

As an active part of the larger Change AGENTS Initiative, the Dementia Caregiving Network (DCN) completed the first phase of a major undertaking to advance the use of evidence-based programs to meet the needs of persons with dementia and their family caregivers. Organizational leaders and service providers from community agencies, healthcare organizations and payers, and independent providers face multiple challenges in seeking to adopt existing evidence-based programs, including the lack of readily available information about the different types of programs, relative effectiveness of similar programs, and program implementation characteristics essential for delivery in the community.

Collaborating between and across the diverse, interprofessional experiences of its members, the DCN developed and tested a defined methodology for conducting comprehensive reviews of evidence-based programs for persons with dementia and their family caregivers. The methodology collects more than 1,000 variables to profile programs, with an emphasis on implementation features rarely described in published literature, as well key characteristics of published research. Variables represented in the methodology include: target audiences, types of delivery methods, staffing requirements, manuals and training protocols, cost, the expected outcomes based on evidence, and marketing and organizational readiness tools.

Phase I—the development of the methodology—was completed by the DCN and tested by reviews of six evidence-based programs that have been implemented outside of a research context by provider organizations: (1) BRI Care Consultation from the Benjamin Rose Institute; (2) Collaborative Care model from Indiana University; (3) New York University Caregiver Intervention; (4) REACH II, or Respite and Resources for Enhancing Alzheimer's Caregiver Health, including REACH VA, RCI REACH, REACH OUT, and REACH Videophone; (5) Savvy Caregiver; and (6) Skills2Care

In **Phase II**, DCN members will refine the methodology and expand the review process to approximately 50 evidence-based dementia caregiving programs that are ready for community implementation. Additional grant funding is being sought for Phase II activities. Reviews from Phase I and II will be compiled to create an online Decision Support Tool for use by organizational leaders and service providers from community agencies, health care organizations and payers, and independent providers. It will offer ready access to comprehensive information about each program's research and implementation characteristics, with web-based sorting and program comparison features as well as feedback from current implementation sites.

The overall goal of developing the Decision Support Tool is to give professionals easy access to the information they need to determine which dementia caregiving evidence-based programs would be most beneficial to their clients, organizations, and communities, as well as linking them to program developers and implementation sites. Its creation responds to a needed strategy for increasing access to evidence-based programs described in the recently released report from the National Academies of Sciences, Engineering, and Medicine, *Families Caring for an Aging America* (2016), which called for "development of a Web-based classification system for categorizing interventions by who they target, their delivery characteristics, and outcomes and how to access training in programs for health and human service organizations and families to access" (p. 149, Table 5-3). Ultimately, the Decision Support Tool is intended to increase the availability of these evidence-based programs to a greater number of caregiving families.

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The Change AGENTS Initiative was a three-year effort dedicated to improving the health of older Americans, their families, and their communities through practice change. The initiative harnessed the collective strengths, resources, and expertise of the foundation's interprofessional community of scholars, clinicians, and health system leaders. The Initiative was managed by The Gerontological Society of America with support from the John A. Hartford Foundation.