JADE Health

JOINT ACTION ADDRESSING DEMENTIA AND HEALTH

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A case study from Italy

Pilot-testing an educational toolkit for individualised prevention for individuals with mild cognitive impairment

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ISS – National Institute of Health, Italy

8th Federal Conference on "Healthy and Active Ageing"

Dementia Prevention in Dialogue – Improving Education, Strengthening Structures, Reducing Risks

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Specific objectives

- Ensure that the best practices chosen in JADE Health for implementation across different health systems in Europe lead to sustainability.
- Develop and encourage concrete new collaborations to perform innovative health treatments, equitable access to care and support new policies in the field of dementia and/or other neurological disorders.
- Promote proactive and person-centred new care models techniques and technologies.
- Enhance promotion and prevention interventions targeted to fight stigma, with special attention to vulnerable groups including the elderly.
- Improve the efficiency of promotion and prevention campaigns related to dementia and other neurological disorders).
- Ensure wide and efficient dissemination of JADE Health activities and outcomes to improve health literacy and data accessibility.

MAIN FIGURES

47 entities

17 countries

44 pilot actions

7,500 citizens involved

5,000,000 € EC funding

36 months

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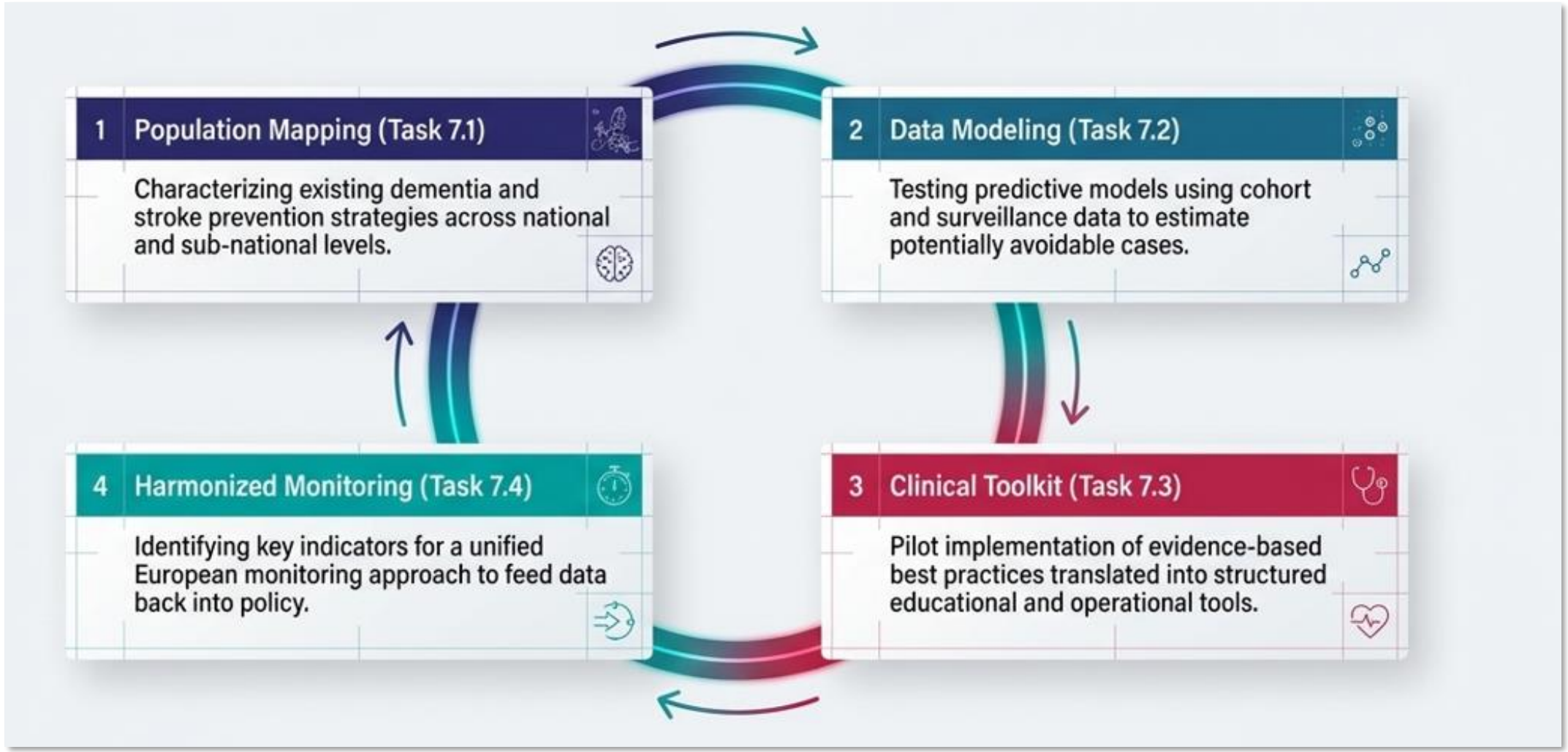
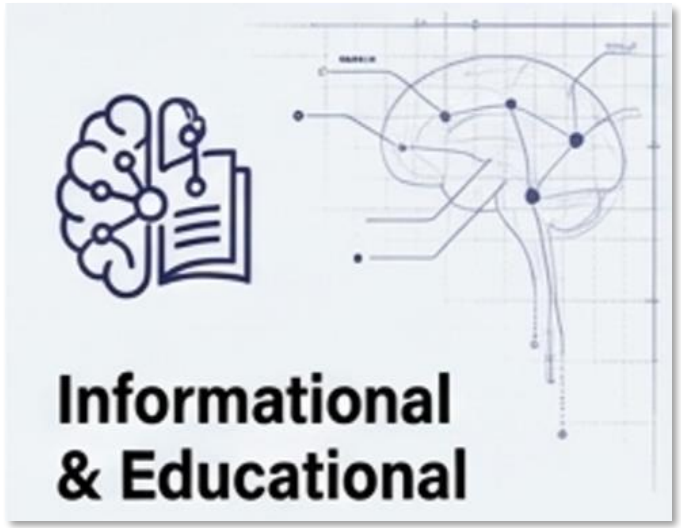


WP7 CONNECTS POPULATION-LEVEL STRATEGY WITH INDIVIDUAL-LEVEL CLINICAL ACTION TO CREATE A SUSTAINABLE, EVIDENCE-BASED CONTINUUM OF CARE



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NATIONAL NETWORK

❖ **ITALIAN NATIONAL INSTITUTE OF HEALTH (ISS)**

Coordination of the WP7 and support to the pilots activities

❖ **IRCCS NETWORK FOR NEUROSCIENCE AND NEUROREHABILITATION (RIN)**

Coordination of the implementation, data collection and evaluation phases

❖ **RIN – IRCCS OF THE NATIONAL VIRTUAL INSTITUTE (IVN) DEMENTIA AND NATIONAL VIRTUAL INSTITUTE (IVN) CEREBROVASCULAR DISEASES**

❖ **IRCCS HOSPITAL OF BOLOGNA**

❖ **UNIVERSITY OF MODENA AND REGGIO EMILIA**

Enrollment and evaluation of the study subjects
Data collection
Distribution of the information materials

CLINICAL CENTERS

CLINICAL NETWORK

Primary target

Professionals working in the field of the dementia and stroke.

- ➢ Training through a toolkit with ready-to-use evidence-based materials.

40 specialists (20 Dementia + 20 Cerebrovascular Diseases)

Secondary target(s)

Individuals with lived experiences and partners/accompanying persons.

- ○ Subjective Cognitive Decline/Mild Cognitive Impairment
- ○ Transient Ischemic Attack/Minor Stroke

- ➢ Evaluation of the impact on individuals will be conducted.

960 individuals and 960 partners/accompanying persons

STUDY DESIGN

Non-pharmacological Intervention

- **Co-development of the toolkit**
- **Recruitment & distribution of the information materials**
- **Impact assessment and information materials evaluation** (by subjects/partners)
- **Toolkit evaluation** (by specialists)
- **Focus Groups**

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Co-development of the toolkit

- Review of **existing prevention activities**, **guidelines**, and **literature**
- Preparation of **evidence-based materials** for professionals and specialists and **leaflets/infographics** for study's subjects.

→ **STRATEGIC WORKSHOP WITH THE CLINICAL NETWORK**

2

Recruitment & distribution

- Participants: **SCD**, **MCI**, **TIA**, **Minor Stroke**
- Partners: **family members**, **accompanying persons** or **caregivers**
- Standardized ***yes/no*** **questionnaire** on **modifiable risk factors**
- Distribution of **information materials tailored** to risk factors

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Impact assessment and information materials evaluation (by subjects/partners)

- **Follow-up** after ~6 months
- **Reassessment** of risk factors
- Evaluation of **acceptability**, **appropriateness**, **feasibility** and **perceived usefulness** of the information materials (scales → AIM, IAM, FIM, TAM-PU-4)

4

Toolkit evaluation (by specialists)

- **~Months 14–16**
- Comprehensive **evaluation of national toolkit** use
- Evaluation of **acceptability**, **appropriateness**, **feasibility**, **perceived usefulness** and **usability** of the toolkit (scales → AIM, IAM, FIM, TAM-PU-4, SUS)

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Qualitative assessment

(Focus Groups)

- **4 online sessions** via MS Teams
  - Two for participants (1 cognitive & 1 cerebrovascular)
  - Two for partners
- Explore **experiences and perceptions of the intervention**

Content clarity - Perceived relevance - Barriers to adoption
Facilitating factors - Improvement suggestions

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EXPECTED RESULTS

Encouraging clinicians across the network to systematically address prevention

Clinicians will be encouraged to consistently address prevention with their patients.

Risk-factor profiling for study participants

Participants' individual risk factors will be systematically assessed to enable targeted interventions.

Active participation in health management

Participants will be supported to take a proactive role in monitoring and improving their health.

Empowerment to address lifestyle-related risk factors

Individuals will gain the skills and confidence needed to make informed choices and manage lifestyle-related risk factors.

Positive impact of tailored guidance on quality of life

Personalized recommendations will help participants adopt healthier habits, enhancing overall well-being.

FUTURE DIRECTIONS FOR THE PROJECT

Toolkit Evaluation & Update

- Assess usability, effectiveness, and real-world impact of the current toolkit.
- Update tools and materials based on the received feedback and new evidence.

Adaptation to Other Contexts

- Adapt the toolkit for different care settings (es. General practice, long-term care, etc).
- Test the methodology in other regional or organizational environments.

Extension to Other Professional Roles

- Tailor the toolkit and training modules for other healthcare professionals.
- Promote interprofessional collaboration through shared processes and protocols.

LEARNING FROM THE PAST TO SHAPE THE FUTURE

Leveraging a previous national initiative on dementia training for General Practitioners (GPs)

Past: What the project Taught Us?

A three-step cascade model:

- ❖ Central Training for a core training (2 days)
- ❖ Territorial Roll-out led by trained practitioners (1 day)
- ❖ Large-Scale Dissemination through distance learning

Engagement of nearly 3000 GPs

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LEARNING FROM THE PAST TO SHAPE THE FUTURE

Translating the JADE Health approach into initiatives aligned with the model adopted in the previous project

- Apply the same three-phase development logic to reinforce prevention, early detection, risk-factor management, and community-level prevention.
- Strengthen the GP's role as a central gateway to preventive action.
- Develop an integrated prevention toolkit specific for GPs.
- Establish continuous feedback and improvement cycles to refine interventions and support large-scale national adoption.

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THANK YOU ON BEHALF OF THE CONSORTIUM JADE Health!

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