

Welcome. My name is Jody Krainer and I'm with the Wisconsin Alzheimer's Institute. Thank you for taking the time today to join us for the webinar, Dementia Friendly Tools for Students and Community Groups. We have two exceptional presenters today who've had very positive impact on the field of dementia. So, it's going to be a good a great pleasure to have them present on their on their work. Please feel free to put questions and comments in the chat throughout the presentation as we will have time for Q&A after the slides. Now, it is my great pleasure to turn the webinar over to our presenters, Dr. Endicott and Dr. Farsetta. Hi everyone, welcome. We're so happy to see so many of you joining to talk about something that's been a real passion project for Diane and I. My name is Sarah Endicott. I'm a clinical professor at UW-Madison School of Nursing. I'm also the director of our doctor of nursing practice program. I am a nurse practitioner. Um my specialty is in geriatrics and psychiatry and I've worked in many different roles caring for older adults and really the area that I'm most passionate about is the care of people living with dementia and their caregivers. Um so a lot of the work I do around um uh the school of nursing um is um has exactly to do with what we're going to be talking about today and it's my favorite thing to talk about. So very happy to be here and I'll turn it over to Diane. Yes. Thank you and welcome everyone who is joining us now and we'll watch this later. My name is Diane Farsetta and I am a biologist by training. Um, I have been at the Center for Aging Research and Education, otherwise known as CARE, at the UW-Madison School of Nursing for 12 years. And it's been a real privilege to work on many um both professionally and personally rewarding projects such as the dementia friendly toolkit we're going to be talking about today. We'll also briefly mention the dementia friendly hospital toolkit. Um my role here at care has been um really focused on supporting um research, community engaged research, but um in addition different projects like this and I will just also share that um I also have experience as a family caregiver when my father was living with dementia. So um again makes it very um rewarding to be able to do this and to share this with you.

And so these are the um general areas that we will cover in our presentation today and also of course look forward to your comments and questions what experiences um that you have and the needs that you see in the community. And uh many of you are probably familiar with dementia friendly, but going back in time um when I started working here in early 2014, um dementia friendly was just sort of there were starting to be community efforts in Wisconsin. The Fox Valley sort of led the way. Um but we were uh we were very um happy to see this becoming more and more widespread on a community level this model and of course relevant to age friendly communities and age friendly health care. Um but we we have found it to be a really powerful model for many reasons. So of course it's it's person centered. It really emphasizes the role that all of us play as um professionals as well as members of communities and um that it is really thinking about not just the whole person um and their family caregiver or caregivers but also um their their needs as they go throughout their their day and their lives. And as we know many people um in fact most people who are living with dementia are not living in nursing homes and so they're interacting with with many um institutions um as well as people in nursing homes of course interact with many different institutions as well. So, um, one of the things that we do here at the Center for Aging Research and Education in collaboration with many wonderful colleagues across campus is to try and facilitate and grow opportunities for students to learn about care of older adults um, in general as well as specifically people living

with dementia. So, um Sarah does teach and I'm sure she'll she'll mention a little bit um a community based learning course that care helped develop and we also are the community partner liaison for um and that course is open to students across um disciplines as well as both undergraduate and graduate levels sort of emphasizing the role that we all play um in the um in the different environments where we are um to create a more dementia friendly world. And this um we we first offered this course I believe it was back in 2015 and at the time we looked at the course catalog and the only courses at the time where where people were talking about um dementia were really looking at um pathologies at the cellular or or maybe like organ level. And so there was we were very proud to to develop and bring about the the first course at that time um that was really focused on how do you provide quality care and support a better quality of life as well as um address the stigma still surrounding um dementia. Um very happy to also share that our colleagues in social work last year brought back the certificate in aging studies for undergraduate students here in UW-Madison. Um and that just provides a really um rich and varied opportunity for students to develop skills in how um they will work with older adults after they graduate. Um and then of course our friends at the school of medicine and public health have a lovely program um that it's a volunteer sort of extracurricular for students across across the health sciences called New Friends and that pairs um students with people living with memory loss one-on-one and is also a really um profound learning experience. what so our approach often and um and I'll sort of bring up at the end um a different a range of different toolkits that that care has helped develop but um as I said we'll be talking about sort of two toolkits mostly this dementia friendly toolkit focused on use in classrooms and community settings um there's also the hospital um the dementia friendly hospital toolkit but this is um often the format that we use when we are developing materials. And the idea is that um we are a very small center. You know, we always collaborate with lots of people um faculty, staff, community members, um care providers, and um when you put a toolkit together, we do our best to include all the information needed so that someone can go out and hold these dementia friendly training sessions um without us, you know, sort of holding your hand because um we try to make things as clear as possible, as usable as possible. we do usability testing, you know, before we finalize things. Um, simply because, you know, we don't have the capacity to be able to, you know, to help all of the the people in all of the groups that we hope will find this useful. Um, another benefit of doing toolkits, and we've used this approach with both of our dementia friendly toolkits, is to um use sort of a modular adaptable approach. So there are um handouts that are a part of these toolkits. There are short training videos and we'll show you a little bit of one of those today. Um there's interactive. So there's the roleplay scenarios. Um and so depending on your the timeline that you have, the interest of your group, the needs of your group, you can sort of go through and see what is uh most applicable and would be most helpful to you. And so we wanted to give you a little bit of background about where the idea for these toolkits came from. Again, we are a small center. We try to do our best not to duplicate things other people are doing, but really to to think seriously about what what um what sort of expertise or what do we bring? you know, who are our colleagues in the space who might be able to collaborate with us and what are the unmet needs, right, that we are able to um to help address. So, with the dementia friendly toolkit in particular, this came out of that service learning course that Sarah teaches, the N511 course, um when we first started developing this. Those students um volunteer over the semester with a wide range of different groups, often interacting directly with

people living with dementia and or their family caregivers. And so we wanted to set them up for success, you know, even though many of them do have some caregiving experience previously. Um, and we wanted to um to early on in the semester before they would do that um community volunteer experience to um put them through an an interactive simulation that would help them develop skills to respectfully and clearly communicate with people living with dementia. So, our first thought was we're we're going to go to an off the-shelf, you know, sort of simulation. I think probably you know these these there are a number of different options out there. Um but what we saw when when we were using you know this sort of um commercially available um approach was that our students came out of the experience really feeling bad like just really which is a very lovely and human reaction but it it took some work after going through the simulation because of how it was structured. It took some work to take the students from, oh my goodness, I'm so sad that this is what it's like for people living with dementia to be able to get to the spot of well, what will you do as a future professional? you know, whether you're um going into health care or um you know, any other um service um or public facing role, you know, what will you do to um to to better support people living with dementia and their family caregivers? And so we thought, well, here we are in an educational institution. We have a a center here um at the school of nursing focused on aging. Another center focused on um technology enhanced learning. We can figure this out. We can put it together. And that's what we did with this project. Um and then after we um well I should also add in addition to the focus on our students, we were um working in partnership with a number of local um dementia friendly community groups who as you um may know often will go out to businesses or other public facing agencies, you know, libraries, um you know, whatever um government agencies that that people might be interacting with um doctor's offices and do trainings to help people develop sort of understand, combat the stigma, develop some communication skills. And the idea behind these efforts is that um not just the initial training happens, but some refresher trainings and these are all the dementia friendly community groups are all volunteers doing this. And so they expressed an interest to us in, hey, if you if you are able to develop some short videos that could help us um and and sort of take some of that burden off of our volunteers who um want to keep on welcoming more and more dementia friendly um organizations and businesses in their communities. That would be wonderful. So that was also um in our in our heads in our in our goals and also in how we um carried out this um developing this toolkit was meeting the needs of those groups as well. And then where the dementia friendly hospital toolkit came from was after the first toolkit came out, we had a um a colleague um in acute care um a nurse who said, "This is great." And she started to try to adapt it for her setting on her own and then said, "You know, if you ever get the chance to develop a hospital specific, you know, we need training on this. This is this first toolkit is great stuff, but it needs to be the training to be helpful for hospital staff needs to be specific to the concerns and the environment, very particular environment um and challenges of the hospital environment um for people living with dementia. So, that's kind of the the origin story of those toolkits. And in general, our approach again, we're really collaborative and we um know and have learned from um wonderful colleagues that when you are developing something that you hope other people will use, you have to think upfront about who are you developing this for? How um do you hope that they will use it? Um, and talk to, you know, people that are representative of those groups early and often so that you make sure to that what you develop is not just what you think they need, but what they actually will find useful

and in a format that hopefully will be um very easy for them to use. And so this is just um a diagram that that sort of shows that user centered design process. The idea behind that overall a lot of pilot testing. We had a lot of people on campus and off giving us feedback as we were doing different um draft forms. A lot of surveys and you'll see some results that we got. Um, but here's an example of early on talking to the people who you hope will use the materials that you're developing. And this was really understanding the problem, right? And so when we were developing the dementia friendly toolkit for classroom and community use, um our our major method of of getting input early on was putting out a survey when we were asking um everyone from family caregivers to dementia friendly community groups, health care providers, librarians, you know, people working in in businesses or government agencies who are dealing with questions or or um you know, interactions with the public in general. Um we said you know what has your experience been like what what challenges have you come across? Um what kind of settings are are most challenging? Um I should add that another sort of motivator for us thinking about both the course and these toolkits was um across many projects including um you know research going back years done by faculty here at the school of nursing um family caregivers had often said actually the most challenging environment for for myself and my loved one who's living with dementia often wound up being a healthcare setting and we thought that they would understand, you know, we thought that that's the one place where people would be able to, you know, sort of get what was happening and and the supports we might need. So, um, so again, sort of going to um the people and and asking what are the challenges. So we got many responses to the survey and you can see there um both the settings that we often had flagged for us as these are um places where there are particular concerns um for example in in a bank you know financial fraud potentially happening um or just you know needing to get health care, groceries um enjoy a meal with a loved one and having challenges is doing that. And then there are quotes um that people shared with us about the the challenges that they had and these all informed our work as we were developing um the dementia friendly toolkit. And then um before this is my last slide before handing it over to Sarah. But um this um we did a similar approach for the dementia friendly hospital toolkit. And there we had done in addition to sort of um surveys and um one-on-one conversations we did a series of focus groups with family caregivers. And these were the major themes coming out of the the focus groups. Um and these were families where the person living with dementia had been in has been hospitalized at some point within the last few years. So they were reflecting on particular um relatively recent experiences and challenges there. So these were some of the lessons learned. Um some of them as you can see are specific to hospitals but others um are really you know widespread um supporting both caregivers and people living with dementia. Um some healthcare providers talk about you when when you are caring for a person living with with dementia you always have two patients them and their caregivers their family caregivers. um transitions, right, is is not specific. Those challenges of transitions are not specific to hospital settings. The need to improve communication and often the lack of specific training um is true across roles. And I will advance the slide and hand it over to Sarah. All right. So, I'm going to talk about actually what is within the dementia friendly toolkit. Um, we had a a great team working on this and we all have uh a team that had expertise in education and developing what we in nursing call simulations which is really what the roleplay scenarios are. Um, and there is a special um best practices for having these role plays and simulations and how people learn from them and grow from them and take

what they learn into the future. uh and we are used to planning things and evaluating them and measuring our outcomes and putting all these things together. But what our goal was with the toolkit was to truly give you everything you need if you don't have expertise in simulation, if you don't have expertise in evaluation, if you're not necessarily super comfortable facilitating a conversation on these topics. literally everything that you would need to be able to implement this in any setting. It's low uh low tech. Um there are things that can be done to enhance the situation, but really the goal is for it to be uh a resource that you can use almost anywhere and with almost any group. Um so part of that is in our introduction in the toolkit is you know why would you use this? who would benefit from using this and why is role play so important and such a powerful learning tool. We also want people to know what they can expect to get out of it. It had we have very specific goals for what we're trying to achieve with these. So what will you get from using this with your group and how to use the toolkit in in general? Uh the role plays are really the heart of our toolkit and what I think is the most powerful tool within it, but we also have um other things within the toolkit. But the role plays seem to be the thing that people get the most hung up on like how do how am I going to do this? So we tell people exactly what they need. Um again it's very low tech but there are things that can enhance the experience. If you're doing a role play uh where somebody is coming to a pharmacy and trying to refill a medication, it's really helpful to have a couple of medication bottles that people can handle and manipulate to understand. You know, I think some of the things we take for granted, looking at it through the lens of um interacting with a person living with dementia, realizing, oh my gosh, I can hardly read the labels on this medication bottle. So imagine what it's like if you're already experiencing some cognitive challenges. So give people different tools how to set up the room, how to set up your space um to be able to do these role plays in the first place. The all both toolkits are meant to be very adaptable because how one group might use it might be different from another how another person might use it. And one thing we definitely heard from the people um that we talked to for the dementia friendly hospital toolkit is that the amount of time that they have to do this kind of education varies widely. Maybe you have 20 minutes within a monthly staff meeting. Maybe you have an hour within an education day with staff. But that's going to vary so much in the setting you're in. So, we talk about how to tailor these different scenarios to meet your needs. We developed word-by-word scripts, which I have found um and do I've done this role plays many times and I found especially for students, especially if it's the beginning of the semester and they don't know each other very well, you have a few like theater kids who really get into this, but you have a lot of students who feel awkward about doing these role plays. So just sticking to the script and reading the strict script, you still get a very rich experience, but it's okay to go off script too. So talk about well how you might do that and I'm going to show you an example of how we use both sticking to the script and going off script in these um teaching environments. We have the simulations themselves, but we also have videos that complement the simulations. The videos can be used all by themselves uh or they can be used in conjunction with other resources within the toolkit to develop like a full what I will call a lesson plan or educational experience um based on the toolkit itself. We also give discussion guides. Like I said, it's some people are very comfortable um facilitating a discussion with a group and others aren't. It was something that I even had to become comfortable with because I was not the simulation expert within our group. So, we give very specific questions after you do the role play. This is what you can ask the group. Uh this is what you might do if people don't really

respond if you're not getting people to answer. Here are some tips and tricks for how to engage your audience. And how do you wrap up? What are the key points that we want people to know when they walk away from this exercise? And all of that is outlined directly within the toolkit. And then we also provided some resources around implementing this maybe within an organization if you want to be able to evaluate how this worked. We give you the tools that we use to say were there some benefits to doing these role plays. And I'll show you the results that we got. But those surveys are right there in the toolkit that you can use as well. A planning worksheet for just working out how you're going to do this. And then a lot of links to resources for groups that can be helpful. If you are using this within a pharmacy, there might be specific there are specific resources to how to make a pharmacy dementia friendly. Or if you're using it in a clinic setting or a restaurant, those resources might be a little bit different. So, we really tried to find discipline specific resources, community-based resources, but also some of our other um larger national resources where people can get more information that we didn't include directly within the toolkit itself. You can go um advance Diane. Thank you. So, here's an example of the roleplay script. I'm sorry. I know the print is a little small, but the main thing I want you to see the difference is both of these are included within the toolkit. So, the one on the left of the screen, the full script outlines the entire simulation. Um, so it shows what everybody is going to say. There's always like a setup that explains what's the background of the situation. And then it has all of our simulations except for the telephone I believe have three roles. So there's the person living with dementia, a caregiver, and then a community member, whether that's a clinician or somebody at a pharmacy or somebody at a bank. Um, and they're all interchangeable and oftentimes people switch roles throughout the person living with dementia. um we do within how we use the toolkit is that we do use some tools to simulate uh living with a cognitive impairment like dementia. Um one thing we really stress to the students is that the tools that we use to simulate doesn't mean this is a universal experience. There's not really a way for us to truly encapsulate what it's like to be a person living with dementia. But we do use headphones that have ambient background noise that make it a little bit not only difficult to hear what's going on. Not everybody with dementia has a hearing impairment, but it is hard to keep track of things and just stay focused when you have this ambient noise in the background. We usually use goggles. Um, we have some really nice goggles that might show macular degeneration or cataracts or conditions that we see in older adults. But you can also buy goggles from the hardware store and smear Vaseline on them. And that's a very low tech, inexpensive way of using the simulation. Sometimes we have gloves that people wear that make it hard in um to um simulate sensory problems or like heavy gloves that makes it difficult to grab things and manipulate them as if you're a person who also had arthritis which is very common in older adults as well. So we use those tools but they're not necessary if you didn't have any of them. You can still roleplay the person living with dementia. um because you'll still get the feeling of how this person is treated from the way that we've designed the roleplay scenario. So we give the full script and that is how some people like to use it. They like to see everything that's going on. Some groups we use the role specific scripts and if you do it this way each person is finding out what's happening in real time. They haven't read anything. They don't know the other parts. So they really do experience the whole scenario from the perspective of whoever they might be um the role that they might be playing in that scenario. You can go ahead Diane.

So this is one example of how to structure um a training. So, this is what I do in my class when I'm um um like Diane said, I teach I'm lucky enough to be the person who gets to teach community supports for people with dementia. I actually use this um roleplay simulation very early in the we have 15 week semester. I usually do this in week two because like Diane said, many of our students are going out and interacting with people living with dementia and I want them to have those tools as soon as possible. um to have some level of comfort in um working with people living with dementia. So, I have some nursing students, I have some nurse practitioner students, I've had design studies students, I've had social work students, we've had students from business, law, students can come from any different background. Some of them have worked with people living with dementia. Some of them have no background at all. So, one of the first things we do is um in my class, I provide some context for what is dementia, but in a community group um it's really nice to have just a baseline level of knowledge that you have going into this interaction. There are a lot of misconceptions about dementia. So, it's important to get people to kind of like a baseline. So, the first thing you do is watch a short video on understanding dementia that's offered within the toolkit. And then we act out the role play. Go through one whole role play. The role plays are short. They just take a few minutes. Um, sometimes some groups go faster, so we maybe switch roles and do the role play again. And we take a break and have a brief discussion. What was that like for you? What was the experience if you were the person living with dementia? What were the frustrations? Some of the questions that we ask that are included within the toolkit is, "How did you feel after that interaction?" Because one of the things we're really trying to combat in the course I teach and definitely through the toolkit and making dementia friendly communities is reducing stigma. And so you really get an understanding of what it feels like when people are talking over you instead of to you in a situation. So how did it make you feel? And then uh after that initial short discussion um I would play the video also that's within the toolkit on communication tips. Um the other videos we include is for caregivers um in how to prepare for a health care visit. Like Diane said that was a very specific challenge that a lot of caregivers brought up. And the other tip is for health care professionals or providers. How do you make your clinical environment more accessible um and more dementia friendly? So, those are the four videos that are included within the toolkit. So, we play the communication tips video and then we go back to the role play, but this time we get to go off script. So, this is where the theater kids really shine. But this is your opportunity now instead of sticking to the script. I want you to choose one or two of these communication tips that we just talked about and practice it. Try it out. See how it works. And then we come back together as a group and we say, "How was this interaction different from the interaction before?" And it's always um so rewarding to hear what the students say because it's they realize that to be dementia friendly to have a better interaction with a person living with dementia does not require big huge gestures. It does not require extensive knowledge. These are simple things that really benefit everybody in communication. slowing down, making eye contact, getting at someone's level. Um, and that the payoff is is quick. And then in of course in my class, very rewarding because then they go out and get to use these tools in the community right away. Um, and it's really powerful. And at the end of the semester, I always hear back from students about how much that helped them in being able to practice in a low stakes environment that's very safe and then go out into the community and and try those things um in in real life. Uh and then part of that discussion sometimes it goes off in interesting directions and

it can be a very very rich discussion. Um, sometimes people are quiet, don't have a lot to say, and then like I said, we have some tips within the toolkit for how to try to facilitate that conversation. And if the group just doesn't get there, we have some key points that before people leave the room, we want them to understand that was kind of the purpose or the outcome for that specific role play.

All right. So, now we're going to switch gears a little bit and show you uh a clip from one of our videos.

And thank you Diane for being the technology person for our presentation.

Everyone needs social interactions to be happy and healthy. And many people with dementia, [music] especially those in the early stages, continue to make health care, financial, household, and other [music] decisions about their lives. In this video, we'll give you 10 tips to help you communicate with people living with dementia. [music] We'll also show you what using these tips looks like. As you watch [music] this conversation that might happen at a coffee shop, look for these five communication tips in action. Look and sound [music] friendly. Smile. Use a pleasant and calm tone of voice. Make eye contact. Stand or sit where the person can easily make eye contact with you without moving their head. Speak slowly and clearly. Speak in a low tone and at a normal volume. Use gestures or other visuals to help the person picture what you're saying. Be patient. Give the person time to process what you said and then respond to [music] it. Let's see an example of a barista interacting with someone who has dementia. Here's your coffee, sir. That'll be 216. Sorry. Uh, how much was the coffee? Um, that'll be 216, sir. But go ahead. Take your time. There's no rush. I'll be with you in just a minute, ma'am. Big. Can I get some half and half for my coffee, please? Yes, of course. Here's your 10 cents change, and the half and half will be right around the corner for you. Thank you. Yeah. Thank you. And you have a great day. Thank you.

That would have been a pleasant interaction for anyone. The barista was friendly and patient. She spoke clearly and waited until the person with dementia was ready before saying something else. She made eye contact and used hand gestures to illustrate what she was [music] saying. She encouraged other customers to be patient, making her shop even more welcoming for people with dementia as well as their family caregivers. Now, let's add more tips to [music] our communication toolbox.

All right. So, that was an example of one of the videos. I think that whole video is less than six minutes long. So, it we really pack in um essential information but in a short um video that can easily be integrated into a shorter education session.

All right. So, I'm going to talk a little bit about um what we found for our pilot. Just need to just Yep. Swap it. Thank you. Awesome. Thanks, Diane. Um so we did uh when we initially piloted this, we looked at different we brought these to student groups, different professional students, speech therapy, nursing, graduate students. We also took this to community groups and piloted it with them as well. And um we used a tool, a well validated tool called the dementia attitude

scale to pre-test and post- test to see how people felt after using this. and we were really happy with the results. So, this is a much longer tool, but here's just some examples. You can see the green is before people used the um did a role play or part of one of these education sessions, and the purple is a after. So you can see people um responded that it's more rewarding or felt they agreed that it was rewarding to work with people with dementia after using the toolkit. The second one is around I feel confident around people living with dementia and you can see it was only at about 20% before using the toolkit and afterwards more than 50% agreed. Um, I feel uncomfortable around people living with dementia. Um, about 30% disagreed with that before the toolkit, but many more disagreed after. And what I think is a really um um great statistic is the last one, which is I feel frustrated because I do not know how to help people living with dementia. And of course, that is exactly what we were trying to target. and um 20% disagreed prior to using the toolkit and we more than doubled that after the opportunity to use the toolkit. So really um really shifted attitudes and I think ju just very powerfully gave people very specific tools to try to diminish that frustration.

So, we also heard um some more subjective feedback and I feel very lucky because I continue every time I use this toolkit to hear that subject subjective feedback including in my course evaluations. But, um you know really positive feedback and one that um you know we almost always share that uh from a nursing student who who did this role play. So, I think actually she was a a nurse practitioner student who had worked as a nurse and had a lot of experience interacting with people living with dementia. And um I think there's definitely we're always rushing nurses. We have a ton of things to get done and tasks to finish and we always have more work than we can possibly do. And um this student's takeaway was that it didn't take any more time to do the right thing and use these tools to communicate. And in fact, it probably was more efficient because you avoided things like miscommunication. Um, it doesn't take any more time to um to use these tips than um all the problems that happen when we have things go wrong in the healthcare setting because of this communicate miscommunication.

Um, you can go ahead Diane to the next slide. So just briefly going to talk the dementia friendly hospital toolkit. Um we were lucky to work with a variety of hospital systems. So um large academic trauma one center um level one trauma centers but also critical a access hospitals. So you can see um on the uh map the different groups we worked with and um we took some road trips to go out to those um facilities that were really in rural parts of Wisconsin. And uh we piloted the toolkit with all of these groups and also were able to follow them over time. And what we found is that all five of the hospitals reported really high satisfaction with using the toolkit. um felt that it met the staff learning objectives. Um they valued the flexibility, so that adaptability, being able to tailor this to your specific needs and intended to keep using the the toolkit as well. Um one of the great I think really strong parts about the dementia friendly hospital toolkit is there's a planning guide. It's very robust. Um we learned a lot from talking to educators and administrators and hospitals to find out when you are going to have a new initiative what needs to be in place for it to be successful or how do you even garner support for that initiative in the first place. So the um the planning guide includes you know how do you get buy-in from administration. Um, we also talked to hospitals that are already dementia friendly like Stoughton Hospital or the Madison VA and one of the things they told us that is it really takes champions.

So, how do you identify champions and engage them in this project? Um, how do you set up a training framework? Because the tool, the dementia friendly hospital toolkit is not just for clinicians. It's for everybody in the hospital from administration to the valet to the physicians to the food service. Um, everybody in the hospital needs to be trained to be dementia friendly, not just clinicians. Um, so how do you design a training plan that encompasses that broad group? So we did find that four out of the five hospitals use that planning guide and they also use the evaluation tools. We supply for the dementia friendly hospital toolkit um just like we did for the dementia friendly community toolkit. So pre-test post- test how can you evaluate because that's a really important part of sustaining these education programs is the administrators that you had to get buy in from want to see those results. So here are some tools that you can use to show that this is effective.

So this is uh one of the great things about putting this together is um going and looking at the data to see how this um you know we were really excited when we started the dementia friendly um community toolkit that it was in most um every county within the state and we might be in every county now Diane would know. Um, but it has expanded well beyond that. As you can see, between July 2024 and August 2026, we've had 415 requests for the toolkit in almost every state in the country and in 10 other countries. And for the dementia friendly hospital toolkit, 277 requests in 40 out of 50 states and in 11 other countries as well. Um, uh, Diane and I and our colleague, um, Dr. Lisa Bratzky had an opportunity to go to Poland for Alzheimer's disease international and present on the dementia friendly hospital toolkit and what we clearly heard from colleagues um from around the world is that our um although our health systems are not the same the challenges that we face and really providing the best care possible for people living with dementia are the same um um many of those same challenges exist no matter what your hospital or health care system looks like. So, um, yeah, very proud to see this being so so widely used.

So, it's, uh, we're here to talk about the dementia friendly hospital toolkit and the dementia friendly community toolkit, but CARE has other toolkits as well, and those are available on the care website. Um, you can see there's a QR code um, uh, on this slide. Um but we have developed um simulations specific to geriatric care that could be used in health care settings. How to engage older adults in the community when you are um doing research. Um that targets that population. How do you get their input input? Um we have toolkits surrounding best care and long-term care and supporting older adults who have intellectual disabilities. So actually I don't know um I don't work on all these toolkits. So Diane, is there anything else that you wanted to say about those other resources?

Um just that. Yeah, thank you for sharing the URL, Jody. Yeah, I mean I think these are these are each of them are sort of um developed with certain people or certain settings in mind. And so if you go to that page of our website, there are short descriptions for each and um you know and that'll give you a sense of you know whatever your role is or your setting is um you might get a sense of which is most likely to be helpful to you. But they are all free. I'll just stress that we ask you to fill out um just a a very brief form just so we can keep track and um of who's requesting these. um and then you will get a PDF in your email.

So I think now um we have some time for questions. Um hi I great presentation and before I turn off the recording I did want to thank you Dr. um Farsetta and Dr. Endicott for doing a phenomenal job and all the great work you do. The tools look amazing and I hope those attending today actually take you up on the option to get them and um implement them and make a difference. And so with that, thank you. But I'm going to turn off the recording so we can open up for a Q&A session.