a ‘communication partner’ who knows the individual well can help with communication breakdown that may occur with end of life discussions.	True	False
If an individual does not have the capacity to participate in advance care planning, then a plan is not necessary.	True	False

11/30/22**Preventing Caregiver Burnout: Creating Your Own Self-Care Plan**

Ignoring your loved one is a sign of caregiver burnout.	True	False
Awareness, connection, and purpose are elements of wellness.	True	False
Self-compassion is an aspect of trauma-informed self-care.	True	False
Positive relationships are an element of resilience.	True	False
Compassion fatigue is about being tired.	True	False

2/22/23**Behavioral Interventions: When Caring for Someone with Dementia**

Traumatic brain injury is the most common cause of dementia.	True	False
The behavioral management of mood and psychological symptoms can be challenging and uncomfortable for caregivers.	True	False
Poor understanding of the changes brought about by dementia is not related to challenging behaviors.	True	False
Unmet physical needs and environmental surroundings can affect challenging behaviors.	True	False
It is important to refer individuals to community resources at any stage of dementia.	True	False

4/20/23**Preventing Brain Disease: Risk Factors and Early Signs and Symptoms of Dementia**

If I am enrolled in Medicare I can get a free annual wellness visit and cognitive screening.	True	False
Diabetes increases the risk of heart attacks, strokes, memory problems, and Alzheimer’s disease.	True	False
Lifestyle and environmental factors cannot be changed to maintain brain health.	True	False
People with dementia may express themselves or communicate through actions instead of words.	True	False
Changes to day-to-day abilities, reduced enthusiasm for daily activities, and loss of interest in social interactions are early signs of Alzheimer’s disease in people with Down syndrome.	True	False

6/7/23

Bridging the Health Literacy Gap in Dementia Care: A Culturally Inclusive Approach

Health literacy mostly focuses on finding health-related information.	True	False
Low health literacy has a negative impact on the nation’s economy.	True	False
There are communication strategies that can improve health literacy for people with dementia.	True	False
Health literacy is mostly a personal matter; there is not much that an organization can do to help.	True	False
For immigrant populations, translating health information into their first language is usually enough to improve health literacy.	True	False

7/25/23

Bridging Conversations Between Intellectual and Developmental Disabilities and Dementia

All people with Down syndrome will develop symptoms of Alzheimer’s Disease.	True	False
Common dementia screening tools are not meaningful for people with IDD.	True	False
A baseline of function and cognition for people living with IDD should be established at age 50 or older.	True	False
Most care practitioners are trained to understand dementia in people with IDD.	True	False
“Diagnostic Overshadowing” happens when a care practitioner primarily focuses on a person’s IDD diagnosis.	True	False

9/21/23

Dementia: The Rest of the Story: A Guide to Inclusive Practice for Libraries, Community Allies, And All Those Committed to Changing the Dementia Narrative

I am familiar with the content of the Ohio Council for Cognitive Health’s <i>Dementia Inclusive Public Library Guide</i> .	Strongly Disagree 1	2	3	4	Strongly Agree 5
I have ideas about how I might use the Ohio Council for Cognitive Health’s <i>Dementia Inclusive Public Library Guide</i> .	Strongly Disagree 1	2	3	4	Strongly Agree 5
I know how to work with public libraries to make my community more dementia inclusive.	Strongly Disagree 1	2	3	4	Strongly Agree 5

10/18/23

Collaborative Approaches in Elder Justice for Protecting Adults Living with Dementia and Intellectual and Developmental Disabilities

Many mandated reporters do not understand the duty to report abuse.	True	False
Geriatricians cannot be involved with open APS cases.	True	False
To assess an individual’s capacity, the person must be physically present with the physician.	True	False
During APS investigations, family members may not be reliable sources of information.	True	False
APS professionals are more likely than other aging service professionals to ask older adults about their pet ownership.	True	False

12/12/23

Every Time I Hear That Song: The Impact of Music Intervention on Engagement and Socialization in Persons Living with Dementia

I am familiar with the <i>Making Connections through Music</i> intervention.	Strongly Disagree 1	2	3	4	Strongly Agree 5
I understand the processes and challenges associated with delivering a group music intervention for persons living with dementia.	Strongly Disagree 1	2	3	4	Strongly Agree 5
I am familiar with the BRI Care Consultation program.	Strongly Disagree 1	2	3	4	Strongly Agree 5
I understand how the BRI Care Consultation program can be used to support individuals with, or at risk of, dementia, including individuals with intellectual and developmental disabilities (IDD) and their caregivers.	Strongly Disagree 1	2	3	4	Strongly Agree 5

1/18/24

Benefits, Risks, and Tips to Optimize Medications to Treat Dementia and Mild Cognitive Impairment

Medications to treat dementia can slow its progress but cannot reverse the effects of the disease.	True	False
There are 5 different classes of medications to treat dementia at various stages.	True	False
No medications are approved to treat both dementia and mild cognitive impairment.	True	False
There is only one medication that has full FDA approval to treat mild cognitive impairment.	True	False
A PET scan is required before prescribing any medication for dementia or mild cognitive impairment.	True	False

APPENDIX I. SUPPLEMENTAL EDUCATION SESSION ANALYSES

FEBRUARY 2021 – JULY 2023

February 2021 – January 2022 Supplemental Education Self-Assessed Increases								
Session Type, Date, and Title (N range across all 4 items)	Self-assessed increase in awareness about dementia (1-5)		Self-assessed increase in ability to recognize signs and symptoms of dementia (1-5)		Self-assessed increase in understanding of topic (1-10)		Self-assessed increase in confidence interacting with individuals living with dementia (1-10)	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Family								
April 13, 2021 (N=19-20) <i>Communicating with Your Loved One: Strategies for Care Partners Impacted by Dementia</i>	3.90	4.00	3.75	4.00	9.05	9.00	N/A*	N/A*
July 7, 2021 (N=22-24) <i>Caring for Individuals with Intellectual and Developmental Disabilities and Dementia</i>	4.13	4.00	3.92	4.00	7.27	8.00	6.87	8.00
September 22, 2021 (N=22-24) <i>Healthy Living for Your Brain and Body: Tips from the Latest Research</i>	3.92	4.00	3.87	4.00	7.30	8.00	7.27	7.00
December 1, 2021 (N=35-36) <i>Dementia: Using ‘Gems’ to Uncover Clarity</i>	4.14	4.00	3.89	4.00	7.67	8.00	7.94	8.00
Community / Professionals								
April 27, 2021 (N=35-39) <i>Dementia is NOT a Normal Part of Aging</i>	4.05	4.00	3.97	4.00	7.69	8.00	N/A*	N/A*
July 20, 2021 (N=21-24) <i>Behavioral Interventions When Caring for Someone with Dementia</i>	4.21	4.00	4.00	4.00	8.26	8.00	8.29	9.00
August 30, 2021 (N=39-40) <i>Together We Walk: A Dementia Journey</i>	4.47	5.00	4.22	4.00	8.03	8.00	7.74	8.00
October 25, 2021 (N=35-39) <i>Maximizing the Environment for Individuals with Dementia</i>	4.26	4.00	4.13	4.00	8.34	8.00	7.91	8.00

*The self-assessed confidence measure was added to the post-session questionnaire after the April 2021 sessions.

February 2022 – July 2022 Supplemental Education Self-Assessed Increases								
Session Type, Date, and Title (N range across all 4 items)	Self-assessed increase in awareness about dementia (1-5)		Self-assessed increase in ability to recognize signs and symptoms of dementia (1-5)		Self-assessed increase in understanding of topic (1-10)		Self-assessed increase in confidence interacting with individuals living with dementia (1-10)	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Family								
March 2, 2022 (N=35-36) <i>The Financial Fatigue of Caregiving: When Caring for a Loved One with Dementia</i>	3.69	4.00	3.61	4.00	7.71	8.00	7.31	8.00
May 23, 2022 (N=45-46) <i>Making the Most of Mealtime: Eating, Swallowing, and Dignified Dining for Individuals with Dementia and IDD</i>	4.13	4.00	4.02	4.00	8.71	9.00	8.13	8.00
Community / Professionals								
March 29, 2022 (N=97-101) <i>Behavioral Interventions: When Caring for Someone with Dementia</i>	4.22	4.00	4.15	4.00	7.92	8.00	7.93	8.00
July 26, 2022 (N=52-55) <i>Legal and Financial Planning for Older Adults and Persons with Disabilities</i>	3.89	4.00	3.89	4.00	8.13	8.00	7.40	8.00

9/21/22 - Confidence and Attitudes: Welcoming Death: Exploring Pre-Death Grief Experiences of Caregivers of Older Adults with Dementia				
	N for paired- sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	43	3.84	4.19	.017
People with IDD and/or dementia need to feel respected	43	4.67	4.84	.146
Able to respond with understanding	43	3.95	4.42	.008
Motivated to get to know people with dementia better	43	4.16	4.37	.083

10/13/22 - Confidence and Attitudes: Medicare A, B, C, D				
	N for paired- sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	15	3.93	4.53	.023
People with IDD and/or dementia need to feel respected	15	5.00	4.80	.082
Able to respond with understanding	15	4.27	4.60	.136
Motivated to get to know people with dementia better	15	4.60	4.73	.433

10/27/22 - Confidence and Attitudes: Acknowledging the End-of-Life Decisions for Individuals with IDD, ASD, and Dementia				
	N for paired- sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	26	4.08	4.35	.050
People with IDD and/or dementia need to feel respected	26	4.96	4.77	.232
Able to respond with understanding	26	4.46	4.38	.678
Motivated to get to know people with dementia better	26	4.69	4.54	.294

11/30/22 - Confidence and Attitudes: Preventing Caregiver Burnout: Creating Your Self-care Plan				
	N for paired- sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	16	3.75	4.06	.289
People with IDD and/or dementia need to feel respected	16	4.75	4.94	.485
Able to respond with understanding	16	4.13	4.50	.232
Motivated to get to know people with dementia better	16	4.44	4.56	.669

August 2022 – January 2023 Supplemental Education Self-Assessed Changes								
Session Type, Date, and Title (N range across all 4 items)	Self-assessed increase in awareness about dementia (1-5)		Self-assessed increase in ability to recognize signs and symptoms of dementia (1-5)		Self-assessed increase in understanding of topic (1-10)		Self-assessed increase in confidence interacting with individuals living with dementia (1-10)	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
October 13, 2022 (N = 32-33) <i>Medicare A, B, C, D</i>	3.85	4.00	3.78	4.00	8.19	8.00	6.94	8.00
November 30, 2022 (N = 35-39) <i>Preventing Caregiver Burnout: Creating Your Self-care Plan</i>	3.74	4.00	3.59	4.00	7.14	8.00	6.64	7.00
September 21, 2022 (N = 75-76) <i>Welcoming Death: Exploring Pre-Death Grief Experiences of Caregivers of Older Adults with Dementia</i>	4.13	4.00	3.97	4.00	8.15	8.00	7.85	8.00
October 27, 2022 (N = 45-48) <i>Acknowledging the End-of-Life Decisions for Individuals with IDD, ASD, and Dementia</i>	4.00	4.00	4.00	4.00	7.80	8.00	7.37	8.00

2/22/23 - Confidence and Attitudes: <i>Behavioral Interventions: When Caring for Someone with Dementia</i>				
	N for paired-sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	49	3.82	4.31	.000
People with IDD and/or dementia need to feel respected	49	4.92	4.82	.280
Able to respond with understanding	49	4.14	4.49	.031
Motivated to get to know people with dementia better	49	4.57	4.57	1.00

4/20/23 - Confidence and Attitudes: <i>Preventing Brain Disease: Risk Factors and Early Signs and Symptoms of Dementia</i>				
	N for paired-sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	12	4.08	4.50	.210
People with IDD and/or dementia need to feel respected	12	4.92	4.50	.295
Able to respond with understanding	12	4.17	4.58	.175
Motivated to get to know people with dementia better	12	4.42	4.50	.674

6/7/23 - Confidence and Attitudes: <i>Bridging the Health Literacy Gap in Dementia Care: A Culturally Inclusive Approach</i>				
	N for paired-sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	11	4.00	4.64	.111
People with IDD and/or dementia need to feel respected	11	4.64	5.00	.341
Able to respond with understanding	11	4.45	4.82	.267
Motivated to get to know people with dementia better	11	4.27	4.82	.167

7/25/23 - Confidence and Attitudes: <i>Bridging Conversations Between Intellectual and Developmental Disabilities and Dementia</i>				
	N for paired-sample t-test	Pre-test mean	Post-test mean	p value
Confident interacting	8	4.13	4.13	1.00
People with IDD and/or dementia need to feel respected	9	4.56	4.56	---
Able to respond with understanding	9	4.33	4.33	1.00
Motivated to get to know people with dementia better	9	4.44	4.33	.594

February 2023 – July 2023 Supplemental Education Self-Assessed Changes								
Session Type, Date, and Title (N range across all 4 items)	Self-assessed increase in awareness about dementia (1-5)		Self-assessed increase in ability to recognize signs and symptoms of dementia (1-5)		Self-assessed increase in understanding of topic (1-10)		Self-assessed increase in confidence interacting with individuals living with dementia (1-10)	
	Mean	Median	Mean	Median	Mean	Median	Mean	Median
Community/Professional Session								
February 22, 2023 (N = 85-89) <i>Behavioral Interventions: When Caring for Someone with Dementia</i>	4.27	4.00	4.18	4.00	8.14	8.00	8.02	8.00
June 7, 2023 (N = 23-24) <i>Bridging the Health Literacy Gap in Dementia Care: A Culturally inclusive Approach</i>	4.17	4.50	4.17	4.00	7.91	8.00	6.91	8.00
Family Session								
April 20, 2023 (N = 17) <i>Preventing Brain Disease: Risk Factors and Early Signs and Symptoms of Dementia</i>	4.18	4.00	4.24	4.00	7.82	8.00	8.00	8.00
July 25, 2023 (N = 31-32) <i>Bridging Conversations Between Intellectual and Developmental Disabilities and Dementia</i>	4.28	4.00	4.16	4.00	8.61	9.00	8.50	9.00

APPENDIX J. BRI CC CAREGIVER INTERVIEW

CAREGIVER Interview - Revised

Date: _____ Interview Type (circle): **Baseline** **Follow-up** Case ID _____

Organization: _____ CC Username: _____

Introduction

A while back you said you'd be willing to participate in an evaluation interview to help us understand how Care Consultation impacts quality of life and well-being. The interview should take us about 30 minutes.

The interview is completely voluntary. You may skip any questions you don't want to answer, and you may stop the interview at any time. If you decide to stop the interview, it will not affect our Care Consultation work together or any of the services you receive from **[Service Organization Name]** in any way. Your answers will be provided to the evaluation team at Miami University, but they will not be given your name or any other information that could personally identify you.

Interview Consent

Are you willing to participate in an evaluation interview today?

NO	Okay, is there another day that would work better for you?	
	NO	Okay, no problem. We will not include you in the evaluation.
	YES	Great! Let's pick another day. [Schedule the interview for another day within one week.]
YES	Great! Thank you!	

Before we begin, I need to let you know that during the interview, I'll be serving as a research interviewer, which is a different role than being a Care Consultant. During the interview, I won't be able to discuss any concerns or issues other than the answers to the evaluation questions. Even if some of the wording of the questions is not completely clear to you, I won't be able to explain the questions or help you decide on an answer; I can only repeat the question. There are no right or wrong answers. We are just interested in your honest answers to the questions. After the interview is completed, I'll resume my role as Care Consultant, and we'll be able to discuss any other issues or concerns you have.

Do you have any questions before we begin?

[Enter interview start time below.]

Interview Start Time	
----------------------	--

Okay, let's get started. This interview is about you and your quality of life and well-being.

[Start the interview questions with the Quality of Life section on page 2. Ask the first three interview questions of all respondents. If the respondent is unable to answer the first three questions using one of the valid response categories, go to the Conclusion section on page 7 and end the interview. If at any time during the interview the respondent stops providing valid responses, end the interview.]

Quality of Life

To start, I'm going to ask you some questions about your quality of life and have you rate different aspects of your life using one of four words: poor, fair, good, or excellent.

When you think about your life, there are different aspects, like your physical health, energy, family, money, and others. I'm going to ask you to rate each of these areas. We want to find out how you feel about your current situation in each area.

Please rate these items based on your life at the present time, meaning within the past few weeks. If you have difficulty rating any item, just give it your best guess. [Circle the response.]

1. First of all, how do you feel about your physical health? Would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

2. How do you feel about your energy level? Do you think it is poor, fair, good, or excellent? [If the respondent says that some days are better than others, ask him/her to rate how she/he has been feeling most of the time lately.]

Poor	Fair	Good	Excellent	N/A	Missing
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3. How has your mood been lately? Would you rate your mood as poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

4. How about your living situation? How do you feel about the place you live now? Would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

5. How about your family and your relationship with family members? Would you describe it as poor, fair, good, or excellent? [If the respondent says they have no family, ask about brothers, sisters, children, nieces, nephews.]

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

[If you know the respondent's marital or relationship status, proceed with Question 6. If you do not know, ask:]

Are you married or do you have a significant other?

[If YES, ask question #6]

[If the respondent is not married, does not have a significant other, or the respondent is unsure, score Question #6 as N/A.]

6. How do you feel about your [marriage/relationship]? Do you feel it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

7. How would you describe your current relationship with your friends? Would you say it's poor, fair, good, or excellent?

[If the respondent answers that they have no friends, or all their friends have died, ask:]

Do you have anyone you enjoy being with besides your family? Would you call that person a friend?

[If YES, ask:

How would you describe your current relationship with that person?

and circle the appropriate response below.]

[If the respondent still says they have no friends, select N/A and ask question #8.]

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

8. How do you feel about yourself—when you think of your whole self, and all the different things about you, would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

9. How do you feel about your ability to do things like chores around the house or other things you need to do? Would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

10. How about your ability to do things for fun that you enjoy? Would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
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11. How do you feel about your current situation with money, your financial situation? Do you feel it's poor, fair, good, or excellent? [If the respondent hesitates, explain that you don't want to know what their situation is (as in amount of money), just how they feel about it.]

Poor	Fair	Good	Excellent	N/A	Missing
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12. How would you describe your life as a whole? When you think about your life as a whole, everything together, how do you feel about your life? Would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
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Isolation, Relationship Strain, & Depression

In this next section, I'd like to ask you to respond to a series of statements about how your [Relationship's] illness and care has affected you during the past four weeks, the last month. The world has changed a lot recently and people are doing some of the things I'll ask you about virtually or online rather than in person. Keeping that in mind, and thinking about all the ways you're doing things now, after I read each statement, please tell me if you strongly agree, agree, disagree, or strongly disagree. [Circle the response.]

Because of my [Relationship's] illness and care:

I felt isolated from other people.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I engaged in fewer volunteer activities.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I participated less in group or organized activities.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I participated less in church or religious activities.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I went out to dinner, a movie, or a show less often.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I visited less often with friends or family.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I was unable to do other things I want to do.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I felt closer to them.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I felt appreciated for what I do.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I got pleasure out of helping them.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I felt my relationship with them was strained.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I felt angry toward them.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I felt they tried to manipulate me.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING
I felt resentful toward them.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A	MISSING

Now I'd like to know a bit more about how you have been feeling over the **past week, the last seven days**. For these questions, there are three responses. I'm going to read a few statements and I'd like you to tell me if you have felt this **hardly ever or never, sometimes, or often**. [Circle the response.]

During the past **week**, how often did you:

feel that people disliked you?	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING
not feel like eating or you had a poor appetite?	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING
have trouble keeping your mind on what you were doing?	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING
feel depressed?	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING
feel that everything you did was an effort?	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING
sleep restlessly?	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING
feel happy?	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING
feel lonely?	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING
enjoy life?	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING
feel sad?	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING
not seem to be able to "get going?"	HARDLY EVER OR NEVER	SOMETIMES	OFTEN	N/A	MISSING

Utilization

Now I'm going to ask you a few questions about your utilization of some specific healthcare services. When answering the questions, please think about your use of these services in the past 6 months. [Check the box next to the selected response.]

1. In the past six months, did you go to an urgent care facility or emergency department because of health problems or need for care?

<input type="checkbox"/>	Missing - Go to Question 2.
<input type="checkbox"/>	No - Go to Question 2.
<input type="checkbox"/>	Yes - Ask:
<p>How many times in the past six months have you gone to an urgent care facility or emergency department because of health problems or need for care?</p> <p>_____ Times</p>	

In the past six months, were you admitted to a hospital because of health problems or need for care?

	Missing - Go to Question 3.
	No – Go to Question 3.
	Yes – Ask:
<p>How many times in the past six months were you admitted to a hospital because of health problems or need for care?</p> <p>_____ Times</p>	

2. In the past six months, did you receive care in a nursing home or live in an assisted living facility?

	Missing – See instructions on bottom of this page.
	No – See instructions on bottom of this page.
	Yes – Ask:
<p>How many times in the past six months did you receive care in a nursing home or live in an assisted living facility?</p> <p>_____ Times</p>	

Conclusion

[Let the respondent know they have finished the interview and thank them for their time.]

Those are all the evaluation questions I have for you today. Thank you for your time!

[Write interview end time below]:

Interview End Time	
--------------------	--

[If the interview was ended because the respondent was unable to give three valid consecutive responses, check the box below.]

	Interview ended because respondent was unable to give three valid consecutive responses. [Note in interviewer comments where the interview ended.]
--	---

Interviewer Comments: [Please write any comments you have about the interview below.]

APPENDIX K. BRI CC CARE RECEIVER/PROXY INTERVIEW

Care Receiver/Proxy Interview - Revised

Date: _____ Interview Type (circle): **Baseline** **Follow-up** Case ID _____

Interview Respondent (circle): **Care Receiver** **Proxy**

Organization: _____ CC Username: _____

Introduction

A while back you said you’d be willing to participate in an evaluation interview to help us understand how Care Consultation impacts quality of life and well-being. The interview should take us about 30 minutes.

The interview is completely voluntary. You may skip any questions you don’t want to answer, and you may stop the interview at any time. If you decide to stop the interview, it will not affect our Care Consultation work together or any of the services you receive from **[Service Organization Name]** in any way. Your answers will be provided to the evaluation team at Miami University, but they will not be given your name or any other information that could personally identify you.

Interview Consent

Are you willing to participate in an evaluation interview today? **[Circle response below.]**

NO	Okay, is there another day that would work better for you?
NO	Okay, no problem. We will not include you in the evaluation.
YES	Great! Let’s pick another day. [Schedule the interview for another day within one week.]
YES	Great! Thank you!

Before we begin, I need to let you know that during the interview, I’ll be serving as a research interviewer, which is a different role than being a Care Consultant. During the interview, I won’t be able to discuss any concerns or issues other than the answers to the evaluation questions. Even if some of the wording of the questions is not completely clear to you, I won’t be able to explain the questions or help you decide on an answer; I can only repeat the question. There are no right or wrong answers. We are just interested in your honest answers to the questions. After the interview is completed, I’ll resume my role as Care Consultant, and we’ll be able to discuss any other issues or concerns you have.

Do you have any questions before we begin?

[Enter interview start time below.]

Interview Start Time	
----------------------	--

[Start the interview with the Quality of Life section on page 2. Ask the first three interview questions of all respondents. If the respondent is unable to answer the first three questions using one of the valid response categories, go to the Conclusion section on page 7 and end the interview. If at any time during the interview the respondent stops providing valid responses, end the interview.]

[FOR CARE RECEIVERS]: Okay, let's get started. This interview is about you and your quality of life and well-being.

[FOR PROXIES]: Okay, let's get started. This interview is about your [Relationship's] quality of life and well-being. Because your [Relationship] is not able to participate in an interview, we'd like you to answer for them to the best of your ability. We understand it can be challenging to answer for another person, but just do the best you can.

Quality of Life

To start, I'm going to ask you about [your / your Relationship's] quality of life. When you think about [your / your Relationship's] life, there are different aspects like physical health, energy, family, money, and others.

Please think about each item, and rate [your / your Relationship's] current quality of life in each area using one of four words: poor, fair, good, or excellent.

Please rate these items based on [your / your Relationship's] life at the present time, meaning within the past few weeks. If you have difficulty rating any item, just give it your best guess. [Circle the response.]

1. First of all, how about [your / their] physical health? Would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

2. How about [your / their] energy level? Do you think it is poor, fair, good, or excellent? [If the respondent says that some days are better than others, ask them to rate how [they / their Relationship] has been feeling most of the time lately.]

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

3. How has [your / their] mood been lately? Would you rate [your / their] mood as poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

4. How about [your / their] living situation, the place [you / they] live now? Would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

5. How about [your / their] memory? Would you say it is poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

6. How about [your / their] family and [your / their] relationship with family members? Would you describe it as poor, fair, good, or excellent? [If the respondent says [they have / the care receiver has] no family, ask about brothers, sisters, children, nieces, nephews.]

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

[If you know the care receiver’s marital or relationship status, proceed with Question 7. If you do not know, ask:]

[Are you / is your Relationship] married or do [you / they] have a significant other?

[If yes, ask question #7]

[If the care receiver is not married, does not have a significant other, or the respondent is unsure, score Question #7 as N/A.]

7. How is [your / their] [marriage/relationship]? Do you feel it’s poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

8. How would you describe [your / their] current relationship with [your / their] friends? Would you say it’s poor, fair, good, or excellent?

[If the respondent answers that [they have / the care receiver has] no friends, or all their friends have died, ask:]

Do [you / they] have anyone [you / they] enjoy being with besides [your / their] family? Would [you / they] call that person a friend?

[If YES, ask:

How would you describe [your / their] current relationship with that person? and circle the appropriate response below.]

[If the respondent still says [they have / the care receiver has] no friends, select N/A and ask question #9]:

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

9. How do [you / they] feel about [your / them] self—would you say poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

10. How about [your / their] ability to do things like chores around the house or other things [you / they] need to do? Would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

11. How about [your / their] ability to do things for fun that [you / they] enjoy? Would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

12. How about [your / their] current situation with money, [your / their] financial situation? Do you feel it's poor, fair, good, or excellent? [If the respondent hesitates, explain that you don't want to know what their situation is (as in the amount of money), just how they feel about it.]

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

13. How would you describe [your / their] life as a whole? When you think about [your / their] life as a whole, everything together, would you say it's poor, fair, good, or excellent?

Poor	Fair	Good	Excellent	N/A	Missing
------	------	------	-----------	-----	---------

Isolation, Relationship Strain, & Depression

Now I'd like to ask you to respond to a series of statements about how [your / your Relationship's] illness and care has affected [you / them] during the **past four weeks, the last month**. The world has changed a lot recently and people are doing some of the things I'll ask you about virtually or online rather than in person. Keeping that in mind, and thinking about all the ways you're doing things now, after I read each statement, please tell me if it applies to [you / your Relationship] by saying **yes** or **no**. [Circle the response.]

During the **past four weeks**, [have you / has your Relationship]:

felt isolated from other people?	YES	NO	N/A	MISSING
participated less in group or organized activities?	YES	NO	N/A	MISSING
participated less in church or religious activities?	YES	NO	N/A	MISSING
visited less often with friends or family?	YES	NO	N/A	MISSING

[FOR CARE RECEIVERS]:

Now I'd like to ask you to respond to a series of statements about how your care has affected you during the **past four weeks, the last month**. After I read each statement, please tell me if it applies to you by answering **yes** or **no**.

Because of my illness and care:

I felt closer to my [Relationship].	YES	NO	N/A	MISSING
I felt my relationship with my [Relationship] was strained.	YES	NO	N/A	MISSING
I felt angry toward my [Relationship].	YES	NO	N/A	MISSING
I felt my [Relationship] tried to manipulate me.	YES	NO	N/A	MISSING
I felt resentful toward my [Relationship].	YES	NO	N/A	MISSING

[FOR PROXIES]:

Now I'd like to ask you to respond to a series of statements about how your [Relationship's] care has affected the relationship between you and your [Relationship] during the **past four weeks, the last month**. After I read each statement, please tell me if it applies to your [Relationship] by answering **yes** or **no**. [Circle the response.]

Because of my [Relationship's] illness and care:

My [Relationship] felt closer to me.	YES	NO	N/A	MISSING
My [Relationship] felt our relationship was strained.	YES	NO	N/A	MISSING
My [Relationship] felt angry toward me.	YES	NO	N/A	MISSING
My [Relationship] felt I tried to manipulate them.	YES	NO	N/A	MISSING
My [Relationship] felt resentful toward me.	YES	NO	N/A	MISSING

Next, I'd like to know a bit more about how your [Relationship] has been feeling over the **past week, the last 7 days**. I'm going to read a few statements and I'd like you to tell me if [you / they] have felt this by saying **yes** or **no**. [Circle the response.]

During the past **week**, did [you / your Relationship]:

feel that people disliked [you / them]?	YES	NO	N/A	MISSING
not feel like eating or have a poor appetite?	YES	NO	N/A	MISSING
have trouble keeping [your / their] mind on what [you / they] were doing?	YES	NO	N/A	MISSING
feel depressed?	YES	NO	N/A	MISSING
feel that everything [you / they] did was an effort?	YES	NO	N/A	MISSING
sleep restlessly?	YES	NO	N/A	MISSING
feel happy?	YES	NO	N/A	MISSING
feel lonely?	YES	NO	N/A	MISSING
enjoy life?	YES	NO	N/A	MISSING
feel sad?	YES	NO	N/A	MISSING
not seem to be able to "get going?"	YES	NO	N/A	MISSING

Utilization

Now I'm going to ask you a few questions about [your / your Relationship's] utilization of some specific healthcare services. When answering the questions, please think about [your / your Relationship's] use of these services in the past 6 months. [Check the box next to the selected response.]

1. In the past six months, did [you / your Relationship] go to an urgent care facility or emergency department because of health problems or need for care?

<input type="checkbox"/>	Missing - Go to Question 2.
<input type="checkbox"/>	No – Go to Question 2.
<input type="checkbox"/>	Yes – Ask:
<p>How many times in the past six months have [you / your Relationship] gone to an urgent care facility or emergency department because of health problems or need for care?</p> <p>_____ Times</p>	

2. In the past six months, were [you / your Relationship] admitted to a hospital because of health problems or need for care?

<input type="checkbox"/>	Missing - Go to Question 3.
<input type="checkbox"/>	No – Go to Question 3.
<input type="checkbox"/>	Yes – Ask:
How many times in the past six months were [you / your Relationship] admitted to a hospital because of health problems or need for care?	
_____ Times	

3. In the past six months, did [you / your Relationship] receive care in a nursing home or live in an assisted living facility?

<input type="checkbox"/>	Missing – See instructions on bottom of this page.
<input type="checkbox"/>	No – See instructions on bottom of this page.
<input type="checkbox"/>	Yes – Ask:
How many times in the past six months did [you / your Relationship] receive care in a nursing home or live in an assisted living facility?	
_____ Times	

Conclusion

[Let the respondent know they have finished the interview and thank them for their time.]

Those are all the evaluation questions I have for you today. Thank you for your time!

[Write interview end time below]:

Interview End Time	<input type="text"/>
--------------------	----------------------

[If the interview ended because the respondent was unable to give three valid consecutive responses, check the box below.]

<input type="checkbox"/>	Interview ended because the respondent was unable to give three valid consecutive responses. [Note in interviewer comments where the interview ended.]
--------------------------	---

Interviewer Comments: [Please write any comments you have about the interview below.]

<input type="text"/>

APPENDIX L. COMPLETE FINDINGS FOR BRI CC QOL, ISOLATION, DEPRESSION, AND ANXIETY MEASURES

BRI Care Consultation - Caregiver				
Scale name TR: Theoretical range OR: Observed range	Pre-test mean	Post-test mean	Mean difference (Post minus pre)	p value
Isolation (N = 48) TR: 7 – 28 OR pre: 4 – 28 OR post: 7 – 28	16.24*	16.80*	0.56	.397
Relationship strain (N = 49) TR: 7 – 28 OR pre: 7 – 28 OR post: 11 – 28	20.51*	20.58*	0.07	.786
Depression (N = 49) TR: 11 – 33 OR pre: 15 – 33 OR post: 13 – 33	27.06*	26.18*	-0.88	.111
Quality of Life (N = 49) TR: 11 – 44 OR pre: 23 – 42 OR post: 19.68 – 43	32.53**	31.41**	-1.12	.024

*Due to a number of N/A responses, mean scores instead of total scores were compared using t-test

** Due to missing values, mean substitution was used for quality-of-life scale.

BRI Care Consultation-Proxy Care Receiver				
Scale name TR: Theoretical range OR: Observed range	Pre-test mean	Post-test mean	Mean difference (Post minus pre)	p value
Isolation (N = 51) TR: 4 – 8 OR: 3 – 8	6.08*	6.32*	0.24	.345
Relationship strain (N = 57) TR: 5 – 10 OR pre: 3 – 10 OR post: 4 – 10	8.65*	8.45*	-0.20	.286
Depression (N = 63) TR: 11 – 22 OR pre: 7 – 22 OR post: 5 – 22	17.71*	17.16*	-0.55	.176
Quality of Life (N = 68) TR: 12 – 48 OR pre: 14 – 43 OR post: 15 – 43	29.16*	28.20*	-0.96	.098

*Due to a number of N/A responses, mean scores instead of total scores were compared using t-test

APPENDIX M. DEMENTIA FRIENDLY COMMUNITY METRICS INSTRUMENT

This survey is designed to capture the efforts of Advisory Taskforce members in regards to participation in dementia-capable improvements and expansion in their communities. Survey responses will assist in identifying the adoption of dementia-friendly systems, processes, practices, training, and environmental changes that may contribute to the sustainability of Taskforce efforts beyond the initial grant period.

Please note that throughout the survey, the term “caregiver” is used to refer family and friend “supporters” who assist and care for people living with dementia and/or intellectual and developmental disabilities (IDD).

1. Organization Name:
2. In what county is your organization located?
3. What counties does your organization serve? (Please list all counties served.)

Training

4. Do you provide training about dementia for new staff or volunteers?
Yes No
5. Do you provide recurring training about dementia for staff or volunteers? (e.g., monthly, annually)
Yes No
6. Do you plan on providing dementia training for staff or volunteers in the next 12 months?
Yes No
7. What training topics have you or do you plan to offer? (Please select all that apply.)

	Have offered in the last 12 months	Planning to offer in the next 12 months
General information about dementia (i.e., types, causes, prevalence)		
Understanding the signs and symptoms of dementia		
Communicating with people living with dementia		
Handling difficult situations involving people living with dementia		
When and how to seek help for people living with dementia		
How to make our organization more dementia-friendly		

Environment

8. Does your organization have:

	Yes	No	Unsure	Not Applicable
Clear outside signage to identify your organization				
Weather protective shelters or awnings at main entrance				
Outside seats for waiting				
Exits clearly marked				
Contrast between signs and the surfaces they are mounted on				
Signs fixed to the doors they refer to (not on adjacent surfaces such as walls)				
Signs at eye level				
Glass doors clearly marked				
Places to sit and rest				
All indoor areas well-lit				
Designated quiet spaces				
Automated voice prompts/announcements (e.g., in elevators)				
Restrooms clearly marked				
Unisex toilet or family restroom				
Toilet seats of contrasting color to the rest of toilet and walls				
Hot and cold water taps clearly labeled				

9. Has your organization made any changes to your physical environment specifically to accommodate people living with dementia and/or their caregivers?

Yes No

[If Yes] What changes have you made?

Systems and Processes

10. Does your organization:

	Yes	No	Unsure	Not Applicable
Have a live person who answers the main telephone line				
Personally greet people when they enter your organization				
Have a procedure or process in place for how to respond if a client/customer exhibits signs of memory loss and/or confusion				

	Yes	No	Unsure	Not Applicable
Have designated or special times for people living with dementia to utilize your services				
Adapt your services so that they are more inclusive of people living with dementia				
Adapt your services so that they are more inclusive of caregivers of people living with dementia				
Have services that are specifically designed for people living with dementia				
Have services that are specifically designed for caregivers of people living with dementia				
Provide telephone reminders for clients/customers living with dementia the morning of an appointment				
Plan extra time when working with people living with dementia (e.g. scheduling extra time for appointments)				
Consult people living with dementia about how they experience your services				
Consult caregivers of people living with dementia about how they or their care partner experience your services				
Include people living with dementia in advisory groups or boards				
Include caregivers of people living with dementia in advisory groups or boards				
Display information about dementia and/or dementia resources in prominent locations				
Have a protocol for lost persons				

11. What other systems or processes has your organization implemented specifically related to people living with dementia or their caregivers?

Community Connections

12. Has your organization or employees from your organization:

	Yes	No	Unsure	Not Applicable
Participated in fundraising to benefit people living with dementia (e.g., coordinating or participating in a team for Walk for Alzheimer’s)				
Organized or helped to organize a fundraising event to benefit people living with dementia and/or their caregivers (e.g., organizing a Walk for Alzheimer’s)				
Assisted in advertising dementia-related events or resources				

	Yes	No	Unsure	Not Applicable
Provided information or training about dementia to your local community				
Offered any evidence-based programs for people living with dementia and/or their caregivers				
Made referrals to any evidence-based programs designed for people living with dementia and/or their caregivers				
Established an informal partnership with an organization that specifically serves people living with dementia and/or their caregivers				
Entered into a formal business partnership with an organization that specifically serves people living with dementia and/or their caregivers				

13. Are there other ways your organization is involved in dementia-related activities in your community?

Yes No

[If Yes] What other ways is your organization involved in dementia-related activities in your community?

14. Using your best estimate, about how many people work for your organization as full-time, part-time, or volunteer workers?

- Less than 50
- 50 - 249
- 250 or more

15. Which category best describes your organization?

- Clinical/health provider
- Home and community-based services
- Business/Retail
- Legal
- Financial
- Faith-based/Spiritual
- Emergency/Disaster response
- Transportation
- Housing
- Arts/Civic engagement
- Public spaces/services (e.g., library)
- Other _____

This questionnaire was developed by Scripps Gerontology Center with support from a cooperative agreement (No. 90ADPI0052-01-00) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS) and adapted from the *Dementia Friendly America Dementia Friendly Community Metrics (2016)*.

APPENDIX N. REMOVED BRI CC MEASURES

Services

The next set of questions ask about different kinds of help that you or your [Relationship] may have received during the **past three months** either from friends, family, volunteers, or paid helpers or professionals. [Check the box that matches the response.]

	A.	B.
	In the past 3 months, did you or your [Relationship] use...?	[If NO] Were you aware that such services were available?
a. Counseling Services - A service designed to help people deal emotionally with memory loss or other problems, provided by a social worker, psychologist, clergy, or other type of professional.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
b. Support Groups - A peer-led group meeting designed for people dealing with memory loss.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
c. Respite Home Care Services - Help given by someone to give you a break from some care responsibilities. This can include services like housekeeping, companionship, or chores.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
d. Respite Overnight Help - Help given by someone to give you overnight relief from taking care of your [Relationship].	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
e. Respite Adult Day Services - A program that provides a place for your [Relationship] to go where [he/she] can be around other people and do structured activities during the day.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
f. Information & Referral Services - Programs that can help you identify your local resources. This can also include telephone or helpline.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES

	A.	B.
	In the past 3 months, did you or your [Relationship] use...?	[If NO] Were you aware that such services were available?
g. Education and Training - Programs, seminars, or classes designed to help people learn more about a physical or mental impairment. This can be provided through presentations, libraries, or written materials.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
h. Care or Case Management - Services that help people identify their needs, learn what services are available, and arrange for services to take place. This usually involves working with a case manager.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
i. Household Tasks or Running Errands - Help given by someone to help with household tasks or running errands. For example, help with shopping, arranging appointments, cleaning, laundry, or cooking.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
j. Personal Care & Supervision - Help with daily activities or personal care such as bathing, dressing, and grooming; or someone to provide supervision or companionship when your [Relationship] cannot be left alone.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
k. Home Health Care - Service that provides help with home health care tasks such as caring for incisions, changing dressings, keeping track of medications, monitoring blood pressure, or teaching special exercises.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
l. Legal Matters - Legal services to help with issues related to health problems; for example, help with estate planning, establishing a durable power of attorney, or writing a living will.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES
m. Financial Planning or Money Management - Services that assist with health care finances and anticipating future care needs.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES

	A.	B.
	In the past 3 months, did you or your [Relationship] use...?	[If NO] Were you aware that such services were available?
n. Transportation - Help with transportation such as getting to and from appointments such as doctor or hospital visits, or just to go shopping and run other errands.	<input type="checkbox"/> NO → Answer B <input type="checkbox"/> YES ↓ Go to next	<input type="checkbox"/> NO <input type="checkbox"/> YES

What other services, if any, have you or your [Relationship] received in the last 3 months to help with your care situation in any way? [If none, check the box below and continue to Community Difficulties section.]

Received no other services in the past 3 months.

OR

Other services received in the past 3 months: [List other services below.]

1.
2.
3.
4.

Community Difficulties


[This section contains 6 questions. For each question, circle YES or NO and then follow-up with parts a, b, and c of each question if appropriate. For parts b and c, do not read the response categories to the respondent. Listen to the respondent’s response and place a checkmark in front of all the categories that match the given response. Use the “Notes/Other” space if the respondent gives a response that does not seem to clearly fit into one of the response categories, or if the respondent provides information that provides context for their answer to the question.]

The next questions are to help us understand any difficulties or problems you or your [Relationship] have had with different places in your community because of [his/her] memory problems. I am going to ask you separately about different places in your community such as stores, restaurants, doctor’s offices, and other businesses. The world has changed a lot recently and that may have affected how you interact with some of these places. I’ll be taking notes of what you say during these questions, so there may be some moments of silence while I’m writing.

1. During the past 2 months, has your [Relationship] gone to a grocery store, drug store, clothing store, or other places where people shop? [Circle the response below.]

YES	[Continue with question 1.a]
NO	[Continue with question 1.c on next page.]
MISSING	[Go to Question 2 on page 10.]

[If YES]

1.a Because of your [Relationship’s] memory problems, did you or [he/she] have any difficulties at a store or other places where people shop?  [Circle YES or NO]	YES	1.b What were some of the difficulties? [Check ALL categories that match the given response.]	EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)
	[Continue with Question 1.b]		ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)
	NO		SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)
	[Go to Question 2]		BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)

Notes / Other	
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[If NO]

<p>1.c What are some of the reasons that your [Relationship] has not gone to a store or other places where people shop?</p> <p>[Check ALL categories that match the given response.]</p>		<p>EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)</p>
		<p>ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)</p>
		<p>SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)</p>
		<p>BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)</p>
		<p>HEALTH/MOBILITY ISSUES OF THE PERSON WITH MEMORY PROBLEMS (e.g., medical illness, physical disability, getting in/out of house, getting in/out of vehicle)</p>
		<p>COVID-19 RELATED ISSUES (e.g., local or state restrictions, places aren't open, fears about contracting COVID-19)</p>
Notes / Other		

2. During the past 2 months, has your [Relationship] gone to a restaurant, coffee shop, or other places where people go to eat? [Circle the response below.]

YES	[Continue with question 2.a]
NO	[Continue with question 2.c on next page.]
MISSING	[Go to Question 3 on page 12.]

[If YES]

2.a Because of your [Relationship's] memory problems, did you or [he/she] have any difficulties at a restaurant, coffee shop, or other places where people go to eat?  [Circle YES or NO]	YES	2.b What were some of the difficulties? [Check ALL categories that match the given response.]	EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)
	[Continue with Question 2.b] 		ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)
	NO		SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)
	[Go to Question 3]		BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)
Notes / Other			



[If NO]

2.c What are some of the reasons that your [Relationship] has not gone to a restaurant, coffee shop, or other places where people go to eat? [Check ALL categories that match the given response.]		EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)
		ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)
		SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)
		BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)
		HEALTH/MOBILITY ISSUES OF THE PERSON WITH MEMORY PROBLEMS (e.g., medical illness, physical disability, getting in/out of house, getting in/out of vehicle)
		COVID-19 RELATED ISSUES (e.g., local or state restrictions, places aren't open, fears about contracting COVID-19)
Notes / Other		

3. During the past 2 months, has your [Relationship] gone to a community or senior center, or place where people go to talk with and be around others? [Circle the response below.]

YES	[Continue with question 3.a]
NO	[Continue with question 3.c on next page.]
MISSING	[Go to Question 4 on page 14.]

[If YES]

3.a Because of your [Relationship's] memory problems, did you or [he/she] have any difficulties at a community or senior center, or place where people go to talk with and be around other people?  [Circle YES or NO]	YES [Continue with Question 3.b] 	3.b What were some of the difficulties? [Check ALL categories that match the given response.]	EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)
	NO [Go to Question 4]		ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)
			SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)
			BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)
Notes / Other			



[If NO]

<p>3.c What are some of the reasons that your [Relationship] has not gone to a community or senior center, or place where people go to talk with and be around others?</p> <p>[Check ALL categories that match the given response.]</p>		<p>EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)</p>
		<p>ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)</p>
		<p>SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)</p>
		<p>BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)</p>
		<p>HEALTH/MOBILITY ISSUES OF THE PERSON WITH MEMORY PROBLEMS (e.g., medical illness, physical disability, getting in/out of house, getting in/out of vehicle)</p>
		<p>COVID-19 RELATED ISSUES (e.g., local or state restrictions, places aren't open, fears about contracting COVID-19)</p>
Notes / Other		

4. During the past 2 months, has your [Relationship] gone to a church, synagogue, mosque, or other faith-based organization? [Circle the response below.]

YES	[Continue with question 4.a]
NO	[Continue with question 4.c on next page.]
MISSING	[Go to Question 5 on page 16.]

[If YES]

4.a Because of your [Relationship's] memory problems, did you or [he/she] have any difficulties at a church, synagogue, mosque, or other faith-based organization?  [Circle YES or NO]	YES [Continue with Question 4.b] 	4.b What were some of the difficulties? [Check ALL categories that match the given response.]	EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)
	NO [Go to Question 5]		ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)
			SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)
			BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)
Notes / Other			



[If NO]

<p>4.c What are some of the reasons that your [Relationship] has not gone to a church, synagogue, mosque, or other faith-based organization?</p> <p>[Check ALL categories that match the given response.]</p>	<p>EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)</p>
	<p>ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)</p>
	<p>SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)</p>
	<p>BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)</p>
	<p>HEALTH/MOBILITY ISSUES OF THE PERSON WITH MEMORY PROBLEMS (e.g., medical illness, physical disability, getting in/out of house, getting in/out of vehicle)</p>
	<p>COVID-19 RELATED ISSUES (e.g., local or state restrictions, places aren't open, fears about contracting COVID-19)</p>
<p>Notes / Other</p>	

5. During the past 2 months, has your [Relationship] gone to a doctor's or dentist's office, healthcare clinic, hospital, or emergency room? [Circle the response below.]

YES	[Continue with question 5.a]
NO	[Continue with question 5.c on next page.]
MISSING	[Go to Question 6 on page 18.]

[If YES]

5.a Because of your [Relationship's] memory problems, did you or [he/she] have any difficulties at doctor's or dentist's office, healthcare clinic, hospital, or emergency room?  [Circle YES or NO]	YES [Continue with Question 5.b] 	5.b What were some of the difficulties? [Check ALL categories that match the given response.]	EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)
	NO [Go to Question 6]		ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)
			SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)
			BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)
Notes / Other			



[If NO]

<p>5.c What are some of the reasons that your [Relationship] has not gone to a doctor's or dentist's office, healthcare clinic, hospital, or emergency room?</p> <p>[Check ALL categories that match the given response.]</p>		<p>EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)</p>
		<p>ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)</p>
		<p>SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)</p>
		<p>BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)</p>
		<p>HEALTH/MOBILITY ISSUES OF THE PERSON WITH MEMORY PROBLEMS (e.g., medical illness, physical disability, getting in/out of house, getting in/out of vehicle)</p>
		<p>COVID-19 RELATED ISSUES (e.g., local or state restrictions, places aren't open, fears about contracting COVID-19)</p>
Notes / Other		

6. During the past 2 months, has your [Relationship] gone to a bank, library, or government office (e.g., Bureau of Motor Vehicles, Probate Court, Social Security)? [Circle the response below.]

YES	[Continue with question 6.a]
NO	[Continue with question 6.c on next page.]
MISSING	[End of section. Go to bottom of page 19 and read instructions.]

[If YES]

6.a Because of your [Relationship's] memory problems, did you or [he/she] have any difficulties at a bank, library, or government office (e.g., Bureau of Motor Vehicles, Probate Court, Social Security)?  [Circle YES or NO]	YES [Continue with Question 6.b] 	6.b What were some of the difficulties? [Check ALL categories that match the given response.]	EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)
			ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)
	NO [End of section. Go to bottom of page 19.]		SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)
			BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)
Notes / Other			

[If NO]

<p>6.c What are some of the reasons that your [Relationship] has not gone to a bank, library, or government office (e.g., Bureau of Motor Vehicles, Probate Court, Social Security)?</p> <p>[Check ALL categories that match the given response.]</p>		<p>EMPLOYEE ISSUES (e.g., employees not understanding/knowing about memory problems; not communicating well with people dealing with memory problems)</p>
		<p>ENVIRONMENTAL ISSUES (e.g., noise, bad lighting, confusing layout, inconvenient parking, inconvenient restrooms)</p>
		<p>SAFETY ISSUES (e.g., walked away from caregiver, left the location, got lost within the location)</p>
		<p>BEHAVIORAL EXPRESSIONS OF THE PERSON WITH MEMORY PROBLEMS (e.g., became anxious, nervous, upset, angry, repetitive questions)</p>
		<p>HEALTH/MOBILITY ISSUES OF THE PERSON WITH MEMORY PROBLEMS (e.g., medical illness, physical disability, getting in/out of house, getting in/out of vehicle)</p>
		<p>COVID-19 RELATED ISSUES (e.g., local or state restrictions, places aren't open, fears about contracting COVID-19)</p>
Notes / Other		

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