National Plan to Address Alzheimer’s Disease: Celebrating 10 Years

ADVISORY COUNCIL ON ALZHEIMER’S RESEARCH, CARE, & SERVICES
MAY 2, 2022

NAPA Implementation Timeline

- **January 4, 2011**: NAPA Enacted
- **January 17, 2012**: HHS Released Framework for National Plan to Address Alzheimer’s Disease
- **May 15, 2012**: National Plan to Address Alzheimer’s Disease
- **September 27, 2011**: First Meeting of the Advisory Council on Alzheimer’s Research, Care, & Services
- **April 16, 2012**: Advisory Council Makes Recommendations
National Plan to Address Alzheimer’s Disease

1. Prevent and Effectively Treat Alzheimer’s Disease by 2025
2. Optimize Care Quality and Efficiency
3. Expand Supports for People with Alzheimer’s Disease and Their Families
4. Enhance Public Awareness and Engagement
5. Track Progress and Drive Improvement
6. (NEW) Accelerate Action to Promote Healthy Aging and Reduce Risk Factors for Alzheimer’s Disease and Related Dementias
National Plan

- Updated annually
- Organized with six major goals; strategies to achieve those goals; and specific action steps the federal government is taking
- Includes a summary of completed, current, and planned work
- Many activities are created based on recommendations from the Advisory Council, but others come from public comments, issues in the field, and topics raised by federal partners
- Used as a model by a number of states as well as countries around the world
- Accelerated federal activities, galvanized federal and non-federal partners, and significantly improved coordination, collaboration, and innovation
- Now all programs that work with older adults and people with disabilities consider the unique needs of people with cognitive impairment

Federal Accomplishments

- National Institutes of Health (NIH)
- National Science Foundation (NSF)
- Veterans Affairs (VA)
- Health Resources & Services Administration (HRSA)
- Centers for Medicare & Medicaid Services (CMS)
- Indian Health Service (IHS)
- Administration for Community Living (ACL)
- Centers for Disease Control & Prevention (CDC)
- Assistant Secretary for Planning and Evaluation (ASPE)
Growth of AD and ADRD Research Spending at NIH

NIH Funding History for AD/ADRD Research (Dollars in millions)

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</thead>
<tbody>
<tr>
<td>AD/ADRD</td>
<td>$631</td>
<td>$986</td>
<td>$1,423</td>
<td>$1,911</td>
<td>$2,398</td>
<td>$2,869</td>
<td>4.5-fold increase</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>$589</td>
<td>$929</td>
<td>$1,361</td>
<td>$1,789</td>
<td>$2,240</td>
<td>$2,683</td>
<td>4.6-fold increase</td>
</tr>
<tr>
<td>Alzheimer’s Disease Related Dementias¹</td>
<td>$120</td>
<td>$175</td>
<td>$249</td>
<td>$387</td>
<td>$515</td>
<td>$600</td>
<td>5.0-fold increase</td>
</tr>
<tr>
<td>Lewy Body Dementia</td>
<td>$15</td>
<td>$22</td>
<td>$31</td>
<td>$38</td>
<td>$66</td>
<td>$84</td>
<td>5.6-fold increase</td>
</tr>
<tr>
<td>Frontotemporal Dementia</td>
<td>$36</td>
<td>$65</td>
<td>$91</td>
<td>$94</td>
<td>$158</td>
<td>$166</td>
<td>4.6-fold increase</td>
</tr>
<tr>
<td>Vascular Cognitive Impairment/Dementia</td>
<td>$72</td>
<td>$89</td>
<td>$130</td>
<td>$259</td>
<td>$299</td>
<td>$362</td>
<td>5.0-fold increase</td>
</tr>
</tbody>
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¹The ADRD row reflects the sum of the three existing RCDG categories: Frontotemporal Dementia, Lewy Body Dementia, and Vascular Cognitive Impairment/Dementia—where duplicates are removed.


Growth of AD Spending at NIH 2012-2020

NIH spending on AD research (not including ADRD) increased **5.3-fold** from FY 2012 to FY 2020.
2012-2022 Top Accomplishments

• 2014- NIA launched the Accelerating Medicines Partnership Program for Alzheimer’s Disease® (AMP AD) program. To date, over 550 novel candidate targets have been identified. AMP-AD 2.0 launched in 2021.

• 2014- NIA-supported study developed a new “Alzheimer’s in a dish” model that for the first time contained amyloid and tau.

• 2017- NIA launched the Alzheimer’s Clinical Trials Consortium (ACTC) to accelerate and expand studies for therapies in AD/ADRD.

• 2017- NIA established the Model Organism Development and Evaluation for Late-Onset Alzheimer’s Disease (MODEL-AD) consortium to develop new animal models of late-onset AD. To date, more than 50 new mouse models have been generated.

2012-2022 Top Accomplishments

• 2018- NINDS-funded study revealed a strong genetic component for dementia with Lewy bodies (DLB) with a unique genetic profile different from those of Alzheimer’s or Parkinson’s. Several gene variants are now associated with DLB, including two genes identified in 2021 by NIH intramural investigators.

• 2019- NIH-supported SPRINT Memory and Cognition in Decreased Hypertension (MIND) trial demonstrated that intensive high blood pressure control may significantly reduce the buildup of white matter lesions in the brain and the occurrence of mild cognitive impairment.

• 2019- NIA launched the IMbedded Pragmatic Alzheimer’s Disease and AD-Related Dementias Clinical Trials (IMPACT) Collaboratory to spur innovation to meet the challenges of the complex care management for people living with AD/ADRD.
2012-2022 Top Accomplishments

- **2020**- NIA support contributed to the **first blood test for amyloid**, PrecivityAD, becoming commercially available and FDA approval of flortaucipir as the **first radioactive tracer to show the presence of tau** tangles.

- **2020**- NIA-supported study found that individuals who made multiple **healthy lifestyle choices** (physical activity, not smoking, light-to-moderate alcohol consumption, a high-quality diet, and cognitive activities) may have a much lower risk for AD.

- **2020**- NIH launched the **NIH Center for Alzheimer’s and Related Dementias** (CARD).

2012-2022 Genetic Advancements

- **Advancing Understanding of AD/ADRD Genetics**- Ten years ago, we knew of just 10 genes associated with Alzheimer’s disease. Today, thanks to the work of researchers supported by the NIH, we know of more than 70 genetic areas associated with Alzheimer’s.

  70+

  For example:
  - Inflammation
  - Lipid metabolism
  - Amyloid production/processing
  - Protein trafficking

  10
Ways to Stay Informed and Connected

Search all active NIA funding opportunities: https://www.nia.nih.gov/research/funding

Review the latest approved concepts: https://www.nia.nih.gov/approved-concepts

Subscribe to our blog and stay up to date on the latest NIA news: https://www.nia.nih.gov/research/blog
National Science Foundation

Dementia-related research at the National Science Foundation

NAPA Advisory Council
May 2-3, 2022

Rebecca Ferrell, PhD
Program Director
Social, Behavioral & Economic Sciences Directorate

www.nsf.gov
National Science Foundation (NSF)

- Independent federal agency created in 1950 to support fundamental research and education in science and engineering

- NSF Mission
  - To promote the progress of science
  - To advance the national health, prosperity, and welfare
  - To secure the national defense

- $8.5B in FY21

Examples of dementia-related research supported by NSF

**FUNDAMENTAL RESEARCH**
- Amyloid proteins
  - Protein folding, splicing, assembly, aggregation
  - Diversity and evolution of the human amyloid
- Brain physiology & cognition
  - Neural mapping
  - Non-neuronal cells
  - Neurotransmitters, cholinergic modulation
  - Inflammation, oxidative stress
  - Genetic mechanisms
  - Memory
- Tools
  - Imaging methods
  - Brain organoids
  - Statistical advances

**ADVANCING DIAGNOSTICS**
- Novel biomarker development
- Early detection/prediction of MCI/AD:
  - online games
  - wearables/sensors
  - machine learning analyses of imaging and electronic health record data
  - speech analysis

**ADVANCING TREATMENTS**
- Modulating intracellular protein levels
- Novel drug delivery mechanisms
- Neuron regeneration
- Nerve & brain stimulation
- Synthetic cells – drug production

**IMPROVING QUALITY OF LIFE**
- Data infrastructure development connecting caregivers to resources
- Video- and sensor-based patient fall monitoring and safety systems
- Socially assistive robots and AI
- Caregiver/patient dynamics, well-being
- Inclusive and safe technology for individuals living with dementia
- Virtual reality tools to promote socio-emotional health

Keywords title search at [https://nsf.gov/awardsearch/advanced?keywords=dementia OR Alzheimer's]

Awards made 01/01/2012 or later:
- 159 awards, ~$64M from ENG, CISE, MPS, BIO, SBE, EVRD

Directors
Selected highlights

**Amyloid Oligomers**
The project incorporated aggregation-prone fragments of amyloidogenic peptides and proteins into macrocyclic β-sheet peptides and probed their assembly through X-ray crystallography and NMR spectroscopy. Developed chemical probes for amyloid oligomers, which offer the promise of monitoring and visualizing amyloid oligomers in vitro, in biological tissues, and in living cells. 1509840 Supramolecular Chemistry of Amyloidogenic Peptides, 1889536 Chemical Probes for Amyloid Oligomers (PI: Nowick, UC Irvine)

**Digital Clock Test**
The project identified subtle behaviors connected to cognitive abilities and developed a simple tool that is effective at detecting early, subtle impairment. DCTclock is the FDA-listed, commercial version of the Digital Clock Test, acquired by Linus Health and selected as one of Time Magazine’s 100 best inventions (2021). 1404494 Smart & Connected Health: EXP: Collaborative Research: Think - Inferring Cognitive State From Subtle Behaviors (PI: Randell, MIT)

**Adding AI Features to Robotic Pets**
The project used behavioral science methods to assess older adults’ major challenges of daily living and collaborates with Ageless Innovation to augment animal-like robots with assistive features. 1717701 Partnerships for Innovation: BIC - Next Generation Robotic Intelligence that Provides Psycho-Social Support for Older Adults (PI: Malle, Brown University)

**Culturally Relevant Tools to Decrease Caregiver Burden**
The project examined dementia caregiving in the African American population, focusing on culturally-sensitive assessment tools and interventions to decrease caregiver burden. Used in development of the COACH Caregiver411 app, third place NIA/NIH Eureka prize competition. 1933229 Empowering Dementia Caregivers using a Culturally Relevant Cyber-Human System (PI: Byfield, NC A&T State University)

Department of Veterans Affairs
10 Years of Accomplishments

Over the past 10 years

59 published articles on Dementia and Alzheimer’s Disease

18 active and on-going research initiatives
### Over the past 10 years

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td><strong>2012</strong></td>
<td>• Adopted Kern curriculum model to guide development and evaluation of training materials</td>
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</table>
| **2013** | • Supported development and production of *Veterans with Dementia: Skills for Managing Challenging Behaviors* in collaboration with South Central MIRECC that has over 1.5 Million views on YouTube.  
  • Released first Dementia Curriculum Materials Inventory. |
| **2014** | • Dementia Curriculum Gap Analysis Initiated  
  • Drugs, Dementia and Discharge e-learning product developed |
| **2015** | • Collaborated with CMS to purchase and disseminate Hand-in-Hand Training for Community Living Centers (CLCs), with 76% of CLCs adopting training. |
| **2016** | • Deployed Virtual Dementia Simulation for Acute Care providers  
  • Completed evaluation of Hand-in-Hand Training Evaluation  
  • Dementia Steering Committee update recommendations for the care of Veterans with Dementia and their Caregivers |
| **2017** | • The Madison, Wisconsin VA Medical Center was recognized as the first Dementia-Friendly VA facility.  
  • Caring for Older Adults and Caregivers at Home (COACH) program awarded a Gold Status practice by the VHA Diffusion of Excellence |

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### Over the past 10 years

<table>
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<th>Year</th>
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<tbody>
<tr>
<td><strong>2018</strong></td>
<td>• Dementia Core Curriculum Modules Launched</td>
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</table>
| **2019** | • Completed *Hand in Hand Dissemination Process Evaluation*.  
  • Decision Making Capacity in Dementia e-learning module deployed  
  • Recognition and Management of Dementia Training for Primary Care deployed  
  • Dementia System of Care Directive initiated that includes expectation for facility-level dementia education plan  
  • Launch of VA’s Journey to the largest Age-Friendly Healthcare Organization focusing on the 4 M’s of aging (What Matters, Mentation, Mobility, and Medication) |
| **2021** | • Annie Caregiver Text Program/Protocol (behavior management and caregiver coping) initiated, currently with 484 dementia caregivers enrolled. |
| **2022** | • Launch of Dementia Education Portal for VHA Dementia Educators  
  • Over 50,000 dementia course program completers logged in TMS since 2017 on selected educational products  
  • Dementia warning signs National Template revision available nationally and as part of the VA New EHR, Cerner |
Thank you

For more information please see:
https://www.va.gov/GERIATRICS/pages/Alzheimers_and_Dementia_Care.asp

Cheryl Schmitz, MS, RN, NE-BC, CNS-BC (she/her)
Deputy Executive Director
Office of Geriatrics and Extended Care
United States Veterans Health Administration
Washington, DC
Geriatrics Workforce Enhancement Program (GWEP)

- From Fiscal Year (FY) 2012 – 2020, through Geriatrics Education Centers and Geriatrics Workforce Enhancement Programs provided 5,383 interprofessional educational offering on dementia to 687,048 trainees.
- Between July 2, 2018 and March 31, 2021, there were
  - 22,776 views of the HRSA dementia page
  - 9,094 registered users of the ADRD modules
  - 9,034 CE certificates issued (1 CEU per module)
- HRSA Caregiving Curriculum
  - 4 modules help providers understand and address caregiver needs
  - 5 modules teach caregivers of persons living with dementia how to take care of their own health and cope with the challenges of caregiving
GWEP (con’t)

Strengthen state aging, public health, and intellectual and developmental disability workforces.
- ACL collaborated with HRSA to provide ADRD training to the Aging Network. One example is the New Jersey GEC developed a series of trainings which it provided to the Aging Services Network in August/September, 2015. Over 2100 health professional and caregivers from the Area Agencies on Aging participated in the trainings.
- GWEP awardees are also collaborating with 86 Area Agencies on Aging and 13 Quality Improvement Organizations to strengthen state aging, public health, and intellectual disability workforces.

GWEP (con’t)

- Institute for Healthcare Improvement
  Age-Friendly Recognition
  - Level-1: Participant
    - 286 primary care practice sites
    - 48 GWEP grant recipients
  - Level-2: Committed to Care Excellence
    - 86 primary care practice sites
    - 25 GWEP grant recipients
Dementia Specialists Report to Congress

- In FY2021, HRSA provided support to develop a Report to Congress on Current Capacity of Dementia Specialists
- Collaboration with Assistant Secretary for Planning and Evaluation
- The report includes details of provider shortages and screening capacity, identify barriers for early detection of Alzheimer's disease and related dementias and adequate access to care, and provide recommendations to both address any provider shortages and streamline the patient’s Alzheimer’s diagnostic pathway.

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Joan Weiss, PhD, RN, CRNP, FAAN
Deputy Director, Division of Medicine and Dentistry
Phone: (301) 443-0430
HRSA Bureau of Health Workforce
Centers for Medicare & Medicaid Services

National Partnership to Improve Dementia Care in Nursing Homes: Action Taken Since Inception

**Mission:** Enhance the quality of life for nursing home residents with dementia by promoting person-centered, non-pharmacological interventions and reducing the use of antipsychotic medications.

Since the start of the initiative, the use of antipsychotic medications in nursing homes has decreased by approximately 40%.

- 2012: Developed and empowered state coalitions to work on the mission of the National Partnership. Began publicly reporting data on antipsychotic medication use in nursing homes.
- 2014: Developed a targeted survey process to provide more focused oversight on the inappropriate prescribing of antipsychotic medications.
- 2015: Added an antipsychotic medication quality measure to the Five Star Rating System on Medicare.gov Care Compare.
- 2016: Developed a targeted survey process to exclusively investigate the issue of providers inappropriately coding residents as being diagnosed with schizophrenia.
- 2017: Targeted nursing homes identified as late adopters who were subject to more severe enforcement actions. Engaged nursing home chains with a large number of late adopters.
- 2021: Resumed the targeted surveys focused on investigating the inappropriate diagnosing and coding of residents with schizophrenia (Note: These surveys were paused due to the COVID-19 pandemic).
Notice of Funding Opportunity (NOFO)

Cooperative Agreement for the Center of Excellence for Building Capacity in Nursing Facilities to Care for Residents with Behavioral Health Conditions

• This NOFO is being funded by SAMHSA via an interagency Agreement with CMS.
• https://www.samhsa.gov/grants/grant-announcements/sm-22-011

The purpose of this new program is to establish a national center of excellence for building capacity in nursing homes to furnish care to residents with behavioral health conditions and will support focused resource development and dissemination, training and technical assistance, and workforce development to staff in nursing homes for people with serious mental illness, serious emotional disturbance, substance use disorders, and co-occurring disorders.

Indian Health Service
Indian Health Service

10 Years of partnerships and collaboration to address Alzheimer’s disease and related dementias in Indian Country

Bruce Finke, MD
IHS Elder Health Consultant
May 2 2022

Highlights

Over the past decade, the IHS, CMS, and ACL have worked together to provide coordinated technical assistance to Tribes and Urban Indian Organizations through the jointly sponsored CMS Tribal LTSS TA website and webinar series. Ongoing.

2012
The IHS collaborated with ACL, the VA, the University of Tennessee Health Sciences Center, and the Rx Foundation for the the REACH into Indian Country pilot of caregiver coaching and support. 80 caregiver coaches in 56 distinct tribal communities were trained and certified, demonstrating the feasibility and acceptability of using the Public Health Nursing, Community Health Representatives, and Tribal Aging Network workforce for caregiver support and coaching. 2013-2018

2014
Appointment of an IHS Chief Clinical Consultant in Geriatrics and Palliative Care

2017
Dementia Core Course offered as part of the November 2017 Tribal Long Term Services and Supports Conference, held in collaboration with CMS and ACL.

Collaboration with the VA to begin delivery of Rural Interdisciplinary Team Training (RITT) to rural IHS and Tribal sites with the supplemental Addressing Behavioral Challenges in Dementia (ABCD) training added in 2020. Ongoing
Highlights

2019
Collaboration with CDC and Alzheimer’s Association on Infographic publications: Caregiving Among AI/AN Adults and Subjective Cognitive Decline Among AI/AN Adults

Collaboration with the CDC in the development and dissemination of the CDC Healthy Brain Initiative Roadmap for Indian Country

2021
Collaboration with Northwest Portland Area Indian Health Board (NPAIHB) in launch of a Dementia ECHO for clinicians and caregiver support staff.

First ever appropriations to IHS to address Alzheimer’s disease
Consolidated Appropriations Act of 2021: Tribal Consultation and Urban Confer on use of Alzheimer’s Grant Program.

2022
Initiation of a collaborative to support Geriatric Emergency Department Accreditation for IHS and Tribal EDs, in partnership with the American College of Emergency Physicians and the John A. Hartford and West Foundations.

Close-out of Tribal Consultation and Urban Confer
https://www.ihs.gov/newsroom/tribaleaderletters

Initiation of the Alzheimer’s Grant Program activities.

Coming Soon!

An important announcement about the IHS Alzheimer’s Grant Program
Thank you!

To learn more about the Indian Health Service, visit: https://www.ihs.gov/

To learn more about the IHS Alzheimer’s Grants Program, visit https://www.ihs.gov/dccs/alzheimers/

Agency for Healthcare Research & Quality
EPC Reviews Funded by AHRQ

AHRQ Evidence-based Practice Center (EPC) Reviews Funded by AHRQ:

- **Diagnosis and Treatment of Clinical Alzheimer's-Type Dementia** (2020)
  **Purpose:** Summarize evidence on cognitive test accuracy for clinical Alzheimer’s-type dementia (CATD) in suspected cognitive impairment; biomarker accuracy for Alzheimer’s disease (AD); and effects of CATD drug treatment.

- **Nonpharmacologic Interventions for Agitation and Aggression in Dementia** (2016)
  **Purpose:** Assess the efficacy, comparative effectiveness, and adverse effects of nonpharmacologic interventions for agitation and aggression in individuals with dementia.

- **Comparison of Characteristics of Nursing Homes and Other Residential Long-Term Care Settings for People With Dementia** (2012)
  **Purpose:** Assess the evidence for which long-term care setting characteristics, structures, or processes are effective at improving health and psychosocial outcomes for people with dementia and their family caregivers, to provide better guidance to families making placement decisions.

EPC Reviews Funded by Partner Agencies

AHRQ EPC Reviews Funded by NIA:

- **Care Interventions for People Living With Dementia and Their Caregivers** (2020)
  **Purpose:** Understand the evidence base for effective care interventions and assess the potential for broad dissemination and implementation of that evidence, ultimately, informing NASEM report: *Meeting the Challenge of Caring for Persons Living with Dementia and Their Care Partners and Caregivers: A Way Forward.*

- **Interventions to Prevent Age-Related Cognitive Decline, Mild Cognitive Impairment, and Clinical Alzheimer's-Type Dementia** (2017)
  **Purpose:** Assess the effectiveness of 13 interventions for preventing or delaying the onset of age-related cognitive decline, mild cognitive impairment, or clinical Alzheimer’s-type dementia. Ultimately informed NASEM report: *Preventing Cognitive Decline and Dementia: A Way Forward*
AHRQ Grants to Improve Dementia Care
A Few Examples

- Improving Eligibility Prescreening for Alzheimer's Disease and Related Dementias Clinical Trials with Natural Language Processing
- Examining the clinical workflow and outcomes of integrating health information technology to educate and support dementia caregivers
- A Proactive Health Monitoring Intervention for Dementia Caregivers: The eNeighbor
- Economic Model of Dementia: Projecting Costs and the Value of Non-pharmacologic Therapy to Guide Policy Making
- Comparative Effectiveness of Dementia Caregiver Interventions: Towards Person-Centered Care Planning

Administration for Community Living
National Alzheimer’s Project Act Advisory Council on Alzheimer’s Research, Care, and Services

Administration for Community Living
NAPA 10 Year Anniversary

May 2, 2022

Administration for Community Living

ACL Alzheimer's Disease Program 2013-Present

Funding

- 2013: $3,785,653
- 2014: $3,772M, $10,500M
- 2015: $3,800M, $10,500M
- 2016-2017: $4,800M, $10,500M
- 2018-2020: $8,800M, $14,700M
- 2021: $11,800M, $14,700M
- 2022: $12,800M, $14,700M

- Discretionary Funding
- Affordable Care Act: Prevention and Public Health Fund
Administration for Community Living

**ADPI Program Highlights 2013-Present**

- **157** Grants awarded 2013-2022
- **108** Grants with Activities Targeting Behavioral Symptom Mgmt/Caregiver Training
- **42** Evidence-based and Evidence-Informed Interventions
- **104** Grants with Activities Targeting People Living Alone with Dementia
- **99** Grants with Activities Targeting People Living with IDD and Dementia

**Administration for Community Living**

**People Served and Trained 2013-Present**

- **35,186** People Living with Dementia
- **2,316,811** Direct Service Hours**
- **26,493** Webinar Participants (since 2018**)
- **71%** of Caregivers Served are Women (since 2017**)
- **54,387** Caregivers of People Living with Dementia
- **97,658** Professionals Trained (since 2017**)

* Data available from 2017 forward
** 50% of funding is required to be dedicated to direct service
*** Annual 10 Webinar Series in January 2018
NOTICE OF FUNDING OPPORTUNITY
Alzheimer's Disease Programs Initiative - Grants to States and Communities
HHS-2022-ACL-AOA-ADPI-0059
DUE May 24, 2022
Estimated Total Funding: Approximately $24,583,986
Expected Number of Awards: 23-26
Award Ceiling: $1,000,000 Per Project Period
Award Floor: $650,000 Per Project Period

FUNDING OPPORTUNITY FORECAST
Alzheimer's Disease Programs Initiative - Supporting State and Community Innovations in Dementia-Specific Respite Programs and Services
HHS-2022-ACL-AOA-ADPI-0087
Estimated Total Funding: Approximately $5,000,000
Expected Number of Awards: 1
Award Ceiling: $5,000,000 Per Project Period
Award Floor: $4,500,000 Per Project Period
Centers for Disease Control & Prevention

CDC 10 Years of Accomplishments
MAY 2022

Lisa C. McGuire, Ph.D.
Lead, Alzheimer's Disease Team
Healthy Aging Branch | Division of Population Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

[Healthy Brain Initiative logo] [BOLD logo]
**Alzheimer's Disease Appropriations**

- **2011**: $1.8M (2011-2012)
- **2014-2015**: $3.3M
- **2018**: $4.5M
- **2019**: $5.5M
- **2020**: $15.5M
- **2021**: $20.5M
- **2022**: $30.5M

**National Plan to Address Alzheimer's Disease**
- Alzheimer's Disease Research Network Funded
- NHANES Subjective and Objective Measures of Cognition (SOMC)
- Provider training on cognitive impairment detection in Medicare Annual Wellness Visits by CMS, NHLBI, and CDC
- Special Interagency Project on Dementia and Other Chronic Conditions Funded

**BOLD Infrastructure for Alzheimer's Act**
- Signed into Law (P.L. 114-43)
- NIB Roadmap for Indian Country Published

**2016-2017**
- $3.5M

**2022**
- $30.5M

**2021**
- $20.5M

**2019**
- $5.5M

**2018**
- $4.5M

**2017**
- State and Local Public Health Partnerships to Address Dementia, the 2016-2023 Roadmap Published

**2016**
- Healthy Brain Initiative NCCF Developed
- *Two Healthy Brain Initiative Awardees*

**2015**
- The Public Health Road Map for State and National Partnerships, 2013-2015 Published

**2014**
- The Public Health Road Map for State and National Partnerships, 2013-2015 Published
- *NP 2020 Progress Review on Older Adults and Dementia, Including Alzheimer’s Disease*
- Participated in by ODS, AD, NIA, and CDRH

**2013**
- 7 Additional BOLD Funding Recipients Awarded

**2018**
- BOLD Infrastructure for Alzheimer’s Act First Developed
- Caregiving Annual Infographics First Developed

**2017**
- Alumni Campaign
- Alumni Appreciation Program
- Alzheimer's Disease and Healthy Aging Newsletter Launched

**2016**
- Alzheimer's Disease and Healthy Aging Newsletter Published

**2015**
- National Alzheimer's Project Act (NAPA) Signed into Law (P.L. 114-37)

**2014**
- *Alzheimer’s Disease and Healthy Aging Newsletter* First Published

**2013**
- The Public Health RoadMap for State and National Partnerships, 2013-2015 Published

**2012**
- National Trajectory Program for Dementia (NTPD) Developed
- Special Interagency Project on Dementia and Other Chronic Conditions Funded

**2011**
- National Plan to Address Alzheimer’s Disease Launched
- Alzheimer’s Disease Research Network Funded
- NHANES Subjective and Objective Measures of Cognition (SOMC)
- Provider training on cognitive impairment detection in Medicare Annual Wellness Visits by CMS, NHLBI, and CDC
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HEALTHY BRAIN INITIATIVE

Public health strategies to promote brain health, address dementia, and help support caregivers

www.cdc.gov/aging

3 COMPONENTS OF BOLD

BOLD

Establishes Alzheimer’s Centers of Excellence

Provides funding for public health departments across the country

Increases data analysis and timely reporting
Healthy People 2030: Dementias, Including Alzheimer's Disease (DIA)

From Healthy People 2020
DIA 1: Increase the proportion of adults aged 65 years and older with diagnosed Alzheimer’s disease and other dementias, or their caregiver, who are aware of the diagnosis

DIA 2: Reduce the proportion of preventable hospitalizations in adults aged 65 years and older with diagnosed Alzheimer’s disease and other dementias

New for 2030
DIA 3: Increase the proportion of adults aged 45 years and older with Subjective Cognitive Decline (SCD) who have discussed their confusion or memory loss with a health care professional

Thank you

For more information about the Healthy Brain Initiative:
https://www.cdc.gov/aging/healthybrain/index.htm

For more information about the BOLD Infrastructure:
https://www.cdc.gov/aging/bold/index.html

For more information about Healthy People 2030:
https://www.cdc.gov/aging/healthybrain/index.htm
Office of the Assistant Secretary for Planning & Evaluation

ASPE Accomplishments

Identifying and Measuring the Population of People with Dementia
- A Profile of Older Adults with Dementia and their Caregivers
- Implications of Alternative Methods of Identifying Populations with Dementia Issue Brief
- Individuals’ Awareness of a Dementia Diagnosis Issue Brief

Understanding the Unique Care Needs of People with Dementia
- The Impact of COVID-19 on Medicare Beneficiaries with Dementia Issue Brief
- Functional Trajectories at the End of Life for Individuals with Dementia Issue Brief
- Examining Models of Dementia Care: Final Report
- Care Coordination for People With Alzheimer’s Disease and Related Dementias
- What is the Effect of Dementia on Hospitalization and Emergency Department Use in Residential Care Facilities?
- Sponsoring the Institute of Medicine Convenings on Advanced Dementia
ASPE Accomplishments (continued)

- Supporting the first National Research Summit on Care, Services and Supports for Persons with Dementia and Their Caregivers
- Improving Care for Populations Disproportionally Affected by Alzheimer’s Disease and Related Dementias
- Upcoming issue brief on Federal Efforts to Address Racial & Ethnic Disparities in ADRD Research, Care, and Services
- Leading Implementation of NAPA
  - Support of the Advisory Council on Alzheimer’s Research, Care, & Services
  - Annual Update to the National Plan to Address Alzheimer’s Disease

A decade of:

- Coordination and collaboration across federal government
- Strong partnerships
- Leveraging resources and expertise
- Commitment of federal staff
Key next steps:

- Bringing more partners to the table
- Bold steps to expand actions upstream
- Address inequities in dementia
- Get federal plan into local communities