



Alzheimer's Disease Supportive Services Program

BACKGROUND

Congress created the Alzheimer's Disease Supportive Services Program (ADSSP) in 1992 to encourage States to:

- Develop models of assistance for persons with Alzheimer's Disease and Related Dementias (ADRD) and their family caregivers.
- Encourage close coordination and incorporation of ADRD services into the broader home and community-based care system.

In 1998, Congress transferred the administration of the program to the Administration on Aging (AoA) in an effort to ensure coordination with other programs for older Americans.

There is no cure for ADRD; however, there are effective strategies to help maintain cognitive function, reduce behavioral symptoms, prevent acute care crises and excess disability, and delay functional decline as well as nursing home placement. ADRD exists on a continuum that begins before diagnosis and lasts through cognitive and functional decline to eventual total disability and death.

Although not a normal part of aging, 1 in 7 persons over 65 and nearly half of those over 85 may have ADRD. At least 10 million baby boomers will develop Alzheimer's disease in their lifetimes—twice as many people as the number estimated to have the disease today. An additional four million baby boomers will develop a related dementia. Although ADRD eventually results in death, the disease can progress for years. A person with ADRD lives an average of five years, but can live as many as 20 years or more from the onset of symptoms.

PROGRAM MISSION

The mission of the ADSSP is to expand the availability of diagnostic and support services for persons with ADRD, their families, and their caregivers, as well as to improve the responsiveness of the home and community-based care system to persons with dementia. The program focuses on serving hard-to-reach and underserved persons with ADRD and their family caregivers using proven and innovative models.

EVIDENCE-BASED MODELS

AoA's evidence-based ADRD programs closely replicate specific interventions that have been tested through randomized-controlled clinical trials with the results published in peer-reviewed journals.

As a result of rigorous research and clinical trials, there are evidence-based programs that improve the health and well-being of persons with ADRD and/or their caregivers. Interventions currently being translated through the ADSSP include: Resources for Enhancing Alzheimer's Caregiver Health (REACH) II, Savvy Caregiver, Star-Caregiver, Reducing Disability in Alzheimer's Disease (R-DAD), the New York University Caregiver Intervention (NYUCI), Coping with Caregiving, the Home Environmental Skill-Building Program, and the Cleveland Managed Care Demonstration. Information about these and other evidence-based interventions can be found in the ADSSP Resource Compendium, available online at: http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/AIz_Grants/compendium.aspx



FOR MORE INFORMATION ABOUT AOA

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