

# Evaluation of a Dementia Resource Fair for Veterans, Caregivers, and Staff

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The resource fairs were well received and provided a good opportunity to improve education for patients, their families, and health care providers.

**D**ue to the increasing number of older adults, the annual number of new cases of Alzheimer disease and other types of dementia is projected to double by 2050.<sup>1</sup> The cost of caring for persons with dementia is rising as well. In 2015, the expected health care cost for persons with dementia in the U.S. is estimated to be \$226 billion.<sup>1</sup> There is a growing awareness of the needs of persons with dementia and of the importance of providing caregivers with support and education that enables them to keep their loved ones at home as long as possible. Additionally, caregiver stress adversely affects health and increases mortality risk.<sup>2-4</sup> Efficacious interventions that teach caregivers to cope with challenging behaviors and functional decline are also available.<sup>5,6</sup> Yet many caregivers en-

counter barriers that prevent access to these interventions. Some may not be able to access interventions due to lack of insurance plan coverage; others may not have the time to participate in these programs.<sup>7,8</sup>

The VA has requested that its VISNs and VAMCs develop dementia committees so that VA employees can establish goals focused on improving dementia care. The VA Palo Alto Health Care System (VAPAHCS) Dementia Committee determined that veterans, caregivers, and staff needed simple, clear information about dementia, based on consensus opinion. In 2013, one of the committee co-chairs, a clinical nurse specialist in the Geriatric Re-

search Education and Clinical Center (GRECC), introduced the concept of a dementia resource fair. There is evidence supporting the use of interdisciplinary health fairs to educate allied health trainees (eg, nursing students and social workers) through service learning.<sup>9</sup> But to the authors' knowledge, the use of such a fair to provide dementia information has not been evaluated.

The fair drew from the evidence base for formal psychoeducational interventions for caregivers and for those with dementia or cognitive impairment.<sup>10,11</sup> The goal of the fair was to provide information about resources for and management of dementia to veterans, families, staff,

The VHA's Geriatric Research Education and Clinical Centers (GRECCs) are designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology throughout the VA health care system. Each GRECC focuses on particular aspects of the care of aging veterans and is at the forefront of geriatric research and clinical care. For more information on the GRECC program, visit the website (<http://www1.va.gov/grecc/>). This column, which is contributed to by GRECC staff members, is coordinated and edited by Kenneth Shay, DDS, MS, director of geriatric programs for the VA Office of Geriatrics and Extended Care, VA Central Office, Washington, DC. Please send suggestions for future columns to [Kenneth.Shay@va.gov](mailto:Kenneth.Shay@va.gov).



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**Table 1. 2013 Planning Time Line**

Time Line	5 to 7 Months Prior			2 to 4 Months Prior		< 2 Months Prior	
	1 (7 mo)	2 (6 mo)	3 (5 mo)	4 (4 mo)	5 (2 mo)	6 (7 wk)	7 (2 wk)
<b>Hosting logistics</b>	Identified potential dates and locations; discussed room setup and snacks for attendees	Site selection and date set; reserved room; obtained VA permissions from services	Discussed snacks	Discussed setup details; identified snacks to purchase (\$250) and freebies to give away	Assigned day of tasks	Committee member purchased low-sugar, low-salt snacks; reviewed assigned tasks	Reviewed clinical situations that might arise and how to handle them; reviewed assigned tasks
<b>Identifying resource tables</b>	Brainstormed resource tables and made an initial list	Complete list of tables; identified individuals to invite for tables	Reviewed list of tables and progress in contacting individuals to attend	Reviewed progress in contacting individuals to attend		Manage changes regarding resource tables	
<b>Compiling educational materials</b>	Introduced idea of creating materials tailored to veterans	Workgroups of committee members created to identify educational material	Identified VA public affairs guidelines for branding handouts	VA-branded handouts circulated to committee for comments	Literacy expert edited handouts	Branded handouts edits completed; handouts sent to medical media	Handouts printed
<b>Advertising</b>	Discussed how and when to start advertising		Identified advertising methods; developed brochure	Brochure finalized; advertising with public affairs		Dissemination of electronic and paper brochures	Continued dissemination
<b>Evaluations</b>	Identified lead evaluators	Discussed evaluation method	Evaluation and demographic form developed	Evaluation and demographic form reviewed	Submitted evaluation to institutional review board		

caregivers, and the community, using printed material and consultation with knowledgeable staff. The GRECC staff also initiated a systematic evaluation of this new initiative and collaborated with the Stanford/VA Alzheimer’s Research Center staff on the evaluation process.

**Initial Plan**

A subcommittee, composed of interdisciplinary professionals who work with veterans diagnosed with dementia, planned the initial dementia resource fair. The subcommittee rep-

resentatives included geriatric medicine, nursing, occupational therapy, pharmacy, psychology, recreational therapy, and social work. Subcommittee members were charged with developing VA-branded handouts as educational tools to address key issues related to dementia, such as advance directive planning, behavioral management, home safety, and medication management. The subcommittee met monthly for 6 months and focused on logistics, identification of resource tables, creation of educational materials,

advertising, and development of an evaluation. Table 1 provides an overview of the planning time line for the 2013 fair held in San Jose. Findings from a systematic evaluation of the 2013 fair were used to improve the 2015 fair held in Menlo Park. A discussion about the evaluation method and results follows.

**METHODS**

The first fair was held at a VA community-based outpatient clinic in a small conference room with 13 resource tables. Feedback from

**Table 2. Attendee Characteristics and Perceptions of Fairs**

	2013, n (%)	2015, n (%)
<b>Attendees</b>		
Caregivers	14 (45)	12 (9)
Veterans	8 (26)	27 (21)
VA staff	6 (19)	62 (48)
Outside staff	3 (10)	12 (9)
Others <sup>a</sup>		3 (2)
Family <sup>a</sup>		13 (10)
<b>Perceptions<sup>b</sup></b>		
Attending the dementia fair was worth my time and effort		
Strongly agree	20 (65)	73 (70)
Agree	9 (29)	31 (30)
Neutral	2 (6)	0 (0)
Disagree/strongly disagree	0 (0)	0 (0)
I learned something useful today at the fair		
Strongly agree	18 (60)	68 (65)
Agree	7 (23)	36 (35)
Neutral	5 (17)	0 (0)
Disagree/strongly disagree	0 (0)	0 (0)

<sup>a</sup>New categories added in 2015.

<sup>b</sup>Three individuals did not complete the statements assessing attendees' perceptions of the fairs, hence, n = 31 and n = 30 for respective statements, and N =104 in 2015.

attendees in 2013 included suggestions for having more tables, larger event space, more publicity, and alternate locations for the fair. In response to the feedback, the 2015 fair was held at a division of the main VAMC in a large conference room and hosted 20 tables arranged in a horseshoe shape. The second fair included an activity table staffed by a psychology fellow and recreation therapist who provided respite to caregivers if their loved one with dementia accompanied them to the event. Both the 2013 and 2015 fairs were 4 hours long.

A 1-page, anonymous survey was developed to assess attendees' opinions about the fair. The survey included information about whether attendees were caregivers, veterans, or VA staff but did not ask other de-

mographic questions to preserve anonymity. In 2013, the survey asked attendees to choose the category that best described them, but in 2015, the survey asked attendees to indicate the number of individuals from each category in their party. The 2015 survey assessed 2 additional categories (family member, other) and added a question about the number of people in each party to better estimate attendance. Both surveys also asked attendees to check which resource tables they visited.

The following assessment questions were consistent across both fairs to allow for comparisons. The authors assessed attitudes and learning as a result of the fair, using 2 statements that were rated with a 5-point Likert scale. The authors asked 3 open-ended questions to as-

certain the helpful aspects of the fair, unmet needs, and suggestions for improvement. The Stanford University Institutional Review Board (IRB) reviewed this program evaluation plan and determined that the program evaluation project did not require IRB approval.

When attendees arrived at the fair, they received a folder containing branded handouts, a reusable bag, and a survey. Committee members asked that 1 person per party complete the survey at the end of the visit. Attendees visited tables, obtained written materials, and spoke with subcommittee members who staffed the tables. Snacks and light refreshments were provided. The reusable bag was provided by the VAMC Suicide Prevention Program to increase awareness of the VAPAHCS Suicide Prevention Program. As attendees were leaving, they were reminded to complete the survey. Attendees deposited completed surveys in a box to ensure anonymity.

## RESULTS

Thirty-six individuals attended the 2013 fair, and 138 individuals attended the 2015 fair. Thirty-one surveys were completed in 2013, yielding an 86% response rate. One hundred six surveys were returned and represented responses for 129 individuals in 2015, yielding a 94% response rate in 2015. Most of the 2013 attendees were caregivers, followed by veterans, VA staff, and outside staff (Table 2). In contrast, most of the 2015 attendees were VA staff, followed by veterans, caregivers/family members, outside staff, and others. Distributions of attendees differed significantly across the fairs:  $\chi^2(4) = 12.66; P = .01$ .

The surveys assessed which tables attendees visited and their perceptions of the fair. The most frequently



increase in participation from the 2013 to 2015 fair.

Future fairs may be improved by providing more detailed information about dementia through formal presentations. The authors aim to increase the number of family caregivers in attendance possibly through coordinating the fair to coincide with primary care clinic hours, advertising the availability of brief respite at the fair, and conducting additional outreach to veterans.

This systematic evaluation of the dementia resource fair confirmed that providing resources in a drop-in setting resulted in self-reported learning about resources available for veterans with dementia. VA dementia care providers are encouraged to use the authors' time line and lessons learned to develop dementia resource fairs for their sites. ●

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### Disclaimer

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### REFERENCES

1. Alzheimer's Association. 2015 Alzheimer's dis-

ease facts and figures. *Alzheimers Dement.* 2015;11(3):332-384.

2. Schulz R, Beach SR, Cook TB, Martire LM, Tomlinson JM, Monin JK. Predictors and consequences of perceived lack of choice in becoming an informal caregiver. *Aging Ment Health.* 2012;16(6):712-721.
3. Cooper C, Mukadam N, Katona C, et al; World Federation of Biological Psychiatry – Old Age Taskforce. Systematic review of the effectiveness of non-pharmacological interventions to improve quality of life of people with dementia. *Int Psychogeriatr.* 2012;24(6):856-870.
4. Schulz R, Beach SR. Caregiving as a risk factor for mortality: the Caregiver Health Effects Study. *JAMA.* 1991;282(23):2215-2219.
5. Brodaty H, Arasaratnam C. Meta-analysis of non-pharmacological interventions for neuropsychiatric symptoms of dementia. *Am J Psychiatry.* 2012;169(9):946-953.
6. Gitlin LN. Good news for dementia care: caregiver interventions reduce behavioral symptoms in people with dementia and family distress. *Am J Psychiatry.* 2012;169(9):894-897.
7. Ho A, Collins SR, Davis K, Doty MM. A look at working-age caregivers roles, health concerns, and need for support. *Issue Brief (Commonw Fund).* 2005;(854):1-12.
8. Joling KJ, van Marwijk HWJ, Smit F, et al. Does a family meetings intervention prevent depression and anxiety in family caregivers of dementia patients? A randomized trial. *PLoS One.* 2012;7(1):e30936.
9. Kolomer S, Quinn ME, Steele K. Interdisciplinary health fairs for older adults and the value of inter-professional service learning. *J Community Pract.* 2010;18(2-3):267-279.
10. Jensen M, Agbata IN, Canavan M, McCarthy G. Effectiveness of educational interventions for informal caregivers of individuals with dementia residing in the community: systematic review and meta-analysis of randomized controlled trials. *Int J Geriatr Psychiatry.* 2015;30(2):130-143.
11. Quinn C, Toms G, Anderson D, Clare L. A review of self-management interventions for people with dementia and mild cognitive impairment. *J Appl Gerontol.* 2015;pii:0733464814566852.