



# Public Health and Dementia – Part 1: Understanding the Public Health Impact of Dementia

## INSTRUCTOR GUIDE



EMORY  
ROLLINS  
SCHOOL OF  
PUBLIC  
HEALTH

Emory Centers  
for Public Health  
Training and  
Technical Assistance

The Healthy Brain Initiative and the development and dissemination of this module is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$11,433,732 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

## WHAT IS INCLUDED IN THE INSTRUCTOR'S GUIDE?

- [How to Use the Public Health and Dementia Part 1 Module Instructor Guide](#): Provides guidance on how to use the Instructor Guide.
- [About the Public Health and Dementia Part 1 Module](#): Provides a brief overview of the Public Health and Dementia Part 1 module and how it fits within the larger public health curriculum on addressing dementia.
  - [Learning Objectives](#): Lists 3 learning objectives for a participant completing this module.
- [Competencies](#): Lists competencies met by this module from [AGHE/GSA](#); [CEPH](#); [Council on Linkages/ASPPH](#); and [PHAB](#).
- [Participant Engagement Options](#): Includes supplementary resources that are designed to increase participant engagement and enhance understanding of the concepts covered in this module.
  - [Discussion Questions](#): Provides questions to be used before participants complete the module and questions that can be used after participants complete the module.
  - [Learning Activities](#): Provides interactive, application-based activities participants can use to apply and integrate knowledge from the module into their life.
  - [Sample Test Questions](#): Provides multiple choice and true/false questions that can be used to assess knowledge based on the content in the module.
  - [Video Resources](#): Links to select videos that are used throughout the module. Additional discussion questions for each video are provided.
  - [Graphic Resources](#): Copies of select graphics that are used in the module. Additional discussion questions and activities for each graphic are provided.
  - [Additional Readings and Resources](#): A list of additional resources that could be used for supplementary activities or reading by participants.
- [Appendix A](#): Copy of the sample test questions without correct answers included for ease of printing.

## HOW TO USE THE MATERIALS

- This module is part of a larger curriculum where each module is designed for use either as part of a complete set or as a stand-alone module.
- Participants can use the module at their own independent pace, without any supplementary work or guidance from an instructor, presenter, or trainer. The module can also be used as a base for training, assignments, group projects or class discussion. In addition to the module content, this guide has supplementary materials to support activities used in a class setting.
- This is meant as a flexible guide that instructors can adapt to fit their needs.
- The module itself will take approximately 60 minutes to complete. If including the supplementary materials, time will vary depending on participant engagement, instructor style and the activities included.
- Discussion questions, learning activities, sample test questions, video resources with questions, graphic resources and additional reading and resources are also included in this guide. These may be modified or removed at the discretion of the instructor. Questions may also be used for other activities such as small group discussion or individual writing assignments. Many of the questions will directly reference specific sections in the module, so participants may benefit from having discussion questions or learning activities prior to beginning the module.
- Module content can be downloaded as a PDF from the module to be used as a reference.
- All materials are 508 compliant. (Note: if changes are made to the supplementary materials, it is recommended that changes continue to follow 508 compliance guidelines. For more information on 508 compliance, visit the Department of Health and Human Services website: <https://www.hhs.gov/web/section-508/index.html>)

# ABOUT THE PUBLIC HEALTH AND DEMENTIA PART 1 MODULE

This 60-minute module, Public Health and Dementia Part 1 – Understanding the Public Health Impact of Dementia, is designed for public health educators, professionals, and students. This module is part of the larger curriculum, *A Public Health Approach to Dementia*, developed by the Alzheimer’s Association® and the Emory Centers for Public Health Training and Technical Assistance with support from the Centers for Disease Control and Prevention (CDC).

Public Health and Dementia Part 1 provides an overview of dementia, explains why dementia is a public health priority and provides a high-level summary of what public health organizations can do about dementia, brain health and caregiving. This guide contains supplementary materials to support any additional activities that might be done in addition to the module itself. The module contains the following 6 sections with 20 subsections and addresses three learning objectives. Topics include:

## Topics:

### 1. Module Introduction

- a. Module Instructions
- b. Introduction
- c. Learning Objectives

### 2. What is Dementia?

- a. What is Dementia?

### 3. Dementia and Public Health

- a. The Role of Public Health in Dementia
- b. Prevalence and Costs of Dementia
- c. Impacts of Dementia
- d. Public Health Solutions
- e. Let’s Practice: Describe the Public Health Impact of Dementia

### 4. Timeline of Public Health Engagement

- a. Timeline of Public Health Engagement
- b. Let’s Practice: Recall the Major Federal Actions Supporting Brain Health

### 5. Public Health Action

- a. The Dementia Life Course
- b. Public Health Action
- c. Promoting Brain Health
- d. Increasing Access to Early Detection and Diagnosis
- e. Supporting People Living with Dementia and their Caregivers
- f. Let’s Practice: Share What Public Health Organizations Can Do

### 6. Conclusion

- a. Conclusion
- b. Resources
- c. References

### Learning Objectives

1. List three reasons why dementia is a public health priority.
2. Describe the increasing support public health has gained to address dementia through policy and action.
3. Identify at least two ways public health can intervene across the dementia life course.

## COMPETENCIES

The Public Health and Dementia Part 1 module promotes basic learning that supports the development of certain competencies and aligns with public health accreditation standards.

### **Academy for Gerontology in Higher Education (AGHE, through GSA):**

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- I.1.4: Interpret the gerontological frameworks in relationship to aspects and problems of aging persons, their families, their environment and communities.
- I.2.1: Distinguish normal biological aging from pathology including genetic factors.
- I.3.3: Demonstrate knowledge of signs, symptoms, and impact of common cognitive and mental health problems in late life (e.g., dementia, depression, grief, anxiety).
- I.4.2: Assess the impact of inequality on individual and group life opportunities throughout the lifespan/course impacting late-life outcomes.
- I.6.2: Identify gaps in research regarding both aging-related problems and successes in order to promote continued knowledge building.
- II.1.3: Assess and reflect on one's work in order to continuously learn and improve outcomes for older persons.
- II.2.3: Respect cultural values and diversity.
- II.4.4: Involve the older person, their family and caregivers as members of the interprofessional care team in planning and service decisions.
- II.4.5: Provide the following groups information and education in order to build a collaborative aging network:
  - Key persons in the community (e.g., police officers, firefighters, mail carriers, local service providers and others)
  - Aging workforce professionals and personnel (e.g., paid and unpaid; full- and part-time) in the field of aging.
- III.7.2: Analyze policy to address key issues and methods to improve the quality of life of older persons and their caregivers/families.

### Council on Education for Public Health (CEPH) Foundational Competencies:

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- 4: Interpret results of data analysis for public health research, policy, or practice.
- 8: Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs.
- 15: Evaluate policies for their impact on public health and health equity.
- 20: Describe the importance of cultural competence in communicating public health content.

### Council on Linkages Between Academia and Public Health Practice (supported by ASPPH):

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- 1.1: Describes factors that affect the health of a community.
- 4.1: Applies principles of ethics, diversity, equity, inclusion, and justice.
- 4.3.2: Describes how diversity influences policies, programs, services, and the health of a community.
- 4.6.4: Contributes to implementation of strategies for achieving and sustaining a diverse, inclusive, and competent public health workforce.
- 5.1: Describes conditions, systems, and policies affecting community health and resilience.
- 5.4.1: Explains the importance of collaborating with community members and organizations to identify and address community health and resilience needs.
- 6.1: Describes systems, policies, and events impacting public health.
- 8.1.4: Describes the ways public health, healthcare, and other organizations can work together or individually to impact the health of a community.

### Public Health Re-accreditation Standards (PHAB):

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- 3.2: Use health communication strategies to support prevention, health, and well-being.
- 8.2: Build a competent public health workforce and leadership that practices cultural humility.

## PARTICIPANT ENGAGEMENT OPTIONS

These supplementary resources are designed to increase participant engagement and enhance understanding of the concepts covered in this module. These include discussion questions, learning activities, a series of case studies, additional readings and a list of video resources. It is recommended that the instructor review these resources to determine which of these additional materials would be useful in illustrating the concepts covered in the module.

### DISCUSSION QUESTIONS

The following discussion questions may be useful for engaging learners before or after module completion:

- Before completing the module:
  - What do you think of when someone says “Alzheimer’s or dementia?”
  - What organizations or people do you know who are doing Alzheimer’s or dementia work? Are they considered public health organizations or professionals?
  - Why do you think Alzheimer’s and dementia are public health issues?
  - What role do federal initiatives play in supporting public health success?
  - What things do you think may protect your brain throughout your life?
- After completing the module:
  - Imagine someone asks you what the difference is between Alzheimer’s and dementia. What do you tell them?
  - Imagine someone tells you that developing dementia is a normal part of aging. How would you respond?
  - Imagine someone tells you that health equity does not impact dementia. How would you respond?
  - When does a health issue become a population health issue? Why is dementia a population health issue?
  - Imagine you work at a local or state health department. What would you tell a colleague who doesn’t think that dementia should be a public health topic?
  - What are some examples of federal initiatives and support for public health and dementia?
  - Think about the 10 Healthy Habits for Your Brain. Are there any habits you want to work on improving?
  - Think about the three levels of prevention across the life course for dementia. What area(s) of promoting brain health, increasing access to early detection and diagnosis, or supporting people living with dementia and their caregivers are you interested in acting on?

### LEARNING ACTIVITIES

The following activities may be used or adapted to enhance learning:

- Observe the place in which you live, work or go to school. What are some components that might support people living with dementia and/or their caregivers? What are ways these places might not support people living with dementia or their caregivers? What changes would need to be made to improve support?
- Create a diagram, interactive tool or resource to explain the interactions between the three levels of prevention and the public health opportunity for impact across the life course. Share one action at each level that public health can do.
- Select a business or organization in your community that may benefit from public health training on dementia. Create an outline of training topics. What information would you present? What educational techniques would you use during the training?
- Think of a movie or book where you have seen dementia portrayed. How does that portrayal align or not align with what you have learned about public health and dementia? What message(s) would you want to ensure others take away from learning about public health and dementia?
- Draft potential next steps for the person you saw in the module who is working in the health department and is interested in dementia. Think about what actions they may take next, what organizations would be involved, and three to five possible next steps they could take to continue furthering support for people living with dementia and their caregivers.
- Choose an underserved population listed under *Acknowledging health inequities and Alzheimer's* on the Alzheimer's Association's [Diversity, Equity and Inclusion page](#). Create a fact sheet or infographic about the impact of dementia on that community. Include resources and successes.
- Spend some time learning about the federal initiatives BOLD, HBI or NAPA. Write a summary of what you've learned and how public health is involved in dementia work at the federal, state, local, territorial or tribal levels.

## SAMPLE TEST QUESTIONS

The correct answer and explanation are included below each question.

Test questions without correct answers are included as [Appendix A](#) for ease of printing.

1. True or False: Dementia is a normal part of aging.

*The correct answer is False. Dementia is characterized by damage to brain cells due to brain injury, other health conditions or diseases, family history or a combination of factors. Dementia is not a normal part of aging.*

2. True or False: Alzheimer's is one cause of dementia.

*The correct answer is True. There are several diseases that cause changes in the brain leading to dementia, with Alzheimer's being the most common cause.*

3. Health problems become population health issues when:

- A. The prevalence and costs are substantial.
- B. The impacts are serious.
- C. There are public health solutions.
- D. All of the above.

*The correct answer is D. Health problems become population health issues when the prevalence and costs are substantial, the impacts are serious and there are public health solutions.*

4. True or False: The number of Americans living with Alzheimer's is not expected to grow by 2050.

*The correct answer is False. Currently, about 7 million Americans are living with Alzheimer's. By 2050, this number is projected to rise to 13 million.*

5. Who covers most of the health and long-term care costs of dementia?

- A. Employers
- B. People living with dementia
- C. Medicare and Medicaid
- D. Private insurance

*The correct answer is C. Medicare and Medicaid cover over two-thirds of the total health and long-term care payments for people living with Alzheimer's or other dementias.*

6. True or False: Fewer than one-third of dementia caregivers are women.

*The correct answer is False. More than two-thirds of dementia caregivers are women.*

## SAMPLE TEST QUESTIONS [CONTINUED]

7. Which of these is a public health solution for addressing dementia?
- A. Promote brain health.
  - B. Increase access to early detection and diagnosis.
  - C. Support people living with dementia and their caregivers.
  - D. All of the above.

*The correct answer is D. Public health solutions to address dementia are to promote brain health, increase access to early detection and diagnosis and support people living with dementia and their caregivers.*

8. Fill in the blank: Significant legislative progress has been made to support public health and dementia over the last \_\_\_\_ years.
- A. 10
  - B. 20
  - C. 50
  - D. 100

*The correct answer is B. Significant legislative progress has been made to support public health and dementia over the last 20 years, starting in 2005 with the Healthy Brain Initiative.*

9. Fill in the blank: Much of this support has come through federal funding and action, including \_\_\_\_.
- A. The Healthy Brain Initiative (HBI), the National Alzheimer's Project Act (NAPA), and Building Our Largest Dementia (BOLD) Infrastructure Act.
  - B. The Healthy Brain Initiative (HBI), Action on Cognitive Systems (ACS), and Growing Risk Interventions for Dementia (GRID) Act.
  - C. Leading Brain Health (LBH), No Brain Forgotten (NBF) Act, and Reducing Risk Infrastructure Taskforce (RRIT).

*The correct answer is A. Much of this support has come through legislation, including the Healthy Brain Initiative (HBI), the National Alzheimer's Project Act (NAPA), and Building Our Largest Dementia (BOLD) Infrastructure Act.*

10. True or False: Most people do not go on to develop dementia and will remain in the healthy cognitive functioning stage their entire lives.

*The correct answer is True. Most people do not go on to develop dementia and will remain in the healthy cognitive functioning stage their entire lives.*

11. Fill in the blank: Risk reduction, or primary prevention, \_\_\_\_\_.
- A. Is only effective for young children.
  - B. Works to promote brain health throughout a person's life.
  - C. Cannot change the number of people currently projected to be living with dementia in 2050.

*The correct answer is B. Risk reduction, or primary prevention, works to promote brain health throughout a person's life. If certain risk factors for dementia are reduced by 15% each year, there will be an estimated 1.2 million fewer people living with Alzheimer's disease in 2050 than currently projected.*

## SAMPLE TEST QUESTIONS [CONTINUED]

12. What are some examples of ways to promote brain health? (Select all that apply)

- A. Protect your head
- B. Be smoke-free
- C. Challenge your mind
- D. Don't exercise
- E. Manage diabetes

*The correct answers are A, B, C, and E. Public health strategies to promote brain health include protecting your head, being smoke-free, challenging your mind, managing diabetes and getting regular physical activity.*

13. Fill in the blank: Early detection and diagnosis, or secondary prevention, \_\_\_\_\_.

- A. Is not important, since getting an earlier diagnosis does not impact quality of care or decision-making abilities.
- B. Works to build access with health care providers for certain groups of people, but not all groups.
- C. Aims to identify dementia in the earliest stages, before the onset of more severe symptoms.

*The correct answer is C. Early detection and diagnosis, or secondary prevention, aims to identify dementia in the earliest stages and can improve the quality of care a person receives and their ability to make important decisions about their care. Public health can help build relationships to ensure equitable access to detection and diagnostic services for all people.*

14. What are some examples of ways public health can increase access to early detection and diagnosis? (Select all that apply)

- A. Building relationships between communities, health systems and the public to ensure equitable access to detection and diagnostic services.
- B. Suggesting resources for end-of-life care.
- C. Increasing awareness of cognitive decline symptoms and better educating health care providers about the benefits of early diagnosis.

*The correct answers are A and C. Increasing access to early detection and diagnosis services include building relationships to provide equitable access to detection and diagnostic services, and increasing awareness of the symptoms of dementia and educating health care providers about the benefits of early detection. Answer B is an example of a tertiary prevention once someone is diagnosed and is planning for disease progression.*

15. Fill in the blank: Safety and quality of care, or tertiary prevention, \_\_\_\_\_.

- A. Involves supporting people in managing dementia after a diagnosis to minimize the negative impacts on a person's health and quality of life.
- B. Is not a part of public health's role, since it is more about direct service.
- C. Does not include enhancing safety and quality of care through policies and guidance.

*The correct answer is A. Safety and quality of care, or tertiary prevention, involves supporting people in managing dementia after a diagnosis. Public health can coordinate action to address safety and quality of care and can enhance safety and quality of care through policy mechanisms including regulations and internal policies and guidance.*

## SAMPLE TEST QUESTIONS [CONTINUED]

16. True or False: Tertiary prevention does not include thinking about caregivers.

*The correct answer is False. Tertiary prevention is important when thinking about caregivers, who are influential in managing care and reducing complications for a person living with dementia.*

17. Some ways to get started in addressing dementia in your community may include:

- A. Joining a dementia or caregiver-focused coalition.
- B. Volunteering with a local dementia organization.
- C. Examining enacted dementia or caregiver legislation.
- D. All of the above.

*The correct answer is D. All of the actions listed here are ways to get started in addressing dementia in a local community.*

## VIDEO RESOURCES

These are some of the videos used throughout the *Public Health and Dementia – Part 1: Understanding the Public Health Impact of Dementia* module. Consider playing them in your learning environment and using them for discussion or reflection among the learners. Suggested discussion questions are included below each video title/link.

1. [NIH - What is Dementia?](#)
  - a. What impacted you about this video?
  - b. What is something you learned from this video?
  - c. What are ways this video could be used to support public health action to address dementia?
2. [Alzheimer's Association 2024 Facts and Figures](#)
  - a. What impacted you about this video?
  - b. What is something you learned in this video?
  - c. What are ways this video could be used to support public health action to address dementia?
3. [Hopeful Together: Terrie's Story](#)
  - a. What impacted you about this video?
  - b. What were some of the early signs of possible dementia for Terrie?
  - c. Why was early detection of dementia important for Terrie's family?
  - d. What are ways this video could be used to support public health action to address dementia?
4. [Exploring Care and Support \(Jim Mangi\)](#)
  - a. What impacted you about this video?
  - b. What can we learn from Jim's story about caring for his wife?
  - c. This video shares Jim's experience hiring outside help to support his wife. Why is that important when working to advance public health support for dementia caregivers?
  - d. What are ways this video could be used to support dementia caregivers in public health?

## GRAPHIC RESOURCES

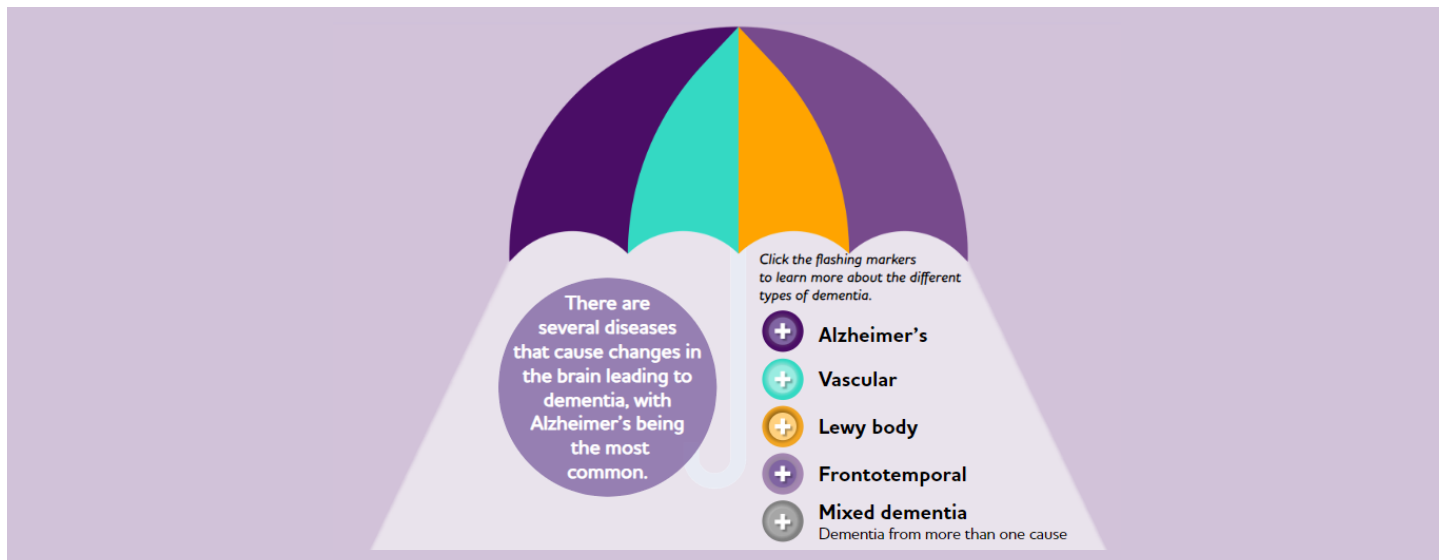
These are some of the graphics used in the module. They can be used as a basis for discussion or activities in your learning environment. Possible answers are shown in italics, where appropriate, but answers are not exhaustive or comprehensive. Graphics may be copied and inserted into a PowerPoint.



The statistics used in the graphics are as of 2024 unless otherwise noted.

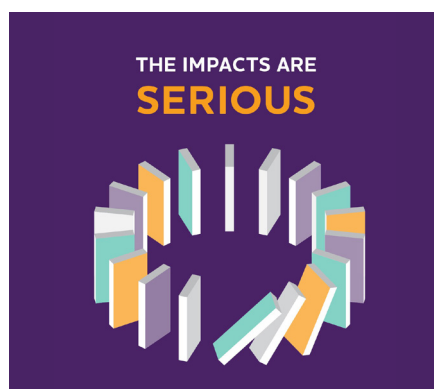
### Questions:

1. What is surprising to you about these graphics?
2. Summarize the meaning of these graphics in a few sentences.
  - a. *There are many Americans living with dementia; there are many caregivers providing lots of care to people living with dementia; and the cost of care for dementia is large.*
3. Why are these statistics important for public health professionals addressing dementia?
  - a. *They help illustrate the need for more people living with dementia, caregivers and health systems.*



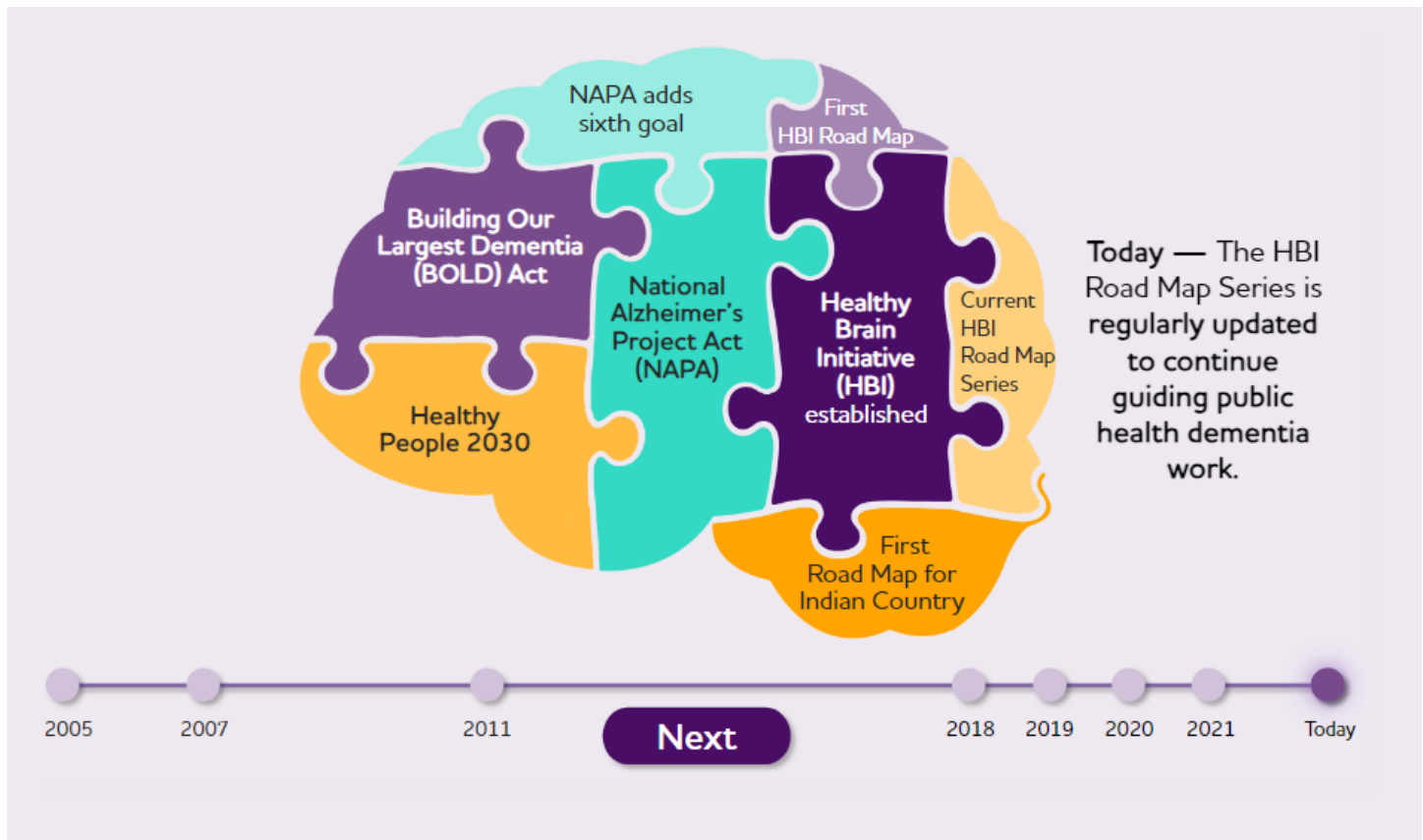
### Questions:

1. What stands out to you about this graphic?
2. Summarize the meaning of this graphic in a few sentences.
  - a. *Dementia is a broad term for changes in the brain that are caused by several different diseases.*
3. Why is this graphic important for public health professionals addressing dementia?
  - a. *Illustrates the distinction of the term 'dementia' from the disease that causes it as well as how many of the diseases are present together through mixed dementia.*



### Questions:

1. What is significant about this graphic?
2. Summarize the meaning of this graphic in a few sentences.
  - a. *Dementia is a population health issue because it meets the three criteria: the prevalence and costs are substantial, the impacts are serious and there are public health solutions.*
3. Why is this graphic important for public health professionals addressing dementia?
  - a. *It is important to be able to clearly and simply articulate how dementia is a population health issue.*



### Questions:

1. What is surprising to you about this graphic?
2. Summarize the meaning of this graphic in a few sentences.
  - a. *Dementia is a population health issue because it meets the three criteria: the prevalence and costs are substantial, the impacts are serious and there are public health solutions.*
3. Why is this graphic important for public health professionals addressing dementia?
  - a. *It is important to understand that ongoing federal funding and action for public health action on Alzheimer's and dementias has increased significantly since 2005.*

## GRAPHIC RESOURCES [CONTINUED]

### RISK REDUCTION | Primary Prevention



### EARLY DETECTION AND DIAGNOSIS | Secondary Prevention



### SAFETY AND QUALITY OF CARE | Tertiary Prevention



Healthy Cognitive Functioning

Pre-Symptomatic  
Brain Changes

Mild Cognitive  
Impairment

Mild  
Dementia

Moderate  
Dementia

Severe  
Dementia

### Questions:

1. What stands out to you about this graphic?
2. Summarize the meaning of this graphic in a few sentences.
  - a. *Public health action at the three prevention levels can be used at different stages along the dementia continuum to impact the population.*
3. Why is this graphic important for public health professionals addressing dementia?
  - a. *It is important to understand that public health has a role to play along the entire dementia continuum and at the different prevention levels.*



**Protect Your Head**



**Be Smoke-Free**



**Get Moving**



**Challenge  
Your Mind**



**Control Your  
Blood Pressure**



**Manage Diabetes**



**Sleep Well**



**Stay in School**



**Eat Right**

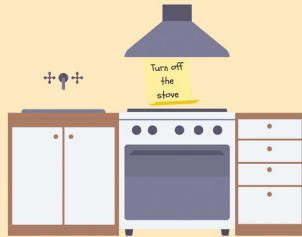


**Maintain a  
Healthy Weight**

### Questions:

1. What is significant about this graphic?
2. Summarize the meaning of this graphic in a few sentences.
  - a. *There are many early signs and symptoms that may indicate the presence of Alzheimer's disease, dementia or other cognitive impairment.*
3. Why are these graphics important for public health professionals addressing dementia?
  - a. *Habits that are good for brain health are well-connected to taking care of our overall health. Similarly, many aspects of public health — including chronic disease, maternal and child health, and environmental health — can support and impact brain health.*

**Memory Loss That Disrupts Daily Life**



**Challenges in Planning or Solving Problems**



**Difficulty Completing Familiar Tasks**



**Confusion with Time or Place**



**Trouble Understanding Visual Images & Spatial Relationships**



**New Problems with Words in Speaking or Writing**



**Misplacing Things or Losing the Ability to Retrace Steps**



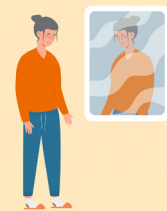
**Decreased or Poor Judgment**



**Withdrawal from Work or Social Activities**



**Changes in Mood, Personality & Behavior**



**Questions:**

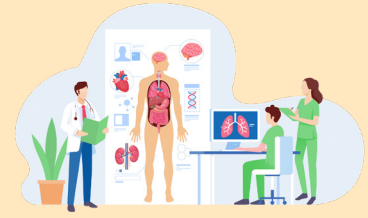
1. What is surprising to you about these graphics?
2. Summarize the meaning of these graphics in a few sentences.
  - a. *There are many early signs and symptoms that may indicate the presence of Alzheimer's disease, dementia or other cognitive impairment.*
3. Why is this graphic important for public health professionals addressing dementia?
  - a. *Knowing the early signs and symptoms is an important part of increasing access to early detection and diagnosis.*



**Individual Knowledge  
& Skill**



**Community  
Education**



**Health Systems  
& Providers**



**Coalition &  
Partnerships**



**Organizational  
Practice**



**Policy  
& Legislation**

### Questions:

1. What stands out to you about this graphic?
2. Summarize the meaning of this graphic in a few sentences.
  - a. *Public health can work to support people living with dementia and their caregivers through several different types of actions.*
3. Why is this graphic important for public health professionals addressing dementia?
  - a. *There are important actions for public health to take at the tertiary level.*

## ADDITIONAL READING AND RESOURCES

### Stay informed

- [Sign up](#) for the Alzheimer's Association Public Health eNews
- [Sign up](#) for CDC's Healthy Aging for Older Adults Newsletter

### Research your state

Find dementia data and learn about public health actions and initiatives in your state. Share what you learn with others.

- See if your [state has a dementia plan](#)

### Identify partnership and collaboration opportunities with community organizations

Consider a variety of organizations, such as:

- Volunteer organizations
- Faith communities
- Art organizations
- Educational organizations

### Monitor policy

Monitor policies and actions that will impact people living with dementia and their caregivers, including the refinancing of long-term services and supports and changes to training and payment models.

- [Alzheimer's Advocacy Across the Nation](#)
- [National Association of Chronic Disease Directors Legislative Tracking](#)
- [National Alliance for Caregiving Policy Initiatives](#)
- [Leading Age: Advocacy Efforts](#)
- Locally:
  - Your local state legislative database
  - The branch of government that oversees long-term care in your state
  - Your long-term care council

### Learn about ways you can support people living with dementia and their caregivers

Learn about ways to support them in [different everyday scenarios](#) developed by the International Association for Indigenous Aging using the [Dementia Friends](#) model. While this interaction is built for use by tribal and urban communities, it is relevant to many communities.

### Expand your learning by volunteering or getting involved with local organizations

If you're not in a place to implement these strategies directly in your work, volunteering with community partners will continue your learning and give you a unique perspective to bring to your future work.

- Find [community partners](#) in your area, including your local Area Agency on Aging or state office of aging services
- Search for your [local chapter](#) of the Alzheimer's Association
- Volunteer or work with a community to build a [Dementia Friendly Community](#)
- Get involved in or help your university become an [Age Friendly University](#)
- Join a student organization of your university or college's center on aging, your state gerontology society or the national [Gerontological Society of America](#)

# RESOURCES

## CDC Resources

- [BOLD Infrastructure for Alzheimer's Act](#)
- [Healthy Brain Resource Center](#)
- [National Healthy Brain Initiative](#)

## Alzheimer's Association Resources

- [10 Early Signs and Symptoms of Alzheimer's and Dementia](#)
- [10 Healthy Habits for Your Brain](#)
- [10 hábitos saludables para su cerebro](#)
- [A Public Health Approach to Dementia - Curriculum Modules](#)
- [Alzheimer's: A Public Health Issue One-Pager](#)
- [Alzheimer's Associations Public Health Approach to Dementia](#)
- [Alzheimer's Association Public Health Topics](#)
- [HBI Road Map for Indian Country](#)
- [HBI Road Map for State and Local Public Health](#)
  - [Implementation Guide](#)
  - [Evaluation Tool](#)
- [Healthy Brain Resource Center](#)
- [State Overviews](#)
- [Topic-Specific Issue Maps](#)
- [Types of Dementia](#)

### Other

- [A Practical Guide: Communicating Brain Health Messages with Latino and African American Communities](#)
- [Alzheimer's Disease and Down Syndrome Overview](#)
- [Diverse Elders Training](#)
- [International Association for Indigenous Aging \(IA2\)](#)
  - [Dementia Friends](#) for American Indian and Alaska Native Communities
  - [Brain Health Resource Library](#)
- [National Alzheimer's and Dementia Resource Center Guide to Billing Codes for Dementia Services](#)
- [NAPA - National Alzheimer's Project Act](#)
- [National Center on Elder Abuse](#)
- [National Task Group on Intellectual Disabilities and Dementia Practices](#)
- [Title 6](#) Serving Tribal Elders Across the United States

### Funding Statement

The Healthy Brain Initiative and the development and dissemination of this curriculum is supported by the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$11,433,732 with 100 percent funding by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

## APPENDIX A: SAMPLE TEST QUESTIONS

1. True or False: Dementia is a normal part of aging.
2. True or False: Alzheimer's is one cause of dementia.
3. Health problems become population health issues when:
  - A. The prevalence and costs are substantial.
  - B. The impacts are serious.
  - C. There are public health solutions.
  - D. All of the above.
4. True or False: The number of Americans living with Alzheimer's is not expected to grow by 2050.
5. Who covers most of the health and long-term care costs of dementia?
  - A. Employers
  - B. People living with dementia
  - C. Medicare and Medicaid
  - D. Private insurance
6. True or False: Fewer than one-third of dementia caregivers are women.
7. Which of these is a public health solution for addressing dementia?
  - A. Promote brain health.
  - B. Increase access to early detection and diagnosis.
  - C. Support people living with dementia and their caregivers.
  - D. All of the above.
8. Fill in the blank: Significant legislative progress has been made to support public health and dementia over the last \_\_\_\_ years.
  - A. 10
  - B. 20
  - C. 50
  - D. 100

## APPENDIX A: SAMPLE TEST QUESTIONS [CONTINUED]

9. Fill in the blank: Much of this support has come through federal funding and action, including \_\_\_\_.
- A. The Healthy Brain Initiative (HBI), the National Alzheimer's Project Act (NAPA), and Building Our Largest Dementia (BOLD) Infrastructure Act.
  - B. The Healthy Brain Initiative (HBI), Action on Cognitive Systems (ACS), and Growing Risk Interventions for Dementia (GRID) Act.
  - C. Leading Brain Health (LBH), No Brain Forgotten (NBF) Act, and Reducing Risk Infrastructure Taskforce (RRIT).
10. True or False: Most people do not go on to develop dementia and will remain in the healthy cognitive functioning stage their entire lives.
11. Fill in the blank: Risk reduction, or primary prevention, \_\_\_\_\_.
- A. Is only effective for young children.
  - B. Works to promote brain health throughout a person's life.
  - C. Cannot change the number of people currently projected to be living with dementia in 2050.
12. What are some examples of ways to promote brain health? (Select all that apply)
- A. Protect your head
  - B. Be smoke-free
  - C. Challenge your mind
  - D. Don't exercise
  - E. Manage diabetes
13. Fill in the blank: Early detection and diagnosis, or secondary prevention, \_\_\_\_\_.
- A. Is not important, since getting an earlier diagnosis does not impact quality of care or decision-making abilities.
  - B. Works to build access with health care providers for certain groups of people, but not all groups.
  - C. Aims to identify dementia in the earliest stages, before the onset of more severe symptoms.
14. What are some examples of ways public health can increase access to early detection and diagnosis? (Select all that apply)
- A. Building relationships between communities, health systems and the public to ensure equitable access to detection and diagnostic services.
  - B. Suggesting resources for end-of-life care.
  - C. Increasing awareness of cognitive decline symptoms and better educating health care providers about the benefits of early diagnosis.

## APPENDIX A: SAMPLE TEST QUESTIONS [CONTINUED]

15. Fill in the blank: Safety and quality of care, or tertiary prevention, \_\_\_\_\_.
- A. Involves supporting people in managing dementia after a diagnosis to minimize the negative impacts on a person's health and quality of life.
  - B. Is not a part of public health's role, since it is more about direct service.
  - C. Does not include enhancing safety and quality of care through policies and guidance.
16. True or False: Tertiary prevention does not include thinking about caregivers.
17. Some ways to get started in addressing dementia in your community may include:
- A. Joining a dementia or caregiver-focused coalition.
  - B. Volunteering with a local dementia organization.
  - C. Examining enacted dementia or caregiver legislation.
  - D. All of the above.