



Developing Public Awareness Campaigns On Brain Health: A Toolkit For Public Health Agencies



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The Public Health Center of Excellence on Dementia Risk Reduction is made possible by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services as part of a financial assistance award totaling \$3,707,435, with 100 percent funded by CDC/HHS. The contents of this toolkit are those of the Alzheimer's Association and do not necessarily represent the official views of, nor an endorsement by, DC/HHS or the U.S. Government.



Introduction and Toolkit Overview

The [Alzheimer's Association® BOLD Public Health Center of Excellence on Dementia Risk Reduction](#) (Center) was established in 2020 as the national source for information and resources for public health related to the risk factors of dementia. The Center works to synthesize and translate evidence on the modifiable risk factors for dementia and assist state, local, tribal and territorial health agencies in implementing strategies to improve brain health in their community.

Communicating effectively to inform and educate people about health factors is a core public health function and one of the [Essential Public Health Services](#).¹ [The Healthy Brain Initiative \(HBI\): State and Local Road Map for Public Health, 2023–2027](#) uses the essential public health services framework to detail the important role state and local health departments play in educating the public to increase awareness and understanding of diseases and conditions. Additionally, the [HBI: Road Map for American Indian and Alaska Native \(AI/AN\) Peoples](#) provides culturally relevant guidance and strategies to support brain health and dementia risk reduction in AI/AN communities.

This toolkit was developed to provide state, local, territorial, and tribal public health agencies with evidence related to message framing, common barriers and insights into public perceptions on brain health and to offer guidance in launching public awareness campaigns around dementia risk reduction and the importance of brain health messaging. It's crucial that these campaigns are culturally and linguistically responsive to each community's needs and use communication channels relevant and trusted by community members.² After providing an overview of behavior change and message framing and a brief summary of the evidence of modifiable risk factors related to dementia, the toolkit outlines a step-by-step process for public health agencies to follow, first in identifying their community's needs and then in implementing actions to address them.



[Appendices A-D](#) provide case studies and additional resources and tools that can be used in practice. Additional assistance is available by contacting the Center at CenterOfExcellence@alz.org.



Background

OVERVIEW OF MODIFIABLE RISK FACTORS

Strong evidence over decades of research has shown the relationship between health behaviors and dementia risk. There is now compelling evidence from the U.S. POINTER study that highlights the potential of [lifestyle modifications](#) to reduce the risk of cognitive decline.

Certain health conditions and changeable behaviors — known collectively as modifiable risk factors — influence many chronic conditions, including cardiovascular disease, cancer, diabetes, and obesity.³ Emerging evidence also suggests these modifiable risk factors influence both the risk of cognitive decline and dementia.⁴ Non-modifiable risk factors for dementia include age, genetics and a family history of dementia.

Approximately two-thirds of Americans have at least one major modifiable risk factor for dementia, such as hypertension, diabetes, or obesity.⁵ And, it has been estimated that as many as 45% of dementia cases worldwide are attributable to modifiable risk factors.⁶ This means there are steps that can be taken to reduce the risk of cognitive decline and possibly dementia. Learn more about the science behind each modifiable risk factor in this report, [Reducing Dementia Risk: A Summary of the Science and Public Health Impact](#). And see ways the Alzheimer's Association is communicating this information to the public at alz.org/brainhealth.

Many of these risk factors do not affect communities equally. It is important to understand the prevalence of these risk factors in the communities you serve, as the prevalence of many of the risk factors for Alzheimer's and other dementia is disproportionately higher among certain racial and ethnic groups (e.g., Black, Hispanic, and American Indian/Alaska Native populations), and among adults with lower socioeconomic status.

OVERVIEW OF MESSAGE FRAMING

To be impactful across audiences, messaging must include actionable items from trusted messengers while being simple, practical, and easy to commit to memory.⁷ While campaigns should be simple, they should not suggest that a single solution is the key to reducing risk. For example, no single food can prevent dementia, but maintaining a balanced diet can contribute to brain health. It is also important to consider the barriers your community faces. A campaign promoting exercise may not result in behavior change if the community does not have sidewalks or parks, or if individuals in the community cannot afford gym memberships. Instead, these conditions may highlight an existing barrier that needs to be addressed in order to make behavior change possible. In other words, behavior change is about both getting people to make healthy choices and creating an environment where making healthy choices is possible. For more information about how public health can address social determinants of health (SDOH) that affect the ability to successfully address risk factors for cognitive decline and dementia, see the [SDOH Toolkit for Public Health Agencies](#).

Each message should be communicated to maximize its impact on the audience and to prompt the intended behavior change.⁸ Gain-framed messages emphasize the benefits of taking action, whereas loss-framed messages emphasize the costs of failing to take action.⁸ Gain-framed statements can refer to both good things that will happen and the bad things that will be avoided as a result of the behavior change — in other words, what people will “gain” from engaging in healthy behavior. In contrast, loss-framed appeals focus on the unpleasant or negative outcome if people do not change their behavior. An example is included below.⁹

- “Exercising makes your heart stronger and healthier” is an example of gain-framed messaging because it highlights the benefits of exercising.
- “If you don’t exercise, you could get heart disease” is an example of loss-framed messaging; it focuses on the consequences of not exercising.

Since preventive behaviors usually help individuals maintain their health and reduce the risk of adverse health outcomes, messages that emphasize the benefits (gain-framed) are expected to generate more interest and encourage their adoption.⁸ Behavior change is complex and occurs within the context of physical, social and economic factors in the environment. Behavior change can be difficult. Even among individuals who are aware of the general importance of reducing dementia risk and the specific knowledge about the factors that play a role in dementia risk, they often lack an understanding of how to apply this understanding to their behavior patterns.³ For more information on behavior change, see [Frameworks and Strategies for Driving Action on Dementia Risk Reduction Through Behavior Change](#).



Developing Public Awareness Campaigns for Brain Health

STEP 1: IDENTIFICATION OF NEEDS

The first step to creating a brain health public awareness campaign is to understand your community, its perceptions of brain health, and the cultural, environmental, and social influences that affect it. Understanding which health behaviors are common and the prevalence rates of various risk factors in your community can help determine which risk factors would be most meaningful to start with as you work to create an impactful messaging campaign.

Below are available resources to provide information on the prevalence of modifiable risk factors, risky health behaviors, communities facing health disparities, and other useful resources to guide decision making. These resources help give a population-level picture but also allow you to look more closely at specific regions, counties or census tracts.

Free Population-Level Data Sources to Assess Risk Factors and Health Behaviors

Area Deprivation Index (ADI)/Neighborhood Atlas

This resource ranks neighborhoods — defined as Census block groups — based on the level of socioeconomic disadvantage. Income, education, employment and housing quality are all key factors included in this measurement. Among other things, the Index has been used to inform policy decisions and funding allocations.

Behavioral Risk Factor Surveillance System (BRFSS)

A public health survey conducted annually in every U.S. state and territory and includes state-level information on health risk behaviors, health care access, preventive services, and nutrition. (Please note: the BRFSS website features several ready-made online tools for estimate generation. However, the tools do not include variables from the optional modules, and knowledge of data analysis software is required to utilize the available raw datasets.)

CDC Chronic Disease Indicators (CDI)

This tool provides national and state estimates for a set of key surveillance indicators of chronic diseases and their risk factors. Where applicable, estimates are broken down by sex, race and ethnicity, and age group. This information can help guide evidence-based decision-making and the development of focused activities, programs, and policies designed to improve population health. Data is available in the form of maps, bar graphs, line graphs, and tables, or through the CDI Data Portal.

County Health Rankings and Roadmaps

This website includes county-specific resources related to dementia risk factors including health factors and health behaviors.

Population Level Analysis and Community Estimates (PLACES)

A source of modeled population-level estimates of health measures at local levels, including zip code tabulation areas (ZCTA), counties, and census tracts. The data informs directed public health interventions and can help set priorities based on the specific health needs of communities.

Heat Maps for Dementia Risk Factors

State- and county-specific heat maps on the prevalence of risk factors for cognitive decline and dementia. These include state heat maps (by county) and county heat maps (by census tract) for six risk factors: hypertension, obesity, diabetes, physical inactivity, smoking and poor sleep. To obtain copies, please contact CenterOfExcellence@alz.org.

Risk Factors for Cognitive Decline State Overview

Each state page includes state-specific resources related to dementia. View your state's risk factor prevalence for midlife hypertension, physical inactivity, midlife obesity, diabetes, smoking and poor sleep.

Other Guiding Resources

Healthy Brain Initiative (HBI): State and Local Road Map for Public Health, 2023–2027

The “M Domain” section of this document contains information about how state and local public health agencies can measure, evaluate and utilize data and can provide additional ideas for data sources.

HBI: Road Map for American Indian and Alaska Native (AI/AN) Peoples

The “M Domain” section of this document includes information about how tribes and tribal organizations can measure, evaluate and utilize data and can provide additional ideas for data sources.

State Health Assessment (SHA) or Community Health Assessment (CHA)

State and community health assessments have a comprehensive analysis of state or community public health data and trends, which identifies key health issues, disparities, and contributing factors within the population.

State Health Improvement Plan (SHIP) or Community Health Improvement Plan (CHIP)

State and community health improvement plans highlight the health priorities of that jurisdiction and can guide decision making for campaigns and highlight potential collaborations.

Tribal Epidemiology Centers (TECs)

TECs provide epidemiologic and public health data support for American Indian and Alaska Native communities across the United States. The TECs are supported by a coordinating center that fosters collaboration and conducts national program evaluation. For more information, see [Tribal Epidemiology Centers](#) and [Tribal Epidemiology Centers Public Health Infrastructure \(TECPHI\)](#).

Elder Needs Assessment

This survey can assist AI/AN communities in creating a record of the health and social needs of their Elders. The [National Resource Center on Native American Aging](#), funded by the Administration for Community Living, provides free assistance in conducting this survey, analyzing results and using findings for planning, long-term care discussions and grant applications. Tribal ownership over the data is maintained to protect data sovereignty. Access the [Native Urban Elder Needs Assessment Survey: Aggregate Data from Across the United States 2023 Final Report](#).

Data and Institutional Knowledge From Your Health Agency

Many departments and programs assess community needs. Asking colleagues what surveys, focus groups or other community listening sessions they have conducted can help inform your work.

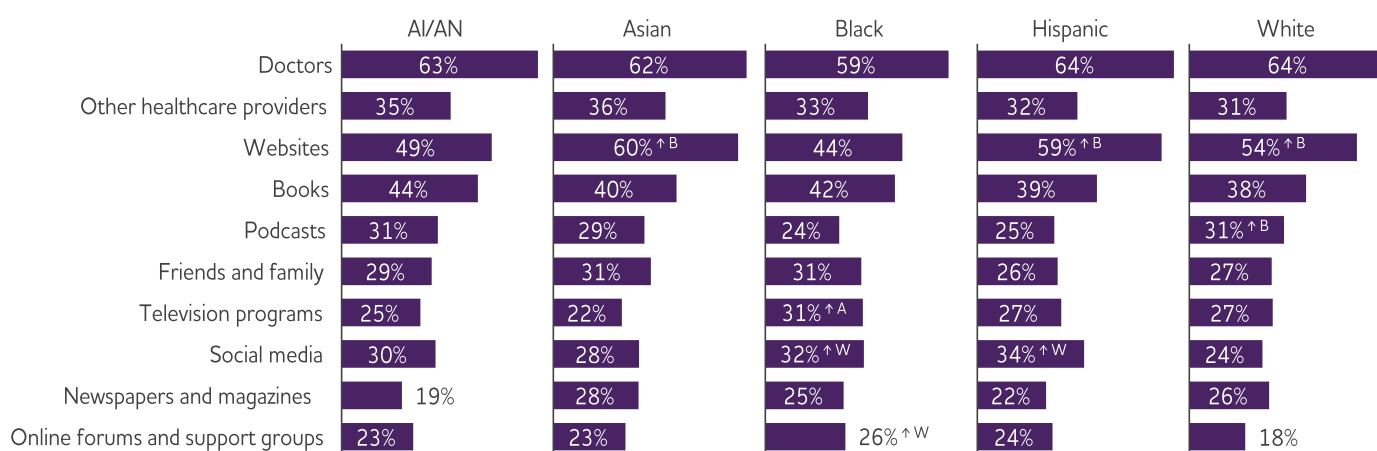
STEP 2: PARTNERSHIP MAPPING

After deciding which health behaviors or risk factors to focus on, the next step is to map out partners who also address that risk factor and may be able to assist with the awareness campaign. To address health behaviors across the population, include partners who serve all ages. Risk reduction messaging campaigns can effectively reach broad populations, promoting healthy behaviors across the lifespan.

Key planning partners may include subject matter experts, community members, health department leaders and marketing or communications team members or vendors. Prioritize partnerships with organizations that align with the health behaviors, risk factors and priorities you have identified. Strategic collaboration opportunities exist with youth organizations, health care providers, faith-based institutions and community groups. Involving partners in an awareness campaign helps build trust in the community and expand engagement. To determine a potential partner's influence, impact, and area of focus, you can use the Partnership Mapping tool in [Appendix C](#).

In addition, when thinking about partners, think about your intended audience. Where does that group go for information in your community? Who are the trusted messengers? People have different preferred channels for learning about brain health. The figure below shows how these preferences vary based on race and ethnicity.¹⁰ Step 3 further explores perceptions, attitudes and behavior around brain health.

Preferred Channels for Learning about Brain Health, by Race/Ethnicity



STEP 3: DEVELOPING THE CAMPAIGN

Planning an Effective Campaign

Messaging will vary across campaigns, as a “one size fits all” approach will not resonate with all individuals and communities.¹¹ By tailoring strategies to each community, as shown in the figure below, health departments can effectively raise awareness and educate the public about brain health. [Appendix A](#) demonstrates that campaign sizes and strategies can and will differ. If your agency plans to launch a larger campaign that may require partnering with an external organization for development and implementation, you may need to issue a Request for Proposals (RFP). See [Appendix D](#) for key elements typically included in a comprehensive communications RFP.

Key considerations for planning an effective campaign.



Synchronizing and applying cardiovascular disease prevention strategies to dementia risk reduction can be effective by focusing on lifestyle factors (e.g., physical activity and diet), community programs (e.g., integrating stress reduction techniques into workplace wellness programs), and policy initiatives (e.g., improving air quality and enhancing educational opportunities).¹² Below is an overview of a case study from the South Carolina Department of Health to promote brain health among at-risk populations. See Step 4: Implementation and Evaluation for a glossary of terms commonly used to evaluate campaigns.

South Carolina has one of the fastest-growing populations of older adults in the country and is in the “Stroke Belt,” a set of southeastern states with a higher burden of stroke and cardiovascular disease than other U.S. regions.

The South Carolina Department of Public Health (SC DPH) partnered with the Alzheimer’s Association South Carolina Chapter, the American Heart Association, and Eat Smart Move More South Carolina to raise awareness about brain health and Alzheimer’s disease. The partners created a campaign focusing on people with a higher prevalence of cardiovascular risk factors, including people in rural areas and racial/ethnic minority populations. The campaign was also promoted by Benedict University (a Historically Black College and University) and the University of South Carolina Prevention Research Center.

The partners created a multi-layered campaign, [Take Brain Health to Heart](#), to include:

- A new webpage on the SC DPH website
- Health education materials
- Social media messages
- Three radio public service announcements
- Online pledge for residents to commit to keeping their brain, body and heart healthy

Throughout the 7-week campaign period:

- Nearly 1,500 PSAs reached over 2.7 million people
- Over 200 people took a pledge to engage in healthy behaviors
- 6,500 people were exposed to social media messaging
- 31,000 were exposed to print media items

Learn more about SC DPH’s public health efforts, including the full [case study](#), [campaign](#) details and [brochure](#).

To aim for similar success, consider the following strategies outlined in the chart below.

Strategies for an Effective Communication Campaign		
Strategy	Description	Benefits
Partnerships	Form partnerships with local organizations, healthcare providers, faith-based organizations, and community groups to disseminate campaign materials and information.	Integrates brain health education across different settings and life-course, fostering ongoing education and awareness tailored to specific demographics.
Social Media	Leverage social media and online platforms to share campaign messages and materials. Create engaging content that encourages community members to share information about brain health. Use hashtags and online challenges to increase visibility and engagement.	Cost-effective, wide reach, and high engagement.
Public Events	Organize public events, workshops, and seminars to educate the community about brain health. Collaborate with local libraries, community centers, and schools to host these events. Provide informative sessions and distribute campaign materials to attendees.	Direct community engagement, interactive learning, and material distribution.
Volunteers	Recruit volunteers to help spread the campaign message. Volunteers can distribute materials, host informational booths at community events, and engage with the public to raise awareness about brain health.	Expands reach, personal touch, and community involvement.
Media Outreach	Reach out to local media outlets to cover the campaign and share information about brain health. Write press releases, conduct interviews, and provide educational content to newspapers, radio stations, and television channels.	Broad audience reach, credibility, and increased awareness.
Evaluation	Regularly evaluate the effectiveness of the campaign by gathering feedback from community members and partners. Use this feedback to refine and improve the campaign strategies and materials.	Continuous improvement, adaptability, and effectiveness measurement.

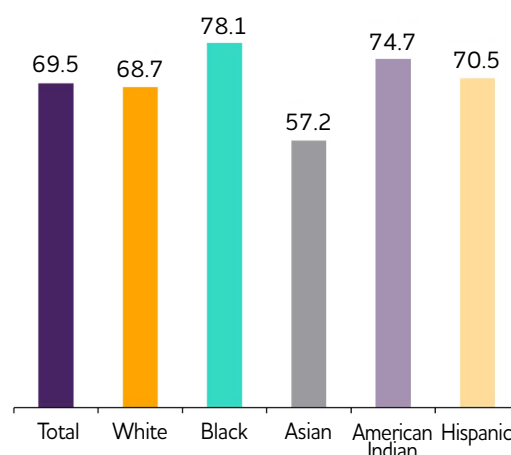
Even if you do not have the capacity to undertake a large-scale campaign, it is possible to raise awareness and educate the public about brain health. For example, the Texas Department of State Health Services adapted existing messaging from national agencies to create the [Healthy Heart, Healthy Brain](#) flyer, which integrates cognitive health messaging into cardiovascular health awareness.

As you plan your campaign, it may also be helpful to reflect on lessons learned from previous public health campaigns that prompted behavior change. Look at past campaigns on other issues and think about the elements used. What resonated most? Which were most successful? Which elements can you bring to this campaign? This knowledge, along with the identification of needs and partnership mapping, can be used together to determine which strategy and risk factors should be prioritized.

Considerations for Reaching Diverse Audiences

When engaging with communities, especially those at higher risk, messaging should be tailored and culturally responsive. The risk of Alzheimer's and other dementia varies by race and ethnicity in the United States. Prevalence studies show that, compared with White older adults, Black older adults are about twice as likely and Hispanic older adults are about one and a half times more likely to have Alzheimer's and other dementia.¹³ Research suggests the higher prevalence rates in Black and Hispanic populations are most likely due to differences in life experiences, socioeconomic factors, and the prevalence of other health conditions.¹³ The figure to the right shows the percentage of individuals, by race and ethnicity, who have at least one of five major risk factors for cognitive decline.¹⁴

Percent With at Least One of Five Risk Factors



The Alzheimer's Association [Some Things Come with Age and Warning Signs](#) is an example of a public health campaign with culturally tailored assets for diverse communities about the early detection of Alzheimer's disease. The Centers for Disease Control and Prevention (CDC) [Hear Her Campaign](#)[™] shares women's real stories and experiences, with [culturally responsive resources](#) designed for different groups. CDC's [Tips From Former Smokers](#)[®] (Tips[®]) campaign [for specific groups](#) uses approaches to address health disparities in pursuit of health equity by increasing the reach, representation, receptivity, and accessibility of smoking cessation messages. These campaigns demonstrate the importance of culturally tailored approaches in public health messaging. To effectively promote behavior change, it is essential to understand how different populations perceive the health issue and to design outreach that resonates with unique experiences and needs.

In 2024, the Alzheimer's Association polled the United States adult population about their knowledge of brain health and whether they currently engage in activities that can improve brain health. Results showed that three of four Americans (74%) believe that people can improve their brain health, and nearly nine of ten Americans (86%) are interested in learning more about how to improve their brain health.¹⁰ Lack of knowledge and not knowing where to get trustworthy information are the top barriers cited to improving brain health, more so than motivation, money, or access.¹⁰

Focus Group Overview

To further explore perceptions, attitudes, and behavior around brain health identified in the Alzheimer's Association 2024 poll, the BOLD Public Health Center of Excellence on Dementia Risk Reduction (Center) conducted nine focus groups to understand the barriers to adopting behaviors that improve brain health and reduce dementia risk. The nine focus groups had four different racial and ethnic segments and also was segmented by rural and urban settings:

- 2 groups of urban and rural African American adults
- 2 groups of urban and rural Alaska Native adults
- 1 group of American Indian adults
- 2 groups of urban Asian American and Pacific Islander adults
- 2 groups of urban Spanish-speaking Hispanic adults

While the information from the focus groups is thematic and not necessarily representative of the various sub-groups, they can serve as a starting point for messaging campaigns focused on specific populations, as shown in the table on the following page.

Focus Groups Findings ²	
Themes	Recommendations
Cultural Responsiveness	Ensure that all marketing and messaging campaigns are culturally responsive and tailored to the specific needs of diverse communities.
Equity Focus	Highlight the importance of addressing social determinants of health to improve equity in health care.
Community and System-Level Investments	Emphasize the need for investments at both the community and system levels to support risk reduction and promote healthy aging.
Individual Actions	Encourage individuals to take proactive steps to reduce their risk factors while also advocating for broader systemic changes.

By focusing on these areas, public health can work toward raising awareness and creating momentum for action on the healthy habits that reduce risk for cognitive decline and dementia.

Tailored Communications for Diverse Groups











Based on the findings from the focus groups discussed above, the following table provides some suggestions on tailored brain health communications.²

Implications for Tailored Communications			
Community of Focus	Perceptions of Brain Health in the Groups	Strategy	Potential Opportunities
African American	Recognizing the connections between stress and mental health are viewed as influential to brain health.	It is important to acknowledge the environmental and social stressors that African American individuals currently face and have historically faced.	Community engagement with local and trusted leaders and organizations, such as faith-based organizations.
American Indian and Alaska Native	Cultural practices, traditions and connection to land are viewed as important for brain health.	Integrate traditional knowledge with brain health information.	Partner with tribal health organizations, local community, organizations, and schools.
Asian American and Pacific Islander	Strong interest in risk reduction measures and emphasis on family roles, responsibilities, and intergenerational communication.	Create action-oriented family-centered brain health resources.	Multigenerational education and prevention approaches; interactive tools and progress tracking methods.
Hispanic Spanish-speaking	The stress of cultural adaptation impacts brain health. There is also a stigma and reluctance to speak to providers.	Create culturally adapted materials in Spanish.	Engage community leaders and trusted providers to create and disseminate brain health resources.

Both the rural and urban groups referenced ways in which their environment impacted their ability to focus on their brain health. Topics discussed included access to nature and outdoor activities, air quality and pollution, noise levels and stress, living conditions and neighborhood characteristics. Other best practices include:³

- Use simple and clear language, avoiding jargon and complex terms.
- Engage with the communities you intend to reach and test messaging to ensure messages and visuals are culturally relevant and attentive to the needs of the audience.
- Foster engagement and retention by involving the audience through interactive elements such as quizzes, polls and discussions.
- Provide practical and achievable recommendations that individuals can easily implement.
- Apply health behavior theories to identify key mechanisms, measure the needs of your population, and assess whether your interventions are making a difference.

With your intended audience in mind, the following action chart can help guide your work in addressing how your community relates to each risk factor and how the risk factor, or healthy habit, is perceived by your community. To start, pick a risk factor and try to answer the questions in each corresponding column.

Modifiable Risk Factors for Dementia	The Right Message	To the Right Audience	At the Right Time
Which risk factors are prevalent in your community? Are there populations disproportionately impacted?	Think about your intended audience. Using the evidence on behavior change and themes from the focus group, how can you prompt behavior change?	How does this risk factor relate to your community? Are there data points to support?	What unique factors in your community relate to this risk factor?
	Example: Gain-framed messaging incorporating brain health as a benefit of exercise. Regular exercise can improve your brain health.	Example: African American adults in our city have a high prevalence of diabetes and obesity. Previous needs assessments reported a lack of space to exercise and limited access to sidewalks.	Example: The mayor is interested in walkability and green space as a key community issue. Intergenerational activities are important to the community.
 Protect your head			
 Be smoke-free			
 Get moving			
 Challenge your mind			
 Control your blood pressure			
 Manage diabetes			
 Sleep well			
 Stay in school			
 Eat right			
 Maintain a healthy weight			

STEP 4: IMPLEMENTATION AND EVALUATION

After understanding your community's needs, key partners, and considering how to reach diverse audiences, the next step is implementation and evaluation. Implementation can be successful with a standalone campaign or by integrating brain health messages into existing campaigns. Aligning these efforts with initiatives like chronic disease prevention, public health equity, or health improvement plans helps reinforce community health outcomes. See the figure below for key considerations for implementation and evaluation.

Implementation and Evaluation Considerations

Clearly Defined Campaign Goal	Priority Audience(s)	Message and Creative Development	Measuring Effectiveness
Whether your goal is to increase awareness, educate or influence an outcome, a clearly defined goal keeps the campaign focused.	Who is the campaign intended to reach? How will they be reached?	Messaging should align with the campaign goal, have a strong call to action and be culturally relevant. Messaging and creative should be validated and optimized through research.	Define what is being measured and how it will be measured. Ensure tactics can be measured - impressions, clicks, etc.

To further assist with implementation and evaluation, the table below highlights a sample outcome and impact evaluation questions from the HBI Road Map E Domain: [Engage and Educate the Public](#), and the [HBI Road Map Evaluation Tool](#). Email publichealth@alz.org to request a pre-populated Excel document that can be used for data collection.

DOMAIN E - ENGAGE AND EDUCATE THE PUBLIC

Outcome: Increase public knowledge about brain health, risk factors for dementia, and benefits of early detection and diagnosis	
Action	Impact Evaluation Question
E-2 Disseminate culturally responsive messaging to encourage conversations about brain health, cognitive decline, healthy aging and caregiving.	<p>How have dissemination strategies changed after community involvement?</p> <p>To what degree have members of the public increased their awareness and understanding of Alzheimer's and other dementia topics?</p> <p>How have changes in awareness and understanding of Alzheimer's and other dementia topics varied across key segments of the general public?</p> <p>Tips for measuring impact: Think about data that can be used to measure long term results like the BRFSS measure on cognitive decline module in response to the question, "Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?" Consider stratifying these data by different populations.</p>
E-4 Embed cognitive decline risk factors into evidence-informed health promotion and chronic disease prevention awareness and education campaigns.	<p>What has been the impact of combining brain health messaging with other chronic disease and health promotion messaging?</p> <p>To what degree have members of the public increased their awareness and understanding of Alzheimer's and other dementia topics?</p> <p>How have changes in awareness and understanding of Alzheimer's and other dementia topics varied across key segments of the general public?</p> <p>Tips for measuring impact: Think about your reach within your health department. How can brain health become embedded throughout health promotion and chronic disease prevention programs?</p>

It is important to choose evaluation metrics that align with the community's objectives and support ongoing progress tracking before the launch of the campaign. Use the initial data collected to measure short- and long-term changes over time, such as improvements in stated program outcomes, participation rates, or policy advancements. Regular progress reviews with partners will ensure the program remains adaptable and responsive to emerging needs while fostering long-term, sustainable impact. Refer to the chart below for more information on common campaign terms and evaluation metrics.

Common Campaign Terms	
Term	Description
Campaign	A specific series of strategies, tactics and activities designed to get desired marketing messages to intended target markets. A promotion plan should be researched and developed to include an outline of what goals the campaign is to achieve, how to accomplish those goals, and how to measure the success of the campaign in achieving those goals.
Tactic	Specific actions and techniques are used to promote products or services and achieve their marketing goals.
Channel	Any medium through which a message can be sent to a receiver, including oral communication, print media, TV, and the internet.
Key Messages	Specific actions and techniques are used to promote products or services and achieve marketing goals.
Public Service Announcement (PSA)	Announcement on television or radio serving the public interest typically run by the media at no charge.
Placements	Where and how a product or service is offered to consumers, encompassing distribution channels and retail locations.
Asset	Any item or material a company uses to promote its products or services and communicate with its intended audience.
Creative	Innovative and imaginative content — like ads, videos and slogans — that capture attention, convey a message and build an emotional connection with the target audience.
Call to Action (CTA)	Concise phrase or element within a marketing message designed to prompt an audience to take a specific, immediate action.
Primary Audience	Receives the communication directly and is usually the decision maker.
Secondary Audience	Those who are not the primary addressee but are still included as viewers.

Common Evaluation Metrics	
Metric	Description
Clicks/click through rate (CTR)	Percentage of impressions that resulted from a click through, calculated by dividing the number of clicks by the number of impressions.
Website Traffic	Measurement of people who visit a website.
A/B Testing	Sending an ad or webpage with different headlines or copy to two different groups to determine the effectiveness of each.
Impressions	Number of times an asset – such as an advertisement, organic social media post or on-line press release – is seen by audiences.
Downloads	Number of times a digital product, such as an infographic or toolkit, is installed or obtained by users.
Reach	Total number of people or households exposed to an advertisement during a specified time. Reach measures the true extent of audience exposure to a medium and is usually expressed as a percentage of the total market.
Unique Visitors	Total number of distinct visitors to a site within a specified time frame.

The role of the Center is to help equip public health professionals with practical tools, resources, and strategies to address dementia risk factors in their communities. By leveraging this toolkit, public health practitioners can have a foundational knowledge of how diverse communities perceive brain health and their ability to reduce dementia risk. [Appendices A-D](#) provide additional details and examples from other health departments. For additional assistance in creating a brain health messaging campaign, contact the Center at CenterOfExcellence@alz.org.



Appendix

APPENDIX A: Example Messaging Campaigns

The table below highlights state-specific brain health campaigns aimed at raising awareness and promoting cognitive health.

State-Specific Brain Health Campaigns	
State	Campaign Description
Alaska	Alaska Native PSA : Shares about the relationship between modifiable risk factors and dementia risk in a culturally responsive way.
Connecticut	It's All Connected : Highlights the modifiable risk factors to reduce dementia risk in English and Spanish .
Illinois	Your Brain Will Thank You Campaign : Focuses on reducing cognitive decline by addressing modifiable risk factors and promoting healthy lifestyle practices.
Maine	Alzheimer's Awareness Campaign : Highlights the connection between smoking and brain health.
Minnesota	Heart and Brain Health Tips for Change : Heart and brain health materials available in six languages.
New Mexico	Brain Health PSA : Highlights health tips to reduce cognitive decline in a fun, lighthearted - yet educational way.
Oklahoma	10 Ways to Love Your Brain : Statewide media outreach to increase healthy behaviors.
Tennessee	In the Dark Campaign : Three-part public awareness campaign on risk reduction , early detection , and awareness * Campaign can be found under the key objectives tab.
Texas	When You Notice Something, Say Something : Bilingual public awareness campaign on dementia warning signs that uses multiple channels and assets.
Vermont	Chronic disease and brain health campaigns featuring My Healthy VT as a call to action to enroll into diabetes, hypertension and tobacco cessation self-management courses.
Wisconsin	What is Dementia? is the first video in a series of five educational videos that uses American Sign Language (ASL). The remaining videos are currently in production to further expand access to dementia information for deaf and hard-of-hearing communities and their families.

If your state has a brain health campaign that is not listed here, please let us know at CenterOfExcellence@alz.org.

APPENDIX B:

Additional Resources to Assist with Implementation

- [A Public Health Agency's Guide to Partnering With Faith Based Organizations](#) provides public health agencies with a guide to support public health agencies as they partner with faith-based organizations (FBOs) to support family caregivers.
- [Frameworks and Strategies for Driving Action on Dementia Risk Reduction Through Behavior Change](#) summarizes the proceedings of the 2024 research roundtable, capturing the key discussions and outcomes that will inform future public health strategies and interventions aimed at reducing dementia risk.
- [Integrating Alzheimer's Messages into Chronic Disease Programs Communication Guide](#) promotes the inclusion of brain health messages into chronic risk reduction programs and how these behaviors can reduce the risk for cognitive decline.
- [Integrating Brain Health Into Health Improvement Planning: The Healthy Brain Initiative Road Map And Mapp 2.0](#) creates a bridge between established resources on healthy aging, brain health, and community public health planning and improvement.
- [Bridging Silos: Aligning State Health Improvement, Aging, and Dementia Plans](#) outlines key findings from a crosswalk analysis of state plans, introduces a practical tool to facilitate alignment, and provides actionable recommendations for public health leaders and practitioners seeking to bridge planning divides.
- [International Association for Indigenous Aging](#) (IA²) provides free subject matter expert consultation and referrals to tribal and urban Indian organization staff and state, local, and tribal public health entities nationwide.
- The [CDC Plain Language Materials and Resources](#) lists terms that authors frequently use in public health materials and the terms' common, everyday alternatives.
- [Native Brain Health and Dementia Risk Reduction Toolkit | International Association for Indigenous Aging](#) provides culturally tailored sample social media messages for AI/AN communities. Also included within the toolkit is a calendar of health-related awareness dates and several hashtags that can be used within messages on desired social media platforms. The messages can easily be copied and pasted into the social media platform or can be personalized to your community.
- [Needs Assessment Toolkit: Dementia, Cognitive Health, and Caregiving](#) guides multisystem teams from public health groups through the steps necessary to complete a comprehensive needs assessment of dementia, dementia caregiving, and cognitive health in their communities.
- [Cultural Adaptation in Dementia Caregiving: Enhancing Support for Diverse Communities](#) provides guidance on tailoring programs and resources to better serve diverse caregivers.

APPENDIX C: Partnership Analysis Tool

For more information on partnership mapping, see [Hosting a Community Convening for Dementia Risk Reduction: A Toolkit for Public Health Agencies](#).

Partnership Analysis					
Potential Partner	Authority What is the main way a partner has the ability to act?	Influence What is the main way a partner can encourage action by another party?	Impacted How is a partner affected by dementia, cognitive health or caregiving?	Potential Role Indicate how this partner is a good fit to help with the Community Convening.	Area of Focus Is this partner focused on a specific activity/ topic or geographic area?

APPENDIX D:

Key Elements In A Comprehensive Communications RFP

Request for Proposals (RFP) Key Elements	
Element	Description
Introduction and Background	Provides an overview of the issuing organization, its mission, and the context for the RFP. This section sets the stage and helps organizations applying understand the organization's communication needs.
Scope of Work	Outlines the specific services and deliverables required. This can include campaign development, media outreach, content creation, and paid and social media plans.
Objectives and Goals	Clearly defines the desired outcomes and metrics for success. This helps bidders tailor their proposals to meet the organization's expectations. Thinking about the goal of the campaign and how you will measure success are key elements of this section.
Call to Action	What action will individuals interacting with the campaign take? Do additional resources need to be developed for the call to action?
Budget and Timeline	Provides information on the budget allocated for the project and the expected timeline for deliverables. Transparency in this section helps bidders propose realistic and feasible plans.
Evaluation Criteria	Specifies the criteria that will be used to evaluate proposals. This can include experience, methodology, creativity, cost, and the ability to meet deadlines.
Submission Requirements	Details the format and content requirements for proposals, as well as the submission deadline and contact information for questions. It is an option to ask for references and examples of past work.

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