

Comment: Often Alzheimer's Disease and related dementias relate to a long continuum of treatment, home care and hospitalization. Upon review of the National Plan to Address Alzheimer's Disease, I find a lack of related concern for the spiritual needs of both patients and family members/caregivers. On the multiple pages of the document I find no reference to spiritual care or an assessment of the spiritual need of the patient/caregiver.

Frequently a patient and his/her related caregiver(s) have a relationship to a church, mosque, synagogue, or other spiritual connection. When they do not, they may move into a long period when high-quality professionals with appropriate skill do not assess nor address their spiritual needs. Referral to a professional chaplain trained in spiritual care with patients and caregivers is a necessity for high-quality care.

Professional practitioners are encouraged in medical literature to take a spiritual history. Christina M. Pulchalski, MD., George Washington Institute of Spirituality and Health suggests that medical caregivers address a patient's faith, belief and meaning in life, the importance and influence of spirituality, the spiritual or religious community with which the patient connects, and how the health care provider might address spiritual issues in the course of the patient's health care.

I suggest specifically in Goal 2 and Strategy 3.A., references for referral to professional spiritual care providers and the creation of suitable spiritual suggestions that may be included after taking a spiritual history of the patient/caregiver especially at key points of treatment – at diagnosis, upon true onset of symptoms, at hospitalization, institutionalization and especially anticipating end of life.

I suggest in **Goal 2: Enhance Care Quality and Efficiency**, paragraph 1.

“Providing all people with Alzheimer's disease with the high-quality care in the most efficient manner requires a multi-tiered approach. High quality care requires an adequate supply of professionals with appropriate skills, ranging from direct-care worker to community health and social workers/**spiritual care providers** to primary care providers and specialists. . .”

Strategy 3.A: Ensure Receipt of Culturally Sensitive Education, Training, and Support Materials

“Caregivers report that they feel unprepared for some of the challenges of caring for a person with Alzheimer's disease – for example, caring for a loved one with sleep disturbances, behavioral changes, or in need of physical assistance can be an enormous challenge. Giving caregivers the information and training that they need in a culturally sensitive manner helps them better prepare for these and other challenges. Examples of potential actions under this strategy include identifying the areas of training and educational needs, identifying and creating **emotionally supportive, spiritually suitable**, and culturally-appropriate materials. The assessment of spiritual needs, the distribution of appropriate materials to caregivers, and the use of information technology is needed to support persons with Alzheimer's disease and their caregivers.”

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National Plan to Address Alzheimer's Disease

Draft Framework

The Draft Framework for the National Plan to Address Alzheimer's Disease is now available. The draft framework is structured around five ambitious goals:

- Prevent and Effectively Treat Alzheimer's Disease by 2025.
- Optimize Care Quality and Efficiency.
- Expand Patient and Family Support.
- Enhance Public Awareness and Engagement.
- Track Progress and Drive Improvement.

HHS is seeking input on the draft framework including Goals and Strategies and additional ideas that would inform the development of an action plan.

Please note that throughout the draft framework, the term "Alzheimer's disease," or AD, refers to Alzheimer's disease and related dementias, consistent with the approach Congress used in the National Alzheimer's Project Act. Unless otherwise noted, in this draft framework AD refers to these conditions collectively.

HHS will be collecting input through **February 8, 2012**. Please send your comments to NAPA@hhs.gov. All comments will be shared with the Advisory Council on Alzheimer's Research, Care, and Services.