DEMENTIA RESEARCH, CARE, AND SERVICES: INDICATORS OF PROGRESS

EMMA NYE
HELEN LAMONT
OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

CHOOSING INDICATORS

- Asked federal partners to identify important indicators of progress
- Both qualitative and quantitative
- Not all indictors 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

<table>
<thead>
<tr>
<th>Action Number</th>
<th>Action Description (from Plan)</th>
<th>Method of Action</th>
<th>Lead Agency</th>
<th>Partners</th>
<th>Project Completion Date</th>
<th>Activities in 2017 and 2020</th>
<th>Pertinent Indicators</th>
</tr>
</thead>
</table>
| 2.P.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 ASD who have or are at risk of developing dementia; (3) caregivers who need behavioral or symptom management training or expert consultations to help them care for family members. | NIAAG | Ongoing | 2017 | - Number of programs implementing evidence-based and evidence-informed interventions awarded since 2011
|               |                                 |                  |            |          |                        |                           | - Persons with dementia and caregivers served by grants awarded 2011 and later (AIS)
|               |                                 |                  |            |          |                        |                           | - Improvement in dementia capability of programs funded since 2017 (we implemented the Dementia Planning Assessment in 2017 with first data in FY2018) (AIS)
|               |                                 |                  |            |          |                        |                           | - Minority and rural/urban status for grants awarded 2015 and later (AIS)

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

1.B.3: Increase enrollment in clinical trials and other clinical research through community, national, and international outreach.
1.B.5: Conduct clinical trials on the most promising pharmacologic interventions.
1.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

1.B.3: Increase enrollment in clinical trials and other clinical research through community, national, and international outreach.
1.B.5: Conduct clinical trials on the most promising pharmacologic interventions.
1.B.6: Continue clinical trials on the most promising lifestyle interventions.
2.A.4: Develop and disseminate a voluntary unified primary care AD/ADRD curriculum.

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

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

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/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.
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 specialities.
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.

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

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.
2.F.1: Implement and evaluate new care models to support effective care transitions for people with AD/ADR D.
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/ADR D and their caregivers.
3.B.2: Provide effective caregiver interventions through AD-capable systems.

3.A.1: Distribute materials to caregivers.
3.B.1: Develop and disseminate evidence-based interventions for people with AD/ADR D and their caregivers.
3.B.2: Provide effective caregiver interventions through AD-capable systems.
3. A: Ensure receipt of culturally sensitive education, training and support materials

QUESTIONS?