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Case Study

**REDUCING DISABILITIES IN ALZHEIMER'S
DISEASE: THE OHIO EXPERIENCE**

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The Program: Reducing Disabilities in Alzheimer's Disease (RDAD)

Developed and tested at the University of Washington: Linda Teri, Sue McCurry, Rebecca Logsdon, and colleagues.

Original Program Goals:

- to help reduce functional dependence,
- to reduce frailty and thus delay institutionalization of the person with dementia

Intervention uses home-based exercise and caregiver training in behavioral management techniques.

This program was brought to Ohio and replicated through collaboration with Ohio Department of Aging, Benjamin Rose Institute on Aging, and Alzheimer's Association Chapters.

Reducing Disabilities in Alzheimer's Disease (RDAD)

Components

- 12 1-hour sessions over 3 months, then monthly follow-up for 3 months
- Exercise training
- Problem Solving/Behavior Management Techniques
- Dyad Intervention – Individual with diagnosis of dementia and primary family caregiver

Behavior Management

- Helps families cope with disease
- Initial intervention – decrease in institutionalization due to behaviors

Exercise

- Potential for improved range of motion, mobility, balance
- Research mounting of benefits of regular exercise programs

Meaningfulness

- Intervention compatible with all partner agencies mission
 - ODA, BRIA, AA
- Funding through the Administration on Aging
- Fit with Ohio's Strategic Plan on Aging
 - Implementation of Evidence-Based Health Promotion Programs
- Enhanced Collaborations between:
 - Ohio Department of Aging
 - Alzheimer's Association Chapters
 - Benjamin Rose Institute on Aging
 - Local agencies and providers

Community Characteristics

Size of target population

- An estimated 200,000+ Ohioans have Alzheimer's disease
- 665 families participated

Competition

Stakeholders

- Families
- Organizations

Funding stream

- AOA Grant
- Funding difficult to secure once grant ended
 - No reimbursement systems
 - Private foundation grant
 - State Alzheimer's Respite Funds (in 2 AAA's)

External Engagement with Community Partners

- Engaged Area Agencies on Aging during writing of grant proposal and throughout implementation of project
- Promoted program with outside organizations
- ODA Incorporated into Chronic Disease Management Menu of Services
- Another vehicle in statewide initiative of rebalancing of long term care services with an increase in home and community based services

Agency Infrastructure

Organizational leaders and influential internal champions.

- Leadership support
- Champions within partner organizations
- Involved agency board, governing and decision makers through regular updates

Implementation staff who were eager and experienced.

- Included staff in planning and implementation from the beginning and throughout the entire implementation
- Communication ongoing, regular basis – written and verbal – before and during implementation

Non-implementation staff education and buy-in.

- Immersion - Practiced some of program with all agency staff

Complements other established services.

Program Characteristics

Agency Fit

- Compatible with organization mission, goals and services.
- Served persons with dementia and family members

Evidence

- Strength and relevance of the evidence.
- Peer-reviewed, evidence-based program with outcomes relevant to agency stakeholders

Target Population

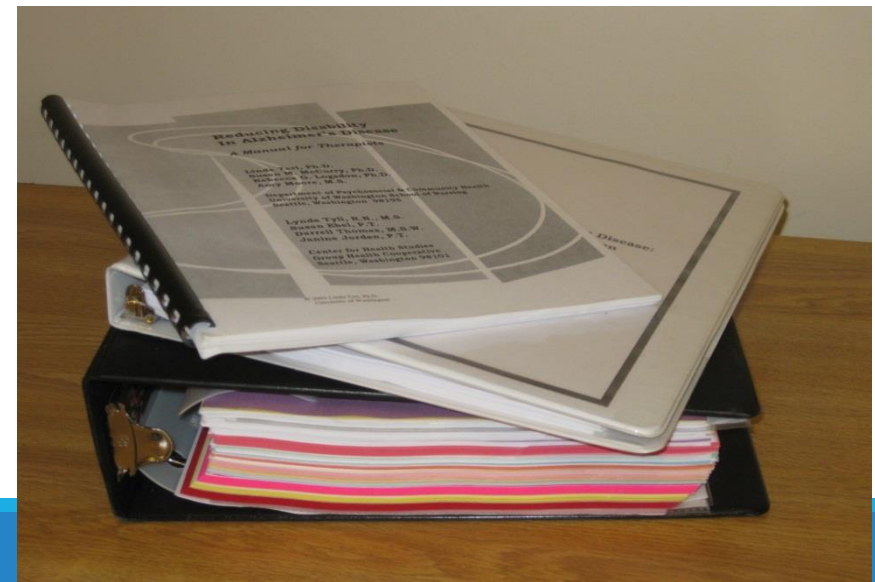
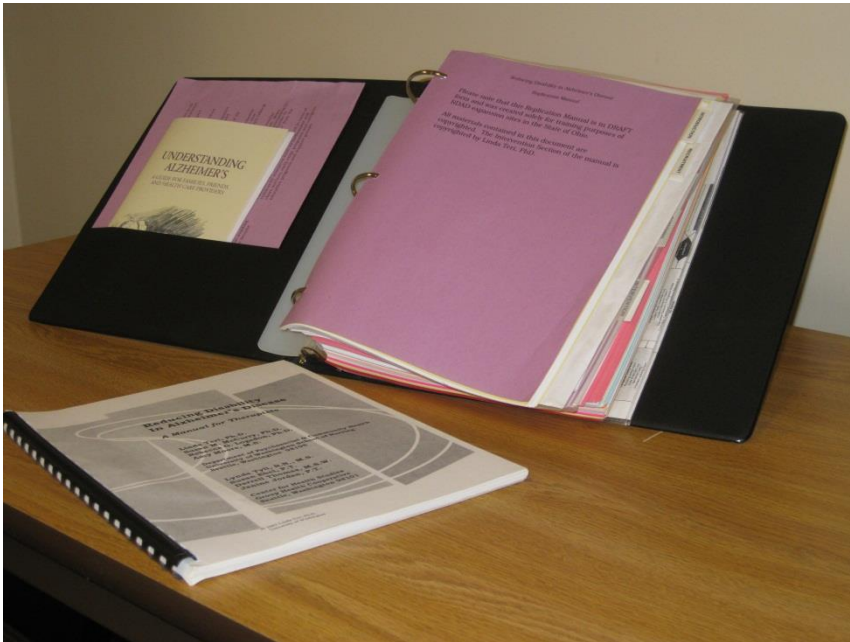
- Research sample vs. implementation target population.

Modifications

- Adequacy of manual, fidelity monitoring tools, and record-keeping systems.
- Probable Alzheimer's disease vs. symptoms consistent with cognitive impairment

Ohio's Expansion and Advancement of RDAD: Creation of Protocols and Manuals

The original research protocols (black plastic binding), Ohio created replication manual (black 2.5 inch binder), and the RDAD Group supplemental manual (white 1 inch binder):



Fidelity

- Easy to use tools for monitoring adherence to protocol.
- Program evaluation and/or quality improvement completed by evaluator.
- Permissible modifications in program and delivery
- Adjustments to consumer preferences

Marketing Plan

Simple Annual Plan developed of how program will be promoted

Plan includes methods, approaches, frequency, and individual responsible

Explored marketing from “internal” and external perspectives

Was not consistency implemented

Marketing - Internal Engagement and Integration of Program

Shared highlights of program with all staff and leadership of organization

Integrate into service menu of the organization

Cross refer families to additional programs and services of the organization

Discuss and regularly update leadership and employees of organization in both verbal and written format

Used agency communication methods to promote program – paper, verbal, and electronic

Recruitment with Community Partners and Media

Area Agencies on Aging and local aging networks

Statewide, regional, and local presentations and promotions

New and existing partners – think of traditional and nontraditional partners

- physicians
- home care agencies
- adult day centers
- home delivered meal programs
- therapy providers

Media

- Pitched Stories and Press Releases
- Newspapers including local community papers
- Radio stations
- Local television and cable community programs
- Regularly promoted with different angles or approaches – individual stories

Sustainability

Beneficial consumer outcomes

- High satisfaction with individuals who participated in the program.

Economic feasibility

- Made adaptations to reduce the number of visits. Difficult to find ongoing funding.

Large enough consumer market

Institutionalized within organization and community

- Staff transition, need for ongoing training

Funding sources

- Limited

Successes and Benefits

Program Perspective

Acceptance of Program into agency

Adoption and Integration in service menu

Manuals

Program Champion

Ongoing Communication and Supervision

Standardized, Easy to Use Protocols with Flexibility

Training and Refresher Trainings

Systems

Framework for effectively and efficiently delivering programs

- Database system
- Evaluation
- Promotion and Recruitment
- Screening
- Training
- Proven Impact

Cost analysis

Partnerships with agencies and use of outside experts and consultants

Collaborators and Partners

Required collaboration with the original researcher(s), state agency, the implementation agency(s), and evaluators.

- Buy-in of all collaborators
- Communication
- Mutual respect and reciprocity of perspectives
- Relevant to all project partners' organizational missions
- Celebrated successes
- Addressed challenges collaboratively

Skills

New service

New skillsets

Leadership/mentor role

Input

- Program Refinement
- Alternative delivery models
- Evaluation of program

Intervention itself included assessment and feedback from program participants at four different intervals during the course of the intervention

Challenges

Capacity

Staff

Organizational Changes

Organizational Culture

Other Agency Demands

Funding

Capability

Experience with implementing programs

- Program Promotion/Recruitment
- Screening
- Assessment
- Implementation
- Evaluation and Research

Education, expertise and willingness of staff

Additional Considerations

Start-up time

Agency integration

- Differed with each organization
- Impacted implementation

Time intensive, high volume program

- Time
- Energy
- Effort

Readiness Considerations: Checklist

What is the program?

How does the program “fit” with the hosting agency?

Who is the population served?

What outcomes are addressed?

Have there been positive results?

Who implements the program?

How will individuals be training to deliver the program?

How much time does the program require for clients?

Are there detailed manuals/protocols?

Are evaluation tools available?

What is the cost of the program?

Who pays for the program?

Is the program sustainable?

How should community partners be engaged?

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