

# From Evidence-Base to Practice: Implementing RDAD in AAA Community- Based Services

<https://neurodegenerationresearch.eu/survey/from-evidence-base-to-practice-implementing-rdad-in-aaa-community-based-services/>

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## Contact information of lead PI Country

USA

## Title of project or programme

From Evidence-Base to Practice: Implementing RDAD in AAA Community-Based Services

## Source of funding information

NIH (NIA)

## Total sum awarded (Euro)

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## Start date of award

01/04/2012

## Total duration of award in years

5

## The project/programme is most relevant to:

Alzheimer's disease & other dementias

## Keywords

Acquired Cognitive Impairment... Aging... Alzheimer's Disease... Alzheimer's Disease including Alzheimer's Disease Related Dementias (AD/ADRD)... Behavioral and Social Science... Brain Disorders... Caregiving Research... Clinical Research... Clinical Research - Extramural...

Clinical Trials and Supportive Activities... Comparative Effectiveness Research... Dementia... Effectiveness Research... Health Disparities for IC Use... Health Services... Neurodegenerative... Neurosciences... Translational Research

### **Research Abstract**

DESCRIPTION (provided by applicant): This proposal responds to PA-11-123: Translational Research to Help Older Adults Maintain their Health and Independence in the Community. It is a translational investigation of RDAD (Reducing Disabilities in Alzheimer's Disease), an evidence-based program (published in JAMA and recommended for dissemination by the U.S. Administration on Aging Evidence-Based Intervention Grants Program). RDAD has demonstrated efficacy in helping older adults with dementia maintain physical function and alter long term care placement. It is a practical and scalable program with clear potential for moving evidence-based science findings into practice. A well-established partnership of Area Agencies on Aging (AAAs) and interdisciplinary and multidisciplinary researchers will collaborate to investigate the translation, implementation, and effectiveness of RDAD administered by AAA staff within their communities. This investigation has the potential to significantly affect public health, improving health and independence of older adults with dementia and their caregivers. The successful completion of this project will move the field of translational science forward by involving community partners in each phase of study, using two well-regarded strategies for translational work (NIH Behavioral Change Consortium (BCC) and Reach, Efficacy/Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM)), and applying established process and outcome measures to evaluate effectiveness. Qualitative and quantitative data will address two primary research questions: 1) Can AAA partners successfully translate and implement RDAD, and 2) Is AAA implementation of RDAD effective in producing desired outcomes among agencies, providers, and older adults with dementia and their family members. Adults age 65 and older with dementia and their family caregivers (240 dyads) will be enrolled in RDAD in both urban and rural AAAs in Oregon and Washington. A staggered time series design with repeated measures will be employed, with AAAs randomized for the time of implementation. Primary outcomes include care-recipient physical activity, functional status, and residential status; secondary outcomes include care-recipient and caregiver health, mood, and quality of life, care-recipient behavior, and caregiver perceived stress. Specific aims are to evaluate: 1) the translation and implementation of RDAD by AAAs; 2) RDAD effectiveness on outcomes of physical health and independence among older adults with dementia and their family caregivers; and 3) RDAD outcomes of interest to community partners, including satisfaction with the program among those involved at each level (participant, provider, and agency), program delivery costs, and associated health care costs. Hypotheses are: 1) AAAs will successfully implement RDAD; 2) Participants (care-recipients and caregivers) will have significantly better outcomes following intervention as compared to baseline; and 3) Participants, providers, and AAAs will report satisfaction with RDAD; program delivery costs will be comparable to other AAA caregiver programs; and participant health care cost-streams will be reduced following implementation. 1

### **Lay Summary**

This is a translational investigation of RDAD (Reducing Disabilities in Alzheimer's Disease), an evidence-based program with demonstrated efficacy in helping older adults with dementia maintain physical function and remain physically and mentally healthy. A well-established partnership of Area Agencies on Aging (AAAs) and an experienced group of multidisciplinary researchers from the University of Washington will collaborate to investigate the systematic

translation, implementation, and effectiveness of RDAD as administered by AAA staff within the community. This investigation has the potential to significantly improve health and independence of older adults with dementia and their caregivers, and to move the field of translational science forward by addressing two primary research questions: 1) Can AAA partners successfully translate and implement RDAD, and 2) Is AAA implementation of RDAD effective in producing desired outcomes among agencies, providers, and older adults with dementia and their family members. 1

**Further information available at:**

**Types:**

Investments > €500k

**Member States:**

United States of America

**Diseases:**

Alzheimer's disease & other dementias

**Years:**

2016

**Database Categories:**

N/A

**Database Tags:**

N/A