

National Institute on Aging (NIA)/National Institutes of Health (NIH): Translating Resources for Enhancing Alzheimer's Caregiver Health to Community Settings

REACH was a multi-site randomized clinical trial for family caregivers of patients with Alzheimer's disease or related disorders. The intervention is now being translated into various community settings and could provide a valuable and potentially cost-saving resource for caregivers and their care recipients.

Lead Agency:

National Institute on Aging (NIA)

National Institutes of Health (NIH)

Agency Mission:

- Support and conduct genetic, biological, clinical, behavioral, social, and economic research related to the aging process, diseases and conditions associated with aging, and other special problems and needs of older Americans.
- Foster the development of research and clinician scientists in aging.
- Communicate information about aging and advances in research on aging to the scientific community, health care providers, and the public.

Principal Investigators:

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Partner Agency:

National Institute of Nursing Research (NINR)

Department of Veterans' Affairs

Administration on Aging

General Description:

Resources for Enhancing Alzheimer's Caregiver Health to Community Settings (REACH) was a multi-site randomized clinical trial for family caregivers of patients with Alzheimer's disease or related disorders funded by NIA and the National Institute of Nursing Research. The intervention is designed to provide education, support, and skill building to help caregivers manage patient behaviors and their own stress. It includes 12 individual sessions in the home and by telephone and five telephone support groups over a six-month period.

The Department of Veterans Affairs (VA) will provide nearly \$4.7 million for eight “caregiver assistance pilot programs” across the country to expand and improve health care education and provide needed training and resources for caregivers who assist disabled and aging veterans in their homes. One of these programs will be a translation of the REACH intervention. The VA Medical Center (VAMC) at Memphis/University of Tennessee, one of the participating sites for REACH, will serve as the Coordinating Center for this program, providing evaluation and training to the clinical sites, with the assistance of the REACH investigators. Across the country, 17 Home Based Primary Care (HBPC) programs for treating frail dementia patients and their caregivers in the home are providing the intervention to 200 caregivers. The VA Palo Alto Health Care System, which was also one of the REACH sites, will also participate, providing services to 150 caregivers.

Specific objectives for the REACH VA translation are to:

- Assess the feasibility of translating a multi-component, community-based intervention for family caregivers of patients with dementia in VA settings.
- For patients with dementia, evaluate the intervention's efficacy in decreasing health care utilization, including unanticipated admissions, unscheduled outpatient visits, ER visits, and placement.
- For family caregivers of patients with dementia, evaluate the intervention's efficacy in improving clinical outcomes relating to quality of life as measured by (1) emotional well-being and depression, burden, health, social support, and management of patient dementia-related behaviors and (2) time spent "on duty" and time providing actual care.
- Assess caregiver satisfaction with the services provided.
- Determine the cost of the intervention for VHA clinical staff.

Materials and protocols from REACH have also been adapted for wide-spread community use by the Administration on Aging for use in their Area Agencies on Aging and the Alzheimer’s Association through their ongoing contact with caregivers. Implementation at the community level can enhance the lives of caregivers, potentially delay institutionalization of care recipients, and decrease the need for professional intervention for both caregiver and care recipient. Cost analysis of the outcomes is ongoing and may provide additional evidence of the cost savings. By making such an intervention available, REACH implementation in community settings, with physician referral, can provide a valuable resource for caregivers and their care recipients.

Excellence: What makes this project exceptional?

The project involves a thoroughly tested and proven intervention that is being implemented through collaborative efforts across public and private organizations.

Significance: How is this research relevant to older persons, populations and/or an aging society?

Family members and friends provide most of the care for millions of people with dementia who live at home, often facing challenges that can seriously compromise their own quality of life. REACH tells us that a well-designed, tailored intervention can make a positive, meaningful difference in caregivers' lives.

Effectiveness: What is the impact and/or application of this research to older persons?

The intervention is being translated into practice.

Innovativeness: Why is this exciting or newsworthy?

This novel research demonstrates that an intervention can readily address a significant need and benefit the diverse communities of people who provide care to individuals with Alzheimer's disease.