

Federal Agency Updates



Alzheimer's Disease and Related Dementias Research Update

*Advisory Council on Alzheimer's Research,
Care, and Services Meeting*

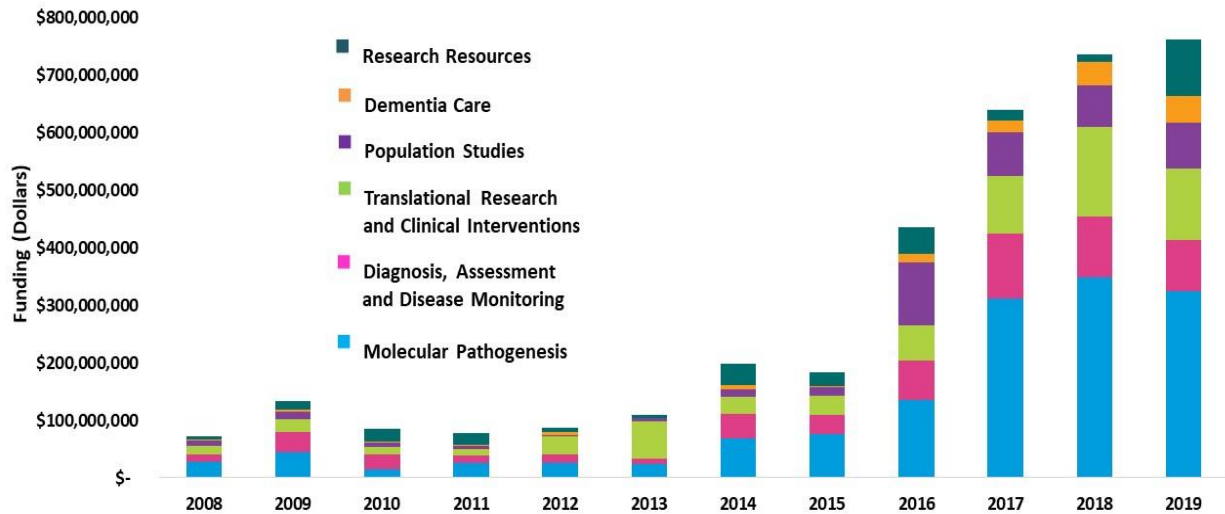
Richard J. Hodes, M.D.

Director, NIA

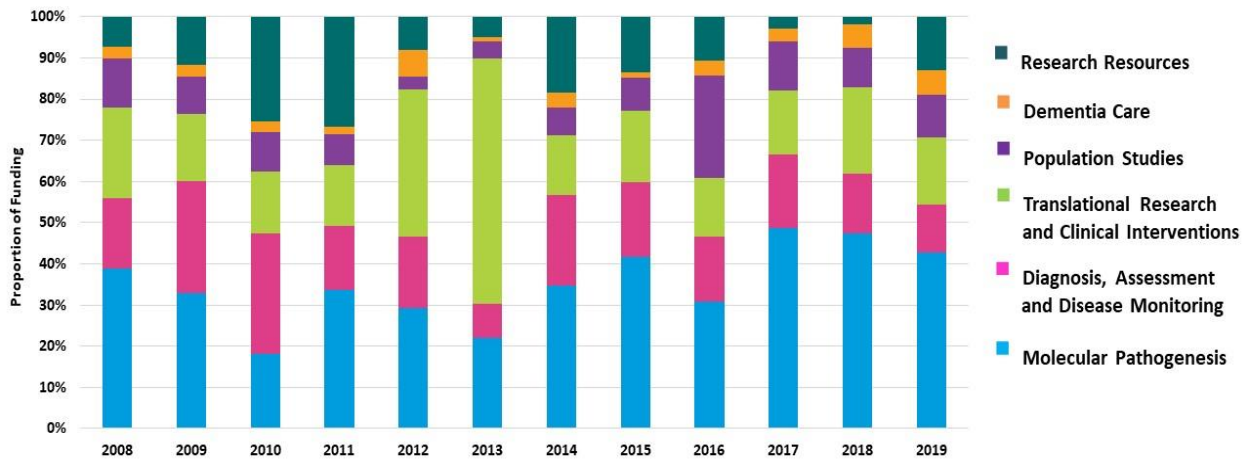
May 3, 2021



Growth Trends in NIA's AD/ABRD Research Portfolio Fiscal Years 2008-2019



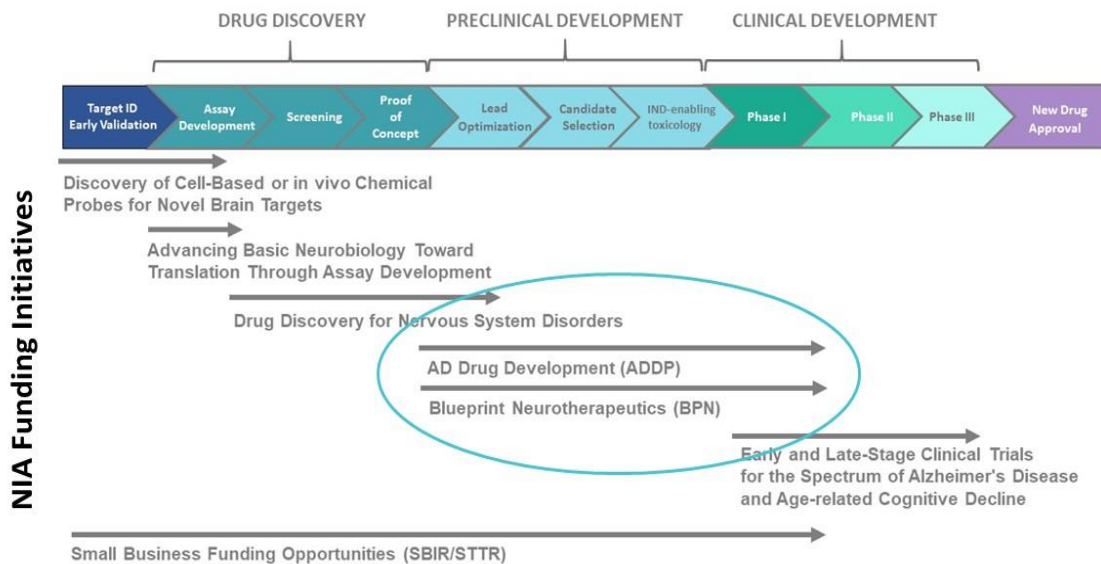
Trends in NIA's AD/ABRD Research Portfolio Fiscal Years 2008-2019



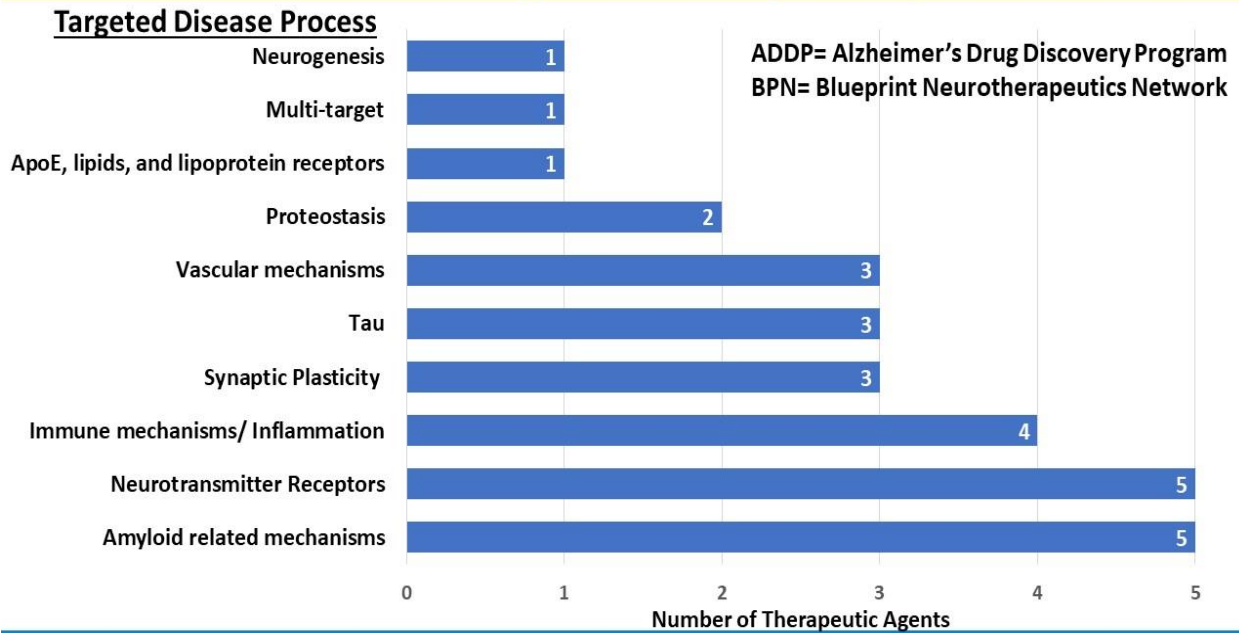
Recruitment of a Growing AD/ADRD Research Workforce

- ~1/3 of NIA’s Alzheimer’s disease and related dementias awardees from Fiscal Year 2015—2020 were either **new or early-stage** investigators.
- ~1/4 of NIA’s Alzheimer’s disease and related dementias awardees were **new to the field**.

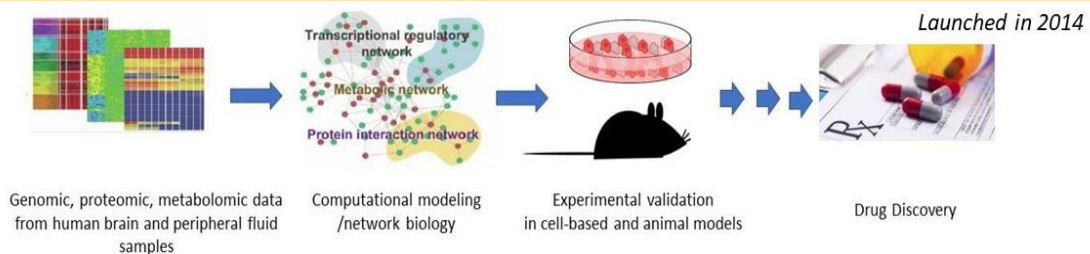
NIA’s Alzheimer’s Translational Research Program provides a pipeline of funding opportunities for academic institutions and biotech companies. These programs support the discovery and development of new drugs targeting key aspects of the disease process.



ADDP and BPN candidates in pre-clinical drug development are diverse



Accelerating Medicines Partnership for Alzheimer's Disease (AMP-AD)



➤ **AMP-AD is an NIA-led, public-private partnership among government (NIA, NINDS, FDA), pharmaceutical industry and non-profit foundations**

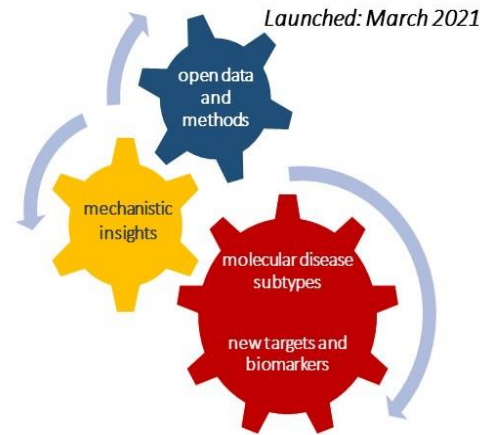
- Uses big data approaches to better understand the complex nature of AD to identify new targets for treatment.

➤ **AMP-AD Accomplishments**

- Centralized data resources for sharing data, analytical results and target nominations, over 2500 AD and control cases
- Rich, high quality data and network models of disease pathways and targets
- Datasets being widely used: ~3000 users to date - 60% academia, 40% biotech/pharma
- Over 500 novel candidate targets identified

AMP AD 2.0: Enabling a Precision Medicine Approach to Target and Biomarker Discovery

- Expand multi-omic profiling in samples (brain, CSF, blood) from diverse cohorts (African American and Latino American)
- Generate longitudinal immunologic profiling data across diverse cohorts (Caucasian, African American and Latino American)
- Expand the existing sn/sc molecular profiling efforts to multiple brain regions, and in samples from diverse cohorts



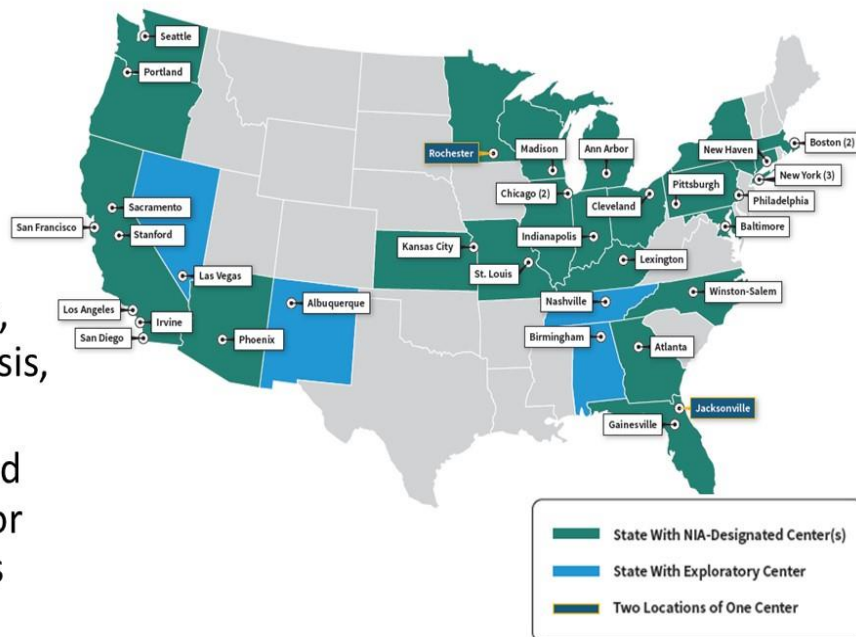
AMP AD 2.0 Partners



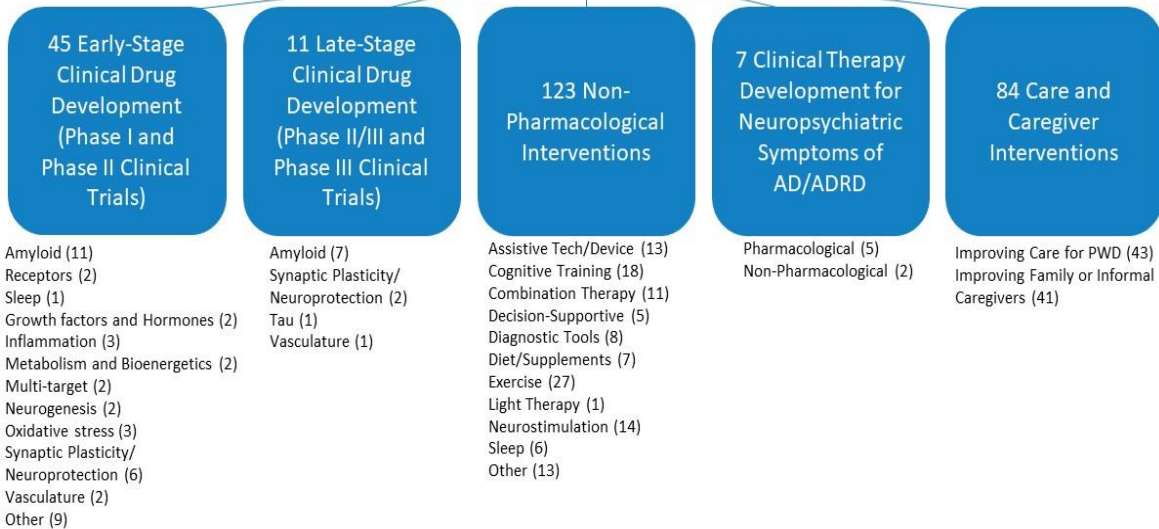
AMP AD 2.0 brings together 8 research teams from over 20 academic institutions and 9 public-private partner organizations.

Enhancing the Alzheimer's Disease Research Centers Network

- 31 ADRCs
- 4 new exploratory centers
- Clinical, neuropathology, imaging, biomarkers, genetics, pathogenesis, therapeutics
- Provide diagnosis and education services for patients and families



Active NIA AD/ADRD and Related Intervention and Prevention Trials (~270)



Clinical Trials Pivot During Pandemic to Keep Studies Going

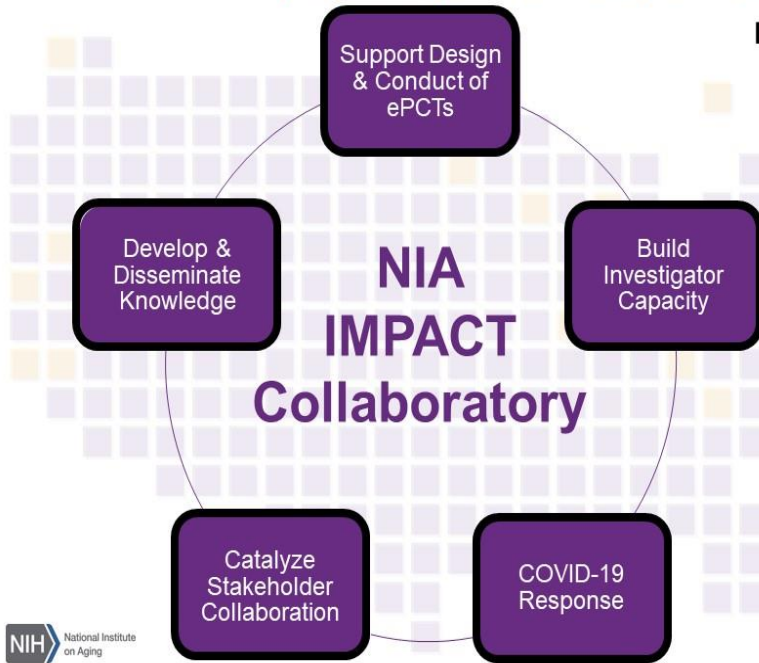
Examples of Shifts to Clinical Trial Protocols in response to COVID-19

- Exercise trials are now using virtual coaching and fitness training
- Trials with intravenous infusions of medication are moving to in-home infusions
- Trials have shifted to remote monitoring and screening of participants



A number of these flexibilities will remain even after trial sites re-open as they present greater options and reduce barriers for participants

IMbedded Pragmatic Alzheimer's disease (AD) and AD-Related Dementias (AD/ADRD) Clinical Trials (IMPACT) Collaboratory

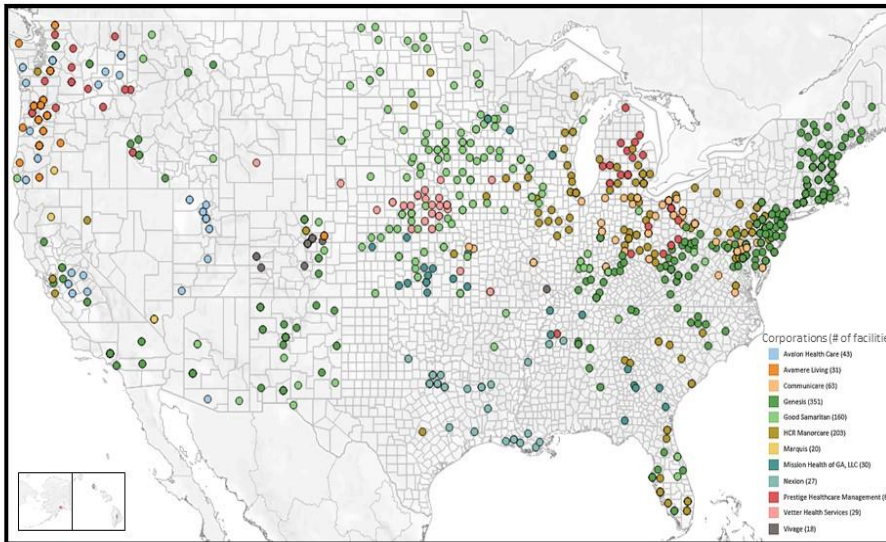


IMPACT supported pilot trials include:

- Working to improve AD/ADRD care management across interdisciplinary teams
- Designing mobile apps to help adult day service centers prevent minor health issues from escalating to medical emergencies
- Empowering bedside nurses in emergency departments to improve detection of dementia in patients



NIA IMPACT Collaboratory Data Sharing Cooperative: Geography of Facilities



AHRQ-National Academies Study on Dementia Care & Caregiving

Two parts:

❑ Agency for Healthcare Research & Quality (AHRQ)

Conduct a **rigorous systematic review of the evidence** on care and caregiving interventions for people living with dementia (PLWD) and their caregivers – **released in July 2020**



❑ National Academies of Sciences, Engineering, and Medicine (NASEM)

Establish an expert committee to develop a **report outlining a set of recommendations** on the readiness of these interventions for broad dissemination and implementation, **and research gaps** in the field – **released in February 2021**

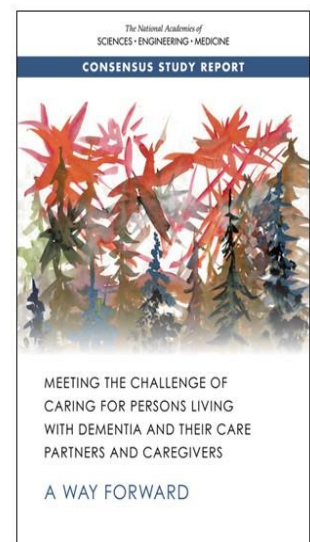


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National Academies Recommendations on Dementia Care & Caregiving

Key Messages from NASEM Synthesis:

- Most caregiving interventions were not assessed in the study because they had small sample sizes, were pilots, or had high risk of bias
- Two types of interventions demonstrated low-strength evidence of benefit in clinical trials:
 - **Collaborative Care**
 - **Resources for Enhancing Alzheimer’s Caregiver Health (REACH) II**
- The report recommends broader implementation of these programs in real-world settings that allow for continual monitoring, evaluation, and quality improvement



<https://www.ncbi.nlm.nih.gov/books/NBK567818/>

2021 Alzheimer's Disease Research Summit



NIH National Institute on Aging

2021 NIH Alzheimer's Research Summit

Path to Precision Medicine for Treatment and Prevention

April 19–22, 2021
10:00am–3:30pm EDT | Virtual Event

#ADSummit2021

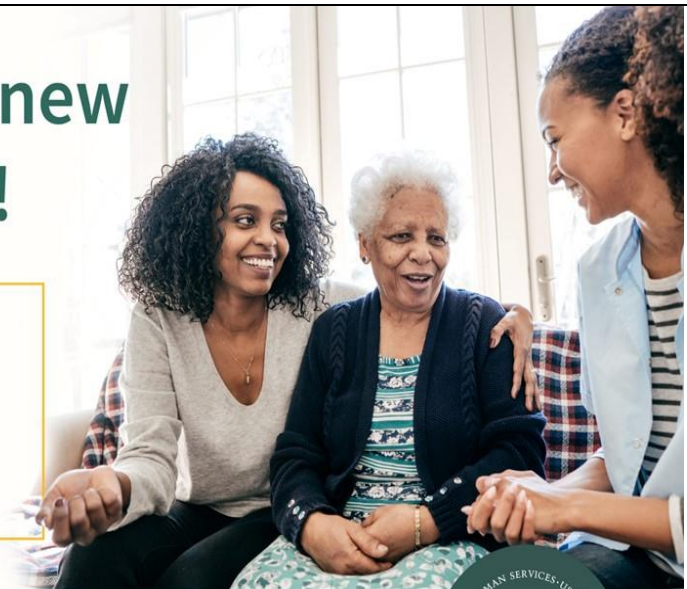
Archived presentations found at:

<https://www.nia.nih.gov/2021-alzheimers-summit>



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Ways to Stay Informed and Connected



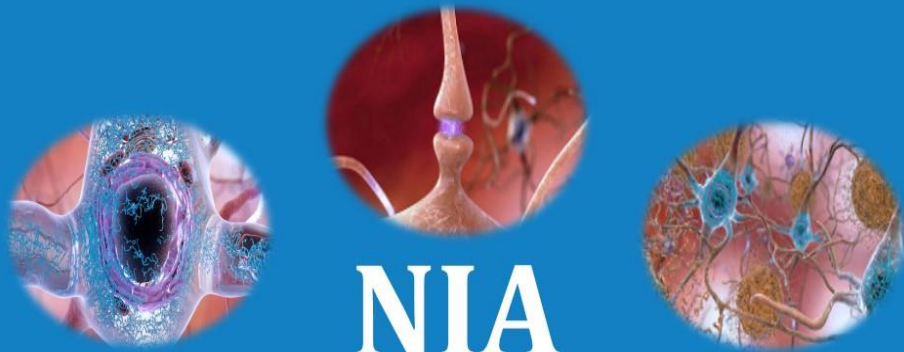
Search all active NIA funding opportunities:
<https://www.nia.nih.gov/research/funding>



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



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NIA

The Leader in Aging Research



National Alzheimer's Project Act Advisory Council on Alzheimer's Research, Care, and Services

Long-Term Services and Supports Federal Update

May 3, 2021

Administration for Community Living

FUNDING OPPORTUNITY ANNOUNCEMENT

Alzheimer's Disease Programs Initiative - Grants to States and Communities

HHS-2021-ACL-AOA-ADPI-0083

Estimated Total Funding: \$11,053,915

Expected Number of Awards: 14

Award Ceiling: \$1,000,000 Per Project Period

Award Floor: \$550,000 Per Project Period

Applications due: MAY 10, 2021

NAPA Goals 2, 3, 4

Administration for Community Living

UPCOMING FUNDING OPPORTUNITY ANNOUNCEMENT

Alzheimer's Disease Programs Initiative - Dementia Capability in Indian Country

HHS-2021-ACL-AOA-ADPI-0087

Alzheimer's Disease Programs Initiative - Grants to States and Communities - Round Two

HHS-2021-ACL-AOA-ADPI-0083

NAPA Goals 2 , 3 , 4

Administration for Community Living

National Alzheimer's and Dementia Resource Center **2021 WEBINAR Series**

- January 13, 2021- Reaching Socially Isolated People Living with Dementia with Carol Manning and Mike Splaine- 727 participants
- February 9, 2021- Exploring Male Caregiving for People Living with Dementia with Molly Perdue and Bob O'Brien, male caregiver- 505 participants
- March 11, 2021- Complex Care Management for People Living with Dementia with Sarah Dulaney and Lori Resnick- 586 participants
- April 27, 2021- Community Health Workers: A key support for people living with dementia and their caregivers with Constantina Mizis and Alicia Nielson – 346 participants

Recordings and presentation PowerPoints are posted on the NADRC webpage

NAPA Goals 2 , 3 , 4

Administration for Community Living

National Alzheimer's and Dementia Resource Center

<https://nadrc.acl.gov/>

UPCOMING WEBINARS

Person Centered Goal Discovery for People Living With Dementia

Tuesday, May 18, 2021 1:00-2:00 PM ET

[Webinar Registration](#)

Supports for people living with dementia and their families are most effective when they are person-centered and the result of a thoughtful planning process that considers what is important to them. When guiding providers on how to deliver high quality support, it is important to use a clear and engaging approach to discover and address people's priorities as dementia progresses. This webinar will present foundational person-centered principles, and provide examples of how to plan for people who are living with dementia in the community and other settings.

- June 23, 2021- Elder Abuse and Dementia with Dr. Laura Mosqueda and Charlie Sabatino
- August 24, 2021- Building and Maintaining Relationships after a Dementia Diagnosis (Matt Estrade and Care Partner)

NAPA Goals 2 , 3 , 4

Administration for Community Living

[ACL Brain Health Webpage](#) *New Content*

Focus on Resources for Community Based Organizations

Brain Health Resources for Community Based Organizations: Perspectives From the Field

Community-based organizations play an important role in providing support and services in the home and community. The resources below provide examples of how area agencies on aging and other organizations are boosting awareness, providing education, and conducting services and supports on the topic of brain health.

- A [recorded webinar](#) highlights findings from a report assessing how area agencies on aging across the country are providing service and supports to individuals with dementia and their caregivers and developing initiatives related to brain health. A digital version of the report can be found [here](#).
- A [companion research paper](#) to the report provides further insights and touches on how services and supports have been adapted during the COVID-19 Pandemic.
- A [briefing paper](#) on Promoting Brain Health in States and Communities: Nationwide examples from ACL's Alzheimer's Disease Program Grantees by Vijeth Iyengar, PhD and Erin Long, MSW.

Administration for Community Living

Issue Brief Cataloguing ACL-Funded Support of Brain Health in States and Communities Over Many Years

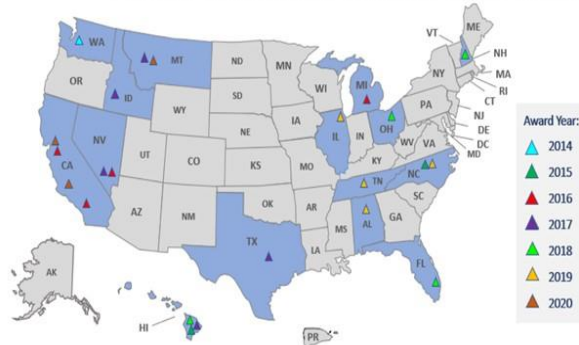


Figure 1: ACL has supported brain health services or activities from 23 unique organizations (shaded triangles) spanning 15 states (shaded in dark blue) between the years 2014-2020.

Sources: https://acl.gov/sites/default/files/common/lyengar_Long_BrainHealth_IssueBrief_ACLAlzheimersDiseasePrograms_0.pdf.

Brain Health Services or Activities Include:

- Psychoeducational programs for family caregivers of persons with dementia.
- Educational series covering basics of brain function, types of dementia, and living with dementia.
- Community presentations covering topics on healthy lifestyle choices and signs of cognitive impairment.

Administration for Community Living

Minority Organizations Technical Assistance & Resource Center (TARC) Program

- ACL funds five national organizations that support diverse older adult populations:
- African American; Hispanic; Asian-Pacific Islander; Native Americans; and Lesbian, Gay, Bisexual, And Transgender (LGBT)

Technical Assistance call

MHP Salud: [COVID-19, Social Isolation, and Hispanic Adults with Alzheimer's and other Dementia](#) February 17, 2021.

Blog

MHP Salud: [How to Raise Awareness About Dementia in Hispanic/Latino Older Adults](#), (available in English and Spanish) January 2021.

NAPA Goals 2, 3, 4

Questions? Thank you!

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CMS Posts Information on Medicare Cognitive Assessment and Care Plan Services

- In March 2021 CMS updated the web page for beneficiaries that describes covered items, devices, and services to include a description of the Cognitive Assessment and Care Plan Service (CPT code 99483) available to beneficiaries with under Medicare Part B, distinct from the cognitive screening in the Annual Wellness Visit
- The new page links to resources including the Medicare depression screen, Alzheimer's.gov, CDC and NIH resources, ACL's Eldercare locator, and VA benefits
- CMS also plans to include a reference in the 2022 "Medicare & You" handbook
- The new page can be found at:
<https://www.medicare.gov/coverage/cognitive-assessment-care-plan-services>

(Strategy 2.B)



Indian Health Service UPDATES

Dr. Bruce Finke, MD

Indian Health Service

- \$5,000,000 appropriated to the IHS in FY 2021 to address Alzheimer's Disease.
- IHS is currently highly engaged in Tribal Consultation and Urban Confer with Tribal and Urban Indian Program Leadership on the allocation of these resources.
 - Consultation initiated with [Dear Tribal Leader Letter](#) on March 31, 2021.
 - April – May: Learning Sessions, Tribal Consultation and Urban Confer Sessions, Area Listening Session - [recorded and available](#).
 - To submit comments and for the schedule of all sessions: <https://www.ihs.gov/dccs/consultationandconf>
- Approach aligned with the [National Plan to Address Alzheimer's Disease](#)
 - Partnership with Tribes and Urban Indian Health programs.
 - Integrated with other federal efforts.
 - Opportunities for partnership and collaboration with non-federal partners.
- Conclusion of Tribal Consultation / Urban Confer by June, plan for action by July.
- This is the first ever specific appropriations for ADRD in the IHS budget.



ASPE Updates

New Reports on People with Dementia

The Impact of COVID-19 on Medicare Beneficiaries with Dementia

- <https://aspe.hhs.gov/dementia-medicare-bene-covid>

The Risk and Costs of Severe Cognitive Impairment at Older Ages: Literature Review and Projection Analyses

- <https://aspe.hhs.gov/basic-report/risk-and-costs-severe-cognitive-impairment-older-ages-literature-review-and-projection-analyses>
- Issue Brief: <https://aspe.hhs.gov/basic-report/risk-and-costs-severe-cognitive-impairment-older-ages-key-findings-our-literature-review-and-projection-analyses-research-brief>





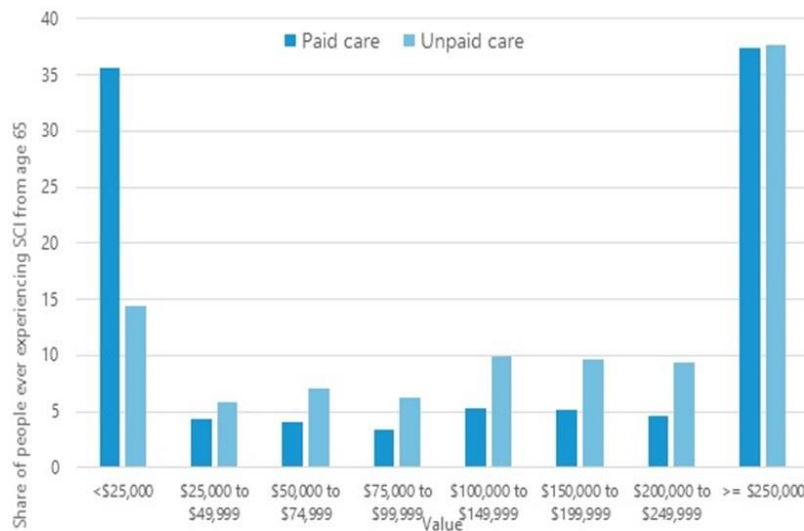
Risk & Costs of Cognitive Impairment

Uses the Dynamic Simulation of Income Model (DYNASIM) to project:

- The risk and costs of severe cognitive impairment at older ages
- Severe cognitive impairment (SCI): “Cognitive impairment that is severe enough to limit function, usually defined as social or occupational function. In its severe forms, a person with dementia/SCI may not be able to recognize people, use language, or execute purposeful movements.”

(Finding consistent with presentations by Judy Dey and Melissa Favreault in October 2019)

Distribution of Projected Costs of Paid LTSS and Value of Unpaid Care for Those Who Ever Experience SCI: DYNASIM 1955-1959 Birth Cohort



The value of informal care --close to \$243,500 (\$161,000 in present value terms)--just exceeds the formal costs--\$281,000 (\$164,000 in present value terms).

New Reports on Risks & Financing of LTSS

Long-Term Services and Supports for Older Americans: Risks and Financing, 2020 Research Brief

- <https://aspe.hhs.gov/basic-report/long-term-services-and-supports-older-americans-risks-and-financing-2020-research-brief>

Projections of Risk of Needing Long-Term Services and Supports at Ages 65 and Older

- <https://aspe.hhs.gov/basic-report/projections-risk-needing-long-term-services-and-supports-ages-65-and-older>
- Issue Brief: <https://aspe.hhs.gov/basic-report/most-older-adults-are-likely-need-and-use-long-term-services-and-supports-issue-brief>

New Reports on LTSS and Economic Hardship

Economic Hardship and Medicaid Enrollment in Later Life: Assessing the Impact of Disability, Health, and Marital Status Shocks

- <https://aspe.hhs.gov/basic-report/economic-hardship-and-medicaid-enrollment-later-life-assessing-impact-disability-health-and-marital-status-shocks>

Extended LTSS Utilization Makes Older Adults More Reliant on Medicaid: Issue Brief

- <https://aspe.hhs.gov/basic-report/extended-ltss-utilization-makes-older-adults-more-reliant-medicaid-issue-brief>

Risk of Economic Hardship Among Older Adults: Issue Brief

- <https://aspe.hhs.gov/basic-report/risk-economic-hardship-among-older-adults-issue-brief>

CDC UPDATES

LISA C. MCGUIRE, PHD



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

Presented May 3, 2021 to National Alzheimer's Project Act (NAPA) Advisory Council Quarterly Meeting



COVID-19 Information for Older Adults



Older adults and people of any age who have serious underlying medical conditions are at higher risk for developing more serious complication from COVID-19 illness.



[COVID-19 Guidance for Older Adults \(cdc.gov\)](https://www.cdc.gov)

COVID-19 Guidance for Older Adults: ADULT DAY SERVICE CENTERS (ADSCs)



Guidance for ADSC Participants and Caregivers

- Ways to protect yourself and other people
- What to do if you're sick or have been exposed to COVID-19
- What to do if you're worried, stressed, or sad
- Additional resources

Guidance for ADSC Administrators and Staff

- Promotion of vaccines and mitigation behaviors
- Strategies for healthy operations
- Maintenance of healthy environments
- Mental health resources



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COVID-19 Cases Among Nursing Home Residents and Staff Mirror Community Spread



- COVID-19 infection rates increased during June, July, and November 2020 among nursing home residents and staff.
- Trends in reported COVID-19 cases among nursing home residents and staff members resembled trends in COVID-19 incidence in surrounding communities. [Morbidity and Mortality Weekly Report, January 9, 2021.](#)



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COVID-19 Information for Older Adults Mental Health and Social Isolation Among Older Adults



How Right Now



[HowRightNow.org](https://www.howrightnow.org) provides inspiration, tips, and resources to help manage and reduce any feelings of [stress](#), [loneliness](#), [worry](#), or [sadness](#), you might be experiencing.

Social Isolation and COVID-19



Dr. Craig Thomas discusses growing concerns of social isolation and loneliness among older adults before and during the COVID-19 pandemic.

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COVID-19 Information for Older Adults Maintaining Physical and Mental Well-Being of Older Adults and Their Caregivers During Public Health Emergencies



- Highlights racial and ethnic groups, persons with disability, rural populations, tribal populations, LGBT individuals, populations with limited English proficiency, and groups that have been economically/socially marginalized.
- Key needs and concerns of older adults and caregivers during COVID-19 and needed assistance for older adults and caregivers
- Older adults' and caregivers' information-seeking behaviors and resource preferences
- Interventions and strategies focused on social isolation, deferral of medical care, management of chronic conditions, elder abuse and neglect, and deconditioning

The National Foundation of the Centers for Disease Control and Prevention funded this study conducted by NORC at the University of Chicago, with partners TMN Corp and Burness



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Resources: The National Association of Chronic Disease Directors (NACDD) Rack Cards

The NACDD partnered with CDC developed a series of visual information products to provide information about reducing risk for cognitive decline. The cards focus on areas such as healthy diet, adequate physical activity, and blood pressure management.

HEALTHY BLOOD PRESSURE. HEALTHY BRAIN.

It is normal for your brain to change as you get older. Having healthy blood pressure can lower your risk for memory loss and confusion. Follow your healthcare provider's guidance to manage your blood pressure.

- Monitor your blood pressure
- End heavy alcohol
- Be physically active
- Minimize salty snacks
- Do not use tobacco products
- Limit alcohol beverages
- Practice good sleep habits
- Manage stress
- Take medications as prescribed

HEALTHY DIET. HEALTHY BRAIN.

It is normal for your brain to change as you get older. A healthy diet may reduce your risk for memory loss and confusion. A healthy diet can help to improve your overall health, including brain health. A healthy diet:

- Emphasizes fruits, vegetables, whole grains and fat-free or low-fat milk and milk products
- Includes lean meats, poultry, fish, beans, eggs and nuts
- Is low in saturated fat, trans fat, cholesterol, salt (sodium) and added sugar
- Is age-weight your daily calorie needs

Please talk to your healthcare provider about how you can have a healthy diet.

HEALTHY BLOOD SUGAR. HEALTHY BRAIN.

Having diabetes can put your brain health at risk. Diabetes can damage blood vessels, which results in reduced or blocked blood flow to the brain. This can increase your risk for Alzheimer's disease, memory loss, and confusion.

It is important to keep your blood sugar levels under control to stay healthy. Use your doctor regularly to help manage your diabetes. Here are some other ways to help you manage your blood sugar and protect your brain health.

- Be physically active
- Eat healthy
- Take medications as prescribed
- Limit alcohol
- Be physically active
- Monitor your blood pressure

HEALTHY BODY. HEALTHY BRAIN.

It is normal for your brain to change as you get older. Regular physical activity can have many benefits for health, including lowering your risk for memory loss and confusion. It can:

- Help you think better
- Improve your sleep quality and help you to fall asleep faster
- Reduce your feelings of sadness
- Reduce symptoms of anxiety and depression
- Lower your risk of Alzheimer's disease and related dementias

All forms and intensity of physical activity are helpful for the health of older adults. For maximum health benefits, older adults should do all three of these activities:

- AT LEAST 150 MINUTES A WEEK** Something that gets your heart pumping like walking briskly or dancing
- AT LEAST TWO DAYS A WEEK** Something that builds muscle like gardening or using exercise bands
- Something to improve balance like walking heel-to-toe or standing on one foot

Resources: Healthy Heart, Healthy Brain Editable Messaging



- The [Healthy Brain Initiative Road Map Series](#) calls on public health to educate the public about steps to take to reduce risk of cognitive decline.
- The new [editable templates](#) provide ways people can work with their health care providers and independently to protect cognitive and heart health.

Healthy Heart, Healthy Brain
Steps for Protecting the Heart, Brain, and Body

Over the years, our bodies and brains change. But memory loss that develops daily life, or difficulty completing familiar tasks, is not typical. The changes may be signs of mild dementia or Alzheimer's. Learn more about Alzheimer's, dementia, and cognitive decline at [alz.org](#).

Over 8 million Americans have Alzheimer's disease
people aged 65 and older have Alzheimer's in

People with heart disease, high blood pressure, or diabetes have a much higher risk of developing Alzheimer's or other dementias.

Key steps you can take for a healthy heart, brain, and body:

1. Call your doctor today for an appointment to talk about how to keep your brain and heart healthy.
2. Schedule wellness checkups and health screenings every year. Blood pressure and diabetes screenings are usually free with health insurance or Medicare Part B.
3. Exercise each day.
4. Stop smoking.
5. Get help managing high blood pressure, diabetes, high blood cholesterol, and depression or anxiety.
6. Protect your head. Falls are the number one cause of head injury in older adults.
7. Eat more fresh fruits and vegetables and foods low in salt and sugar.
8. If you have trouble with memory or forgetfulness that makes it hard to get through the day, see your doctor right away.

You can do things today to protect your brain and heart health. These steps may help reduce risk for cognitive decline and dementia.

Turn next for your checklist to help keep your heart, brain, and body healthy.

Checklist: Keep Your Heart and Brain Healthy

Your heart and brain are connected. A stroke that tears blood vessels from the heart flow all through the body, including the brain. Working with support and energy. Healthy habits help keep arteries and veins from becoming clogged, which can harm the heart and cause strokes.

WORKING WITH YOUR DOCTOR

- Get an appointment for health screening. Get a blood pressure check every year. It usually free with health insurance. Know Part B.
- Get blood pressure checked regularly and know your numbers. A blood pressure higher than 120/80 mm Hg is not good.
- Get about to get your doctor to ask track your own blood pressure. Get more you can get it and daily to check your blood pressure.
- Your cholesterol checked regularly. See your numbers. Talk to your doctor what you can do. If your cholesterol is high.
- If you have diabetes, have your sugar level checked regularly. Keep your sugar level under control by staying healthy.
- If you have diabetes, have your blood and A1C levels checked regularly, and tell your doctor to get them to normal. Your A1C should be less than 5.7%.
- Be your doctor about your heart and diabetes to make sure they have problems with your memory or cognition.

WORKING ON YOUR OWN

- Be active or walk every day. Try to get at least 150 minutes of exercise each week.
- Take your medicine for blood pressure and cholesterol every day.
- If you smoke, stop now to reduce your risk for stroke and dementia. Talk to your doctor if you need help quitting.
- Eat more fruits and vegetables and less salt and sugar.
- If you are overweight, try to lose weight with exercise and a healthy diet. Losing weight can help reduce your risk for stroke. Talk to your doctor for help.
- Head level tilted to see how much salt and sugar is in your food. If you don't know how to read food labels, ask your doctor for help.
- Limit alcohol drinks. No more than one drink per day for women and two for men. Talk to your doctor if you need help.
- Get at least seven hours of sleep each night. Talk to your doctor if you have trouble sleeping.
- Keep your brain active. Go out and meet with people in your community, take classes, or try to read, write, play games, and stay active.

Resources: Managing Hypertension to Protect Heart and Brain Health



- Hypertension is a major risk factor for numerous health and chronic conditions, including cognitive impairment. The public health community can help reduce the risk of cognitive decline in populations by preventing and managing high blood pressure.

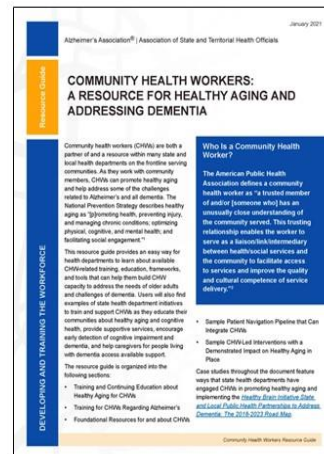


“[B]rain health should be as much on people’s minds as heart health, breast cancer, and the war on smoking have been for decades.”
 Former U.S. Surgeons General, Drs. Richard Carmona, Joyalyn Elders, Antonio Novello and David Satcher,
 “U.S. Surgeons General: Dementia is Our Top Public Health Crisis,” Commentary “Ontario Sentinel,” October 10, 2014.

Resources: Community Health Workers (CHW) Guide



The new *Community Health Workers (CHW): A Resource for Healthy Aging and Addressing Dementia* guide features how CHW can promote healthy aging and address dementia challenges.



RISK REDUCTION GOAL UPDATES

LISA C. MCGUIRE, PHD



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

Presented May 3, 2021 to National Alzheimer's Project Act (NAPA) Advisory Council Quarterly Meeting



Risk Reduction Goal

Rationale

- Advances in science of risk factors: Science continues to evolve in the prevention, identification, treatment, and management of Alzheimer's disease and related dementias (ADRD). The most current scientific information will be utilized to drive the development of this goal.
- Preclinical stages of the disease: The preclinical states of ADRD are ripe for primary prevention. Intervening during this portion of the life course will not only reduce or delay the onset on ADRD but also will help to maintain the health, well-being, and independence of older adults by improving the health of the nation.
- Heterogeneity of pathologies that cause dementias: Dementia symptomology is caused by multiple pathologies and combinations of pathologies. The intervention of risk factors known to prevent or delay onset of ADRD, regardless of pathology, is the key.

Objective

To develop a national goal to reduce the burden of risk factors in order to prevent or delay onset of Alzheimer's Disease and related dementias (ADRD)

Steering Committee



Matthew Baumgart

Vice President of Health Policy at Alzheimer's Association



Lisa C. McGuire, Ph.D.

Lead, [Alzheimer's Disease Program](#)

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health



Kelly O'Brien

Executive Director of the Brain Health Ecosystem project at [UsAgainstAlzheimer's](#)

Process and Timeline

Process

1. Steering Committee Initial Meetings:
 - Establish Subcommittee Members
 - Develop initial recommendations
 - ★ ➤ Form Workgroups (subset of risk factors)
 - Science, clinical intervention, and public health action
 - Technical guidance for national risk reduction goal
2. Subcommittees revise recommendations
3. Steering Committee reviews and revises recommendations
4. Recommendations sent to broader review and then revised
5. Recommendations presented to NAPA Advisory Council

How to get involved as a reviewer:

aging@cdc.gov

SUBCOMMITTEE MEMBERSHIP

Steering and Subcommittee Advisor: Alan Levey, NAPA co-chair

Expertise Categories:

- Public Health
- Clinical Care
- Innovation Industry
- Research

Selection Criteria/Consideration: Will include two members who fall into one of the categories above to serve as subcommittee members.

- Multi-disciplinary, action-oriented, and diverse candidates
- Those with a history of working within the field (e.g., clinician, academic)
- Range of experiences and representation from fields of aging, cardiovascular disease, and other primary risk factor areas of AD/ADRD

Subcommittee Members



Jewel Mullen
Dell Medical School



Joshua Chodosh
*New York University
Langone Health*



Laurie Whitsel
*American Heart Association,
American Stroke Association*



Caraline Coats
Humana



Joe Chung
*Kinto Care,
Redstar Ventures*



Marilyn Albert
*Johns Hopkins
Medicine*



Karthik Sivashanker
*American Medical
Association*



Rebecca Gottesman
*Johns Hopkins
University*

Workgroup Leaders

Group A		Group B		Group C		Group D	
Joshua Chodosh	Jewell Mullen	Laurie Whitsel	Caraline Coats	Marilyn Albert	Joe Chung	Rebecca Gottesman	Karthik Sivashanker
Obesity		Physical Activity		Social Isolation		Hypertension	
Diet		Smoking/Tobacco		Depression		Hyperlipidemia	
Sleep		Alcohol		Hearing Loss		Diabetes	
Traumatic Brain Injury				Cognitive Activity			

Risk & Protective Factors Selected

- Alcohol
- Cognitive Activity
- Depression
- Diabetes
- Diet
- Hearing Loss
- Hyperlipidemia
- Hypertension
- Obesity
- Physical Activity
- Sleep
- Smoking/Tobacco
- Social Isolation
- Traumatic Brain Injury

Workgroup Members

Group A: Joshua Chodosh and Jewell Mullen

Obesity, Diet, Sleep, Traumatic Brain Injury

Jeannette Beasley

Jennifer Martin

Temitayo Oyegbile-Chidi

Kristine Yaffe

Alice Lichtenstein

Group B: Laurie Whitsel and Caraline Coats

Physical Activity, Tobacco Use, Alcohol

Ross Arena

Aruni Bhatnagar

Cedric Bryant

Jordan Endicott

Hadiya Green Gerraro

James Galloway

Mark Stoutenberg

Monica Rivera-Mindt

Amy Bantham

Melinda Kelley

Monica Cornelius

Alison Moore

John Omura/
Kathy Watson

Workgroup Members

Group C: Marilyn Albert and Joe Chung

Social Isolation, Depression, Hearing Loss and Cognitive Activity

Carla Perissinotto

Ipsit Vahia

Meryl Butters

Frank Lin

Michael Marsiske

Group D: Rebecca Gottesman and Karthik Sivashanker

Hypertension, Hyperlipidimia, Diabetes

Hugo Aparicio

Heather Hodge

Walter Kernan

David Hoffman

Ann Marie Navar

Laura Baker

Denard Cummings

Judy Hannan

Framing Questions

1. To what extent does the potential dementia risk and protective factor have strong evidence from a population-based perspective?
2. To what extent is the potential dementia risk and protective factor ripe for public health action (i.e., Does it have promising [strong evidence-based] community-level interventions)?
3. To what extent would the potential dementia risk and protective factor, if addressed by the public health community, have strong public health impact (including in diverse communities)?
4. Does the potential dementia risk and protective factor have interventions or actions that individual health care providers/teams can recommend to their individual patients?
5. Can the potential dementia risk and protective factor be addressed through policy and payment (systemic) changes, either at the federal, state, or private sector level?

Timeline

March

- Framing Meeting
- Identify Workgroup Members

April

- SUBC Meeting
- Workgroup Meetings

★ May

- Workgroup Meetings
- SUBC Meeting
- Update to NAPA Advisory Council

June

- Outputs Meeting (SUBC present findings & suggestions)
- Solicit External Reviews

July

- External Reviews
- SUBC Meeting
- Present recommendations to NAPA Advisory Council

August

- Submit final recommendations to HHS

WANT TO
BE A
REVIEWER?

Email:
aging@cdc.gov

THANK YOU

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Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion



Division of Population Health
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.