**The Brain Trust Podcast |Episode #9: Community Service Agencies in Rural Areas**

**Transcript**

**Speaker 1: Kate Rowland, MD**

Welcome to the Brain Trust, A Physician's Guide to Diagnosing Alzheimer's Disease and Related Dementias. Brought to you from the Illinois Academy of Family Physicians. I'm Dr. Kate Rowland, family physician, member of the IAFP and faculty at Rush University. Funding for this podcast series was provided by a grant from the Illinois Department of Public Health. The goal of the Brain trust in this podcast series is to educate and empower the primary care clinician in the early detection, diagnosis and management of Alzheimer's disease and related dementias.

Clinical resources, Free CME and other educational materials are available online at [theBrainTrustProject.com](http://www.thebraintrustproject.com/). CME Credit is available for each podcast. The Illinois Academy of Family Physicians is accredited by the Accreditation Council of Continuing Medical Education to provide continuing medical education for physicians. Information on how to receive credit can be found on the Brain Trust Project website.

Thank you for joining us. As we empower each other and provide training on the early detection of Alzheimer's disease and related dementias. And now today's episode.

**00;01;07;28 - 00;01;32;01**

**Speaker 2: Eukesh Ranjit, MD**

Hi, everyone, and welcome to today's episode of The Brain Trust A Physician's Practical Guide to Alzheimer's and Related Dementias. I'm your host, Doctor. You just transferred. I am an assistant professor of family medicine and director of the Division of Geriatric Medicine at Harris House Center for Family Medicine in Springfield, Illinois. For today's episodes, we are here down in the southernmost part of our state.

We have three guests who are joining us today for our broadcast of this. Our guests today are Dr. Sharon Spargo, professor emeritus at SIUE Family Medicine, Carbondale. Heather, not coming to do service unit director at Shawnee Alliance, and Becky Salazar, Executive Director and with the Egyptian Area Agency on Aging. In today's episode, we will be discussing the role of multidisciplinary teams in early detection of Alzheimer's disease and related dementias.

Our learning objectives today are first to describe the benefit of health care providers connecting with community agencies for early detection of Alzheimer's disease and related dementias. And second, to identify community resources and programs physicians can utilize for improved early detection. I would at this point like to welcome our guests. Hello, Dr. Smug, Heather and Becky. Nice to have you.

Tell me a little bit about your organizations and how you interface with primary care physicians in the realm of Alzheimer's and dementia. Heather and Becky.

**00;02;44;05 - 00;03;21;03**

**Speaker 3: Becky Salazar**

Well, I can go first. I'm from the Egyptian Agency on Aging. We served the lower 13 counties for the community. We're able to provide a nutritional meal program, congregate meal, some delivered meals. We have health promotion programs, support services to try to aid against social isolation, with some activities at senior centers. And then we have caregiver services, and then we also fund the ombudsman program that assists in the long term care facilities to advocate for residents and also provide a sounding board for them.

And then we also fund legal services for both caregivers and older persons with disabilities and how we work with physicians. Now, as we did get referrals for meals, people may be needing additional nutrition. We get some work. We do a lot of Medicare assistance in our senior center, so it might be connecting them with a plan that might have some way to save them for medicine or for their insurance needs.

So and I know Heather, she does a great deal of that at Shawnee. So I'll I'll let her go go with her programs.

**Speaker 4: Heather Knutt**

Thank you. I am Heather and I work with Shawnee Alliance. We work for the Department on Aging, providing services in our Lower 18 counties of Illinois. So we are going in the community wherever our clients are, in their homes, in the hospitals, even in nursing homes or assisted livings, and finding out what resources and services that they may qualify for and that they need and then helping to link them to those resources.

Most of our services are provided in the community, and when we're out there with our patients or clients, we're also looking at their caregivers and what they might need help with. So we're helping to link the caregivers and the patients or the clients and working with their doctors. So we're receiving referrals back and forth for clients who maybe are coming in to see the doctor or are presenting with some type of dementia or confusion.

And then we're going in their home and doing our assessment and with their permission, relaying that information back to the doctors.

**00;04;50;05 - 00;05;13;29**

**Speaker 2: Eukesh Ranjit, MD**

Thanks so much for all the services that you provide. One of the things that I noticed when I moved to Springfield was the in all this I had regards to these services that are available in the community. That is something that is not necessarily odd in medical school, but how you would reach out to community organizations. So, in that regard, how did physician react?

I would like to actually reach out to these community service agencies to respond. Dr. Smaga, would like to shed some light on that. You said, based on your experiences.

**00;05;23;10 - 00;05;44;01**

**Speaker 5: Sharon Smaga, MD**

Sure. What I find I think if you're in a new area that you've moved to, it's a good to have colleagues about what local agencies are available. If you hear some, then you can call the offices and it's always helpful, even if you can visit them or talk to some personally there to know what they're able to do.

If you're not aware of what the local agencies are, you can also go online. There is the Illinois Department of Aging. They will list different organizations in your area that would be a community resource. Or you go to the Alzheimer's Association website. Those are some places that you might be able to find what some of the local resources are.

Now, I've been working with a residency program for many years, and we try to make sure that our residents are aware of what the community resources are so that if they practice in the area, they'll already have that information. We actually have them go to several of the organizations so that they know what community resources are available, and I think that's helpful for them.

**00;06;26;09 - 00;06;31;26**

**Speaker 2: Eukesh Ranjit, MD**

Becky or Heather would like to add anything to how physicians can reach out to you.

**00;06;32;00 - 00;06;56;13**

**Speaker 3: Becky Salazar**

For our agency, they can call us directly, they can email, they can send fax, but they are able to reach out to us in any way as long as they have a patient name and an address, we can go out to their homes and see what we can do to help them.

**Speaker 4: Heather Knutt**

And definitely for our agency, they can call us or we have a website and on the website it it has all the connections, the senior centers in each county.

If they wanted to go to them directly, there's also a resource guide pdf that has resources for older adults in our region so they can access that at any time.

**00;07;07;13 - 00;07;22;13**

**Speaker 2: Eukesh Ranjit, MD**

Thank you for those information. One of the questions that that I feel for both of you is about working as a team. How can community service work help us as physicians, you know, provide a better care for our patients?

**00;07;23;10 - 00;07;47;28**

**Speaker 3: Becky Salazar**

I can start off with answering that one. We have a program at Trona Alliance where we are working with our medical providers. It's called Catch On. Now they are referring patients to us and we are going out, doing our assessment, determining what needs they might have and with their permission, relaying that information back to the doctor. So that's allowing the doctor to get a picture of what actually is the living environment.

Are they taking the medications that the doctor is prescribing? Are they following their diet? Do they have, you know, adequate funding to purchase their medications and their foods? Do they have running water, things of that nature that maybe they're not sharing with the doctor that we can then relay about what is going on inside the home?

**00;08;18;20 - 00;08;38;05**

**Speaker 4: Heather Knutt**

I think the only thing I would add to that is if there's a nutritional decline that we could do home delivered meals or get them out of the house to have meals at senior centers. We can look at assistive devices that might be able to help them that we could get with some funding and then obviously refer to the homemaker service or one of the in-home if there's trouble like toileting and trying to make sure that they're able to get their needs met and not have any, I guess, infections or shoulder build up.

It's all about keeping them in the home, in the community for any of the services.

**00;08;43;19 - 00;09;14;24**

**Speaker 2: Eukesh Ranjit, MD**

Yes, there are so many factors that their role and how well a patient has an especially for patients. Have had early stages of dementia. All of these social factors definitely play a huge role in their outcomes and how they, you know, continue on with their life basically. And then there's so much that we can do as physicians, but then there are so much more, you know, there are so many other factors that affect outcomes that you guys are helping us with.

And I'm happy that you shared some of these perspectives with us with regards to that help. What are some of the tools or resources that you utilize, you know, to assist with detection, diagnosis and management of early onset dementia?

**00;09;30;12 - 00;09;57;28**

**Speaker 3: Becky Salazar**

Our agency's currently using the ten questions from the Alzheimer's Association. We've been working with the public Health Association in going out to the community, to events, health fairs, the kidney mobile and definitely senior centers and presenting on the early signs of dementia and detection and then prevention. And then we're able to use those ten questions to kind of find out if there's anyone, you know, anonymously. They can go through the questions with this to know if that's something they need to be talking to their doctor about.

**Speaker 4: Heather Knutt**

And on our behalf. We're going out in the home. We are doing many mental tests to see what their cognition might be. And then also it takes into consideration if they have hearing problems, speech problems, or maybe if they're not able to read or write, but we're able to then get some ideas on someone who maybe is having some forgetfulness or confusion, maybe some early signs of dementia and being able to recognize those and refer them to their to see with their family doctor or to a specialist to see what might be going on. Also, in the home, we use a lot of the resources through the Department on Aging Community Care Program. So we have services that help with non-medical care in the home. We have an automated medication dispensing unit, which is a great benefit to our clients who can't remember to take their medications. As long as someone can fill the container for them, it will actually alert them, remind them to take their medications.

And if they don't, it will alert their family or loved ones or caregivers that they miss those medications. And then we're also working with their caregivers to make sure they have the support and resources they need to help that person who maybe is experiencing dementia to be able to stay in the community and be safe as long as it's possible.

And we're going around to different events trying to get the word out. When we do go to a lot of our community events, our senior centers, any type of events where we know seniors might be present or their caregivers to get out the word about these services so they can all take advantage of them.

**00;11;31;24 - 00;11;59;08**

**Speaker 2: Eukesh Ranjit, MD**

I see. So, I'm hearing is you are helping the physicians all the way throughout from even prior to diagnosis when patients do not even know that they have dementia. Finding out who is at risk of going to different community events and spreading the word about the diagnosis, then basically helping them around the time of diagnosis. And then they even offer a diagnosis to help quell some of the challenges that they might have living with a diagnosis of dementia.

That is really a lot of work that you are helping us with. What kind of barriers have you faced at this kind of work?

**00;12;08;28 - 00;12;30;17**

**Speaker 4: Heather Knutt**

I can speak of when we're doing our kind of ten question tool, this kind of see if people are having signs and there is some fear or I know maybe a little stigma of you know, not wanting to have a dementia diagnosis or signs of it. And so, they're reluctant to talk to us about it. And so, we have a hard time getting some one on one. You know, occasionally a caregiver will come to us and say, you know, so and so may not talk about it, but we've seen some of these. And then, of course, that's our route to hopefully get them connected to their doctor. And talking about these issues.

**Speaker 3: Becky Salazar**

We have a lot of resistance also when we're doing our mini mental exam where they don't want to answer the questions because they don't want us to think something is wrong with them, or maybe to know because of that belief that if they do have dementia, they will be placed in a nursing home and kind of left to live out their life without being able to stay in their community, which is not true anymore.

**Speaker 5: Sharon Smaga, MD**

So, it sounds like the same problem is everywhere. I think the primary care physicians have that same problem where if they bring up wanting to do some kind of evaluation, the patients are very resistant. Again, it's usually a family member that wants them tested because the patient's worried that know something will be found out.

And I think what we try to do, hopefully as their primary care physician, they'll listen to us a little bit more, at least when we say we're trying to do this just like we would do, like, say, diabetes. You know, the earlier you diagnose something, the more you're likely then to catch something early so that they won't have problems in the future.

Well, we can diagnose the dementia early. We can do things so that they can continue to stay in their home and stay independent. And so, you know, that helps with some patients, some still take a little bit of convincing.

**00;13;55;09 - 00;14;26;20**

**Speaker 2: Eukesh Ranjit, MD**

Absolutely. It's the diagnosis that a lot of our patients are very resistant to, no matter where they are, basically. And they dread the very utterance of the word dementia. Basically, I've had those experiences myself as well. One thing I would like to say over here is that as a primary care physician, we have a much important role that we here because we have developed long term trust with the patients, we don't see the patients just for one issue, but we see the patients as a whole.

And most of our patients would have been established with us for a prolonged period of time. And we have a certain level of trust and a certain level of comfort that that our patients feel with us, basically. And we can always use that to help patients have a better life with or without those times of dementia.

Also, one thing that I would like to actively share is that committed community patients tend to be slightly different than the urban patients. Knowing about this, from my own personal experience, it's anecdotal. So, I don't know how much of it is evidence based, but oftentimes, you know, like I did my training at Los Angeles and, you know, one of the biggest cities in the country, patients were much more highly educated. They would find information online. At the same time, they find information related to, you know, the resources that are available to their own community. And there's an abundance of those resources and information coming down south in Illinois. A lot of our patients do not have those resources. Also, there's a lack of information, there's a lack of awareness and we as primary care providers, as well as people who work with us, we really have to play that role basically of bridging those gaps and helping our patients out. What's happy about all of this? Can anyone share a positive experience that you have had working with people with dementia?

**00;15;49;01 - 00;16;15;17**

**Speaker 3: Becky Salazar**

Well, I can mention one. We went through the process of getting Cartersville dementia friendly certified, and so we had to do a lot of education in the community for different groups to just teach about dementia and people can learn and become dementia friends. And we went to churches because we have a lot of churches in our communities and one of the church went through the program and then it wasn't long after that there was a church member.

It started showing some of the signs and before they may not have known, but we had just taken the training and so they were able to recognize some signs and they linked the person back to a community physician and they were able to get them diagnosed and assistance. And then they would call to Shawnee. And it's we kind of just did the full circle in that case, just worked out really nice because everyone worked together.

**Speaker 4: Heather Knutt**

I have an experience also with a caregiver of someone who had dementia and early stages. The caregiver, her daughter, was able to help her get into an assisted living that focuses on those with dementia or memory problems. While the lady was still in the early stages, so she was able to be able to decide what she wanted to move into her apartment, make the decision on where she wanted to go, and then relieve some of the problems the caregiver was having because they weren't having to run over there every 5 minutes when mom would call and not be able to find something because they had staff right there with them.

So she could become more of a daughter and less of a caregiver and be able to still keep her mom independent and in the community and out of a nursing home.

**00;17;27;12 - 00;17;35;02**

**Speaker 2: Eukesh Ranjit, MD**

That's great examples. Heather and Becky, would you like to tell us a little bit about the programs that you offer and the areas where you offer them?

**00;17;35;16 - 00;17;59;13**

**Speaker 3: Becky Salazar**

I can talk about a couple of them. We have memory cafes in our area, and I think they're all over the state and probably national as well. But it's where place caregivers can go. There is an hour of education and then there's an hour of just support. And they're usually activities for the persons with dementia so that they can kind of get a break while they're going to this group.

There's usually a lot of music therapy that's kind of older music. The person with dementia, there is just a really cool stories out there, if you will, that and things they do. I know Authenticator. I think they're doing something with ping pong and even dancing with dementia and the power of movement. And there's just new things coming out all the time that just engaging persons with dementia.

So we've been just trying to follow things like that and then move on to other communities to get the dementia friendly certification. So

**Speaker 4: Heather Knutt**

And when we're working with our patients or clients in the communities, we have non-medical services that can be set up in their home to help them remain independent, help them with cooking, cleaning, personal care, things of that nature.

We also have family caregiver respite. So, if someone does have a caregiver, but the caregiver needs a break, or maybe the caregiver is going out of town for a long weekend or something, we can put in respite services to make sure that person is still safe, still has the support they need with their caregiver, is able to have the break that they need.

We also have some dementia funds that we can use to make the house more accessible. So maybe replacing a toilet with a higher toilet, adding grab bars, rails, even ramps and things of that nature to make sure that person is able to independently live in their own home.

**Speaker 3: Becky Salazar**

And I didn't mention this earlier, but we do have legal funds. And so there are times when maybe persons are still with capacity, could sign a living will or do some documents saying legal is our provider, and we're able to provide those for older adults in our area and then at times sometimes emergency guardianship or guardianship cases, if someone becomes impaired and there's not been any legal documents put in place just so we can have someone make some safe decisions.

And I think that's an important piece of it, too, as sometimes you're caught off guard and not sure those circumstances are going to present themselves. And then they do. And so we find our service is very helpful in those instances

**Speaker 4: Heather Knutt**

And some other services, the case management program, sometimes our our clients and their caregivers just want someone to listen to them and someone to provide that education and talking about some of the barriers before even transportation can prevent someone from getting the resources and services that they need.

And those are the things we can help them with to make sure they can get to those doctor's appointments, they can get the medications that they need.

**00;20;30;18 - 00;20;40;07**

**Speaker 2: Eukesh Ranjit, MD**

Thank you so much for all the information that you provided today. We are coming to the end of the podcast. Dr. Smaga, any final words from you for our listeners?

**00;20;40;21 - 00;21;05;22**

**Speaker 5: Sharon Smaga, MD**

I just would say that I don't think that we could do it. The physicians themselves could do it. We really need to have the community resources there to really help the patient and the family, because what the physicians can do is only a small part of the whole detection and management. We really need those other resources and I really appreciate having them in the area to help with the management of these patients.

**00;21;06;00 - 00;21;08;28**

**Speaker 2: Eukesh Ranjit, MD**

Thank you, Dr. Smaga. They hear anything they would like to share?

**00;21;09;09 - 00;21;23;12**

**Speaker 3: Becky Salazar**

Yes. I'm thankful for the opportunity to talk with everyone I see you work with and the complex. You know, families with dementia. You need everyone together to get through it. And this is very reassuring for me. So, thank you.

**00;21;23;17 - 00;21;26;09**

**Speaker 2: Eukesh Ranjit, MD**

Thank you, Becky. Heather, anything that you'd like to share?

**00;21;26;26 - 00;21;48;25**

**Speaker 4: Heather Knutt**

Thank you for having us today and letting us share our services and supports. And I just want everyone to know, you know, someone with dementia doesn't have to deal with this all on their own. There are lots of services and supports available, and we want to work with their doctors, with their families and community resources to make sure they still have a happy life and be able to stay in the community as long as they liked you.

**00;21;49;11 - 00;22;10;24**

**Speaker 2: Eukesh Ranjit, MD**

Thank you so much, Dr. Smart Guy and Heather, for joining us today. Thank you to all our podcast listeners for tuning in and listening to us. And as we could see, if we all are working together as a team in this partnership to improve the early detection and management of dementia. That is it for today. Tune in next time for another episode of The Brain Trust.

Thank you so much for listening to us today.

**Speaker 1: Kate Rowland, MD**

Thank you to our expert faculty and to you, our listeners, for tuning in to this episode. If you have any comments, questions, or ideas for future topics, please contact us at podcast at the Brain Trust dot com. For more episodes of the Brain Trust, please visit our website. The Brain Trust Project dot com You'll find transcripts, speaker disclosures, instructions to claim CME Credit and other Alzheimer's resources as well. Subscribe to this podcast series on Health Care Now Radio, Spotify, Apple, Google Play for any major podcast platform. Thank you again and we hope you tune in to the next episode of The Brain Trust.