Recognizing Burnout In Those Caring For Patients with Dementia

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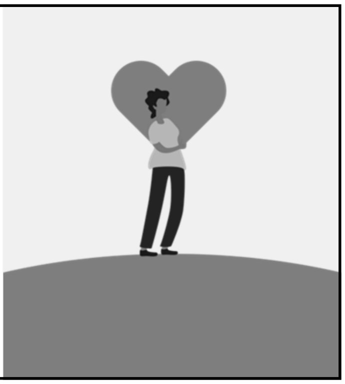


Speaker Disclosures

Dr. Gregory James is a full-time employee of UnitedHealth Group; Optum, Home & Community Division

Dr. Nicholas James has no conflicts to disclose for this presentation.

Learning Objectives

- Describe the primary causes of burnout for the caregivers of patients that are under our care
- Describe the application of burnout theory
- Be able to recognize and explain the signs and symptoms of burnout in informal caregivers
- Identify the resources and methods to get these caregivers the help and treatment they need for their burnout

Agenda

- **Introduce the topic of Caregiving**
- **Burnout**
  - Common Themes
  - Research
  - Detection
- **Caregiver Burnout Assistance**
  - Support Groups and Resources
  - Educational Programs
- **References**

Why talk about this problem?

34 BILLION HOURS

of uncompensated care in the U.S. each year

$500,000,000,000

of annual economic impact each year

Burnout is an incredibly common experience, yet identification of those at high risk of burnout impacting their health and functioning remains a difficult task

Increasing Demand for Caregivers (CDC)

- Need for caregivers is growing with the aging US population
- The number of caregivers increased from 43.5 million in 2015 to about **53 million** in 2020, or more than **1 in 5 Americans**
- By 2030, est. **73 million people** in the United States will be **65 years or older**
  - Many will require assistance from at least one caregiver to maintain quality of life and independence
  - More than **two-thirds of the US population** will likely need help with tasks in their lifetime

Caregiving is. . . ***the activity or profession of regularly looking after a child or a chronically ill elderly, or disabled person***

Informal Caregivers
- Any unpaid person providing care to another person
- A friend, child, spouse, in-law, siblings, other family members
- Highly heterogeneous
    - Almost anyone can be a caregiver, therefore, can't easily profile who is the 'average' caregiver

Professional Caregivers
- Wide-range of occupations
    - Physicians
    - Advanced Practice Clinicians (APCs)
    - Nurses
    - CNAs
    - Mental-health aides
    - Many more
- Most/All of us attending this presentation today

Differences: Professional vs Informal* Caregiving

Structural differences
- Organizational support (Human Resources, Training Programs)
- Vacation / PTO
- Co-workers & support staff

Role differences
- Caring for family* vs stranger
- Chosen job vs unexpected role*
- Shift work vs up to 24/7/365*

Task differences
- Training/experience level differences*
- Greater range of ADLs and IADLs*
- Typically, no known end in sight*

Understanding Caregiver Dynamics

Caregiving **Burden**
- Objective – **concrete tasks** (EX: ADL's/IADLs), including frequency and time spent completing the tasks that need to get done every day
- Subjective –**stress and emotional impact** related to concrete caregiving tasks

Common **Stressors**
- Any secondary stressor associated with taking on caregiving role
- Highly variable

Caregiver **Burnout**
- Experience of exhaustion (physical, mental, interpersonal) resulting from an imbalance of task-strain and from protective factors
- *Identifiable outcome of burden and stressor factors.*

Caregiving Stressors

Common stressors of caregiving:

- Taking on the role unexpectedly
- Major shifts in life plans
- Reduced self-care time
- Decreased social activity/support
- Difficult-to-access resources (education, financial, burden)

Exacerbated by pre-existing issues in relationship (strains the relationship)

- Previous Relationship Dynamics (spouse/partner/childhood):
  - Abuse (verbal, physical, sexual, financial)
  - Neglect (physical, emotional)

A new caregiver often has less than 48 hours to learn and assume all the roles

Many Facets of Caregiving Burden

PHYSICAL
Therapies (PT, OT)
Errands, Chauffer, Valet
Home health duties
Garbage
Yard care

PERSONAL
Care Plans, Transportation, Appts
Grooming & clean ups
Additional laundry work
Self care of own chronic conditions
Shopping & Finances

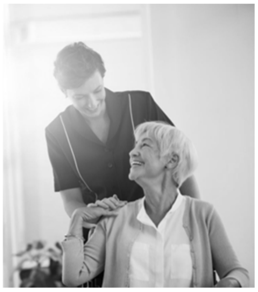
PSYCHOLOGICAL
Watching the decline
Mental health counselor
Advance Care Planning (ACP)
No stimulating conversations
Constant re-directing behaviors
On-call 24/7/365
Refusing medications

Ostomy care
Catheter care
Medications given
First Aid / EMT
Falls and abrasions
Wound & laceration care
MEDICAL / NURSING

Caregivers: A Snapshot (CDC)

- 58% of caregivers are women
- ≈1/3 of caregivers provide a minimum of **at least 20 hours of care a week**
- Typically lack formal training
- 79% care for adults aged >50, and 76% of care recipients are > 65
- One-in-six people expect to become a caregiver within the next two years

- SOURCE: https://www.cdc.gov/aging/publications/features/supporting-caregivers.htm?ACSTrackingID=USCDC_944-DM71712&ACSTrackingLabel=Year-in-Review%202021&deliveryName=USCDC_944-DM71712



Financial Strains of Caregiving (CDC)

Caregiving can have a negative financial effect on caregivers

- Leaving work early or taking time away from work, resulting in lost wages
- Nearly 20% employed caregivers stopped working, 40% reduced working hours
- Almost 80% of caregivers report paying out-of-pocket for routine/medical expenses for care recipients
  - The average annual out-of-pocket cost for caregivers is **$7,200**, and nearly **$9,000** for caregivers of someone with dementia

HAWAII CAREGIVING

HI

2019 Behavioral Risk Factor Surveillance System (BRFSS) Data

1 in 5 adults are caregivers

CAREGIVERS provide regular care or assistance to a FRIEND or FAMILY member with a health problem or disability

CAREGIVING CAN BE

LENGTHY
Half have provided care for at least two years

INTENSE
A third have provided care for at least 20 hours per week

WHO ARE CAREGIVERS?

59% are women

26% are 65 years old or older

35% are caring for a parent or parent-in-law

25% of caregivers are providing care to someone with dementia

HOW DO CAREGIVERS HELP?

75% manage household tasks

Nearly half assist with personal care

FUTURE CAREGIVERS

1 in 7 NON-CAREGIVERS expect to BECOME CAREGIVERS within 2 years

cdc.gov/aging

CARGIVING AMONG WOMEN

2015–2018 Behavioral Risk Factor Surveillance System (BRFSS) Data from Women in 44 States, Puerto Rico, and the District of Columbia.

1 in 4 Women are caregivers

CAREGIVERS provide regular care or assistance to a FRIEND or FAMILY member with a health problem or disability

CAREGIVING CAN BE

LENGTHY
Half have provided care for at least two years

INTENSE
Nearly 1/3 have provided care for at least 20 hours per week

WHO ARE CAREGIVERS?

20% are 65 years old or older

37% are caring for a parent or parent-in-law

10% are providing care to someone with dementia

HOW DO CAREGIVERS HELP?

Over 80% manage household tasks

Nearly 60% assist with personal care

FUTURE CAREGIVERS

1 in 6 NON-CAREGIVERS expect to BECOME CAREGIVERS within 2 years

cdc.gov/aging

Equity in Dementia Care

- People of color face discrimination when seeking health care for Alzheimer’s disease and related dementias.
- Findings from two national surveys conducted by the Alzheimer’s Association show that Black Americans reported the highest level of discrimination in dementia health care
- This was followed by Native Americans, Asian Americans, and Hispanic Americans.
- Link: Barriers to Equity in Alzheimer's and Dementia Care (cdc.gov)

CAREGIVING
AMONG AFRICAN AMERICAN ADULTS

2015–2016 Behavioral Risk Factor Surveillance System (BRFSS) Data from African American adults in 44 States, Puerto Rico, and the District of Columbia

CAREGIVERS provide regular care or assistance to a FRIEND or FAMILY member with a health problem or disability

Nearly 1 in 4 African American adults are caregivers

WHO ARE CAREGIVERS?

60% are women

14% are 65 years old or older

33% are caring for a parent or parent-in-law

9% of caregivers are providing care to someone with dementia

CAREGIVING CAN BE

LENGTHY
Nearly half have provided care for at least two years

INTENSE
One third have provided care for at least 20 hours per week

HOW DO CAREGIVERS HELP?

80% manage household tasks

Over 50% assist with personal care

FUTURE CAREGIVERS

1 in 6 NON-CAREGIVERS expect to BECOME CAREGIVERS within 2 years

U.S. Department of Health and Human Services Centers for Disease Control and Prevention

cdc.gov/aging

SUBJECTIVE COGNITIVE DECLINE
AMONG AFRICAN AMERICAN ADULTS

2015–2016 Behavioral Risk Factor Surveillance System (BRFSS) Data from African American Adults in 50 States, Puerto Rico, and the District of Columbia: People Aged 45 Years and Older

SCD is self-reported MEMORY PROBLEMS that have been GETTING WORSE over the past year.

1 in 8 African American adults aged 45 years and older are experiencing Subjective Cognitive Decline

54% of people with SCD had to give up day-to-day activities

85% of people with SCD have at least one chronic condition

nearly one in two people with SCD say it interfered with social activities, work or volunteering

less than half of people with SCD have discussed their symptoms with a healthcare provider

47% of people with SCD need help with household tasks

U.S. Department of Health and Human Services Centers for Disease Control and Prevention

alzheimer's association

cdc.gov/aging

Introduction To Burnout

The word “burnout” has become ubiquitous

Seems to sum up the stress, exhaustion, and disaffection that many of us are feeling

The past 1-2 years more than most

- What does the term “burnout” actually mean?
- How does burnout differ from depression or stress?
- What can individuals, employers, and society do to combat burnout?

History of Burnout Research

1975–1976	1983–1990	2000's	2010's	2018
Workplace & health professionals (Freudenberger, 1975; C Maslach, 1976) - <u>Not widely studied</u>	1500 publications Burnout becomes popularized in empirical research (Maslach & Schaufeil, 1993)	Attempts to refine conceptualization and theory Expands to different areas of life	Common use term, lacks centralized conceptualization	Added to ICD-10, exclusive to occupational (World Health Organization, 2018) - Few diagnostic criteria - “State of exhaustion”

Burnout

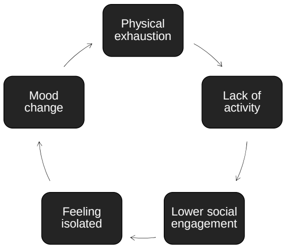
- *Physical or emotional exhaustion involving a sense of reduced accomplishment and loss of personal identity* (Mayo Clinic)
- Common theme is **exhaustion**
- 50-65% of the healthcare workforce reports high levels of burnout (Denning et al., 2021; Jalili et al., 2021)
- Primarily used in occupational settings
  - But can occur in non-occupational settings that may be similar to work

Indicators of Exhaustion

Impacts manifest across domains
- **Physical** (sleeplessness, somatic symptoms, fatigue)
- **Mental** (irritability, loss of motivation)
- **Interpersonal** (lower social engagement or interest in socialization)

Burnout is **globally impactful**
- (Christina Maslach, Jackson, Leiter, Schaufeli, & Schwab, 1986)

Cyclical relationship



Application of Burnout Theory

Job Demands-Resources (JD-R) model
(Demerouti, Bakker, Nachreiner, & Schaufeli, 2001)

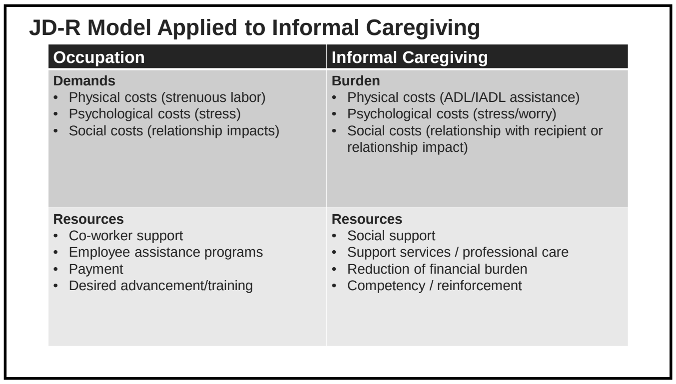
- **Occupational demands**

  Physical, psychological, or social costs

  Increases as frequency, intensity, and duration of high-cost tasks
- **Job resources**

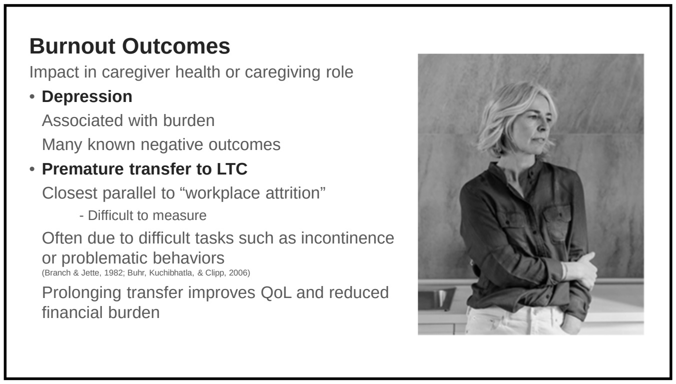
  Reduction of cost, stimulation of growth, and reward
- **Burnout is an indicator of this imbalance**

  Imbalance leads to poor work quality, health impairment, and attrition



JD-R Model Applied to Informal Caregiving

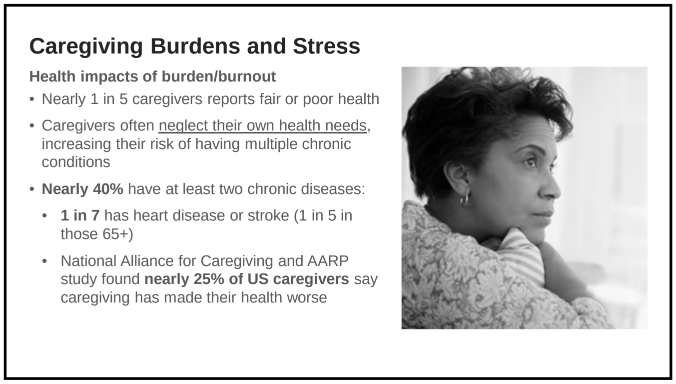
Occupation	Informal Caregiving
Demands • Physical costs (strenuous labor) • Psychological costs (stress) • Social costs (relationship impacts)	**Burden** • Physical costs (ADL/IADL assistance) • Psychological costs (stress/worry) • Social costs (relationship with recipient or relationship impact)
Resources • Co-worker support • Employee assistance programs • Payment • Desired advancement/training	**Resources** • Social support • Support services / professional care • Reduction of financial burden • Competency / reinforcement



Burnout Outcomes

Impact in caregiver health or caregiving role

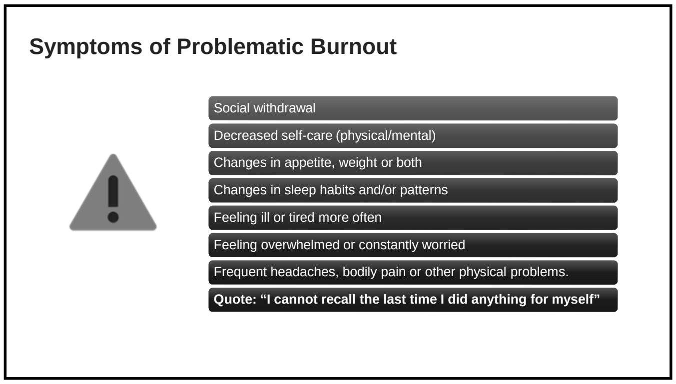
- **Depression**
  - Associated with burden
  - Many known negative outcomes
- **Premature transfer to LTC**
  - Closest parallel to "workplace attrition"
    - - Difficult to measure
  - Often due to difficult tasks such as incontinence or problematic behaviors (Branch & Jette, 1982; Buhr, Kuchibhatla, & Clipp, 2006)
  - Prolonging transfer improves QoL and reduced financial burden



Caregiving Burdens and Stress

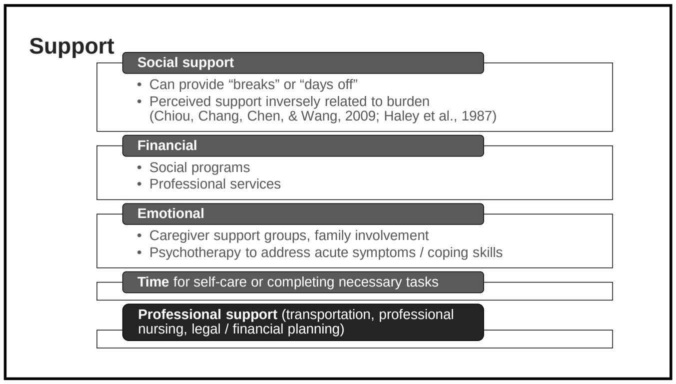
Health impacts of burden/burnout

- Nearly 1 in 5 caregivers reports fair or poor health
- Caregivers often neglect their own health needs, increasing their risk of having multiple chronic conditions
- **Nearly 40%** have at least two chronic diseases:
  - **1 in 7** has heart disease or stroke (1 in 5 in those 65+)
  - National Alliance for Caregiving and AARP study found **nearly 25% of US caregivers** say caregiving has made their health worse



Symptoms of Problematic Burnout

- Social withdrawal
- Decreased self-care (physical/mental)
- Changes in appetite, weight or both
- Changes in sleep habits and/or patterns
- Feeling ill or tired more often
- Feeling overwhelmed or constantly worried
- Frequent headaches, bodily pain or other physical problems.
- **Quote: “I cannot recall the last time I did anything for myself”**



Support

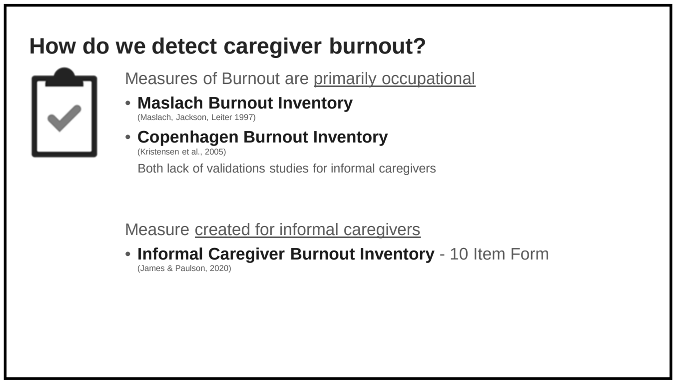
Social support
- Can provide “breaks” or “days off”
- Perceived support inversely related to burden (Chiou, Chang, Chen, & Wang, 2009; Haley et al., 1987)

Financial
- Social programs
- Professional services

Emotional
- Caregiver support groups, family involvement
- Psychotherapy to address acute symptoms / coping skills

Time for self-care or completing necessary tasks

Professional support (transportation, professional nursing, legal / financial planning)



How do we detect caregiver burnout?

Measures of Burnout are <u>primarily occupational</u>

- **Maslach Burnout Inventory**
  (Maslach, Jackson, Leiter 1997)
- **Copenhagen Burnout Inventory**
  (Kristensen et al., 2005)

  Both lack of validations studies for informal caregivers

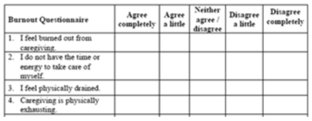
Measure <u>created for informal caregivers</u>

- **Informal Caregiver Burnout Inventory** - 10 Item Form
  (James & Paulson, 2020)

Emerging Research on Caregiver Burnout

Informal Caregiver Burnout Inventory (ICBI-10)
(James & Paulson, 2020)

- 10 Questions, 5-Point-Likert Scale (score of 0 to 40)
- Higher scores indicate higher levels of burnout
- Good discriminate validity of burnout vs depression
- Validated specifically for informal caregivers of older adults
- Subscale for deficient support



Burnout Questionnaire	Agree completely	Agree a little	Neither agree / disagree	Disagree a little	Disagree completely
1. I feel burned out from caregiving.					
2. I do not have the time or energy to take care of myself.					
3. I feel physically drained.					
4. Caregiving is physically exhausting.					

How do we detect caregiver burden?

Measurement of Burden is well-established

- **Zarit Burden Interview**
  (Zarit, Reever, Bach-Peterson, 1980)
  Subjective burden
  Gold Standard measure
  22-, 12-, or 6- item versions
- **Activities of Daily Living Checklist**
  (PBS & AARP, 2008)
  Objective burden
  – **ADL**: bathing, toileting, eating
  – **IADL**: Shopping, cooking, driving

The Zarit Burden Interview: A New Short Version and Screening Version

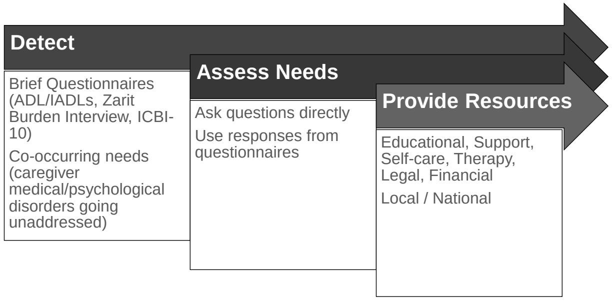
The Zarit Burden Interview

0: NEVER
1: RARELY
2: SOMETIMES
3: QUITE FREQUENTLY
4: NEARLY ALWAYS

Please circle the response the best describes how you feel.

Question	Score
1 Do you feel that your relative asks for more help than he/she needs?	0 1 2 3 4
2 Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	0 1 2 3 4
3 Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	0 1 2 3 4
4 Do you feel embarrassed over your relative's behaviour?	0 1 2 3 4
5 Do you feel angry when you are around your relative?	0 1 2 3 4

Detection to Action



Detect

Brief Questionnaires (ADL/IADLs, Zarit Burden Interview, ICBI-10)

Co-occurring needs (caregiver medical/psychological disorders going unaddressed)

Assess Needs

Ask questions directly

Use responses from questionnaires

Provide Resources

Educational, Support, Self-care, Therapy, Legal, Financial

Local / National

Responding to burden and burnout

Burden

- Resources to alleviate objective burdens
  - – Financial
  - – Educational
  - – Professional / community support
  - – Physical strain
- Problem-solving to reduce strain

Burnout

- Self-care
- Support groups
- Psychotherapy
- Caregiver interventions (REACH, Savvy Caregiver)

Why do caregiving and burnout coexist?

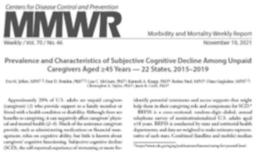
Promises made between spouses or partners to keep them at home, rather than placement in an appropriate nursing or assisted living facility, when they had little idea of:

- What kind of care would be needed
- What kind of life they were committing themselves to
- Financial strains after paying for acute care
  Lack of Long-Term Care insurance
- Drastic change in relationship dynamics

Morbidity & Mortality Weekly Report (MMWR); Nov 2021

Prevalence and Characteristics of Subjective Cognitive Decline Among Unpaid Caregivers Aged ≥45 Years – 22 States, 2015-2019:

- 1 in 8 unpaid caregivers (age 45+) reported subjective cognitive decline (SCD)
  - SCD = Self-reported experience of worsening confusion or memory loss over the past year.
- SCD was higher among caregivers (12.6%) than non-caregivers (10.2%).
- Caregivers with SCD were more likely than those without SCD to report chronic health conditions, a history of depression, and frequent activity limitations.



Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 70 / No. 46

November 19, 2021

Prevalence and Characteristics of Subjective Cognitive Decline Among Unpaid Caregivers Aged ≥45 Years — 22 States, 2015–2019

(*MMWR Weekly* / November 19, 2021 / 70(46);1591–1596)

JAMDA

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ORIGINAL STUDY | VOLUME 20, ISSUE 8, P977-983.E4, AUGUST 01, 2019

PDF [1 MB]

Comparing the Effects of Grief and Burden on Caregiver Depression in Dementia Caregiving: A Longitudinal Path Analysis over 2.5 Years

Tau Ming Liew, MRCPsych (UK) • Bee Choo Tai, PhD • Philip Yap, MRCP (UK) • Gerald Choon-Huat Koh, PhD

Open Access • Published: January 25, 2019 • DOI: https://doi.org/10.1016/j.jamda.2018.11.016 •

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Abstract

Keywords

Methods

Results

Discussion

Abstract

Objectives

Caregivers of persons with dementia can experience loss and grief long before the death of the person. Although the phenomenon of caregiver grief has been increasingly described, it is uncertain if caregiver grief has independent effects—separate from the well-studied construct of caregiver burden—on adverse outcomes such as caregiver depression. We sought to compare the effects of baseline grief and burden on caregiver depression at baseline and 2.5 years later.

JAMDA Article Conclusions

Grief can amplify the effect of burden at baseline and can have an independent effect on depression over time.

Caregiver grief has a “latent phase”

- Effects may have a delayed onset.

The findings highlight the need to:

- Identify and address caregiver grief in dementia services
- Present a window of opportunity to improve caregiving outcomes, especially during the “latent phase” when caregivers have only begun to encounter loss and grief but have yet to fully experience the debilitating effects of depression.

Supporting Caregivers: An Emerging Public Health Issue

Millions of older adults and people with disabilities could not maintain independence without help of unpaid caregivers.

- Assistance with routine tasks help care recipients remain in the community.

2017 Census data indicates 1.7 million licensed beds in nursing facilities, 1 million licensed beds in residential care communities (CDC Vital and Health Statistics, 2019)

- 41.8 million estimated US caregivers
- 76% care for one individual (24% for two +)

  Conservatively, 30+ million individuals age 50+ received unpaid caregiving in past 12 months.
  (AARP & NAC, 2020)

Preventing burnout increased <u>longevity</u> and <u>quality</u> of informal care.

How to Support Caregivers?

- Negotiate times to check in on them
- Make sure they are managing their own health care needs
- Help them with errands, chores, and other tasks
- Provide emotional and social support
- Encourage them to seek mental health services if necessary
- Help them create and manage a care plan for the person they care for

Resources for Family Caregivers (Partial List)

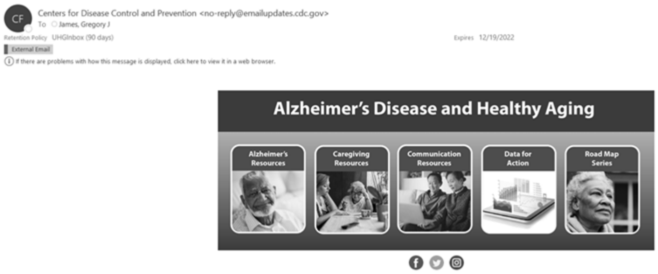
- Centers for Disease Control and Prevention (CDC)
- The Public Health Center of Excellence on Dementia Caregiving (PHCOE)
- Family Caregiver Alliance (FCA)
- Caregiving Resource Center
- Alzheimer's Association
- American Association of Retired Persons (AARP)

CDC Email to Providers

Supporting Caregivers: An Emerging Public Health Issues

Caregivers help maintain the health and well-being of older adults and people with disabilities or chronic health conditions. Learn about caregiving, caregivers, and their challenges and risks.

Weekly Emails from the CDC



Centers for Disease Control and Prevention <no-reply@emailupdates.cdc.gov>
To ○ James, Gregory J
Retention Policy UHGInbox (90 days) Expires 12/19/2022
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ⓘ If there are problems with how this message is displayed, click here to view it in a web browser.

Reducing Alzheimer's Disease Risk

Reducing Risk of Alzheimer's Disease

Making healthy lifestyle choices and managing chronic conditions can help lower your risk of Alzheimer's disease.

Email from the Alzheimer's Association

Dementia Caregiver Survey and upcoming events.

Alzheimer's Association Florida Gulf Coast <alzflnews@alz.org>
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We need your help with a very important survey!
The State of Florida, the Department of Elder Affairs, and the State Health Improvement Plan Priority Area 1 (DOEA/SHIP) aims to enhance support for those living with dementia and their caregivers through your responses to a dementia caregiver survey. Learn more below.

Background
Florida has the second highest prevalence of Alzheimer's disease and related dementias (ADRD) with over 580,000 residents with a diagnosis. ADRD does not only affect the individual but also those who provide care for them and their family. In Florida, we have over 806,000 individuals providing unpaid care for their loved ones. This care is valued at over $20.6 billion dollars. The number of people with ADRD is expected to increase in Florida by over 25 percent by 2025. Due to this reality, Florida is doing all it can to be dementia capable.

The dementia caregiver survey includes questions about:

- Support and services
- Caregiver health
- Respite and emergency respite programs
- Diagnosis and care planning

Lack of Diversity In Health Care Staff Creates Barriers

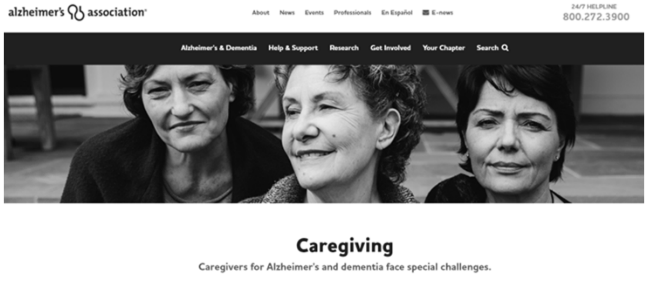
- Understanding how different racial and ethnic group's view, access, and experience health care is critical to improving the health care system and helping health providers care for an increasingly diverse population.
- It is projected that people of color will account for over half (52%) of the population in 2050.
- Characteristics of health care systems that contribute to disparities should be acknowledged.
- These include implicit bias on the part of health care providers.
- Cultural and language barriers can also hinder patient-provider relationships.

Diversity In Healthcare Staff (continued)

Minority Populations Desire Health Care Providers Who Understand Their Ethnic or Racial Background:

- Given their own experiences with discrimination, it is not surprising that non-White racial/ethnic populations feel it is important for Alzheimer's and dementia care providers to be more culturally competent.
- Responses from surveys indicate a strong desire for dementia health care providers who understand different racial and ethnic backgrounds, but many survey respondents say access to these providers is lacking.

Alzheimer's Association Caregiving Webpages

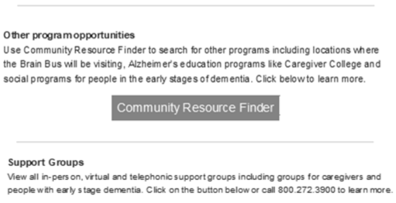


Caregiving

Caregivers for Alzheimer's and dementia face special challenges.

Caregiver Resources (continued)

From the Alzheimer's Association

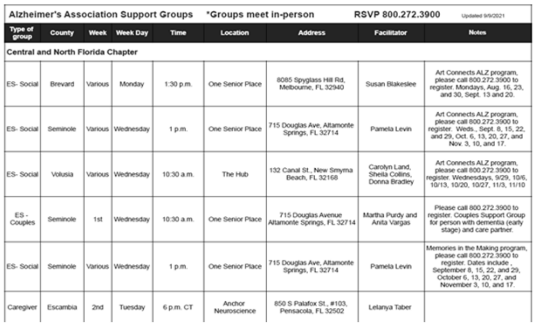


Other program opportunities

Use Community Resource Finder to search for other programs including locations where the Brain Bus will be visiting, Alzheimer's education programs like Caregiver College and social programs for people in the early stages of dementia. Click below to learn more.

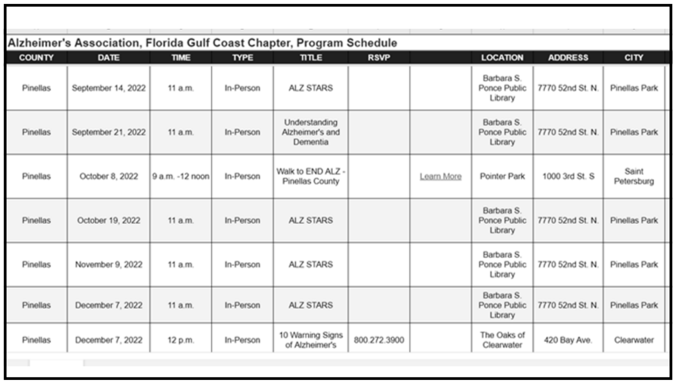
Support Groups

View all in-person, virtual and telephonic support groups including groups for caregivers and people with early stage dementia. Click on the button below or call 800.272.3900 to learn more.



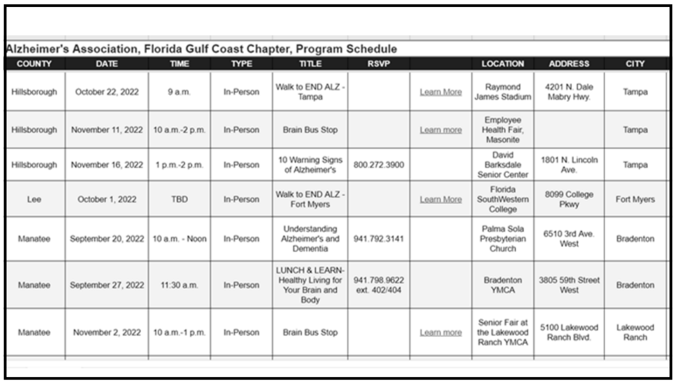
Alzheimer's Association Support Groups ***Groups meet in-person** **RSVP 800.272.3900** Updated 9/9/2021

Type of group	County	Week	Week Day	Time	Location	Address	Facilitator	Notes
Central and North Florida Chapter								
ES- Social	Brevard	Various	Monday	1:30 p.m.	One Senior Place	8085 Spyglass Hill Rd, Melbourne, FL 32940	Susan Blakeslee	Art Connects ALZ program, please call 800.272.3900 to register. Mondays, Aug. 16, 23, and 30, Sept. 13 and 20.
ES- Social	Seminole	Various	Wednesday	1 p.m.	One Senior Place	715 Douglas Ave, Altamonte Springs, FL 32714	Pamela Levin	Art Connects ALZ program, please call 800.272.3900 to register. Weds., Sept. 8, 15, 22, and 29, Oct. 6, 13, 20, 27, and Nov. 3, 10, and 17.
ES- Social	Volusia	Various	Wednesday	10:30 a.m.	The Hub	132 Canal St., New Smyrna Beach, FL 32168	Carolyn Land, Sheila Collins, Donna Bradley	Art Connects ALZ program, please call 800.272.3900 to register. Wednesdays, 9/29, 10/6, 10/13, 10/20, 10/27, 11/3, 11/10
ES - Couples	Seminole	1st	Wednesday	10:30 a.m.	One Senior Place	715 Douglas Avenue Altamonte Springs, FL 32714	Martha Purdy and Anita Vargas	Please call 800.272.3900 to register. Couples Support Group for person with dementia (early stage) and care partner.
ES- Social	Seminole	Various	Wednesday	1 p.m.	One Senior Place	715 Douglas Ave, Altamonte Springs, FL 32714	Pamela Levin	Memories in the Making program, please call 800.272.3900 to register. Dates include , September 8, 15, 22, and 29, October 6, 13, 20, 27, and November 3, 10, and 17.
Caregiver	Escambia	2nd	Tuesday	6 p.m. CT	Anchor Neuroscience	850 S Palafox St., #103, Pensacola, FL 32502	Lelanya Taber	



Alzheimer's Association, Florida Gulf Coast Chapter, Program Schedule

COUNTY	DATE	TIME	TYPE	TITLE	RSVP		LOCATION	ADDRESS	CITY
Pinellas	September 14, 2022	11 a.m.	In-Person	ALZ STARS			Barbara S. Ponce Public Library	7770 52nd St. N.	Pinellas Park
Pinellas	September 21, 2022	11 a.m.	In-Person	Understanding Alzheimer's and Dementia			Barbara S. Ponce Public Library	7770 52nd St. N.	Pinellas Park
Pinellas	October 8, 2022	9 a.m. -12 noon	In-Person	Walk to END ALZ - Pinellas County		Learn More	Pointer Park	1000 3rd St. S	Saint Petersburg
Pinellas	October 19, 2022	11 a.m.	In-Person	ALZ STARS			Barbara S. Ponce Public Library	7770 52nd St. N.	Pinellas Park
Pinellas	November 9, 2022	11 a.m.	In-Person	ALZ STARS			Barbara S. Ponce Public Library	7770 52nd St. N.	Pinellas Park
Pinellas	December 7, 2022	11 a.m.	In-Person	ALZ STARS			Barbara S. Ponce Public Library	7770 52nd St. N.	Pinellas Park
Pinellas	December 7, 2022	12 p.m.	In-Person	10 Warning Signs of Alzheimer's	800.272.3900		The Oaks of Clearwater	420 Bay Ave.	Clearwater



Alzheimer's Association, Florida Gulf Coast Chapter, Program Schedule

COUNTY	DATE	TIME	TYPE	TITLE	RSVP		LOCATION	ADDRESS	CITY
Hillsborough	October 22, 2022	9 a.m.	In-Person	Walk to END ALZ - Tampa		Learn More	Raymond James Stadium	4201 N. Dale Mabry Hwy.	Tampa
Hillsborough	November 11, 2022	10 a.m.-2 p.m.	In-Person	Brain Bus Stop		Learn more	Employee Health Fair, Masonite		Tampa
Hillsborough	November 16, 2022	1 p.m.-2 p.m.	In-Person	10 Warning Signs of Alzheimer's	800.272.3900		David Barksdale Senior Center	1801 N. Lincoln Ave.	Tampa
Lee	October 1, 2022	TBD	In-Person	Walk to END ALZ - Fort Myers		Learn More	Florida SouthWestern College	8099 College Pkwy	Fort Myers
Manatee	September 20, 2022	10 a.m. - Noon	In-Person	Understanding Alzheimer's and Dementia	941.792.3141		Palma Sola Presbyterian Church	6510 3rd Ave. West	Bradenton
Manatee	September 27, 2022	11:30 a.m.	In-Person	LUNCH & LEARN- Healthy Living for Your Brain and Body	941.798.9622 ext. 402/404		Bradenton YMCA	3805 59th Street West	Bradenton
Manatee	November 2, 2022	10 a.m.-1 p.m.	In-Person	Brain Bus Stop		Learn more	Senior Fair at the Lakewood Ranch YMCA	5100 Lakewood Ranch Blvd.	Lakewood Ranch

Alzheimer’s Association Virtual Caregiver College

When it comes to dementia caregiving, knowledge is power. Join us for a series of interactive, online educational classes to help you build your caregiver tool kit.

Alz Assoc Caregiver College (continued)

Communication is more than just talking and listening

- It is also about sending and receiving messages
  Through attitude, tone of voice, and body language.
- As the disease progresses individuals living with Alzheimer’s or other dementias lose the ability to use words, but families can find new ways to connect.

These presentations allow caregivers to explore how communication changes when someone is living with Alzheimer’s Disease

- Learn how to interpret the verbal and behavioral communication
- Identify strategies to help you connect and communicate at each stage of the disease.

Learn about important legal and financial issues to consider

- How to put plans in place
- How to access legal and financial resources near the caregiver

Family Caregiver Alliance Caregiver College

Caregiver College

- https://www.caregiver.org/connecting-caregivers/events-classes/caregiver-college/
- Based in San Francisco, CA – has links to resources in other states as well

FCA Caregiver College (continued)

College for learning and sharing is offered in two ways:

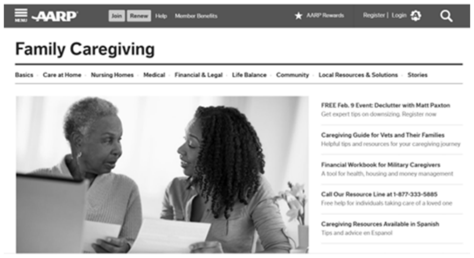
- As a day-long program
- In a series of 4 classes on consecutive weeks.

Class is open to anyone, is FREE, and includes valuable information and hands-on practice on

- Transferring skills
- Incontinence care and toileting
- Bathing, hygiene and grooming
- Dressing
- Dental care, feeding and nutrition
- Dealing with behavioral issues
- Caregiver self-care

Time is allowed for interaction with other caregivers and sharing of information in a confidential setting is encouraged.

AARP Caregiving Site



Family Caregiving

FREE Feb. 9 Event: Declutter with Matt Paxton
Get expert tips on downsizing. Register now

Caregiving Guide for Vets and Their Families
Helpful tips and resources for your caregiving journey

Financial Workbook for Military Caregivers
A tool for health, housing and money management

Call Our Resource Line at 1-877-333-5885
Free help for individuals taking care of a loved one

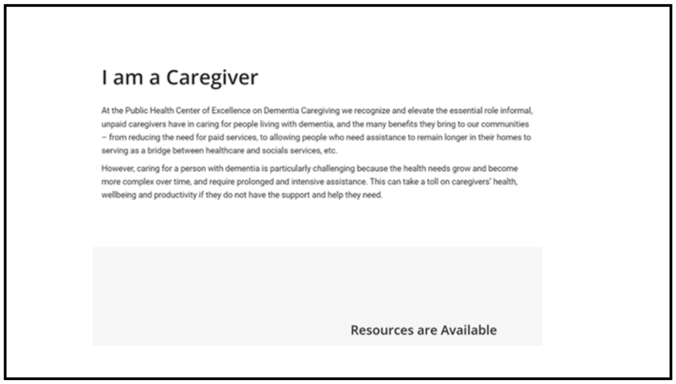
Caregiving Resources Available in Spanish
Tips and advice en Espanol

- Link: AARP Resources for Caregivers and their Families

BOLD Public Health Center of Excellence on Dementia Caregiving presents:

The Public Health Opportunities and Challenges of Dementia Caregiving

June 14th-15th, 2022

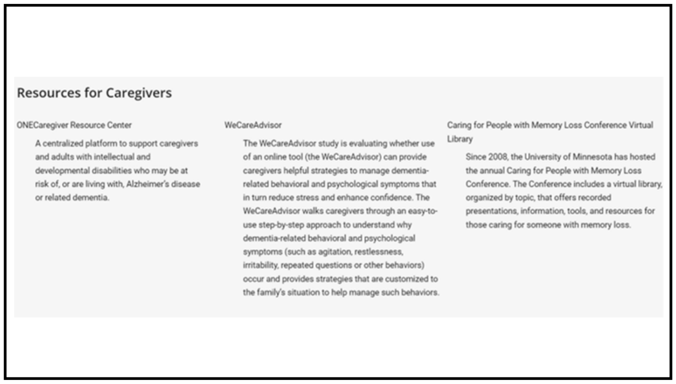


I am a Caregiver

At the Public Health Center of Excellence on Dementia Caregiving we recognize and elevate the essential role informal, unpaid caregivers have in caring for people living with dementia, and the many benefits they bring to our communities – from reducing the need for paid services, to allowing people who need assistance to remain longer in their homes to serving as a bridge between healthcare and socials services, etc.

However, caring for a person with dementia is particularly challenging because the health needs grow and become more complex over time, and require prolonged and intensive assistance. This can take a toll on caregivers' health, wellbeing and productivity if they do not have the support and help they need.

Resources are Available



Resources for Caregivers

ONECaregiver Resource Center

A centralized platform to support caregivers and adults with intellectual and developmental disabilities who may be at risk of, or are living with, Alzheimer's disease or related dementia.

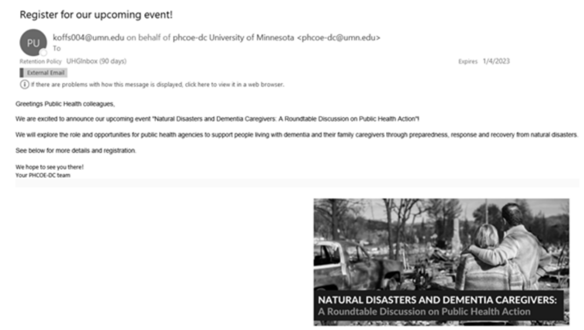
WeCareAdvisor

The WeCareAdvisor study is evaluating whether use of an online tool (the WeCareAdvisor) can provide caregivers helpful strategies to manage dementia-related behavioral and psychological symptoms that in turn reduce stress and enhance confidence. The WeCareAdvisor walks caregivers through an easy-to-use step-by-step approach to understand why dementia-related behavioral and psychological symptoms (such as agitation, restlessness, irritability, repeated questions or other behaviors) occur and provides strategies that are customized to the family's situation to help manage such behaviors.

Caring for People with Memory Loss Conference Virtual Library

Since 2008, the University of Minnesota has hosted the annual Caring for People with Memory Loss Conference. The Conference includes a virtual library, organized by topic, that offers recorded presentations, information, tools, and resources for those caring for someone with memory loss.

Email from PHCOE



Register for our upcoming event!

koffs004@umn.edu on behalf of phcoe-dc University of Minnesota <phcoe-dc@umn.edu>
To

Retention Policy UHGInbox (90 days) Expires 1/4/2023

External Email

If there are problems with how this message is displayed, click here to view it in a web browser.

Greetings Public Health colleagues,

We are excited to announce our upcoming event "Natural Disasters and Dementia Caregivers: A Roundtable Discussion on Public Health Action"!

We will explore the role and opportunities for public health agencies to support people living with dementia and their family caregivers through preparedness, response and recovery from natural disasters.

See below for more details and registration.

We hope to see you there!
Your PHCOE-DC team

Summary

- Reviewed the effects of a vast amount of uncompensated care in the U.S. each year (~$500 billion)
- Identified the primary causes of burnout for caregivers of patients
- Described differences between Formal and Informal Caregiving
- Described the application of Burnout Theory
- Reviewed the signs and symptoms of burnout in caregivers
- Identified multiple resources and methods to get these caregivers the help and treatment they need for their burnout

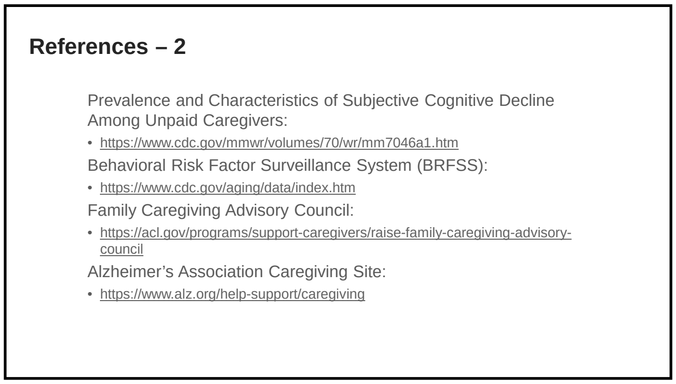
References – 1

Podcast: created July 2021; by Christina Maslach, PhD
- https://www.apa.org/research/action/speaking-of-psychology/burnout#

Caregiving:
- https://www.caregiving.org/caregiving-in-the-us-2020/

Caregiving Executive Summary:
- https://www.caregiving.org/wp-content/uploads/2020/08/AARP1316_ExecSum_CaregivingintheUS_508.pdf

Supporting Caregivers (CDC Site)
- https://www.cdc.gov/aging/publications/features/supporting-caregivers.htm?ACSTrackingID=USCDC_944-DM71712&ACSTrackingLabel=Year-in-Review%202021&deliveryName=USCDC_944-DM71712



References – 2

Prevalence and Characteristics of Subjective Cognitive Decline Among Unpaid Caregivers:

- https://www.cdc.gov/mmwr/volumes/70/wr/mm7046a1.htm

Behavioral Risk Factor Surveillance System (BRFSS):

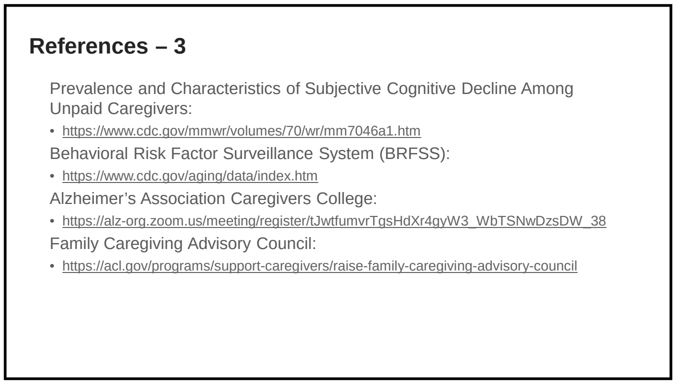
- https://www.cdc.gov/aging/data/index.htm

Family Caregiving Advisory Council:

- https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council

Alzheimer’s Association Caregiving Site:

- https://www.alz.org/help-support/caregiving



References – 3

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Behavioral Risk Factor Surveillance System (BRFSS):

- https://www.cdc.gov/aging/data/index.htm

Alzheimer’s Association Caregivers College:

- https://alz-org.zoom.us/meeting/register/tJwtfumvrTgsHdXr4gyW3_WbTSNwDzsDW_38

Family Caregiving Advisory Council:

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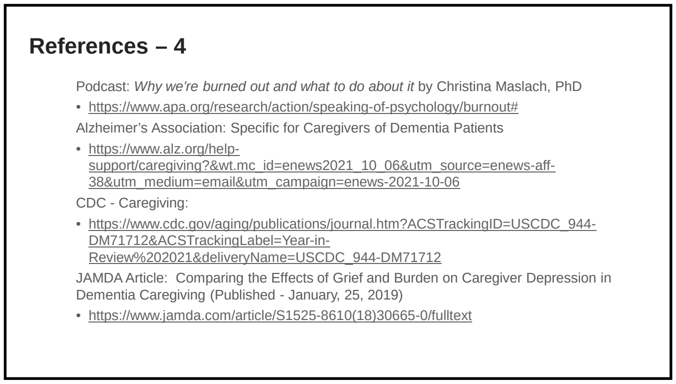

References – 4

Podcast: *Why we’re burned out and what to do about it* by Christina Maslach, PhD

- https://www.apa.org/research/action/speaking-of-psychology/burnout#

Alzheimer’s Association: Specific for Caregivers of Dementia Patients

- https://www.alz.org/help-support/caregiving?&wt.mc_id=enews2021_10_06&utm_source=enews-aff-38&utm_medium=email&utm_campaign=enews-2021-10-06

CDC - Caregiving:

- https://www.cdc.gov/aging/publications/journal.htm?ACSTrackingID=USCDC_944-DM71712&ACSTrackingLabel=Year-in-Review%202021&deliveryName=USCDC_944-DM71712

JAMDA Article: Comparing the Effects of Grief and Burden on Caregiver Depression in Dementia Caregiving (Published - January, 25, 2019)

- https://www.jamda.com/article/S1525-8610(18)30665-0/fulltext

Potential Future Studies of this Topic

- Studies linking Caregiver Burnout to Emergency Room Visits, Unnecessary Hospital Admissions and Readmissions
- Support models for Caregivers that will reduce the healthcare expenditures attributed to those they care for

Questions?

Thank you for your attendance today!

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  gregory.j.james@optum.com

- **Nicholas James, Ph.D.**
  Nicholas.James@va.gov

Optum