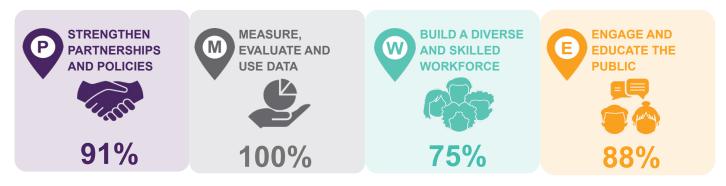
# Implementing the Healthy Brain Initiative Road Map Series: 2024 Aggregated Report



This report summarizes implementation of actions in the Healthy Brain Initiative (HBI) Road Map by 32 public health departments, based on data shared during two periods in 2024: spring (February 2024 - May 2024) and fall (October 2024 - December 2024). Since 2007, the HBI Road Map Series has guided national, state, local, territorial, and tribal public health activities related to brain health. The most recent edition of the HBI Road Map is built around nine outcomes. Measuring these outcomes at the state and national level allows the public health community to learn from one another and accelerate risk reduction, access to early detection, and safety and quality of care as the field of Alzheimer's research and prevention rapidly moves forward.

The framework of the HBI Road Map Series is built from the Essential Public Health Services, directly aligning with core goals and actions health departments need to achieve as part of the accreditation process. The HBI Road Map is divided into the four domains below. As health departments advance their work in brain health, the first goal is to implement action in every domain. As of this report, the 32 public health departments are collectively working in all 24 actions across the four domains. The image below illustrates the percentage of health departments implementing at least one action within that domain.

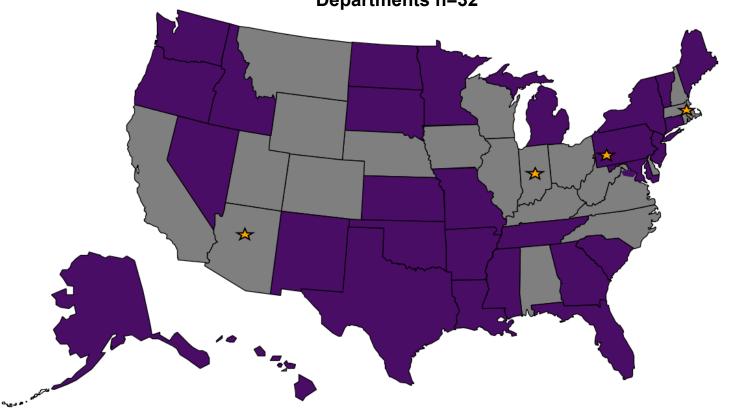


There are nine outcomes and 24 actions in the HBI Road Map that guide health departments nationwide toward collective impact. The <a href="HBI Road Map Evaluation Tool">HBI Road Map Evaluation Tool</a> provides standardized measures to track progress on individual actions and outcomes. Annually, the Alzheimer's Association partners with state health departments to track and record HBI Road Map implementation action on these standardized measures. This report features those data, highlighting select measures necessary to advance each outcome.

- ✓ Implementation milestones: current snapshot of work done by participating health departments.
- ✓ Implementation measures: data from baseline through the current reporting period. Aggregate report features cumulative data.

The data presented below were reported on by the 32 health departments that participated in one or both 2024 reporting periods. The results presented in this report illustrate the impact of public health action on brain health, identify opportunities for future implementation, and are aggregated to inform the national evaluation of the HBI Road Map Series.

## 2024 HBI Road Map Implementation, Participating Health Departments n=32



This map illustrates the 32 public health departments who participated in the HBI Road Map Evaluation data sharing activity for spring and fall 2024 data collection rounds. States shaded purple indicate participating state health departments and grey shaded states indicate states who did not participate. The gold star indicates a participating county or city health department.

## STRENGTHEN PARTNERSHIPS AND POLICIES

Outcomes in the P domain are focused around expanding partnerships, integrating action with chronic disease efforts, and increasing policy action and implementation. There were 29 health departments (91%) actively working in at least one action in the P domain.

Outcome	# of HDs Implementing	% of HDs Implementing
Increase Community Partnerships	28	88%
Increase Integration with Other Chronic Disease Efforts	20	63%
Increase Policy Action and Implementation	23	72%

## **Increase Community Partnerships**

A core function of public health is being a convenor. Health departments can serve in the role of convenor for brain health activities. The health department is uniquely positioned to convene multi-sector partnerships related to brain health and dementia as part of a community-wide coalition.

As a program matures, attention can move to specific partnerships like community-clinical linkages, health systems, and community organizations. Tracking the involvement of these organizations over time helps show the impact of the initiatives for all residents.

	<b>Key Implementation Milestones</b> # = Number of HDs Reporting Implementation	
✓	Coalition on brain health, dementia and caregiving is formally established	13
✓	Health department is a member of the coalition	13
✓	Coalition has members representing community and clinical organizations	14
✓	Coalition has members representing public or private health plans	8

Key Implementation Measures	Total
Average number of sectors represented on the coalition	11
Number of partners representing populations most affected by dementia	999
Number of existing community-based and clinical linkage partnerships	712
Number of health plan partnerships	10

## **Increase Integration with Other Chronic Disease Efforts**

Health departments house chronic disease prevention and health promotion interventions. Modifiable risk factors for cognitive decline and dementia directly align with other chronic disease prevention efforts. Incorporating this messaging into existing public health education and behavior change initiatives can increase reach and increase knowledge across the population.

Increasingly, grant opportunities are calling for this type of collaboration and there are many successful examples about how to integrate these messages.



#### **Key Implementation Milestones**

= Number of HDs Reporting Implementation

Brain health is integrated into chronic disease programs



Key Implementation Measure	Total
Number of chronic disease programs with integrated messaging	53

#### **Increase Policy Action and Implementation**

To make informed decisions, policymakers need information on the basics of brain health, cognitive decline, and dementia, and the impact on caregivers. They also need access to current data to make these decisions.

Actively ensuring policymakers are up-to-date and able to make informed decisions is a critical role for the health department.

## Key Implementation Milestones# = Number of HDs Reporting Implementation

- ✓ Health department and other key senior leaders have been briefed on brain health, dementia and caregiving in the last 12 months
- ✓ There is an annual (or more frequent) report on brain health, dementia, and caregiving
- ✓ Reports on brain health, caregiving or dementia are shared with the legislature or governing body
- ✓ The health department has at least one partnership or coalition member focused on abuse, neglect and exploitation of people living with dementia

## **MEASURE, EVALUATE AND UTILIZE DATA**

Outcomes in the M domain focus on increasing data availability and use as well as taking data-informed action to improve brain health. There were 32 health departments (100%) actively working in at least one action in the M domain.

Outcome	# of HDs Implementing	% of HDs Implementing
Increase Data Availability, Quality and Utilization	32	100%
Increase Data-Informed Decision Making and Action	24	75%

## Increase Data Availability, Quality, and Utilization

Supporting the uptake of the Behavioral Risk Factor Surveillance System Cognitive Decline and Caregiver modules has produced actionable data across the U.S.

Use of this data is essential to understanding community level impact and decision making. Adding in data from coalition partners and program evaluation identifies opportunities for improvement and priority areas for implementation.

14

6

## **Key Implementation Milestones** = Number of HDs Reporting Implementation

✓ BRFSS Cognitive Decline Module has been implemented in the last 12 months

28

✓ BRFSS Caregiver Module has been implemented in the last 12 months

20

 Health department has analyzed BRFSS data with data from other partner organizations or coalition members

9

 Other partner organizations or coalition members are using BRFSS data in their communications and/or for their own analysis

11

✓ The health department has an evaluation plan on brain health, dementia, and caregiving tied to Road Map outcomes

32

✓ The health department has partnered with the Alzheimer's Association to record the actions, outcomes, and related data being collected

**32** 

Key Implementation Measure	Total
Number of partners that have used BRFSS data in the last 12 months	20

## **Increase Data-Informed Decision Making and Action**

Once data are collected and analyzed, they should be used to inform and engage relevant audiences like decision makers, community partners, and the public. To do this, data analysis and evaluation finding must be translated into messaging and communication that are culturally relevant, meaningful and easy to understand.

Sharing data builds trust with the community and creates a sense of ownership and validation. Continuing to share data helps keep momentum and buy-in from the coalition and allows coalition partners to pivot when needed to improve outcomes.

## Key Implementation Milestones # = Number of HDs Reporting Implementation

✓ Brain health, healthy aging, dementia, and/or caregiving are included in jurisdiction-wide plans (e.g., state health improvement plan, community health improvement plan)

13

✓ At least one member of the jurisdiction's state/community health improvement plan development committee has expertise in brain health

12

✓ Data and evaluation are results shared with the community and with coalition partners

17

Key Implementation Measures	Total
Average number of plans that include brain health, healthy aging, dementia or caregiving	3
Number of partners the evaluation data has been shared with	1,607

## **BUILD A DIVERSE AND SKILLED WORKFORCE**

Outcomes in the W domain focus on training and preparing the public health and health care workforce. There were 24 health departments (75%) actively working in at least one action in the W domain.

Outcome	# of HDs Implementing	% of HDs Implementing
Reduce Stigma and Bias about Cognitive Decline	22	69%
Increase Knowledge and Skills of Current and Future Workforce	24	75%

## **Reduce Stigma and Bias About Cognitive Decline**

Primary care providers play an integral role in promoting brain health, reducing risk of cognitive decline, ensuring early detection and diagnosis, and providing referrals to community supports. Their long-term relationship with patients allows the opportunity to develop rapport and trust and discuss these issues throughout life. Doing so requires providers to have confidence and knowledge about assessing cognitive impairment and discussing brain health with their patients in a way that is easy to understand and removes stigma.



- Information on brain health has been shared with primary care providers in the last 12 months
- 13
- ✓ Evidence-informed training around brain health and how to have culturally sensitive conversations has been delivered to primary care providers in the last 12 months

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Key Implementation Measures	Total
Number of primary care providers that have been reached with brain health information in the last 12 months	2,956
Number of providers have taken the training in the last 12 months	197

## Increase Knowledge and Skills of Current and Future Workforce

Training is needed on the life course approach to brain health and the negative impacts of stigma to create equitable brain health solutions. Health departments have the ability to educate public health, direct service, health care, and emergency response professionals to ensure they have the knowledge and confidence to communicate this information with those they serve and enhance the quality of care provided.

#### **Key Implementation Milestones**

= Number of HDs Reporting Implementation

✓ Public health professionals have been trained around risk factors for cognitive decline and dementia in the last 12 months

11

✓ Public institutions of higher education (public colleges) have incorporated risk factors for cognitive decline and brain health into their curriculum

5

4

✓ Health department has had conversations about modifying licensing, certification or continuing education for health care providers to include training on brain health, cognitive decline, early detection, and diagnosis and care management for dementia

service or community health worker training to include information about brain health, dementia, and caregiving Health department has had conversations about modifying public

safety and emergency response

training to include information about

brain health, dementia, and caregiving

conversations about modifying direct

Health department has had

6

10

Public Safety and Emergency Response have a mobile crisis services unit or program for dementia

2

Key Implementation Measures	Total
Number of public health professionals that have taken the training in the last 12 months	2,216
Number of schools that have incorporated this information into their curriculum	11
Number of licensure exams, continuing education or certification programs that include brain health, dementia or caregiving	
Number of direct service and community health workers trained in the last 12 months	
Number of public safety and emergency response workers trained in the last 12 months	604

## **ENGAGE AND EDUCATE THE PUBLIC**

Outcomes in the E domain focus on engaging with communities about brain health, dementia, and caregiving. There were 28 health departments (88%) actively working in at least one action in the E domain.

Outcome	# of HDs Implementing	% of HDs Implementing
Increase Public Knowledge About Brain Health, Risk Factors for Dementia and Benefits of Early Detection and Diagnosis	28	88%
Increase Public Knowledge and Use of Services for People Living with Dementia and Their Caregivers	20	63%

# Increase Public Knowledge About Brain Health, Risk Factors for Dementia and Benefits of Early Detection and Diagnosis

Public health has an important role to educate communities about brain health and cognitive decline, and support engagement and conversation around early detection. It is important to understand the unique ways to communicate with, educate and engage different communities. There are many options and examples of different engagement strategies in the HBI Road Map. These opportunities span the life course and often invite engagement with multigenerational groups, making conversations about brain health and dementia easier to have.

## **Key Implementation Milestones**

# = Number of HDs Reporting Implementation

- Health department has ways to engage the community when creating messaging
- 12
- Health department has tailored messaging or communication techniques to reach different populations
- 9
- ✓ Health department has educational programming about risk factors for dementia and brain health
- 8
- Other chronic disease or health promotion campaigns and education include information about brain health
- 11
- ✓ Brain health messaging is included in K-12 or post-secondary curricula

7

Key Implementation Measures	Total
Number of communication campaigns have tailored messages to be culturally responsive to different communities	62
Number of people the messaging has reached	168,671,786 (impressions)
Number of people who have received the educational programming	22,442
Number of other programs integrating brain health messaging	26
Number of K-12 school systems with brain health messaging in curricula	1
Number of post-secondary schools with brain health messaging in curricula	6

# Increase Public Knowledge and Use of Services for People Living with Dementia and Their Caregivers

In addition to reaching the general public, it is important to have a specific strategy to reach people living with dementia and their caregivers. The stigma around cognitive decline and dementia often results in isolation for people living with dementia and their caregivers. In some cases, they may not seek out or be made aware of their diagnosis.

Sharing information about available services, social supports and access to care can help these individuals feel less isolated. In addition to resources for people living with dementia, public health can provide chronic disease prevention information to caregivers so they can maintain their own health and well-being.

## **Key Implementation Milestones**

= Number of HDs Reporting Implementation

- Health department has a consistent way to reach people living with dementia and their families and caregivers with messaging and educational information
- 9
- Health department have a consistent way to reach caregivers with messaging and educational information about their health and well-being

10

✓ Health department has messaging about dementia-specific services, care and social support 6

 Health department has specific information about caregiver information, tools and resources

8

Key Implementation Measures	Total
Number of individuals who have received these messages about dementia and services available	47,771
Number of caregivers who have received information about tools and resources for caregivers	669

## **Conclusion and Looking Ahead**

As this work has evolved, the HBI Road Map Series fourth edition aims to be the first to have an associated impact evaluation. The overarching vision of the HBI is that everyone deserves a life with the healthiest brain possible. Progress on the nine outcomes of the HBI Road Map help to achieve this vision. Health departments across the country are taking action to improve brain health in their communities.

The Alzheimer's Association will be tracking progress on the actions in the fall of each year. If a health department is using the evaluation tool and would like to contribute to this national evaluation, please reach out to <a href="mailto:publichealth@alz.org">publichealth@alz.org</a>.

Fall 2025: Next Round of HBI Road Map Implementation Evaluation Reporting

Continue tracking and assessing these measures using the <u>HBI Road Map</u> <u>Evaluation Tool</u> to expand this report and better understand community impact. Reach out to <u>publichealth@alz.org</u> to share your results.



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