



Hosting a Community Convening for Dementia Risk Reduction: A Toolkit for Public Health Agencies



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Access the [Sample Resource Appendix](#) to assist you in hosting a Community Convening. If you are unable to view the link, email CenterOfExcellence@alz.org to request the appendix file.

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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 and tribal health departments in implementing strategies to improve brain health in their community. Convening is a core function of public health and a critical strategy to increase awareness and action around brain health. The **Healthy Brain Initiative (HBI): State and Local Road Map for Public Health, 2023–2027** goes into detail about the important role state and local health departments play in convening community leaders around brain health action. 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. Convening diverse and inclusive groups is the first action in the HBI Road Map series and a successful public health strategy used for many complex issues.

This toolkit was developed to assist health departments in hosting a community meeting about risk reduction. It is based on learnings from the Community Convening pilot program conducted by the Center, National Association of County and City Health Officials (NACCHO), and Bridge Builder Strategies. These partners, in addition to the Association of State and Territorial Health Officials (ASTHO), piloted the toolkit through learning collaboratives with over 60 health departments over 10 months. These health departments were trained to use the toolkit to host Community Convenings in their jurisdictions. Feedback from these health departments and their experience implementing the convenings after training has guided the development and revision of this toolkit.

This toolkit includes an overview of modifiable risk factors and social determinants of health and is designed to walk through the steps to effectively plan and host a convening to develop a plan to address dementia risk reduction in your community.



Case studies, additional resources and tools are included at the end of this toolkit and in the **Sample Resource Appendix** file. While the toolkit is designed to be self-executing, further information, advice, and assistance is available by contacting the Center at CenterOfExcellence@alz.org.

Step 1: Identification of Needs

The first step to addressing modifiable risk factors related to dementia is to understand the needs in your community. Steps one and two happen before the convening occurs and help you and your team plan. Using a variety of resources including community and partner input, population-level data and screening tools, you can assess the prevalence of risk factors related to dementia. Understanding the most prevalent needs can help you prioritize those that are the highest priority for public health action.

During this process, it is important to consider your community's priorities previously established during your community health improvement and/or community health assessment (CHA/CHIP) process. Understanding these established priorities can help increase support for the risk reduction action plan.

There are many free population-level data sources that can provide information on risk factors in your community that can be used with other locally-available data. Some examples of places to find data about dementia risk factors are listed below.

DATA ABOUT MODIFIABLE RISK FACTORS FOR DEMENTIA

Risk Factors for Cognitive Decline State Overview

This website includes a link to each state's specific resources related to dementia. View your state's risk factor prevalence for midlife hypertension, physical inactivity, midlife obesity, diabetes, smoking and poor sleep by clicking on your state on the map.

Heat Maps for Dementia Risk Factors

Heat maps of dementia risk factors at the state level by county or county level by census tract are available upon request. Contact CenterOfExcellence@alz.org to request a map of your community.

County Health Rankings and Roadmaps

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

After reviewing the data, it is time to prioritize the risk factor(s) to be addressed in your community, with the support of community members and partners. While prioritizing, it is important to take into account the resources, programs, and partners available to support you in the work.

Activities to Assess Efforts in Your Community

Review the science summaries or videos for the following modifiable risk factors. Write down some current efforts being made in your community to address each risk factor and any opportunities. These activities do not need to currently be about brain health. For example, you may currently implement a diabetes prevention program in your community. An opportunity could be to include brain health messaging in resources distributed as part of that program.

Exploring Modifiable Risk Factors for Dementia Risk Reduction		
Learning Materials for Each Risk Factor	Current efforts in my community	Opportunities
Video: <u>Diabetes and Obesity:</u> What We Do Now Affects How We Think Later <i>Time: 13 minutes</i> Summary: <u>Diabetes and Obesity</u>		
Video: <u>Physical Activity:</u> Is It Worth the Sweat to Protect Brain Health? <i>Time: 14 minutes</i> Summary: <u>Physical Activity</u>		
Video: <u>Vascular Risks:</u> What's Good for the Heart is Good for the Brain <i>Time: 11 minutes</i> Summary: <u>Vascular Risks</u>		
Video: <u>Tobacco Use:</u> Choices Make a Difference <i>Time: 4 minutes</i> Summary: <u>Tobacco Use</u>		
Video: <u>Diet and Nutrition:</u> Healthy Dietary Patterns for a Healthy Brain <i>Time: 13 minutes</i> Summary: <u>Diet and Nutrition</u>		

Exploring Modifiable Risk Factors for Dementia Risk Reduction

Learning Materials for Each Risk Factor	Current efforts in my community	Opportunities
Video: <u>Cognitive Activity:</u> How Today's Habits May Impact Later Life <i>Time: 10 minutes</i> Summary: <u>Cognitive Activity</u>		
Video: <u>Mild Traumatic Brain Injury:</u> A Continuum of Prevention to Reduce Risk <i>Time: 14 minutes</i> Summary: <u>Traumatic Brain Injury</u>		
Video: <u>Sleep:</u> Important for Brain Health <i>Time: 14 minutes</i> Summary: <u>Sleep</u>		

To understand how the social determinants of health (SDOH) relate to dementia risk, review the infographic and science summary on each topic, where available. Write down some current efforts being made in your community to address each SDOH and any opportunities to include brain health.

Understanding the Social Determinants of Health (SDOH)		
SDOH	Current efforts in my community	Opportunities
Infographic: Economic Stability Science Summary: Economics		
Infographic: Built Environment Science Summary: Environment		
Infographic: Access to Nutritious Foods Science Summary: Food Insecurity		
Infographic: Quality Education Science Summary: Education		
Infographic: Social Connections		
Science Summary: Racism, Discrimination, and Inequity		

Step 2: Partnership Mapping

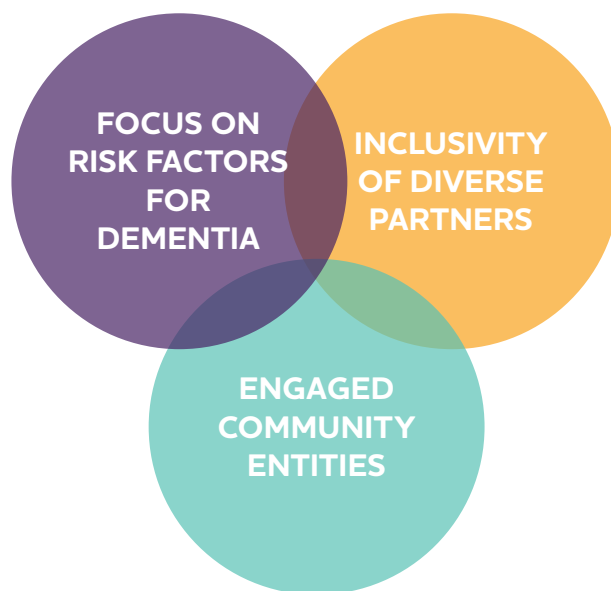
The next step in planning is to map out the partners and coalitions that can assist in addressing the risk factors. Addressing brain health and the modifiable risk factors for dementia can open opportunities for broader discussion and partnerships, as many of the risk factors for dementia can be addressed throughout life.

Looking at the chart you filled out in step one, think about the partners that could help make the opportunities you listed a reality. Begin to make a list of those partners in addition to other key partners that are already part of this work. As you complete partnership mapping activities, think about organizations in your community that reach diverse audiences, focus on specific risk factors and/or have an existing relationship with the health department.

Potential partners may include community-based programs, elected officials, faith-based organizations, nonprofits, community leaders representing people from historically marginalized populations, nutrition programs, unions, schools, media, Area Agencies on Aging, and condition-specific specialists. Inclusivity must be at the forefront of partnerships to ensure diverse voices are represented in the work. The figure above shows suggested considerations when partnership mapping.

When partnership mapping, it is important to understand the partner's influence, impact and area of focus. Complete the Partnership Analysis tool to determine the appropriate partners in the community based on their area of impact, current programs offered, level of influence, and potential role in the Community Convening.

PARTNERSHIP MAPPING



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?

Step 3: Hosting a Community Convening

Now that you have identified some existing and potential partners to address the risk factors, the next step is to use the Community Convening framework to bring partners together.

As the health department lead, your role will be to guide the process of the convening and ensure the plan created in the convening is implemented. To assist you with this, recruit 5-6 people to serve on the planning committee, including champions with knowledge of dementia and the community. The responsibilities of the health department lead and planning committee are to:

Recruit: Gather a planning committee to help develop the invitation list and goals for the convening.

Prepare: Ensure all key partners are invited and that all materials and logistics are ready for each meeting.

Guide Discussion: Keep discussions focused and productive.

Encourage Participation: Ensure all voices are heard.

Document Outcomes: Capture key points, decisions and action items.

Follow-up: Ensure actions are taken and progress is communicated between meetings.

There are resources available in the [Sample Resources Appendix](#) to help plan, facilitate and host a Community Convening – including invitation text, sign-in sheets and materials to develop action plans.

STRUCTURE AND TIMELINE

The Community Convening structure includes three separate meetings: 1) Planning Meeting, 2) Community Convening One, and 3) Community Convening Two.

Each step of the process is typically separated by a period of four weeks (figure 2), which:

1. Provides attendees with the time to plan and clear calendar obligations for the next meeting.
2. Provides the health department lead with the time to prepare the planning committee and community partners for the next steps.

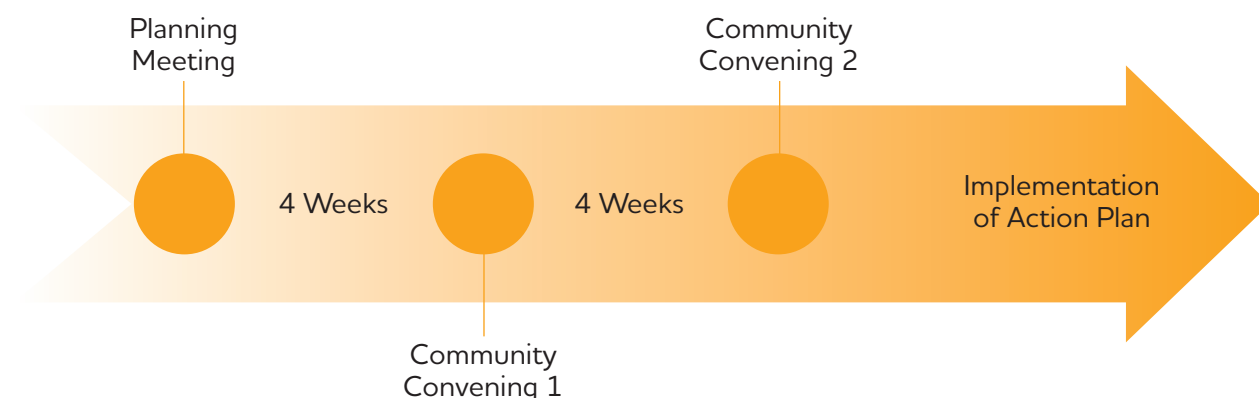


Figure 2: Timeline of the Community Convening framework

COMMUNITY CONVENING FRAMEWORK

Each meeting in the framework has a unique purpose and three intended outcomes to prepare for the following meetings and activities

Planning Meeting

The planning meeting should be used for the planning committee, a small group of 5-6 people, to identify the following:

1. What is the goal of the convening?
2. Who are the people that should be invited to the meeting?
3. Where will the meeting take place?

Preparing for Community Convening One: Between the planning meeting and Convening One, monitor the invitee list and follow up. If a representative from your local [Alzheimer's Association chapter](#) is not on the planning committee, connect with them about presenting on the modifiable risk factors for dementia. With the planning committee, set the agenda using the [Sample Resources Appendix](#) and discuss how you will structure the small group activities.

Community Convening One

The first session of the Community Convening gathers approximately 20-25 community leaders and partners to discuss current efforts and brainstorm future actions to reduce modifiable risk factors.

Convening One should identify the following:

1. What are the existing efforts in the community related to our goal?
2. Which of these could we modify or add to include brain health?
3. What is realistic? What could we get done?

Preparing for Community Convening Two: Between the meetings, review the work of the groups during the convening. Do you agree with what they prioritized? Are there additional people who should be involved? Do you need to give more direction or prioritize certain topics for Convening Two?

Community Convening Two

The second session of the Community Convening gathers community leaders and partners to build on outcomes from the first convening.

Convening Two should identify the following:

1. What actions are needed to successfully integrate brain health into programs from convening one?
2. How will we hold ourselves accountable?
3. How will we measure success?

For sample agendas, discussion prompts, and activity charts that you can use in the convenings, see the [Sample Resources Appendix](#).

Step 4: Implementation and Evaluation

The implementation phase focuses on re-engaging partners to carry out the risk reduction action plan developed in Community Convening Two.

Where possible, implementation should be integrated into existing community programs to maximize impact and sustainability. Embedding brain health or dementia risk reduction into ongoing health and social programs ensures efficient resource use and extends the program's reach. Aligning these efforts with initiatives like chronic disease prevention, health equity, or state and community health improvement plans helps reinforce community health outcomes and align with existing priorities.

As with any community health initiative, evaluation is essential for assessing the effectiveness of interventions and guiding future efforts. The [HBI Road Map Implementation Guide](#) suggests aligning evaluation with specific outcomes to measure success across different areas. The [HBI Road Map Evaluation Tool](#) offers additional measures for evaluating action within the HBI Road Map.

Ongoing evaluation allows for adjustments during implementation and provides valuable insights for future planning. Sharing the findings from these evaluations with partners, community members, and policymakers, along with being transparent about progress and challenges, will enhance trust and encourage further collaboration.

Incorporating evaluation early, starting with the planning phase, is important for understanding progress and impact. Two key considerations should be made in this step:

1. How did the convenings go?
 - Sample evaluation questions for attendees can be found in the [Sample Resources Appendix](#).
 - How will you keep the group engaged in the action plan?
 - What went well in the meeting?
 - What community events are in the future that align with the action plans?
 - Has there been an increase in community partnerships?
2. How will you measure and share the impact?
 - Look back at your initial goal. Are there clear metrics that will help show progress to that goal?
 - How will you track continued engagement from partners?
 - How will you measure the impact of these partnerships?
 - Encourage partners to share data from their program implementation that could be used to measure progress.
 - Make plans to share progress and results with department leadership, policymakers, community partners, local media and others with a shared interest.

After the Community Convenings, the health department lead and attendees should establish a meeting schedule to monitor progress and plan the next steps for advancing the project's implementation and sustainability. Consider using this time to publish a press release that highlights the convenings and promotes upcoming initiatives; this can help to generate interest and support. Additionally, this is an excellent opportunity to engage with community and organization leaders to discuss the ongoing efforts to improve brain health for all community members. With an action plan and evaluation results, you can also explore potential funding opportunities to continue and sustain the work.

Access the [Sample Resource Appendix](#) to assist you in hosting a Community Convening.

CASE EXAMPLE: REDUCING DEMENTIA RISK IN CITY OF SOUTH TUCSON, AZ

To address and reduce dementia risk in South Tucson, the Pima County Health Department, in partnership with the BOLD Public Health Center of Excellence on Dementia Risk Reduction, hosted the City of South Tucson Community Convenings. To successfully address dementia risk factors and behaviors, the Pima County Health Department developed a plan that is summarized through the four-step process.

Step 1: Identification of Needs

Using existing health data, the knowledge of the health department, and input from community partners, the planning committee identified that the City of South Tucson had a higher prevalence of modifiable risk factors and health disparities. Heat maps provided by the Center of Excellence on Dementia Risk Reduction indicated that the City of South Tucson had an increased prevalence of smoking, diabetes, obesity, hypertension, physical inactivity and poor sleep.

Step 2: Partnership Mapping

With the knowledge from the identification of needs, the Pima County Health Department identified partners that address risk factors or could incorporate brain health into existing programming with a broad reach to diverse populations. Additionally, the partners worked across the modifiable risk factors and social determinants of health including the housing authority, local schools, Cooperative Extension, transit authority, Department of Aging Services, faith-based organizations, and community-based programs. These partners each had a unique area of focus, influence or authority that led to the success of the Community Convenings and action planning.

Step 3: Hosting a Community Convening

The convenings successfully brought together 60 community leaders and were hosted in the community at both the El Pueblo Activity Center and Eckstrom-Columbus Library. Group and breakout discussions assessed the current programs, organizations and initiatives that were currently addressing modifiable risk factors and promoting healthy behaviors. The group also discussed organizations and initiatives that could add dementia risk reduction and brain health into their programming and outreach. The first convening identified four key priorities: faith-based, healthcare systems, education and community-based organizations. At the second convening, attendees further brainstormed actions related to the four priorities. After further discussions, it was suggested that the community-based organizations group be merged into the other three groups due to overlapping areas of focus.

Step 4: Implementation and Evaluation

Utilizing the action plans created in the convenings, the Pima County Health Department and its partners began implementation. The momentum generated from these sessions led to an initiative to partner with the state Quitline and the Arizona Department of Health Services (ADHS) to implement a media campaign around smoking as a risk factor for Alzheimer's disease and related dementias. The initiative highlights the community's commitment to translating discussions into actionable plans that enhance brain health and mitigate dementia risk factors.

To evaluate the success of the convenings, a survey was conducted after both meetings to assess the benefits of participating in the Community Convening. Attendees reported that the convenings created new community partnerships, strengthened existing community partnerships, and led to increased motivation to work with other community members to implement the action plans. Attendees also reported observing progress in addressing dementia risk factors in the community and have taken steps to ensure the sustainability of initiatives.

To learn more about the City of South Tucson Community Convening and upcoming initiatives, please visit pima.gov.

EXAMPLES OF OUTCOMES AND ACTIVITIES FROM COMMUNITY CONVENINGS

Increase Community Education, Awareness and Resource Sharing:

- Promoted brain health at a farmers market.
- Hosted a two-day Brain Health Resource Fair at a local senior center.
- Launched the Boost Your Brain eight-week virtual program promoting physical activity, nutrition, and cognitive engagement.
- Distributed a brain health story via a community-wide newsletter campaign.
- Shared nicotine cessation resources with the community at the Alzheimer's Association Walk to End Alzheimer's®.
- Collaborated with the Alzheimer's Association on bilingual education for Community Health Workers and high school pre-health professionals as part of the bilingual dementia risk reduction marketing campaign.
- Hosted two Spanish-language community forums to engage Hispanic older adults. Both forums revealed common themes such as limited knowledge about Alzheimer's and dementia, concerns about stigma, and a strong interest in continued education.

Increase Integration into Existing Programs:

- Embedded dementia risk reduction into existing programs addressing chronic disease and nutrition.
- Integrated brain health into Step Up to Better Health programs, including an intergenerational community garden.
- Convening workgroup leaders integrated into an existing dementia coalition.

Build a Diverse and Skilled Workforce:

- Engaged the Chamber of Commerce to promote community involvement.
- Partnered with a local university and students to develop a brain health training for the local workforce.

Increase Sustainability:

- Incorporated convening goals into the Community Health Improvement Plan (CHIP) and expanded brain health into chronic disease programs.
- Incorporated convening goals into ongoing health improvement plans.



Additional Resources

DEMENTIA RISK REDUCTION

- [Reducing Dementia Risk: A Summary of the Science and Public Health Impact](#)
- [alz.org/SDOH](#)
- [Getting Public Health to Address Dementia Risk: A Center of Excellence Conversation](#)
- [Suggested Recommendations for Alzheimer's Plans](#)
- **Videos:**
 - [2023 Risk Reduction Summit Video Series](#)
 - [Alzheimer's and Dementia: A Public Health Issue](#)
 - [Addressing Social Determinants of Health and Dementia Risk](#)
 - [Modifiable Risk Factor Videos](#)

INCORPORATING BRAIN HEALTH AND SUSTAINABILITY

- [Healthy Brain Initiative \(HBI\) Road Map](#)
- [HBI Road Map Implementation Guide](#)
- [HBI Road Map Evaluation Tool](#)
- **Healthy Brain Initiative Issue Maps:**
 - [Reducing Risk of Cognitive Impairment](#)
 - [Advancing Health Equity](#)
 - [Enhancing Community-Clinical Linkages](#)
 - [Supporting Caregivers](#)
 - [Ensuring Early Detection and Diagnosis](#)
- [10 Healthy Habits for Your Brain](#)
- [Mobilizing Action through Planning and Partnerships \(MAPP\) 2.0](#)
- [Integrating Brain Health into Health Improvement Planning: The Healthy Brain Initiative Road Map and MAPP 2.0](#)
- [Integrating Sustainability into Healthy Brain Initiative Implementation](#)
- [Expanding Falls Prevention Through Surveillance, Community-Clinical Linkages, and Strategic Planning and Evaluation](#)
- [Needs Assessment Toolkit for Dementia, Cognitive Health and Caregiving](#)
- [Indicators of Healthy Aging: A Guide to Explore Healthy Aging Data through Community Health Improvement](#)

BOLD PUBLIC HEALTH CENTERS OF EXCELLENCE

- [BOLD Public Health Center of Excellence on Dementia Risk Reduction](#)
- [BOLD Public Health Center of Excellence on Early Detection and Diagnosis](#)
- [BOLD Public Health Center of Excellence on Dementia Caregiving](#)