

DEMENTIA RESEARCH, CARE, AND SERVICES: INDICATORS OF PROGRESS

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EVALUATION

CHOOSING INDICATORS

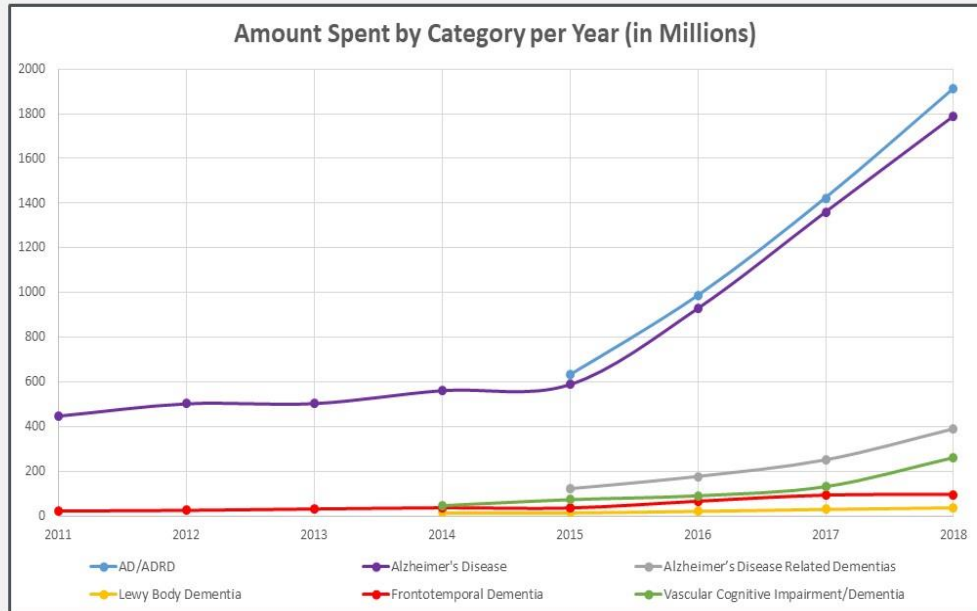
- Asked federal partners to identify important indicators of progress
- Both qualitative and quantitative
- Not all indicators available since 2011
- Recognition of importance of measuring progress
- Many indicators align with multiple action steps in the National Plan

ALIGNING INDICATORS TO THE NATIONAL PLAN

- Used Driver Diagram to map indicators to National Plan
- Not every Strategy or Action item can be measured quantitatively
- Think about changing the National Plan to encourage measurement

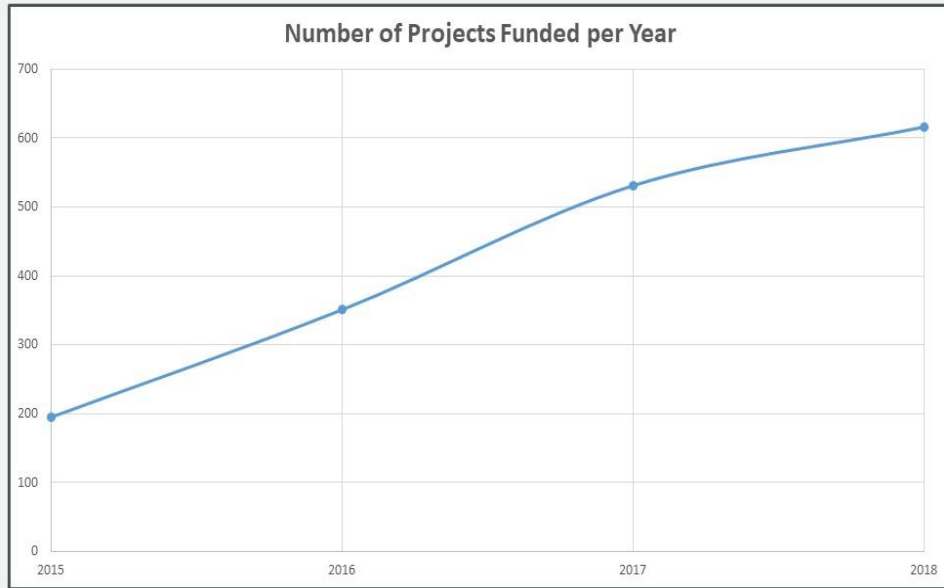
Action Number	Action Description (from Plan)	Method of Action	Lead Agency	Partner(s)	Project Completion Date/Status	Activities in 2017 and 2018	Pertinent Indicators
<i>Strategy 2.H: Improve Care for Populations Disproportionally Affected by Alzheimer's Disease and Related Dementias and for Populations Facing Care Challenges</i>							
2.H.1	Create funding opportunities for organizations to improve care for these specific populations.	Fund dementia-capable systems to implement new programs designed to provide more effective services to: (1) individuals living alone in the community with dementia; (2) individuals with IDD who have or are at risk of developing dementia; (3) caregivers who need behavioral symptom management training or expert consultations to help them care for family members.	ACL		Ongoing	ACL awarded 11 community-based grants in 2017 for a total of 43 projects in 28 states and Puerto Rico awarded since 2014. ACL anticipates awarding additional grants in 2018. Note that future grants are contingent on availability of funding.	<ul style="list-style-type: none"> - Number of programs implementing evidence-based and evidence informed interventions awarded since 2011 - Persons with dementia and caregivers served for grants awarded 2011 and later. (ACL) - Improvement in dementia capability of programs funded since 2017 (we implemented the Dementia Capability Assessment in 2017, with first data in Fall 2018) (ACL) - Minority and rural/urban status for grants awarded 2015 and later. (ACL)

NATIONAL INSTITUTES OF HEALTH



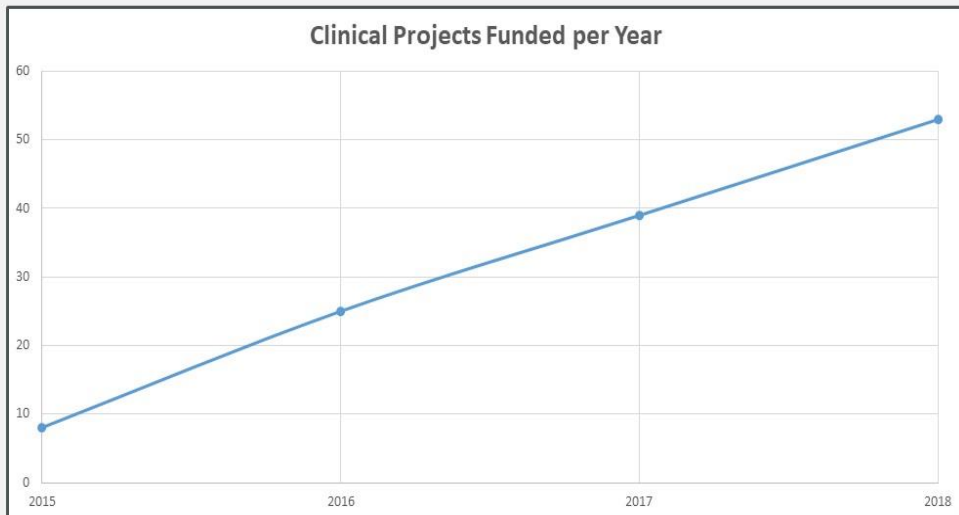
I.B: Expand research aimed at preventing and treating Alzheimer's disease and related dementias

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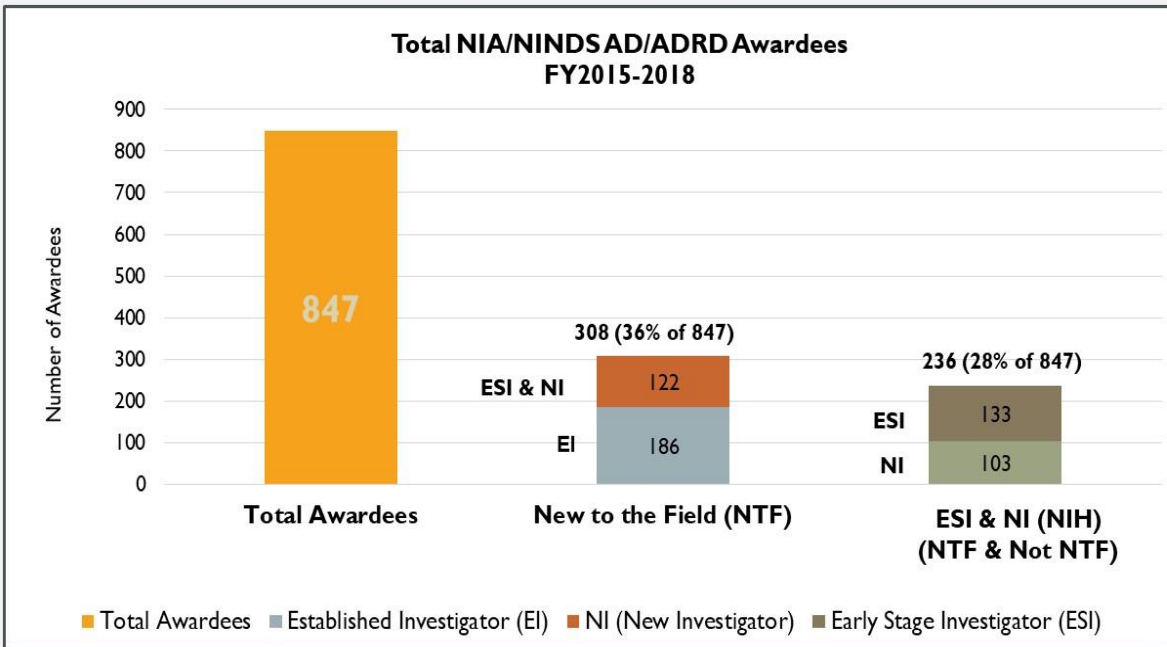
NATIONAL INSTITUTES OF HEALTH



I.B.3: Increase enrollment in clinical trials and other clinical research through community, national, and international outreach.

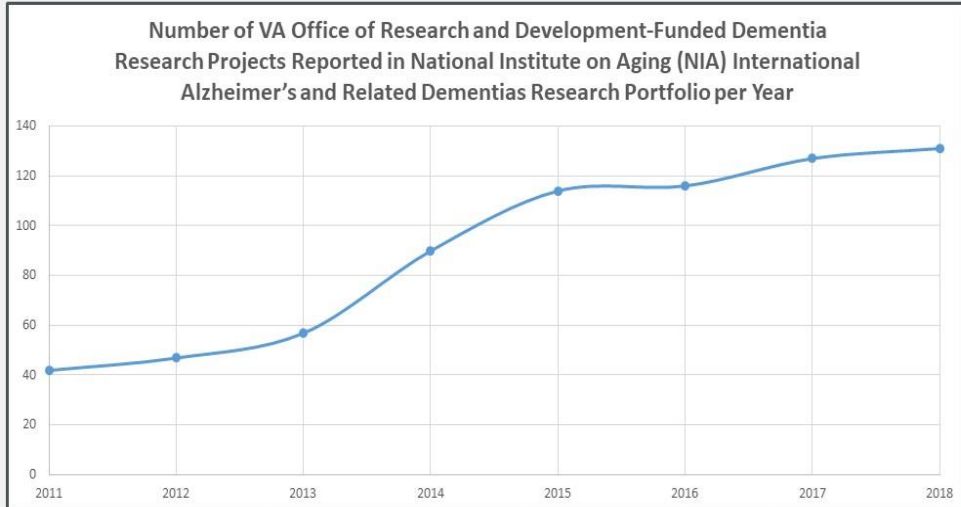
I.B.5: Conduct clinical trials on the most promising pharmacologic interventions.

I.B.6: Continue clinical trials on the most promising lifestyle interventions.



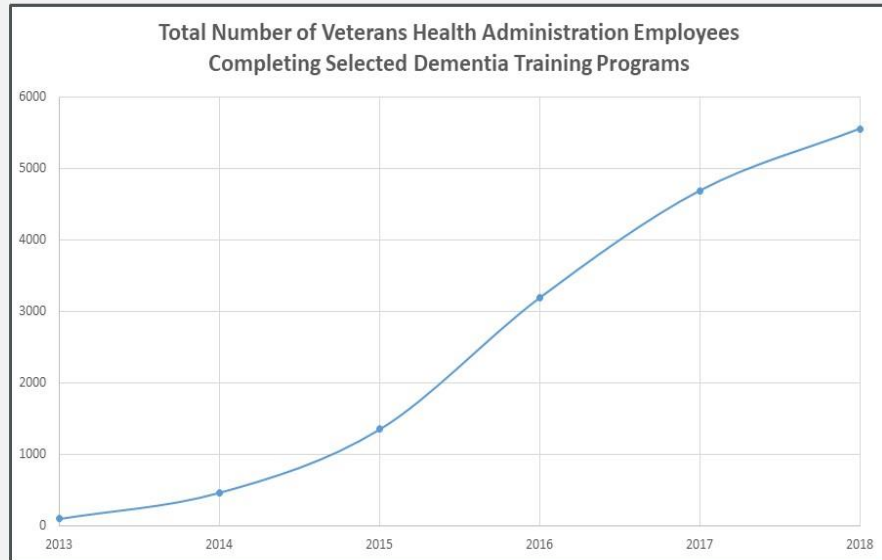
New to the Field (NTF) Definition: Awardees with no AD/ADRD award or application prior to FY2015 from NIH

**DEPARTMENT OF VETERANS
AFFAIRS**



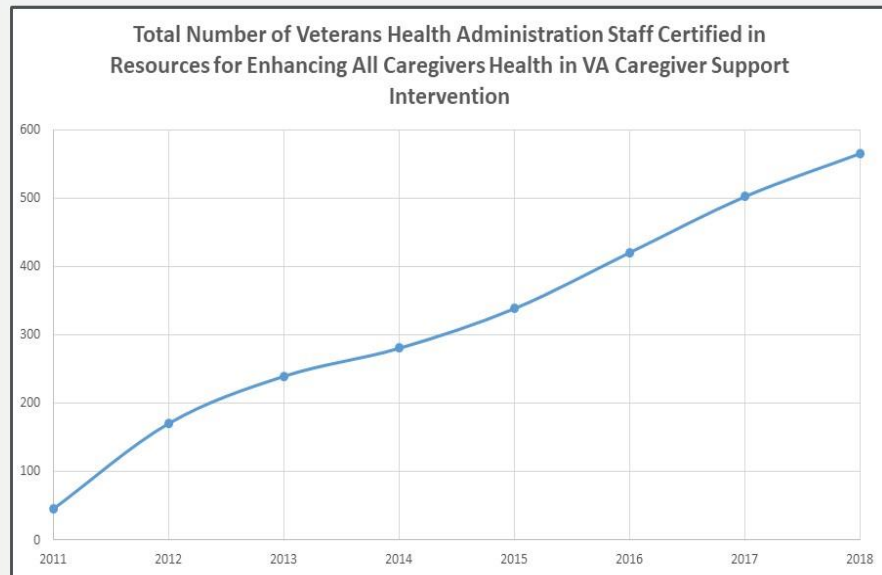
- I.B.3:** Increase enrollment in clinical trials and other clinical research through community, national, and international outreach.
- I.B.5:** Conduct clinical trials on the most promising pharmacologic interventions.
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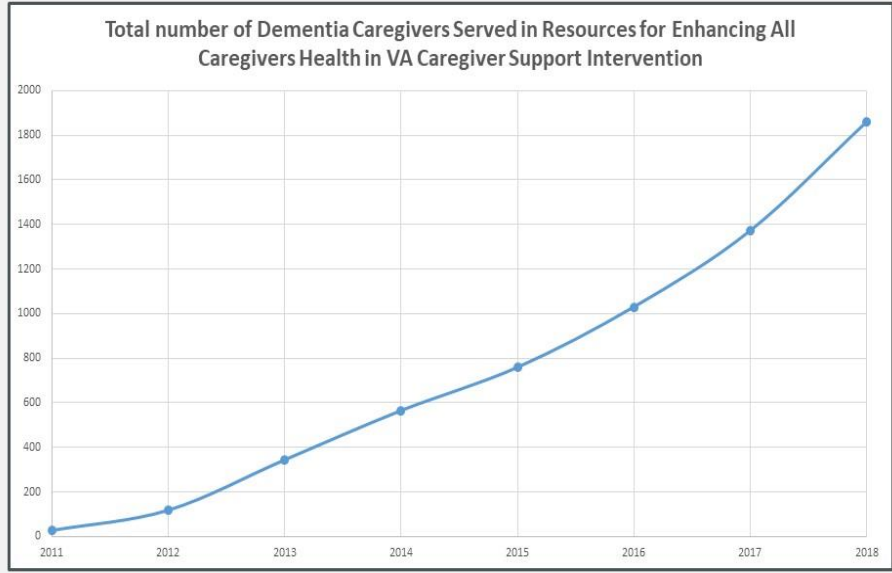
2.A.4: Develop and disseminate a voluntary unified primary care AD/ADRD curriculum.
2.A.15: Disseminate CMS Hand-in-Hand dementia training materials in VA CLCs.

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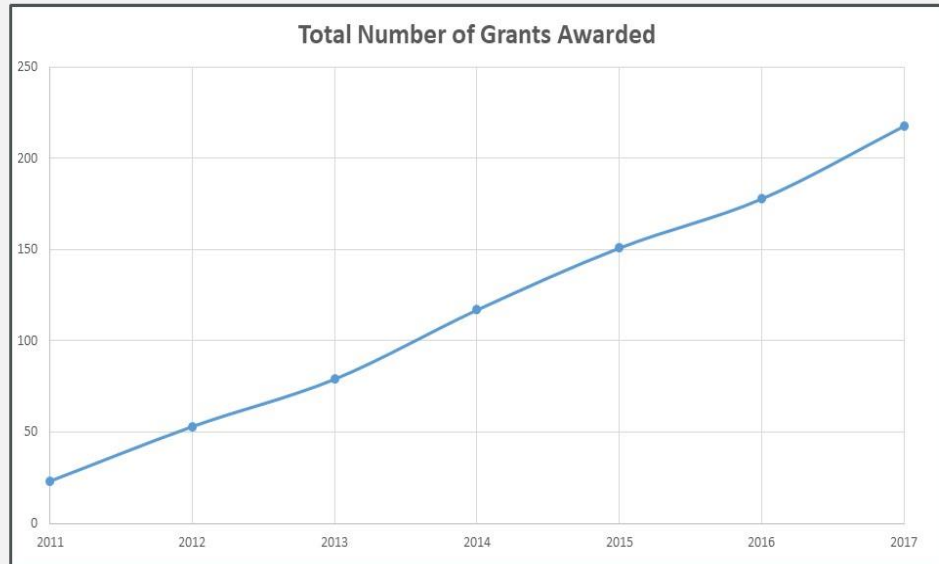
3.B: Enable family caregivers to continue to provide care while maintaining their own health and well-being.

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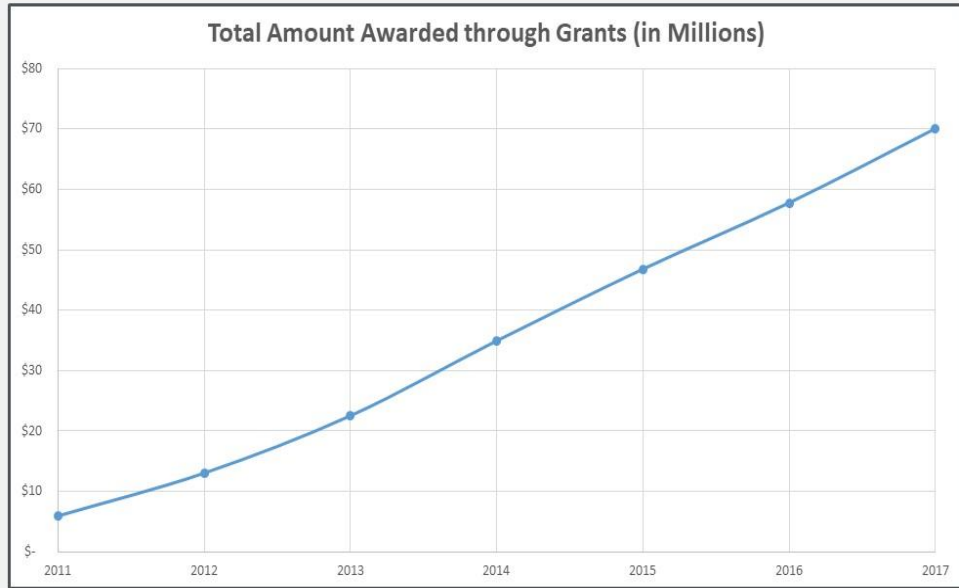
Strategy 3.B: Enable family caregivers to continue to provide care while maintaining their own health and well-being

NATIONAL SCIENCE
FOUNDATION



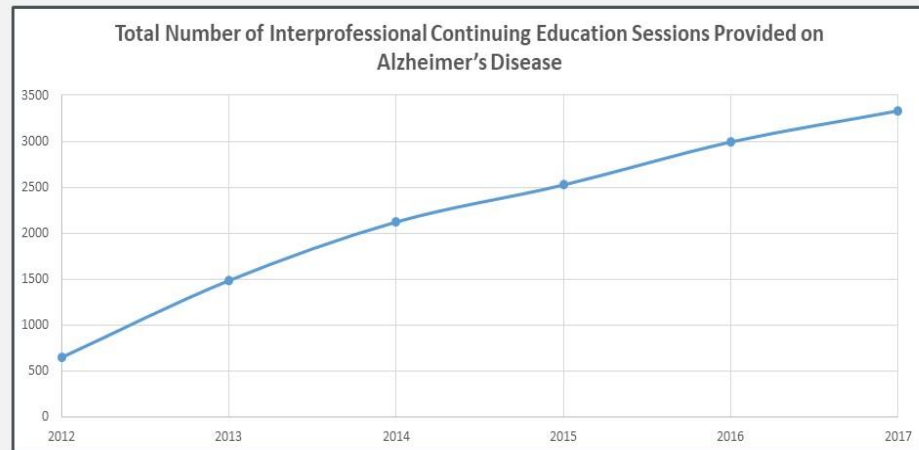
I.B: Expand research aimed at preventing and treating Alzheimer's disease.

NATIONAL SCIENCE
FOUNDATION



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HEALTH RESOURCES AND
SERVICES ADMINISTRATION



I.E.1: Leverage public and private collaborations to facilitate dissemination, translation, and implementation of research findings.

2.A.1: Educate health care providers

2.A.2: Encourage providers to pursue careers in geriatric specialties.

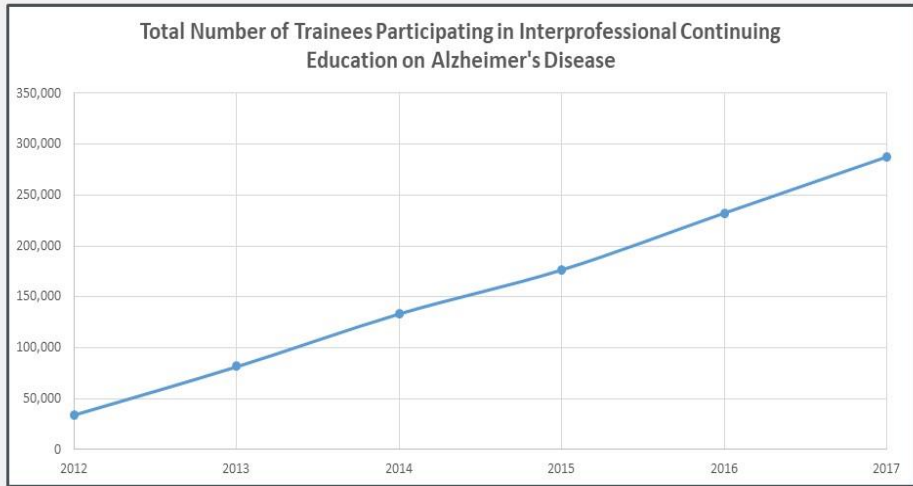
2.A.3: Strengthen state aging, public health, and IDD workforces.

2.A.4: Develop and disseminate a voluntary unified primary care AD/ADRD curriculum.

2.C.1: Educate physicians and other health care providers about accessing LTSS.

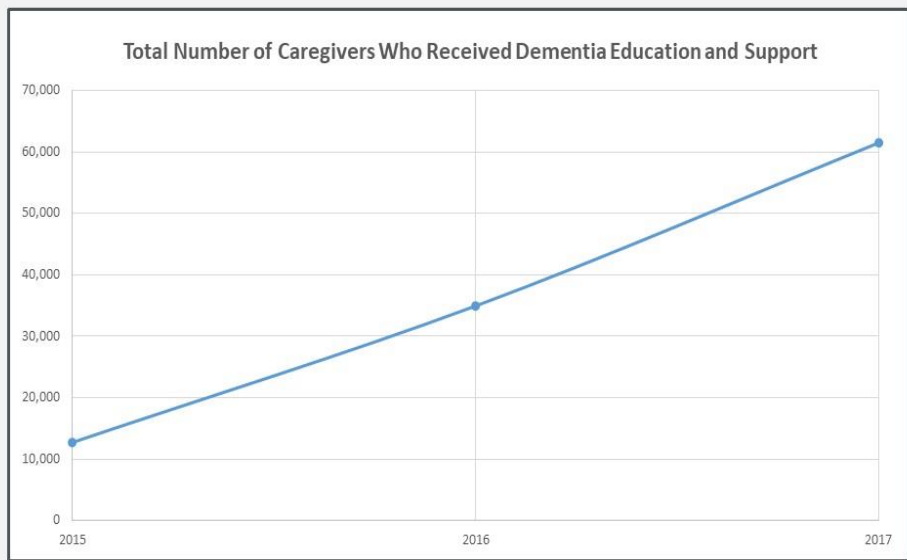
2.D.3: Clarify and disseminate information on privacy, autonomy, and safety issues for physicians.

HEALTH RESOURCES AND SERVICES ADMINISTRATION



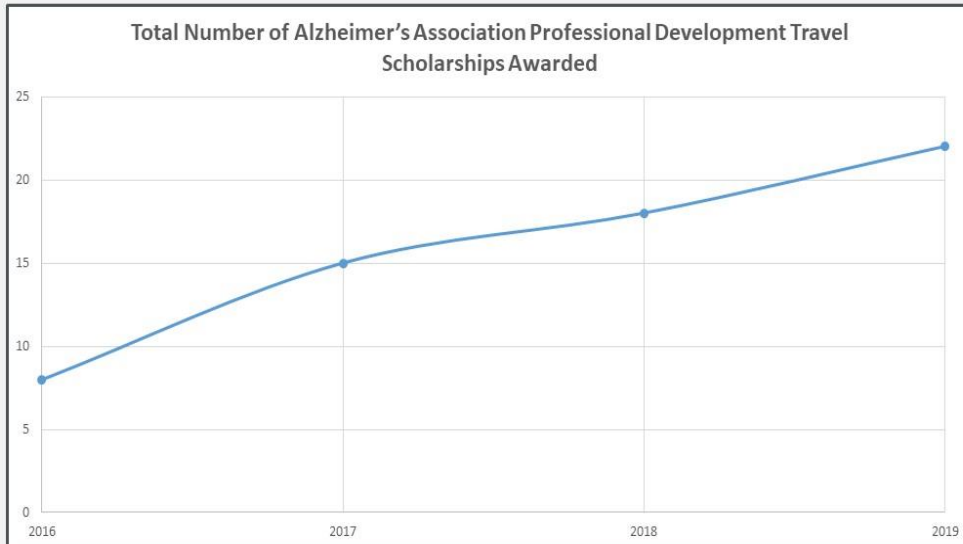
- 1.E.1: Leverage public and private collaborations to facilitate dissemination, translation, and implementation of research findings.
- 2.A.1: Educate health care providers
- 2.A.2: Encourage providers to pursue careers in geriatric specialties.
- 2.A.3: Strengthen state aging, public health, and IDD workforces.
- 2.A.4: Develop and disseminate a voluntary unified primary care AD/ADR curriculum.
- 2.C.1: Educate physicians and other health care providers about accessing LTSS.
- 2.D.3: Clarify and disseminate information on privacy, autonomy, and safety issues for physicians.

HEALTH RESOURCES AND SERVICES ADMINISTRATION



- 2.A.5: Ensure aging and public health network providers have access to research-based up-to-date information on AD/ADR.
- 3.B.9: Develop and disseminate information to caregivers on AD/ADR and caregiving.

CENTERS FOR DISEASE
CONTROL & PREVENTION



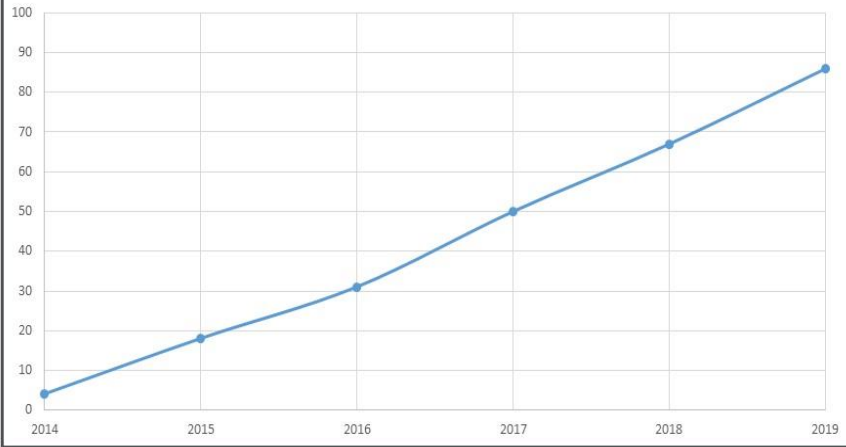
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CENTERS FOR DISEASE
CONTROL & PREVENTION

- Develop and Facilitate Implementation of National Priorities for State and Local Public Health every five years for dementia, brain health, and caregiving.**
- 2013: Released the 2nd Healthy Brain Initiative Road Map for State and Local Public Health
 - 35 actions aligned with 4 Essential Services of Public Health.
 - 2018: Released the 3rd Healthy Brain Initiative Road Map for State and Local Public Health
 - 25 actions aligned with 4 Essential Services of Public Health and a newly added focus on caregiving.
- Develop and Facilitate Implementation of National Priorities for Public Health within Indian County for dementia, brain health, and caregiving**
- 2019: Released the 1st Healthy Brain Initiative Road Map for Indian Country
 - 8 actions aligned with 3 Essential Services of Public Health.

ADMINISTRATION FOR
COMMUNITY LIVING

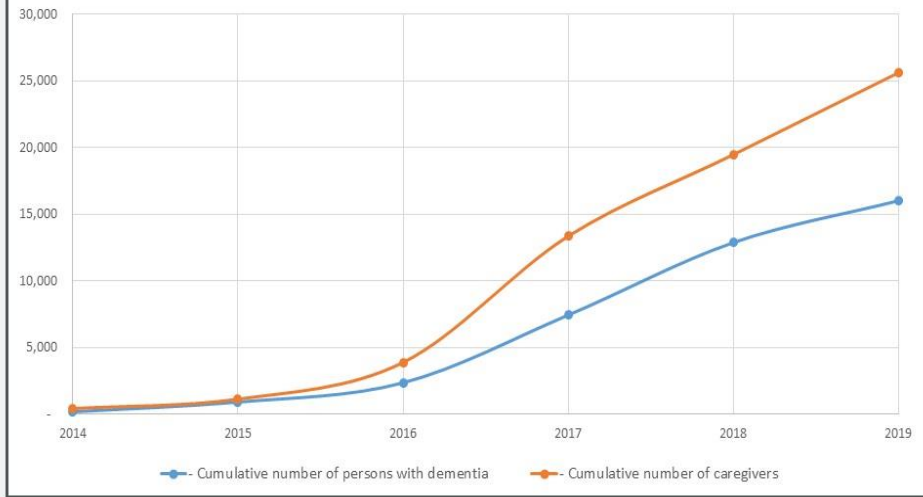
Total Number of Programs Implementing Evidence-based and Evidence-informed Interventions Awarded Since 2011



- 2.F.1: Implement and evaluate new care models to support effective care transitions for people with AD/ADRD.
- 2.H.1: Create funding opportunities for organizations to improve care for these specific populations.
- 2.H.3: Target resources towards the IDD and dementia population.
- 3.B.1: Develop and disseminate evidence- based interventions for people with AD/ADRD and their caregivers.
- 3.B.2: Provide effective caregiver interventions through AD-capable systems.

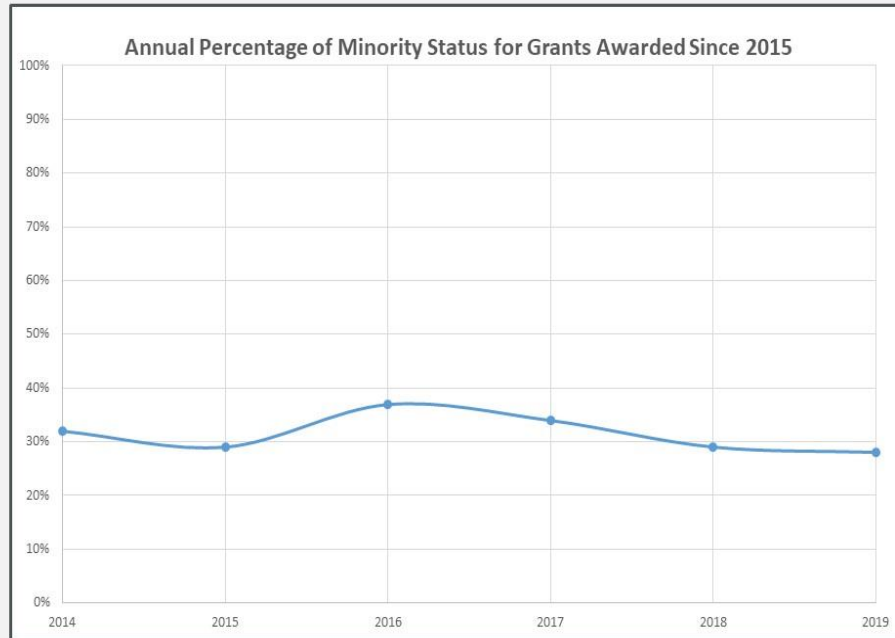
ADMINISTRATION FOR
COMMUNITY LIVING

Total Number of Persons With Dementia and Caregivers Served for Grants Awarded Since 2011



- 3.A.1: Distribute materials to caregivers.
- 3.B.1: Develop and disseminate evidence- based interventions for people with AD/ADRD and their caregivers.
- 3.B.2: Provide effective caregiver interventions through AD-capable systems.

ADMINISTRATION FOR
COMMUNITY LIVING



3.A: Ensure receipt of culturally sensitive education, training, and support materials

QUESTIONS?