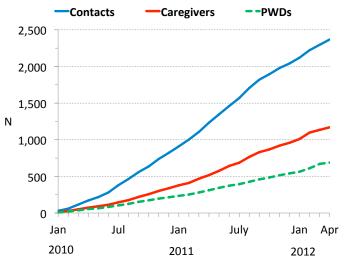
Fact Sheet

North Dakota Dementia Care Services Program (DCSP): Utilization Increases Over Time

This fact sheet is Number 1 in a four-part series.

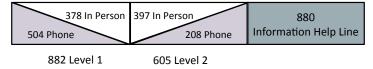
The intent of the DCSP is to increase caregiver knowledge about dementia and caregiving, decrease caregiver stress, and coincide with estimated health and long-term care cost savings.

Change in Volume of DCSP Contacts, Caregivers and Persons with Dementia (PWDs) Over Time



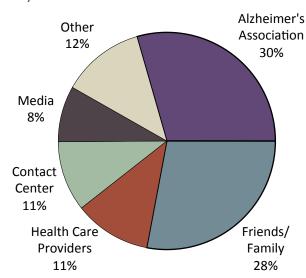
Large rises in DCSP participation were noted during the first 28 months of the DCSP.^{a,b}

1,487 Care Consultations; 775 In Person



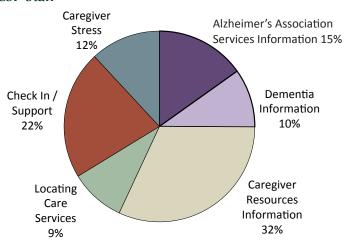
- 1,487 care consultations (including follow-ups) were conducted, 882 of which were Level 1^a and 605 were Level 2.^b
- 775 (52%) of consultations were in person.
- 880 help line calls were received, 353 referrals were made, and 944 resources provided.

Referral Sources used by PWDs and Caregivers to Initially Contact the DCSP



PWDs and caregivers were mainly referred to the DCSP via the Alzheimer's Association or family/friends.

Primary Needs or Concerns for Initially Contacting DCSP Staff



Conclusions

- Large, steady volume increases in participation from PWDs and their caregivers were noted during the first 28 months of DCSP implementation.
- The most common needs for contacting the DCSP were information on caregiver resources or dementia/ Alzheimer's Disease, and receipt of caregiver support.
- As dementia/Alzheimer's disease prevalence continues to increase in the US,¹ there will be a greater need for initiatives like the DCSP to provide support to PWDs, caregivers, and families.
- Rural residents encountering dementia are as special concern for obtaining assistance as they face additional challenges (e.g., decreased access to primary health care, scarce caregiving resources).

The Dementia Care Services Program (DCSP) was created by Dementia Care Services Bill (North Dakota House Bill 1043) in 2009. Funded by a grant from the Department of Human Services, the DCSP's aim is to inform persons with dementia (PWDs) and their caregivers about dementia care issues which, in turn, may lead to increased family support, decreased depression, delays in nursing home placement, and reductions in unnecessary health service use. Administered by the Alzheimer's Association, the DCSP provides care consultations to PWDs and their caregivers; these consultations consist of assessing needs, identifying issues and concerns and resources, developing care plans and referrals, and providing education and follow-up.

Notes

^a Level 1 visits involve the provision of assistance to persons with 1 or 2 non-urgent issues. The involved steps include: receive phone call/email/personal visit from client; answer client's question(s) and direct to the appropriate service(s); gather information about situation: if PWD is in early stage and in person, fill out Early Stage Instrument; develop care plan; and suggest receipt of additional assistance (as needed).

^b Level 2 visits involve the provision of assistance to persons with multiple complex issues. The involved steps include: receive phone call/email/personal visit from client; answer client's question(s) and direct to the appropriate service(s); gather information about situation: if PWD is in early stage and in person, fill out Early Stage Instrument; develop care plan; and suggest receipt of further assistance (as needed)

References

¹ Alzheimer's Association. 2012 Alzheimer's disease facts and figures. Alzheimer's & Dementia. 2012;8:131-168.

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The Alzheimer's Association Minnesota-North Dakota Chapter can be accessed at www.alz.org/mnnd