



Addressing Alzheimer's Disease in Indian Country IHS Funding Opportunities

Technical Assistance Webinar

May 17 2022

NOTE

- The information contained within this presentation is intended as only to supplement and provide guidance for the Motice of Funding Opportunity as published in the Federal Register and the Program Award Application available on the Alzheimer's Grant Program web page. In all cases those sources remain the official record for the requirements for application.
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Overview

- The funding opportunities
- An overview of the problem and how the funding opportunity is intended to address the problem
- A walk through the key features of applications
 - Cooperative Agreements
 - Program Awards
- Using a Driver Diagram (an action-oriented logic model) in the application and the project
- Resources
- Questions



Cooperative Agreements

- Funding Announcement Number: <u>HHS-2022-IHS-ALZ-0001</u>
- Eligibility: Tribes, Tribal Organizations, and Urban Indian Organizations
- Federal Register Publication: <u>Addressing Dementia in Indian</u> <u>Country: Models of Care</u>
- Funding Amount: Awards of between \$100,000 and \$200,000 per year for 2 years
- Anticipate 5 awards

Program Awards

- Eligibility: IHS Service Units working in partnership with the Tribe(s) and Nations that they serve under the condition that the Tribe(s) or Nations served by the IHS Service Unit have elected not to apply for a Cooperative Agreement (above)
- Application Materials: <u>Program Award Application</u> [PDF 184 KB]
- Funding: Awards of up to \$150,000 per year for two years
- Anticipate 3 awards

Application period for both ends July 18, 2022



Addressing Dementia in Indian Country: Models of Care

Background

- Dementia affects lives in every Tribe and Tribal community
- Risk factors can be used to identify those at risk
 - Age, Down's Syndrome (Trisomy 21), diabetes, advanced chronic kidney disease, cerebrovascular disease, chronic liver disease, history of traumatic brain injury
- Many individuals go unrecognized until revealed by a crisis
- Diagnosis should most often be made in primary care, but many primary care providers lack the confidence and/or tools to make the diagnosis
- Specialty referral can be helpful but often presents a barrier to recognition and diagnosis
- Recognition and diagnosis lead to services
- Effective management is inter-disciplinary and requires collaboration across organizations and between clinic and community
- Families are often left to coordinate care themselves
- Care for persons living with dementia includes care for their caregivers

Effective models for addressing dementia in Tribal and Urban Indian communities will be supported by evidence and will emerge from development, adaptation, and evaluation in those communities.



Dementia is....

Memory loss and **difficulty with** some of the following:

- Naming (things, people)
- Doing (simple mechanical tasks, like buttoning a button)
- Recognizing (people, places)
- Behaving (a change in the way the elder to normally behaves)
- Thinking (problem solving)
- Calculating (numbers)
- Planning and Organizing (first this, then that...)

and it **interferes with function** (the elder's ability to do the usual things of life).

Alzheimer's Disease is the most common kind of dementia.

This funding opportunity is designed to address any/all causes of dementia.

Key Steps in Care

Recognition

Opportunities in the community and in the clinic Understanding risk factors for dementia

Diagnosis

Capability to diagnose as part of in primary care, with specialty care as a resource for diagnosis when needed

Assessment

Clinical, functional, and social assessment Identification of needs / gaps in care Resources to meet to those needs / gaps

Management & Referral for Resources

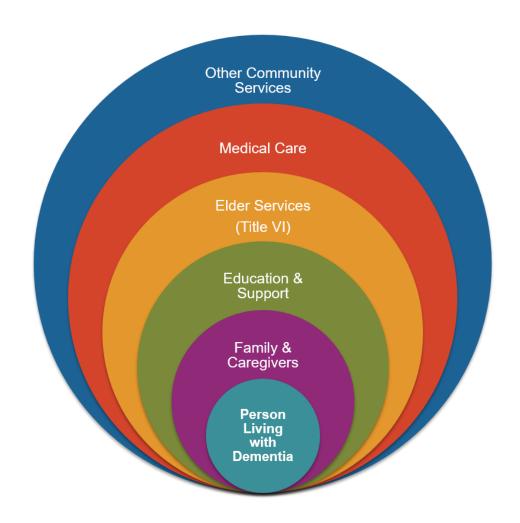
Slow progression Anticipate and address challenges Advance care planning Assemble support

Support for Caregivers

Care for the Caregiver is integral to care for the person living with dementia



A comprehensive approach to addressing dementia requires partnerships and collaboration collaboration across boundaries, services, service lines, and organizations.





Purpose

The purpose of this program is to support the development of comprehensive and sustainable (models of) dementia care and services in Tribal and Urban Indian communities that are responsive to the needs of persons living with dementia and their caregivers.

Awardees will:

- 1. Plan and implement a comprehensive approach to care and services for persons living with dementia and their caregivers, that addresses:
 - 1. Awareness and recognition
 - 2. Accurate and timely diagnosis
 - 3. Interdisciplinary assessment
 - 4. Management and referral
 - 5. Support for caregivers
- 2. Develop (collaboration with the Alzheimer's Grant Program) best and promising practices, tools, resources, reports and presentations to share with others
- 3. Identify and implement reimbursement and funding streams to support sustainability



Eligibility & Award Information

Cooperative Agreements

- Tribes, Tribal Organizations, and Urban Indian Organizations
- Cooperative agreement
- Coordinate with Alzheimer's Grant Program in the dissemination of tools, support, implementation experience, and presentations to others
- TA from Alzheimer's Grant program
- No cost share
- Tribal resolution

Program Awards

- IHS facilities serving Tribes, with support and collaboration of the Tribe. Tribes served cannot also be applying for a Cooperative Agreement.
- Tribal resolution and letter of support from relevant tribal programs
- Letter of support from Area Director or Chief Medical Officer

Both Cooperative Agreements & Program Awards

- Period of performance is 2 years
- Award is for first budget year, with renewal application for second budget year
- Convene regularly (not more than monthly) to share experience and progress with other awardees



Project Narrative

Part 1: Program Information

- Organizational Overview
 - Description of Tribe(s), communities served, health care delivery system and resources, elderly services and resources, long-term services and supports (LTSS), other tribal or community-based services available

Needs

- Provide data indicating needs
- If data is not available, indicate that here and will need to include a plan to obtain or develop this data in Part 2

Other Funded Initiatives

 Information about other funded initiatives addressing dementia whose period of funding overlaps the period of performance



Project Narrative

Part 2: Program Planning & Evaluation

- Program Plans
 - Planned approach to care and services
 - Include the comprehensive vision, while recognizing that the full vision cannot be achieved within 2 year period of performance
- Program Evaluation
 - Elements of the program plan
 - Metrics used to achieve goals of the program plan
 - If data describing the need was not available, indicate how that data will be obtained in the first year

Part 3: Sharing with other Tribes, Tribal Organizations, Urban Indian Organizations, and IHS Service Units.

Plan for sharing



Budget Narrative

- Explain how the budget supports the program narrative
 - The budget narrative should address those elements of the plan that will be accomplished within the 2 year period of performance
 - For the second budget year, highlight changes from Year 1 (if any)
- Do not use the budget narrative to expand the project narrative



Application Review Information Evaluation Criteria (100 points total)

Introduction & Need for Assistance (10 points)

- Description of clinical services, elder services and resources, LTSS available
 - Applicants must be able to provide ambulatory care directly or through coordination with IHS direct services and must be able to coordinate with elder services
 - Program Award applicants must be able to provide ambulatory care services and coordinate with Tribal elder services and other services
- Description of numbers of individuals living with dementia, risk factor data, and limitations of data available
- Most urgent, pressing gaps in availability or quality of care and services or plan to acquire this information
- If receiving other HHS grants that address dementia, show how funding will not overlap



Application Review Information Evaluation Criteria (100 points total)

Project Objectives, Work Plan, & Approach (30 points)

- Overall Vision for a comprehensive approach to care and services, addressing:
 - Awareness and Recognition, Timely and Accurate Diagnosis, Multidisciplinary Assessment, Management and Referral, Caregiver Support
- Elements of this approach that the applicants will implement in the 2 year performance period
- Work plan and approach
 - Include obtaining the data for assessment of need, if not already available
 - Should include provision of both clinical services and elder services
- Include work plan and approach for development of tools, resources, reports, and presentations for sharing
- Address potential overlap in other HHS-funded grants, if any



Application Review Information Evaluation Criteria (100 points total)

Program Evaluation (30 points)

- Plans for program evaluation to ensure that the objectives of the program are met at the conclusion of the period of performance
- Include SMART (Specific, Measurable, Achievable, Relevant, and Timebased) goals to establish specific evaluation criteria, attainable within the period of performance
- Include metrics that provide insight into those elements of the comprehensive approach to dementia care and services that the applicant plans to implement during the performance period. These metrics should include measures of:
 - Important outcomes of care for persons living with dementia and their caregivers (e.g. emergent transfers, out-of-home placement), and
 - Processes of care linked to better outcomes (e.g. reduction of medications that impair cognition



Application Review Information Evaluation Criteria (100 points total)

Organizational Capabilities, Key Personnel, & Qualifications (20 points)

- Organizational capacity to execute program strategies within the period of performance
- Project management and staffing plan
 - Showing current staffing and expertise or plans to obtain that expertise
- Partnerships and collaborations
 - Include letter of support or intent to coordinate or collaborate from those partners
- Prior successful experience

Categorical Budget & Budget Justification (10 points)

- Detailed budget and narratives
- Brief project narrative and budget for the second year of the project



Additional documents can be uploaded as Other Attachments in Grants.gov or attached to the Program Award Application, including:

- Work plan, logic model and/or timeline for proposed objectives
- Position descriptions for key staff
- Resumes of key staff that reflect current duties
- Consultant or contractor proposed scope of work and letter of commitment (if applicable)
- Organizational chart
- Map of area identifying project location(s)
- Additional documents to support narrative (i.e., data tables, key news articles, etc.)



Data Collection & Reporting

- Participate in monthly web-based calls with the Alzheimer's Grants Program and other Grantees and Program Awardees to share progress, experience, and tools and resources
- Work with the Alzheimer's Grant Program to develop and refine a driver diagram (an action-oriented logic model) that:
 - describes the comprehensive approach to care and services and
 - identifies key performance metrics based on their evaluation plan
- Share twice yearly the tools, resources, reports, and presentations produced



Driver Diagrams

- An "action-oriented logic model"
- A tool to help with
 - -Project design
 - Project evaluation
 - -Shared learning among grantees and awardees
 - -Spread of effective models and practices
- Driver Diagram Example
- Driver Diagram Template



Alzheimer's Grants Funding Opportunities

Resources to Support Planning

- Centers for Disease Control and Prevention (CDC) Healthy Brain Initiative Roadmap for Indian Country
- American Indian and Alaska Native Resource Center for Brain Health Online Resource Library – International Association for Indigenous Aging (IA Squared)
- Age Friendly Health Systems An initiative of the Institute for Healthcare Improvement and the John A. Hartford Foundation
- Alzheimer's Association Dementia Care Practice Recommendations
- UCLA Alzheimer's and Dementia Care Program
- <u>Care Interventions for People Living with Dementia and their</u>
 <u>Caregivers</u> Systematic Review, August 2020, AHRQ Effective Health Care (EHC) Program



Thank you!

For more about Alzheimer's disease and other dementias and the IHS Alzheimer's Grants Program, visit: https://www.ihs.gov/dccs/alzheimers/

Stay connected, join the **IHS Elder Care LISTSERV**

For more information, contact

Marcy Ronyak, Ph.D., LCSW, CDP

(Confederated Tribes of the Colville Reservation)

Director, Division of Clinical & Community Services
Indian Health Service Headquarters

Marcella.Ronyak@ihs.gov

Bruce Finke, MD
IHS Elder Health Consultant
Bruce.Finke@ihs.gov