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Date: 11/14/2014 2:41:42 PM
Subject: dementia caregiver training - RCI REACH

Hi, Tony,

I am proud of the work our LTC task force has achieved and I have enjoyed working with you and others to recommend some solutions to this growing problem. I would love to get your opinion about an opportunity to advance a recommendation to better support family caregivers of those with dementia.

Deb Lewis (Catawba AAA Caregiver Advocate) and I were recently trained at the Rosalynn Carter Institute for Caregiving in a dementia caregiver intervention program, RCI REACH, that has been designated as a best practice by the Administration on Aging. In fact, an Aging Services Program Specialist with the AoA was in our training class and was a presenter at the larger RCI Caregiving Summit.

RCI REACH is based upon clinical trials, REACH I and REACH II funded by NIH. Along with Deb and I, people from across the country as well as from other countries attended the RCI REACH training. I have been researching dementia caregiver programs for several months and believe RCI REACH is the best choice for reducing perceived caregiver burden and delaying decision to institutionalize the care recipient. Here is a video of a caregiver describing her experience with the program: <https://www.youtube.com/watch?v=bPNB3TkVB5c>.

We have a unique opportunity to bring RCI REACH to our state. Gayle Alston, the trainer for RCI REACH who I have copied, has grant funding to expand RCI REACH to other states. Most of the states for expansion have already been identified, but after meeting Deb Lewis and I in the training and discussing with us the need in SC for more caregiver support, she has agreed to add South Carolina to the group for a free training. They are interested in including one representative from each AAA/ADRC in the training, so that administrators would understand the program as well as those trained to deliver it. Usually an on-site training is \$5000 for 10 people, so this is a great opportunity for us. However, we would need to make plans for how to follow-up after the initial training so we can bring the program to the caregivers.

RCI REACH is for dementia caregivers at highest risk of burn-out. I believe we have a good program with Dementia Dialogues for general information about dementia and caregiving which is delivered in a group format and the Alzheimer's Association essentiALZ is excellent for those who like to learn through on-line technology. RCI REACH would be appropriate for caregivers with highest need – the assessment included with the program identifies those who would most benefit. The intervention includes 6 to 9 home visits and 3 to 5 phone calls depending upon the needs of the caregiver. There is an interventionist manual and caregiver notebook to assure program fidelity. From my discussions with several representatives from AAA/ADRCs I don't believe our current number of Family Caregiver Advocates would be able to serve the needs of all high-need caregivers in their region with this program, so we would need to be creative in thinking how we could extend their reach into the community. Perhaps we could obtain funding through Title V, or from the Alzheimer's Association, AARP, or Johnson & Johnson which has a grant mechanism, "Enabling Caring Communities". J&J has provided considerable funding to the RCI for their caregiver programs. We might be able to recruit and train community-based caregiving coaches to work under the supervision of a Caregiver

Advocate and extend their reach. I have had a good experience with training over 50 community volunteers as Health Coaches in Oconee County to help people manage chronic conditions. Another possible network of volunteers include the Parish Nurse Network and Senior Corp; we may also be able to use Timebanking as a way to motivate community volunteers.

I look forward to hearing your thoughts about this opportunity.

Best,
Cheryl

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