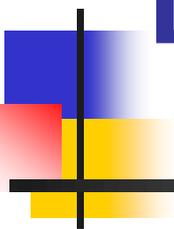
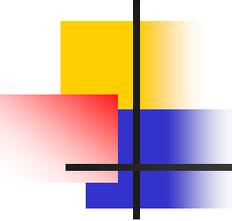


Translating Evidence-Based Dementia Interventions into the Community: Learning from ADSSP Grantees

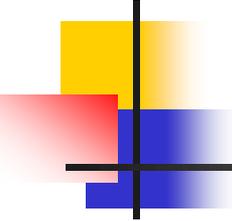


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Gerontological Society of America
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September 22, 2016

Evidence-Based Non-Pharmacological Dementia Interventions

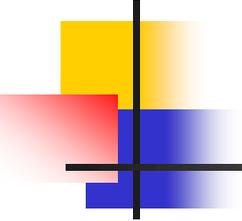


- Since the late 1990s, randomized controlled trials (RCTs) conducted in the U.S. and other countries have found positive results for 100+ non-pharmacological (non-drug) interventions (care practices and services) for persons with dementia and their family caregivers.
- More interventions are in various stages of development and testing in the U.S. and other countries.
- Positive results from RCTs are exciting because they tell us that there is “Something To Do” for people with dementia and their family caregivers.



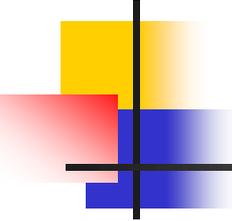
Steps from Research to Sustained Implementation

- **Research:** one or more RCTs show statistically significant positive outcomes for particular care practices and services, which are then said to be “evidence-based” (E-B)
- **Translation:** one or more translation studies are conducted to test whether E-B care practices and services also work outside the research setting in “real world” settings
- **Sustained implementation:** tested treatments and care practices are provided in the community with non-grant funding; e.g. paid for by a third-party source or a consumer, or embedded in an existing reimbursement program



Translation Studies

- Intended to test whether E-B treatments and care practices work in real-world, community settings
- **Critical** in moving from research to sustained implementation
- Test effectiveness and feasibility outside the research setting:
 - in larger, more diverse groups of persons with dementia and family caregivers, and
 - delivered by different kinds of agencies and service providers



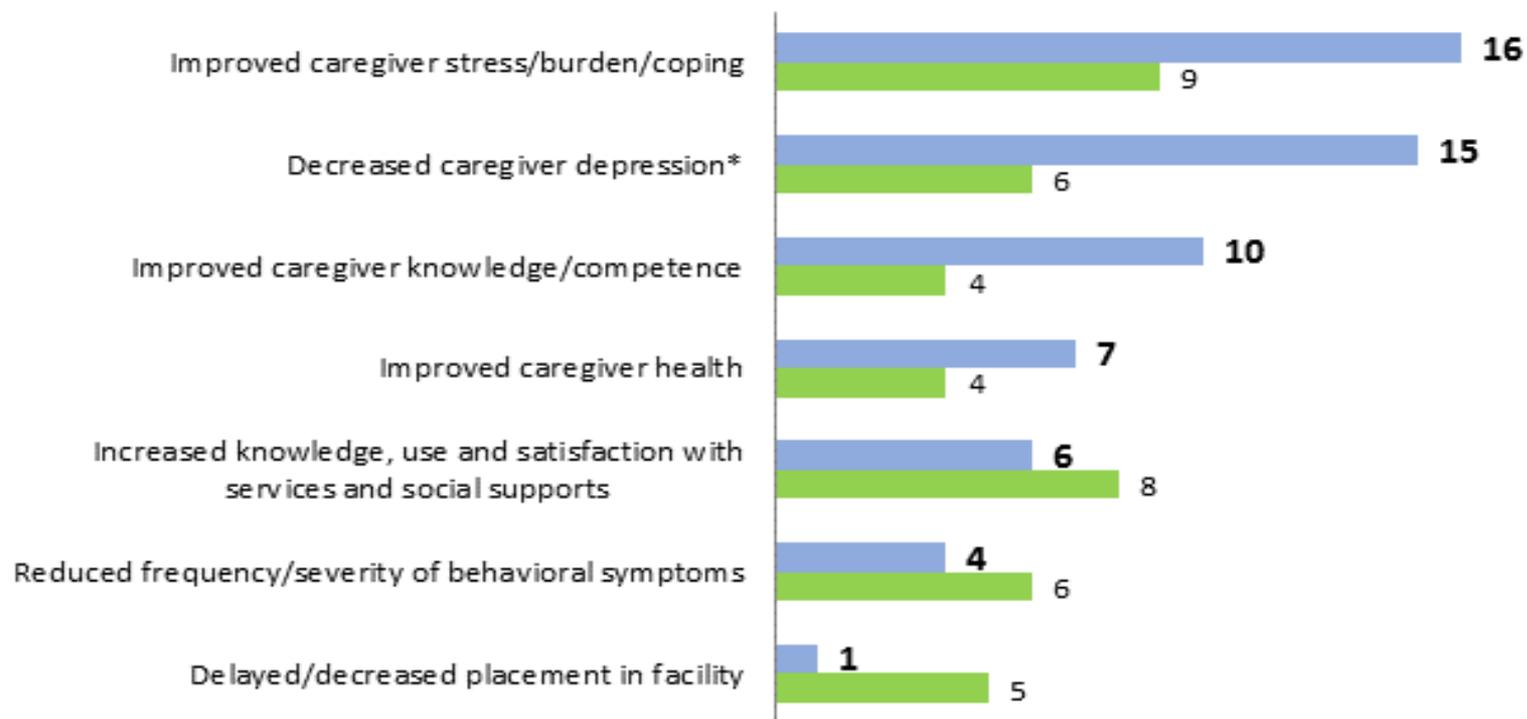
ACL Support for Translation Studies in Dementia Care

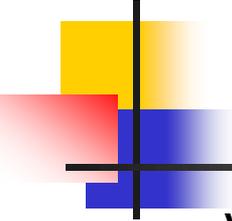
- From 2008 – 2010, AoA funded 27 grants to states for translation studies to test E-B care practices and services for people with dementia and their family caregivers
 - Grants were made from the Alzheimer's Disease Supportive Services Program (ADSSP)
 - States used the grant funding to test 9 E-B care practices and services
 - Other funders (the VA, Rosalynn Carter Institute, the National Institute on Aging, and other government agencies and foundations) also funded some translation studies

Outcomes from ACL-Funded Translation Studies

Number of Grants Reporting Specific Outcomes

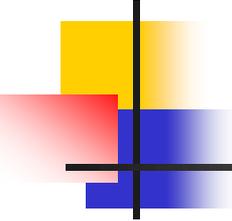
■ Statistically significant improvement ■ No significant change or significance not reported





Practice Knowledge and Tools from Translation Studies

- Vast amounts of new knowledge and insights from real-world implementation of E-B interventions
 - what works and does not work for whom / impact of race, ethnicity, culture, family relationships
 - who will use which interventions / what modifications are needed to increase acceptance, use, and completion of an intervention
 - which agencies and service providers can deliver particular interventions effectively / what modifications are needed to support effective delivery
 - what training, mentoring, supervision, and fidelity monitoring is needed
- New tools and materials that support sustained implementation
 - Manuals, position descriptions, and training materials and procedures
 - New delivery methods to reduce costs and increase the number of persons with dementia and family caregivers that can be reached and served



Sustained Implementation: Successes to Date

- Of the 9 E-B interventions:
 - At least one is being reimbursed by Medicare in one Medicare region
 - At least 5 are embedded in OAA Title III-D or III-E-funded programs in several states
 - At least two are being provided by health systems, including at least one being provided by a hospital
 - Several are being provided with funding from the National Family Caregiver Support Program in some states
 - At least two are providing training and tools on a fee basis to 20+ sites each across the country to help the sites implement their intervention
 - The VA is providing at least one intervention in VA centers across the country
- Bottom line: Valuable outcomes, reflecting substantial ACL involvement, ADSSP funding, and dedicated grantees and partners