Advancing Excellence in Nursing Care for Dementia

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Indian Health Service

Training and Resources for the IHS on Alzheimer's and Dementia (TRIAD)

Session 2 Agenda

- **Principles for Care Management**
- **Symptom and Behavior Management Strategies**
- **Caregiver Support**

Learning Objectives

At the end of this session 2, participants will be able to

- Describe principles of care management in dementia care
- Manage symptoms across the dementia trajectory
- Adapt environments and routines to minimize stress
- Support family caregivers during the dementia

Dementia as a Series of Tipping Points

Symptoms Associated with Dementia

Common Symptoms

- Memory impairment
- Sadness
- Apathy
- Communication difficulties
- Decreased ability to carry out activities of daily living
- Impaired safety
- Wandering
- Agitation
- Aggression

Factors that Impact Symptom Expression

- Delirium
- Depression
- Medications
- Fear
- Confusion
- Bodily function
- Individualized normed behavioral patterns

Clinical Story: Mrs. Sanchez – Part 1

- Mrs. Sanchez is a 78-year-old woman living in a rural community with her teenage grandson and his mother
- 3 years ago, she was diagnosed with mild cognitive impairment
- She takes an oral diabetes medication, daily vitamin, and calcium supplement
- Her vision is declining, and she often misses the exit to the small road to their home, particularly when driving at night
- Her grandson recently found the gas stove on with nothing cooking and noticed the cat and dog food had been mixed up; he alerts his mother
- Mrs. Sanchez made appointment with her primary care provider to discuss concerns

Check-In

How would you report and record the symptoms that are being described?

A. Safety concerns
B. Increased cognitive impairment symptoms
C. Change in vision and behavior
D. Possible changes in diabetes symptoms

Check-In

You want a little more information. What question would help determine the need for additional evaluation?

A. What time did the son notice concerns – was it early in the morning or later in the afternoon/evening?
B. How often are you checking blood sugars?
C. Have you recently forgotten to take medications?
D. Do you notice any change in hearing?

Principles for Care Management

TRIAD TRAINING AND RESOURCES FOR THE IHS ON ALZHEIMER'S AND DEMENTIA

Symptom Management Principles

- Use a whole person approach
- Prevent excess disability
- Manage the environment and not the person
- Anticipate and prevent triggers
- Manage catastrophic reactions
- Support family caregivers through education, resource navigation, and care coordination

What is Whole Person Symptom Management?

- Evidence-informed
- Full range of approaches
- Least to more intensive
- Based on need and context

Whole person symptom management is informed by evidence and uses full range of conventional and integrative approaches, applying the least intensive intervention possible depending on need and context

Engage in Wellbeing Activities

- Nature-based activities
- Animal interactions
- Exercise
- Music-based activities
- Dance and movement activities
- Ceremony
- Community gatherings, including shared meals, events, and celebrations

Prevent Excess Disability

Failure to consider functional status can lead to excess disability

> "...the discrepancy that exists when a person's functional incapacity is greater than is warranted by actual impairment."

Activities of Daily Living

Activities of Daily Living

- Bathing
- Dressing
- Toileting
- Transferring
- Continence
- Feeding

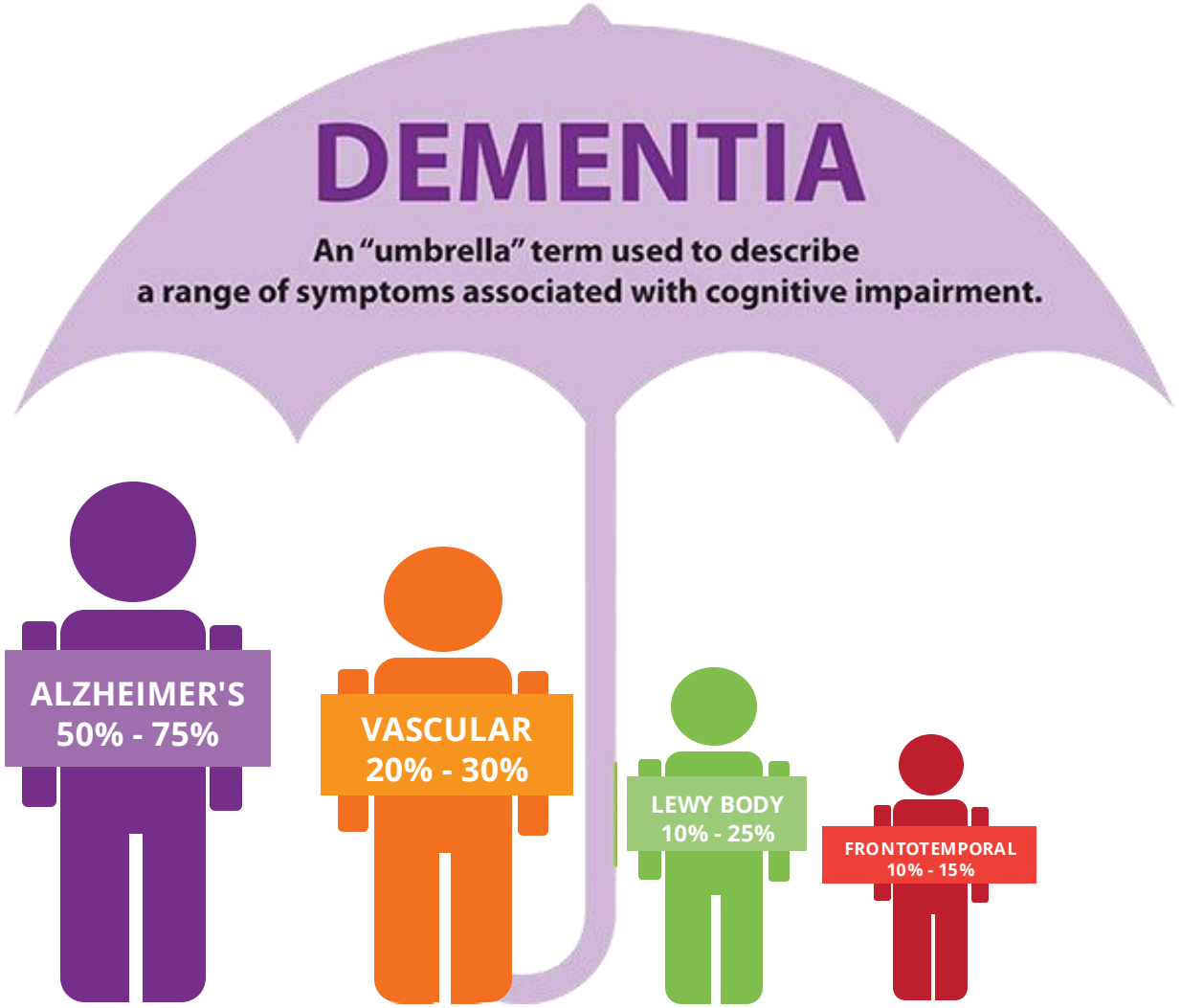
Independent Activities of Daily Living

- Food preparation
- Housekeeping
- Shopping
- Using the telephone
- Laundry
- Transportation
- Managing medications
- Managing money

Anticipate Symptoms

- Know the disorder
- Know the stage of condition

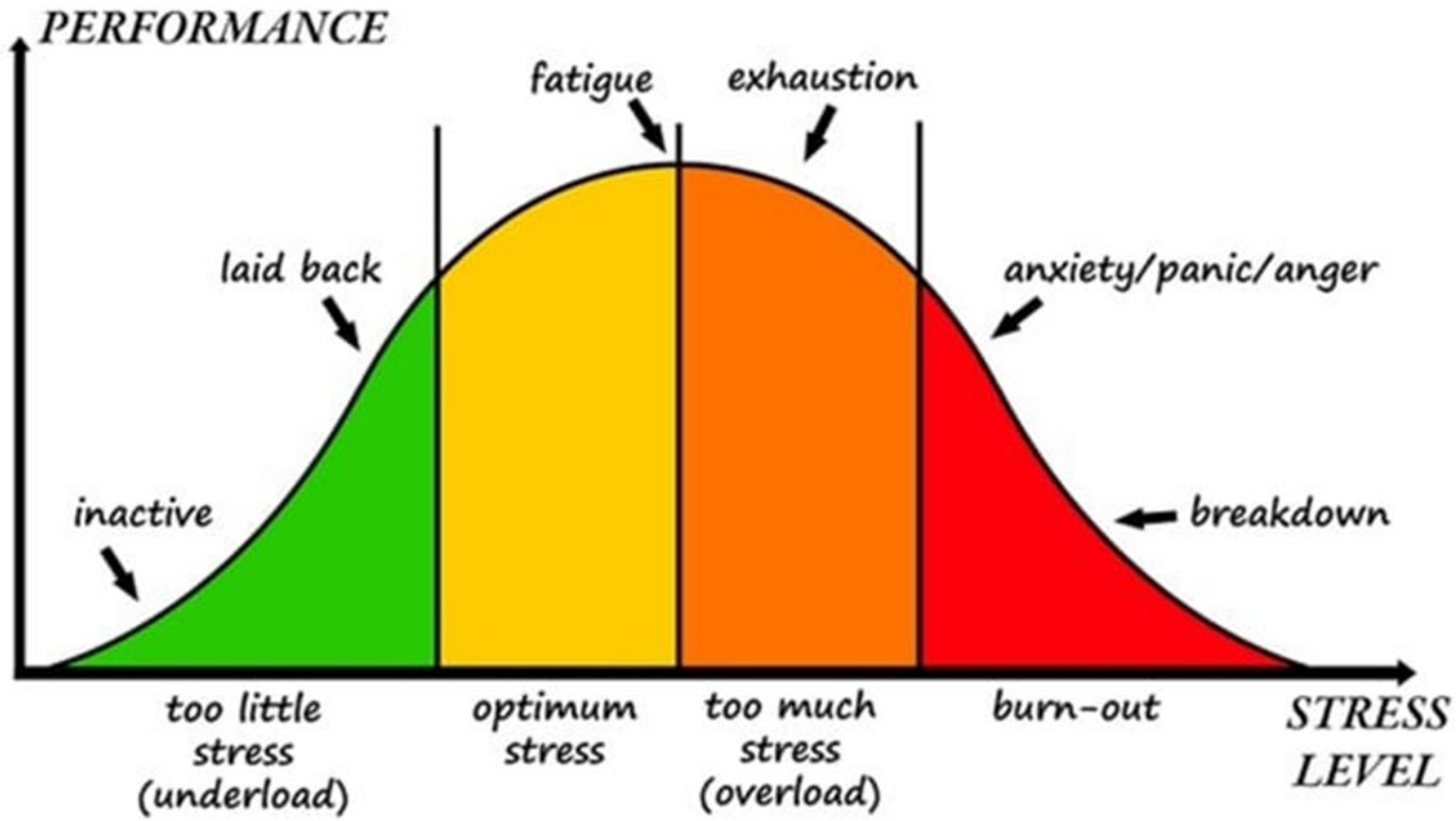
Types of Dementia



Alzheimer's Disease Continuum

Preclinical AD	MCI	Early Dementia	Mid-Stage Dementia	Late-Stage Dementia
No symptoms; possible biological changes in the brain	Very mild symptoms that don't interfere with everyday activities	Symptoms interfere with some everyday activities	Symptoms interfere with many everyday activities	Symptoms interfere with most everyday activities

Manage the Environment



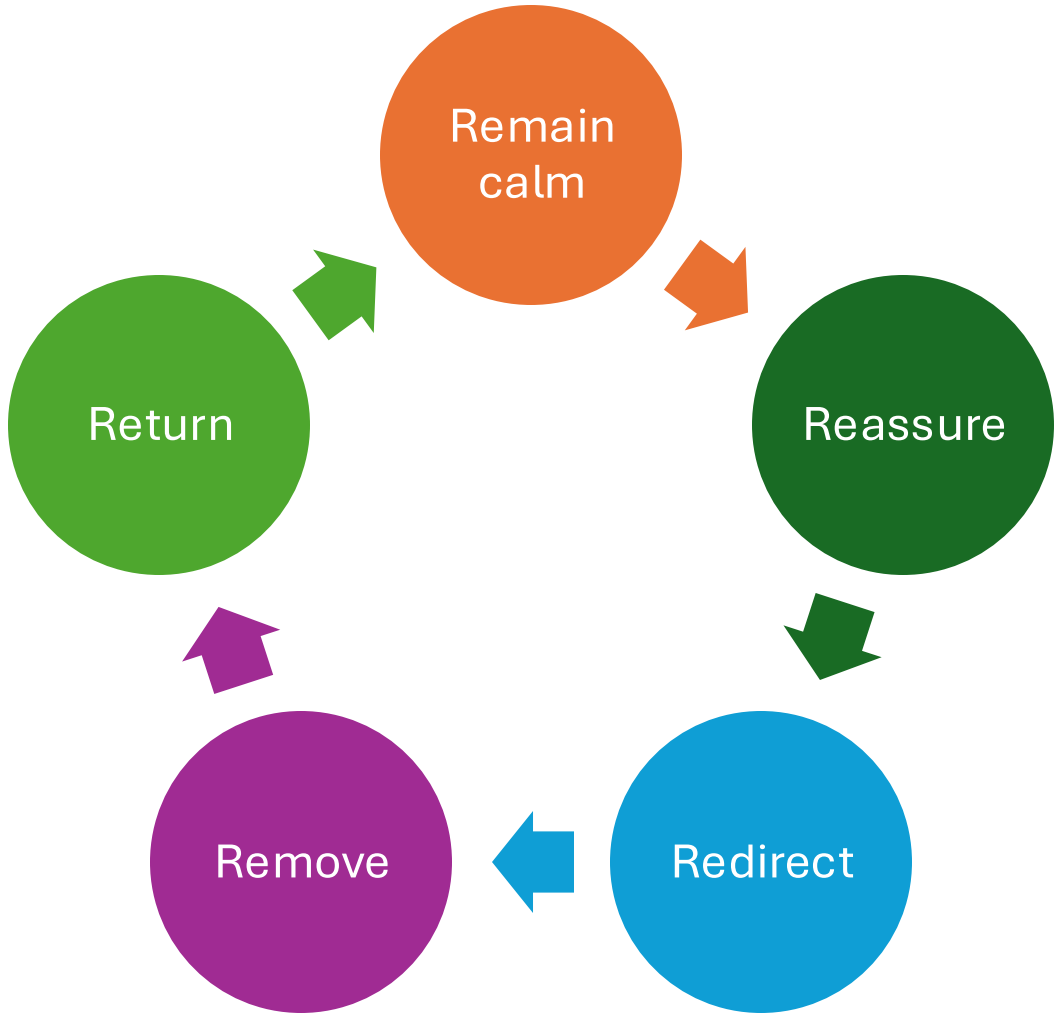
Source: Adapted from Hebbian version of Yerkes-Dodson law

Anticipate and Prevent Possible Triggers

- Environmental factors
- Unmet physical needs
- Unmet emotional needs
- Unclear communication
- ADL/IADL demands

Manage Catastrophic Reactions

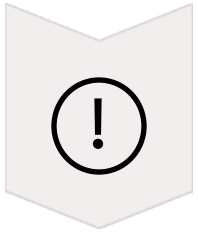
- **Remain calm**: take a breath and stay composed
- **Reassure person**: provide comfort and validation
- **Redirect**: guide attention to something positive
- **Remove**: exit or remove person from situation
- **Return**: come back when ready



Support Family Caregivers

- Educate to improve symptom assessment, priority setting, and intervention
- Navigate to appropriate and personalized resources
- Coordinate care to ensure a seamless, consistent, and efficient experience

Dementia Care in Indian Health Service and Rural Settings



Issues

- Limited access to health care
- Transportation issues
- Affordability of care
- Limited access to caregiving assistance
- Contract services and delays in access
- Reduced financial resources

Impact on care

Compared to urban dwellers, rural residents may experience

- Higher mortality rates
- Fewer health visits
- More hospitalizations
- Fewer direct caregiving options

Clinical Story: Mr. Taylor

- Mr. Taylor, a 78-year-old man who is living with his daughter in a small village who was diagnosed with Alzheimer's disease 4 years ago.
- After checking on medications, he goes outside to check
  on water for livestock
- His daughter mentions that he often shouts at the children when they run around after school. This is new and she doesn't want him to frighten the kids
- When she explains that they are simply letting off steam after school, he paces and wrings his hands the more she talks.

Check-In

Using the lowered stress threshold model, think about how the children's presence adds to the noise and how environmental confusion adds to Mr. Taylor's stress level. What is the first action you might do?

A. Explain to Mr. Taylor that the children are only burning off energy after school and they will settle down after a while
B. Suggest that Mr. Taylor go outside for a break
C. Ask the children to go outside to play
D. Try to engage the children in a board game with Mr. Taylor

Care Management

Modify Communication

- Ensure adequate lighting; free of glare
- Have assistive devices available
- Use black font on white or yellow paper; font size at least 14 for written communication
- Speak before you approach
- Sit at eye level
- Use touch and eye contact with permission

Communication “Don’ts”

Do not

- Argue with person with dementia
- Order them around
- Dictate what they can or cannot do
- Talk down
- Ask questions that require memory
- Discuss the person with dementia in front of them

Cultural Communication Patterns

Respect for elders
Honor roles of older individuals as cognitive abilities change

Extended family
Include many family members in care discussions and decisions

Community connection
Recognize importance of community in care processes

Communication
Incorporate storytelling and cultural narratives in interactions

Assist and Encourage

- Focus on the familiar
- Start requests with verbs
- Give choices, when possible
- Allow time for processing information; repeat exactly as previously stated
- Break tasks down into simple steps
- Simplify steps of tasks as disease progresses
- Thank person with dementia for their help
- Sincerely praise successes

Optimize the Environment

Safe spaces

- Remove hazards
- Provide clear pathways
- Use good lighting

Orientation cues

- Use signs and labels
- Provide visual cues
- Include cultural symbols as appropriate

Sensory areas

- Create calming spaces
- Include familiar objects
- Use natural materials

Medications to Slow Disease Progression

Early stage
Establish use of pill organizer; start cholinesterase inhibitor

Middle stage
Start memantine, continue cholinesterase inhibitor

Late stage
Gradually taper off medications one at a time, watch for changes in behavior and cognition

- Once on full dose, do not abruptly stop cholinesterase inhibitor or memantine given risk for delirium
- If 3 to 5 consecutive days of doses are missed, restart at low dose
- Consider tapering off in late stage

Options for Care Throughout the Disease Trajectory

MCI	Mild dementia	Moderate dementia	Severe dementia
Monoclonal antibodies if Alzheimer's disease present.			
	Acetylcholinesterase inhibitors*		
		Memantine*	
Supportive Care			

*consider stopping acetylcholinesterase inhibitors and memantine when disease severe

Medications: Acetylcholinesterase Inhibitors

Acetylcholinesterase inhibitors

- Blocks breakdown of acetylcholine, a brain chemical important for memory and attention
- Multiple therapeutic agents available
- Start at mild stage dementia, continue to severe stage dementia
- Gradual dose escalation for all

Donepezil (Aricept)

- May prefer weekly transdermal patch

Galantamine (Razadyne®)

- Immediate release or extended release

Rivastigmine (Exelon)

- Available in oral and transdermal form

Tips for Acetylcholinesterase Inhibitors

- Take with food
- Screen for beta blocker use
- Watch for side effects
  - Nausea, diarrhea, anorexia, weight loss
  - Bradycardia, lightheadedness
  - Nighttime leg cramping
  - Vivid dreams
  - Irritability

- Know contraindications and precautions
  - Bradycardia, atrioventricular block
  - History of gastrointestinal bleed requiring transfusion
- Counsel that most individuals do not experience immediate cognitive improvement, but may see benefit over time

Medications: NMDA Receptor Antagonist

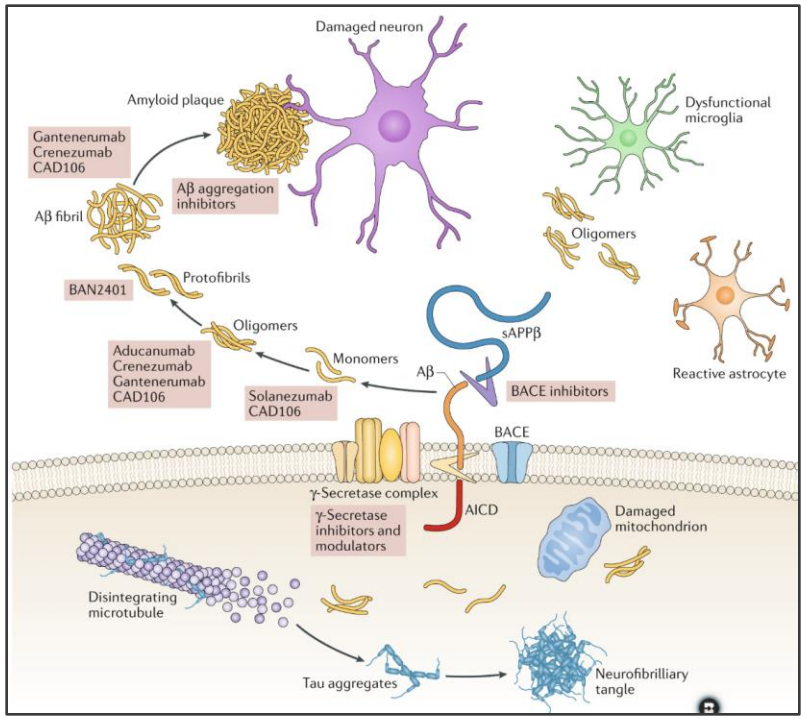
Memantine (Namenda)

- Blocks over excitation of brain cells
- Start in moderate stage dementia
- Immediate release: Increase by 5 mg per week: 5 mg at night x 1 week, then 5 mg twice daily x 1 week, then 5 mg every morning and 10 mg at night x 1 week, continue at 10 mg twice daily
- Extended release: Start at 7 mg daily, increase by 7 mg each week to 28 mg daily

- Check renal function; half dose for renal insufficiency
- Well-tolerated
  - May have calming effect
  - May have rare severe constipation, lethargy
- Instruct to continue cholinesterase inhibitor
- Can use form combined with donepezil (Namzaric®)

Monoclonal Antibodies

- Disease modifying therapies for Alzheimer's disease that slow decline but are not curative
- Use for mild cognitive impairment or early-stage dementia due to Alzheimer's disease
- Each monoclonal antibody clears different amyloid aggregates by microglial phagocytosis
- Lecanemab (Leqembi®) targets protofibrils
- Donanemab (Kisunla™) acts on plaques
- Cholinesterase inhibitors and non-pharmacologic approaches should be continued in mild stage



Monoclonal Antibody Treatment Risks

- Imaging abnormalities; brain swelling or bleeding
- Headache most common symptom; often clinically silent but can be fatal
- Symptoms can be stroke-like; must avoid anticoagulation
- Magnetic resonance imaging screening and surveillance required
- Risk increases with apolipoprotein E gene variant (APOEε4) number and cerebrovascular disease; highly recommended for risk stratification

Alert: Report monoclonal antibody use to alert for risk of brain hemorrhage

Anticipate and Prevent Complications

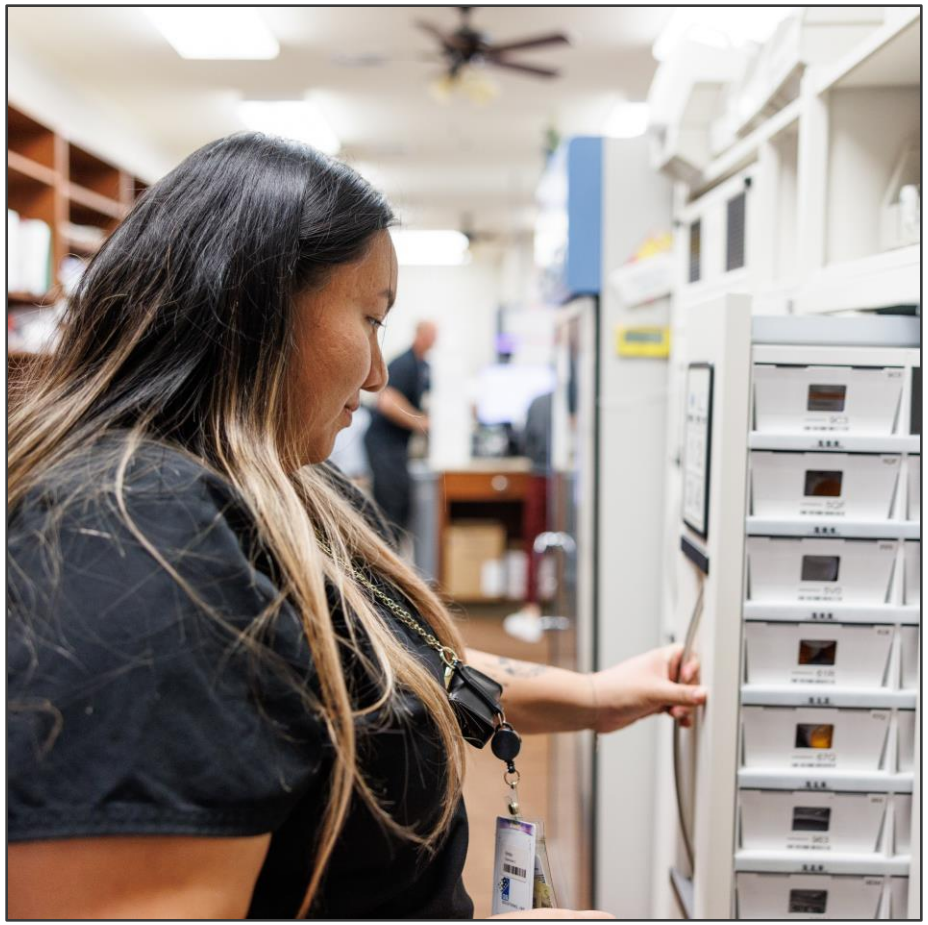
- Adverse medication responses
- Falls
- Elimination changes
- Social isolation
- Delirium

Medications to Avoid in Alzheimer's Disease

Be vigilant for anticholinergic medications

- Over-the-counter sleep aids
- Pain medications, muscle relaxants
- Bladder antispasmodics; avoid oxybutynin!
- Tricyclic antidepressants

Always ask about alcohol use



Medication Issues in Late-Stage Dementia

Adverse medication responses

- Dizziness
- Confusion
- Fatigue
- Insomnia
- Drowsiness
- Falls
- Depression
- Incontinence

Adverse reactions can lead to

- Falls
- Dehydration
- Incontinence
- Delirium
- Decline in functional ability, quality of life
- Depression
- Nursing home placement

Reduce Potential for Falls

Personal factors	Environmental factors
• Poor balance and gait • Changes in judgment • Visual-spatial changes • Orthostatic hypotension • Generalized muscle weakness • Medication side effects	• Poor lighting • Slippery or uneven flooring or sidewalks • Unexpected objects such as oxygen tubing, pets • Restraints • Lack of structural supports such as railings, grab bars • Glasses or assistive devices not available

STEADI Algorithm and Resources

RESOURCE

Algorithm

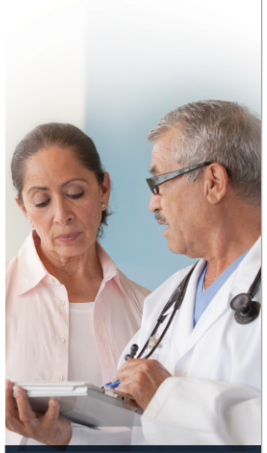
for Fall Risk Screening, Assessment, and Intervention

As a healthcare provider, you are already aware that falls are a serious threat to the health and well-being of your older patients.

More than one out of four people 65 and older fall each year, and over 3 million are treated in emergency departments annually for fall injuries.

The CDC's STEADI initiative offers a coordinated approach to implementing the American and British Geriatrics Societies' clinical practice guideline for fall prevention. STEADI consists of three core elements: **Screen**, **Assess**, and **Intervene** to reduce fall risk.

The **STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention** outlines how to implement these three elements.



You play an important role in caring for older adults, and you can help reduce these devastating injuries.

Additional tools and resources include:

- Information about falls
- Case studies
- Conversation starters
- Screening tools
- Standardized gait and balance assessment tests (with instructional videos)
- Educational materials for providers, patients, and caregivers
- Online continuing education
- Information on medications linked to falls
- Clinical decision support for electronic health record systems

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

2019

STEADI Stopping Elderly Accidents, Deaths & Injuries

STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older

START HERE — **1 SCREEN** for fall risk yearly, or any time patient presents with an acute fall.

Available Fall Risk Screening Tools:

- **Stay Independent: a 12-question tool** [at risk if score ≥ 4]
  - **Important:** If score < 4, ask if patient fell in the past year (If **YES** → patient is at risk)
- **Three key questions** for patients [at risk if **YES** to any question]
  - Feels unsteady when standing or walking?
  - Worries about falling?
  - Has fallen in past year?
    - » If **YES** ask, "How many times?" "Were you injured?"

SCREENED NOT AT RISK

PREVENT future risk by recommending effective prevention strategies.

- Educate patient on fall prevention
- Assess vitamin D intake
  - If deficient, recommend daily vitamin D supplement
- Refer to community exercise or fall prevention program
- Reassess yearly, or any time patient presents with an acute fall

SCREENED AT RISK

2 ASSESS patient's modifiable risk factors and fall history.

Common ways to assess fall risk factors are listed below:

Evaluate gait, strength, & balance
Common assessments:
- Timed Up & Go
- 4-Stage Balance Test
- 30-Second Chair Stand

Identify medications that increase fall risk
(e.g., Beers Criteria)

Ask about potential home hazards
(e.g., throw rugs, slippery tub floor)

Measure orthostatic blood pressure
(Lying and standing positions)

Check visual acuity
Common assessment tool:
- Snellen eye test

Assess feet/footwear

Assess vitamin D intake

Identify comorbidities
(e.g., depression, osteoporosis)

3 INTERVENE to reduce identified risk factors using effective strategies.

Reduce identified fall risk
- Discuss patient and provider health goals
- Develop an individualized patient care plan (see below)

Below are common interventions used to reduce fall risk:

Poor gait, strength, & balance observed
- Refer for physical therapy
- Refer to evidence-based exercise or fall prevention program (e.g., Tai Chi)

Medication(s) likely to increase fall risk
- Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk

Home hazards likely
- Refer to occupational therapist to evaluate home safety

Orthostatic hypotension observed
- Stop, switch, or reduce the dose of medications that increase fall risk
- Educate about importance of exercises (e.g., foot pumps)
- Establish appropriate blood pressure goal
- Encourage adequate hydration
- Consider compression stockings

Visual impairment observed
- Refer to ophthalmologist/optometrist
- Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics)
- Consider benefits of cataract surgery
- Provide education on depth perception and single vs. multifocal lenses

Feet/footwear issues identified
- Provide education on shoe fit, traction, insoles, and heel height
- Refer to podiatrist

Vitamin D deficiency observed or likely
- Recommend daily vitamin D supplement

Comorbidities documented
- Optimize treatment of conditions identified
- Be mindful of medications that increase fall risk

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

FOLLOW UP with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s)

Manage Home Safety

- ☑ Falls
- ☑ Use of appliances
- ☑ Driving
- ☑ Wandering
- ☑ Smoking
- ☑ Firearms
- ☑ Poisons
- ☑ Use of power tools

Download Alzheimer's Association
Home Safety Inventory

Home Safety Inventory

Complete home assessment and review categories and issues with caregivers.
Note problems and recommendations on the appropriate categories below.

Safety Category	Problems/ Accidents	Precautions	Strategies/Suggestions
Falls			
Cooking			
Driving			
Wandering			
Smoking			
Use of appliances or power tools			
Use of sharps (knives or scissors)			
Combativeness/aggressiveness			
Firearms			
Poisons			
Hot water or weather, cold weather			
Eating/swallowing difficulties			
Other judgment or safety issues (based on clinical assessment) Please specify:			

Manage Elimination Changes

- Toilet accessibility
- Bathroom signs, even at home
- Adaptive equipment
- Cleanliness and clutter
- Use of contrasts

Reduce Social Isolation

- Increases risk for dementia
- Worsens symptoms of dementia
- Socially isolated women may exhibit
  - Increased agitation
  - Rapid cognitive decline
  - Increased depression

Interventions to Reduce Social Isolation

- Art-based programs
- Friendly visitor and telephone reassurance programs
- Respite programs such as day care
- Group-based support and learning
- Horticultural or music therapy
- Social events such as afternoon tea, happy hour, day-trips to interesting places

Discussion

Effectively Managing Challenging Behaviors

TRIAD TRAINING AND RESOURCES FOR THE IHS ON ALZHEIMER'S AND DEMENTIA

Clinical Story: Mrs. Solomon

- It's been several years since Mrs. Solomon was diagnosed with mixed dementia.
- Her diabetes and history of hypertension has contributed to chronic coronary artery disease.
- She had previously had a pacemaker placed and most recently her cardiologist recommended angioplasty to address her worsening cardiovascular symptoms.
- Her family agreed to the procedure reluctantly.
- You are visiting 1 week post-op to ensure that her medications were re-started appropriately and assist with any issues.

Behavioral and Psychological Symptoms of Dementia (BPSD)

- Most troubling aspect of dementia
- Symptoms include agitation, refusal of care, paranoia, yelling, possibly hitting
- Up to 80% of people with dementia develop these symptoms at some point in their illness
- Non-pharmacologic therapies have good evidence and are first line before medications.

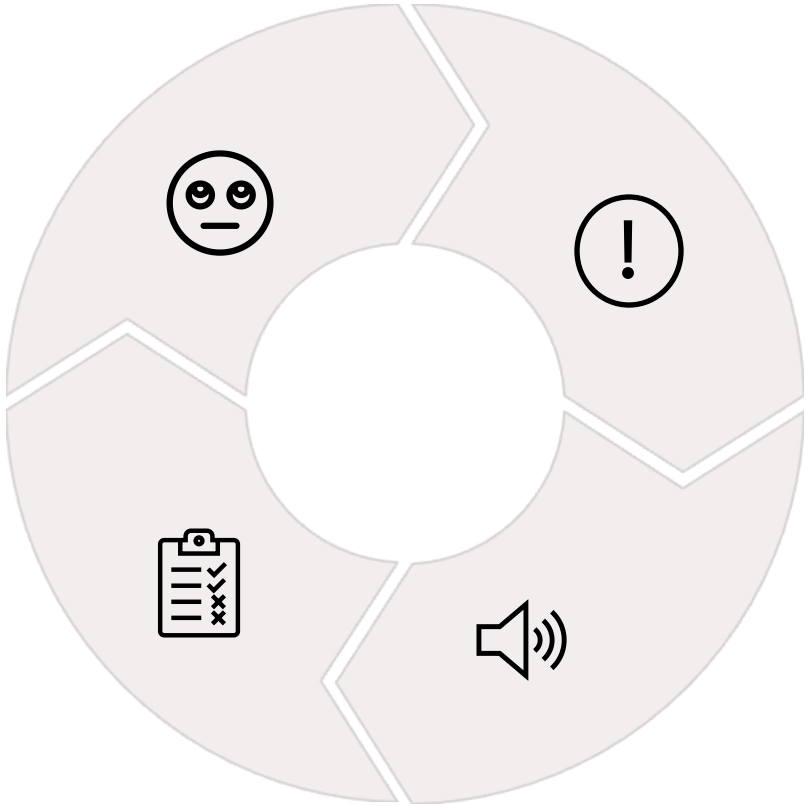
Exploring Behaviors

- What is the behavior?
- When does it occur?
- Is the behavior new?
- Where does behavior occur?
- Who is involved?
- How often does behavior occur?
- What happens before behavior?
- What helps or what makes it worse?

Assessing Behavioral Triggers

Unmet emotional needs
Loneliness, boredom, sadness, overload

Task-related issues
Confusion, complexity of activities, disorientation



Unmet physical needs
Hunger, thirst, toileting needs, pain, sexual needs

Environmental triggers
Noise, lighting, unfamiliar surroundings

Strategies to Address Behavioral Symptoms

- Structured routine
- Redirect conversation to a more neutral topic
- Trial of pain medications
- Snack/something to drink
- Encourage use of glasses and hearing aids
- Music therapy
- Stimulating activities
- Regular exercise
- Caregiver training and support
- Massage therapy
- Touch therapy
- Aromatherapy
- Reminiscence
- Validation therapy

De-Escalating Catastrophic Reactions

Approach calmly

- Use quiet voice and relaxed body language
- Avoid rushing or showing frustration

Redirect attention

- Shift focus to pleasant activities or topics
- Use distraction when appropriate

Provide reassurance

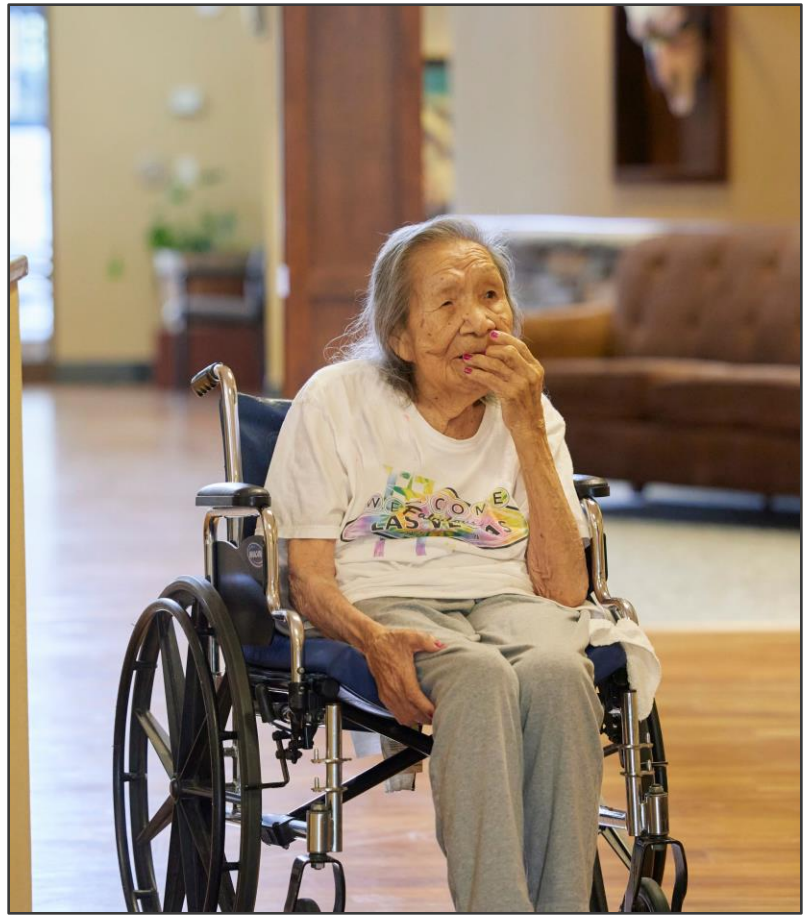
- Offer comfort and security
- Validate feelings without challenging reality

Remove triggers

- Look for causes of distress
- Address physical needs or environmental factors

Antipsychotics

- Reserve only for very severe symptoms
- Major concern is excessive sedation
- Initiate with low doses
- Adjust dose every 3 days if needed
- Avoid prn dosing
- Prevent prolonged use; use taper trial within 2 months



Wandering in Alzheimer's Disease

- People with dementia leave safe environments and become lost or confused about their location
- Leave house or yard without purpose or plan
- Get lost or disoriented in familiar environment

Why People with Dementia Wander

Confusion and memory loss
Difficulty remembering where they are or how to get home

Searching for something or someone
Desire to find familiar place, loved one, or something they have misplaced

Stress or anxiety
Ways to relieve stress or anxiety

Why People with Dementia Wander

Fulfillment of past habits
Tries to continue with routines, tasks, or jobs they used to do

Visual-spatial problems
Processes visual information or spatial relationships may be difficult

Basic needs
Addresses unmet needs like toileting, hunger, or pain

Prevent Wandering

Anticipate triggers

- Identify triggers and be proactive
- Keep recent, close-up photo of person to give to police and neighbors

Involve people with dementia in care planning

- Make sure they know safety measures and feel involved in their care

Engage in meaningful activities

- Encourage exercise, socialization, and familiar routines

Additional Strategies to Prevent Wandering

Provide a safe, secure, uncluttered environment

- Reduce distractions
- Make home feel secure
- Install fences and gates
- Camouflage doors to make less noticeable

Consider assistive technology

- Use GPS devices to monitor individual's location
- Enroll in wandering response service

Educate family, neighbors, friends

- Tell them about person's condition and risk of wandering
- Begin search immediately

Supporting Families and Caregivers

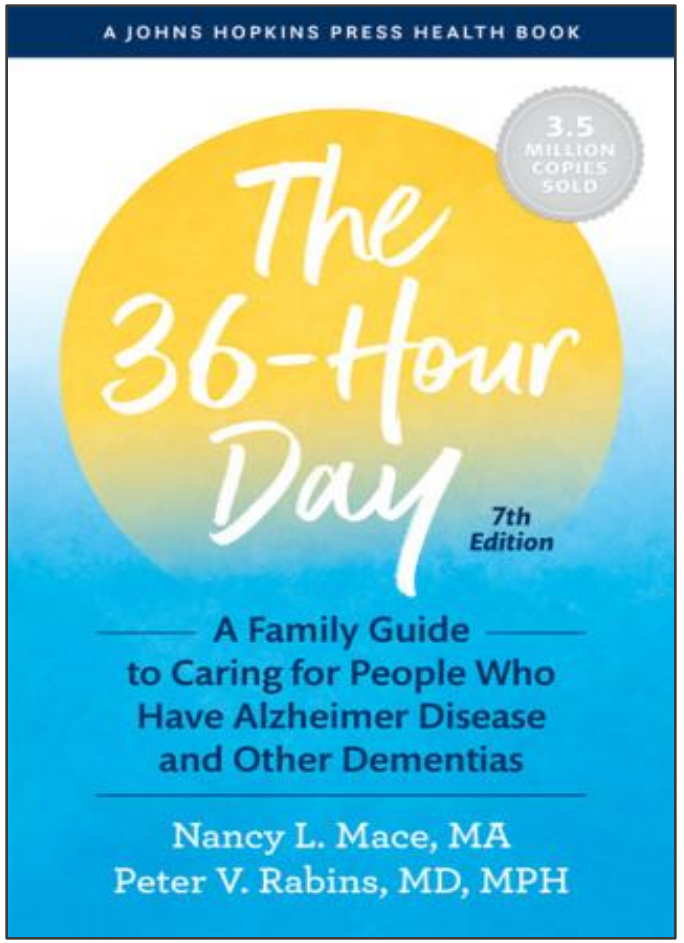
TRIAD TRAINING AND RESOURCES FOR THE IHS ON ALZHEIMER'S AND DEMENTIA

Family Caregiving Support

Acknowledge

- Demanding nature of providing care for people with dementia
- Terminology such as "caregiver burden" may conflict with American Indian and Alaska Native cultural values
- Caregivers may struggle to manage difficult dementia-related behaviors even with strong cultural values that support care practices

Emphasize how skills and support empower caregivers to provide better care



(Mace and Rabins, 2021)

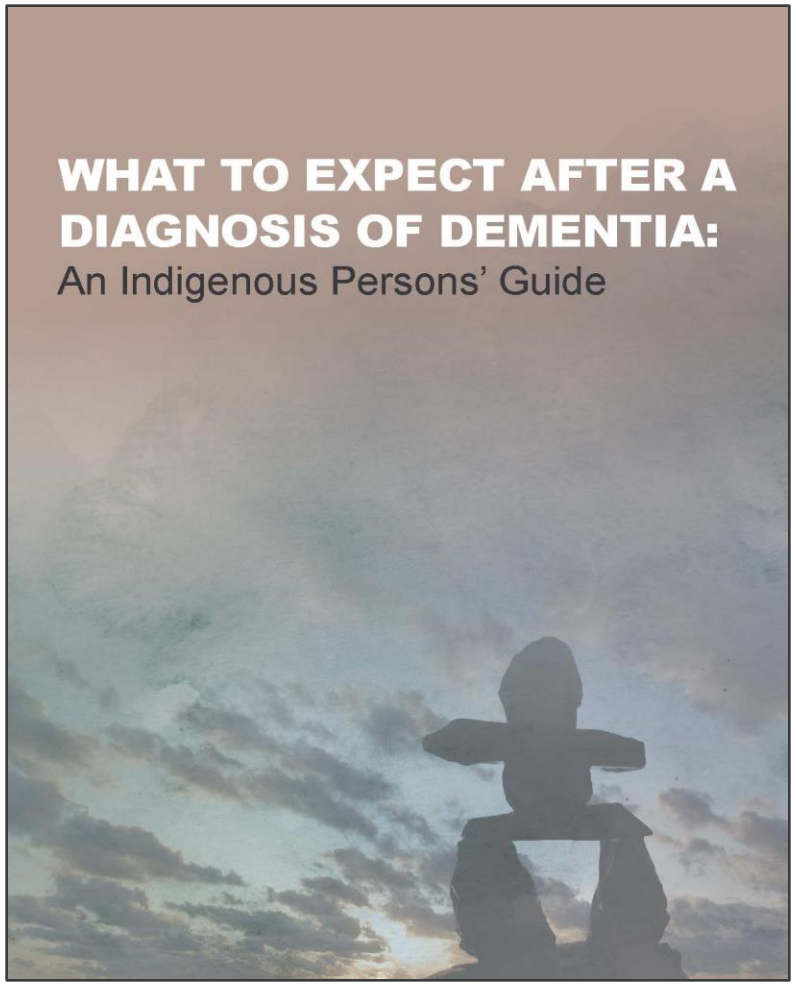
Support Caregivers Respectfully

Acknowledge

- Caregivers often feel overwhelmed managing dementia-related behaviors
- Caregivers may experience conflicts between need to intervene and cultural values of independence and use non-direct communication

Suggest

- Skills or resources that help caregivers support people with dementia
- Dementia Fact Sheets from I-CAARE



(I-CAARE, 2025)

Risks and Challenges of Family Caregiving

- Incidence and prevalence of chronic disease
- High levels of stress, anxiety, and depression
- Impaired self-care and self-neglect
- Social isolation
- Insomnia
- Likelihood of alcohol consumption and smoking
- Personal financial strain

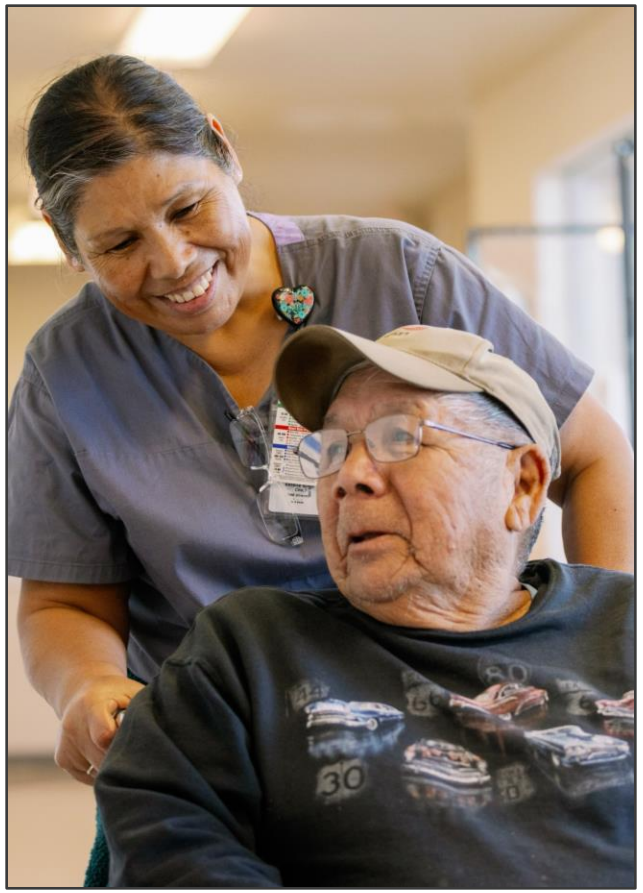
(Brodaty and Donkin, 2009)

Cultural Views on Family Caregiving

- Family centrality, obligation, and respect for elders are core values
- Caregiving viewed as low risk and high rewards
- Positive experiences include strong relationships and enjoyment
- Caregiving viewed as reciprocal exchange of assistance

Cultural Impact on Support

- American Indian and Alaska Native cultures may have unique perspectives on dementia and may view it as part of spiritual life cycle
- Some cultures may perceive dementia as a normal part of aging or accompanying transition to next world
- American Indian and Alaska Native languages may not have a word for "dementia”
- Awareness of Alzheimer’s disease and related dementias and its symptoms is lower than in other populations



Difficult Conversations for Families and Caregivers

- Prognosis and disease progression
- Loss of independence and safety concerns
  - Driving
  - Managing finances
  - Housing
- Advance directives and end-of-life decisions

Managing Driving Safety

Warning signs of unsafe driving

- Gets lost on familiar routes
- Has difficulty with parking or turning
- Makes poor or slow decisions in traffic
- Does not observe traffic signs or signals
- Becomes confused or angry while driving

Resource: Dementia and Driving

Managing Finances

- Discuss finances and future care wishes shortly after diagnosis
- Organize and review important documents such as wills, trusts, and financial statements
- Consult financial and legal advisors to develop plans
- Estimate costs and help families prepare for potential expenses

Resource: Managing Money Problems for People With Dementia

Tips for Introducing Advance Directives

Begin with understanding and respect

"Before we start, I want to make sure I understand what you already know. Can you share with me your understanding of your medical conditions and how they might change over time?"

Ask permission to discuss future care

"Would it be okay if we talked a little bit about the kinds of care you might want in the future? These are conversations many people find helpful to have before a crisis happens."

Best Practices in End-of-Life Conversations

Serious Illness Conversation Guide

Setup:
"I'd like to talk together about what's happening with your health and what matters to you. Would this be okay?"

Assess:
"To make sure I share information that's helpful to you, can you tell me your understanding of what's happening with your health now?"

"How much information about what might be ahead with your health would be helpful to discuss today?"

- From Gallup Indian Medical Center, Navajo Area
- Adapted from Ariadne Labs: Best practices for serious illness conversations

Individual and Caregiver Support and Resources: Alzheimer's Disease Help Line

Alzheimer’s Disease Help Line

- 24/7 National Helpline (800) 272-3900
- Staff are social workers
- Translators available
- Urgent advice
- Referrals to local chapters
- Free service available to all

Individual and Caregiver Support and Resources: Eldercare Locator

eldercare locator

1-800-677-1116 ☎

- Be familiar with your local Area Agency on Aging
- Locate networks that help adults, families, and professionals facing aging and disability issues

Eldercare Locator

Caregiving Resources

Community-based programs

- Respite care
- Adult day care services
- Memory cafes
- Legal aid services
- Meal delivery services
- Caregiver support groups

Caregiver guides

- SAVVY Caregiver in Indian Country
- Caregiver Action Network
- National Institute on Aging Caregivers Resource

Family Caregiver Resources

NICOA National Indian Council on Aging	National Indian Council on Aging
IA2	International Association for Indigenous Aging (IA2)
DIVERSE ELDERS COALITION	Diverse Elders Coalition

Cultural Considerations

Discussion

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