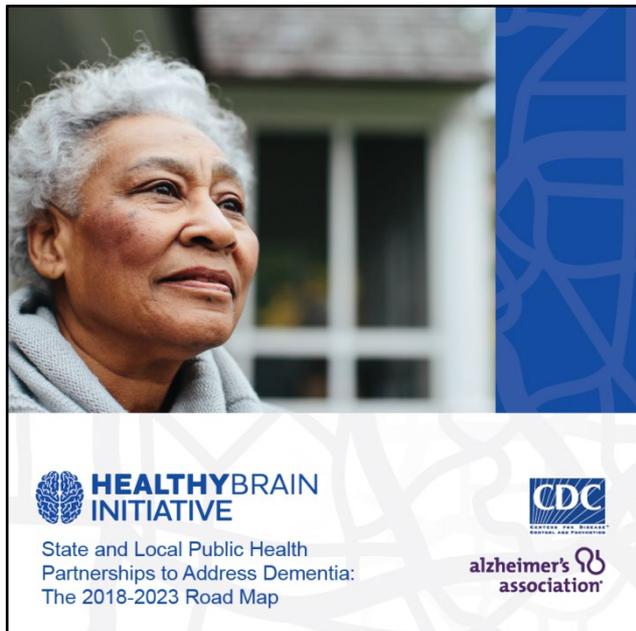


PLANNING for ACTION

Initial Steps for Implementing the Healthy Brain Initiative Road Map



“As a state or local public health leader, you are vital in making Alzheimer’s our next public health success story. Thank you for exploring ways to integrate the HBI Road Map into your programs and plans for addressing Alzheimer’s in your community and state.”

Molly French
Director of Public Health, Alzheimer’s Association

PLANNING for ACTION

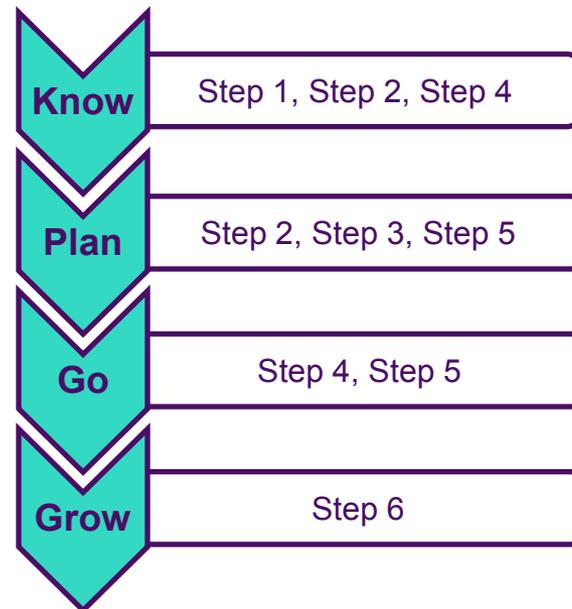
Initial Steps for Implementing the Healthy Brain Initiative Road Map

This planning tool guides state and local public health professionals through quick steps in selecting Healthy Brain Initiative (HBI) Road Map actions and getting started with implementation. Its six steps will direct you to a path for success that best meets your specific needs. Easy-to-use worksheets and resources will help you prioritize, plan and promote Road Map actions.

You can enter into this planning process with confidence because the HBI's [State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map](#) actions are strategies that experts identified as having the greatest potential public health impact, while being adaptable for different capacities. Also, the HBI Road Map is a credible citation source for justifying plans and initiatives around Alzheimer's and other dementias.

Six Steps to Planning Your Public Health Response to Alzheimer's

Make an impact in addressing Alzheimer's and other dementias using the HBI Road Map with six steps to guide your planning. The Know.Plan.Go.TM Mobilization Model (Blais & Colleagues, 2015) diagram captures these steps in a quick-reference format so you can turn strategy into action that makes an impact.



STEP 1: *Prioritize potential actions within your area of focus (Know)*

Use the HBI Road Map as a tool to guide decisions about where to prioritize your efforts to promote brain health, expand early detection and diagnosis, improve safety and quality of care for people living with dementia, and/or attend to caregivers' health and well-being.

The key is to begin, whether you first raise awareness of the HBI Road Map within your division or you create a plan around an easier Road Map action. Initial momentum gives you a base on which to keep building where you have capacity and interest.

Start by reviewing the HBI Road Map and its agenda of 25 actions as well as the compelling data presented. Educate your staff and other health professionals about Alzheimer's and other dementias. Then, use the Prioritizing Road Map Actions worksheet (end of planning guide) to identify Road Map actions that are achievable, align with existing areas of focus and priorities (Step 2), and fit with available resources and capacity.

STEP 2: *Integrate and align strategies into your existing plans (Know, Plan)*

You do not have to start from scratch. Many Road Map actions can be integrated into existing plans and initiatives such as programs for chronic disease, health promotion, and public safety; Alzheimer's state plans; or state or community health improvement plans. Do a scan of current initiatives and plans within your organization and by other groups or organizations. Find places where you can align Road Map actions with existing initiatives or goals and add the information to the Prioritizing Road Map Actions worksheet that you started in Step 1. See the Aligning Actions Examples.

Not finding obvious alignment? Gather a few colleagues for a conversation about using Road Map actions to create a plan to address Alzheimer's. Together you could conduct a quick environmental scan or needs assessment to surface priorities or opportunities in your community that relate to cognitive health. See Potential Data Sources later in the planning guide.

STEP 3: *Orchestrate across the state public health system (Plan)*

Whether you serve at the state or local level, your work interfaces with other parts of the public health system. It takes us all working together — across community systems — to improve outcomes for all people living with Alzheimer's and their caregivers.

Consider how your priority Road Map actions can be integrated across the entire public health system or community. How might actions in the HBI Road Map complement the strategic plans and key initiatives that exist? Integration into other areas of health, where appropriate, enables you to leverage resources and build partnerships for sustainable initiatives. Reach out to discuss the possibility of integrating Road Map actions into those plans or as part of their existing initiatives.

STEP 4: *Mobilize for Action (Know, Go)*

Successful public health occurs through collaborative partnership, planning and networking to garner support, assistance, best practices, and training. Organize a network of mobilizers, a community coalition, or task force charged with building and taking the action plan to the next level. Consider traditional and nontraditional partners so that engagement is inclusive across all audiences you wish to serve. Suggestions for potential partners are in Engaging Partners and Stakeholders. Completing a Stakeholder Analysis Matrix worksheet may help you prioritize partners to engage now in the planning stage and others to mobilize at a later stage.

With these partners, use the Action Planning worksheet as a template for determining activities and resources needed to achieve the HBI Road Map action. If you will pursue multiple Road Map actions, replicate the worksheet template.

As with all plans, identify some measurable goals. Assign accountable people, partners, and measure success. Identify champions to promote the importance and urgency of acting now on the plan.

STEP 5: Ask for additional technical support and assistance (Plan, Go)

A plan is only as good as its implementation, and implementation takes forethought, execution, and accountability. Ask for guidance from the Alzheimer's Association or CDC's Alzheimer's Disease and Healthy Aging Program. They can provide insights into the recommended strategies and suggest strategies that might work best for your organization.

View Road Map resources at alz.org/publichealth for emerging implementation practices and success stories.

For Assistance and Guidance:

Alzheimer's Association, Public Health
Department: Molly French, mfrench@alz.org

CDC Alzheimer's Disease and Healthy Aging
Program: Heidi Holt, hym3@cdc.gov

STEP 6: Tell the compelling public health story of Alzheimer's and refer others to the HBI Road Map (Grow)

The goal of the HBI Road Map is to enable the public health community and its partners to anticipate and respond to the growing impact of Alzheimer's and other dementias on every facet of society. Use the HBI Road Map's compelling data to create your own talking points about why and how you support Alzheimer's in your work.

As you capture data and anecdotes about your successes, proactively tell the story about how these actions translate into meaningful outcomes across the lifespan, across other chronic diseases, and support health and safety more broadly. Communicate about your successes to build momentum that can lead to changes to policies, systems, and environments over the long term. Plan forward for sustainability.

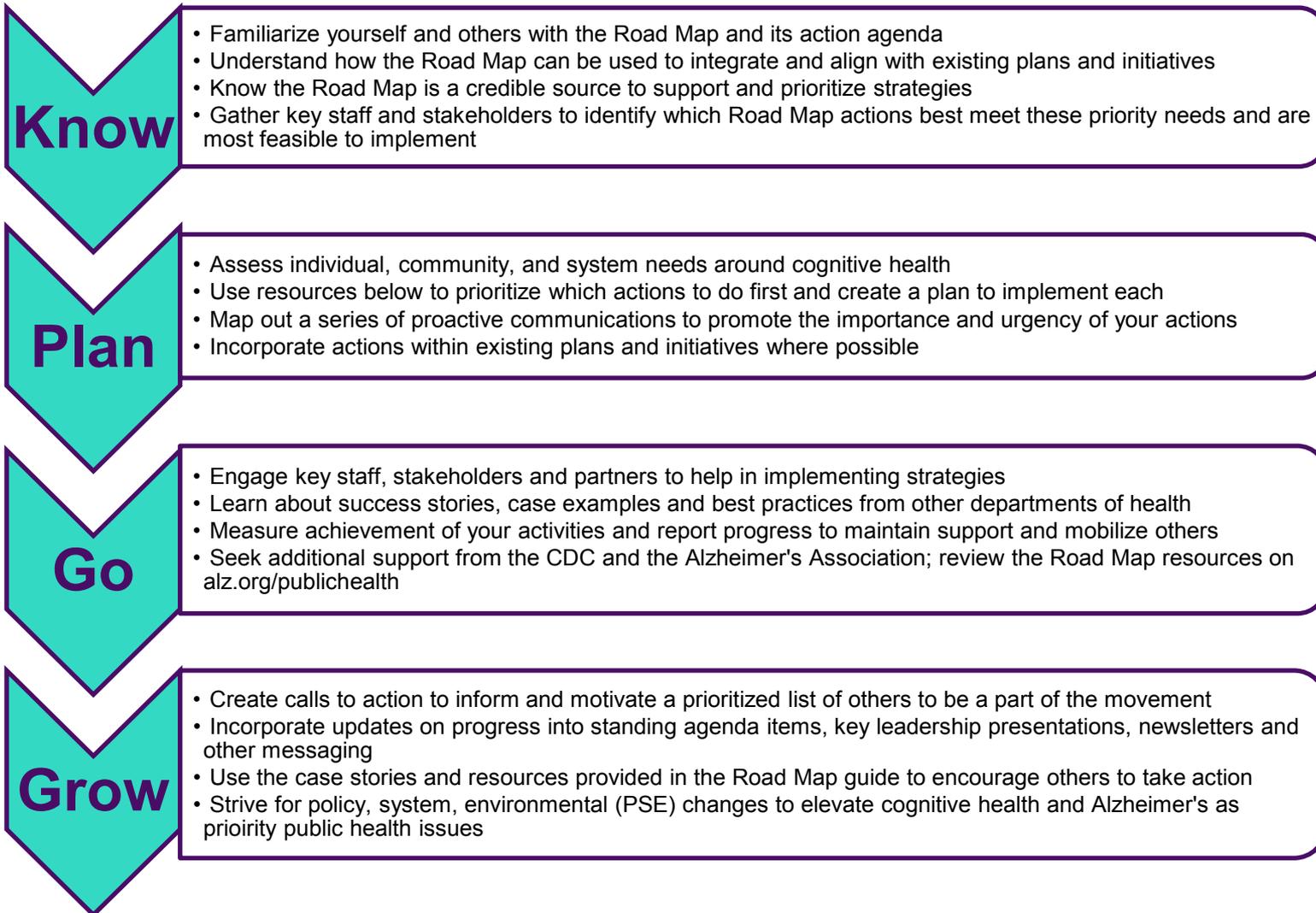
The road to our next public health success story is wide — **tell colleagues about the HBI Road Map!**

Aligning Actions Examples

Many Road Map actions can be integrated into existing public health priorities. Consider how the HBI Road Map actions can align to the following goals and initiatives.

Existing Goal or Initiative	Alignment of HBI Road Map Actions to Existing Goal or Initiative
Develop a new healthy aging office in state public health agency	Educate the public about brain health (Road Map actions E-1 and E-2) to demonstrate the need for and value of an office focused on healthy aging
Promote core health behaviors – smoking cessation, physical activity, diet, and weight management	Refresh existing health education campaigns by giving target populations a “new” reason to adopt healthy lifestyle behaviors since they are also associated with reduced risk for cognitive decline and possibly dementia (E-2)
Improve early detection of Alzheimer’s, a goal in the state Alzheimer’s disease plan	Educate the public about changes in cognition that should be discussed with a health professional (E-1) and foster continuing education to improve healthcare professionals’ ability and willingness to support early diagnoses (W-4)
Increase participation in evidence-based programs for older adults	Co-market chronic disease self-management programs with ones that educate caregivers to encourage participation in both programs and help ensure caregivers receive sound information (E-7)
Increase quit attempts by lifelong smokers	Educate healthcare providers about strong evidence that current smoking increases the risk of cognitive decline and possibly dementia (W-1)
Address all of the top leading causes of death in the state	Structure grants to local public health departments or coalitions so that they must address all of the top causes of death in the state, which often include Alzheimer’s and other dementias (multiple Road Map actions)
Reduce preventable hospitalizations and related costs	Train Emergency Medical Service (EMS) personnel about the unique communication and behavioral challenges posed by cognitive impairment and dementia so that they have knowledge and skills to try alternative solutions to taking them to emergency departments if such care is not necessary (W-5)
Decrease health disparities	Use data collected from the Behavioral Risk Factor Surveillance System’s Cognitive Module to identify higher-risk populations (M-3) and educate policymakers about the role of public health in addressing this problem (P-3)

Know.Plan.Go.TM For Road Map Success



Prioritizing Road Map Actions

Of the 25 Road Map actions, the following 12 actions are those primed for implementation by state and local public health. You can use these actions as a starting point in creating your plans. The following two worksheets help identify priority actions, your activities, and resources.

1. Start by assessing each of the 12 actions in terms of the following:

- **Priority level** as it relates to the need within the community/region/state and organizational priorities
- **Difficulty level** in implementing the action in terms of complexity, available time, resources, staff/partner capacity and strengths
- **Alignment** with other initiatives or plans already underway—it may be easier to make progress on actions where there is already momentum and work is happening

2. Determine which items are feasible based on their priority, difficulty and alignment. Consider that an action may meet an extensive need in the community such that it is worth allocating time and resources even if it has a higher level of difficulty. Or, if a Road Map action already aligns with a current initiative underway, it may increase the priority level and decrease the emphasis on difficulty if there can be synergy of effort that enhances the current initiative.

3. Next, in the Selected Action column, place a number by each action in order of which actions you will pursue first.

STEP 3

STEP 1

Selected Action/Rank	Road Map Action	Priority Level (low, medium, high)	Difficulty Level (low, medium, high)	Aligns with current plans*? Which ones?
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Prioritizing Road Map Actions

Selected Action/Rank	Road Map Action	Priority Level (low, medium, high)	Difficulty Level (low, medium, high)	Aligns with current plans? Which ones?
Educate and Empower				
	E-1 Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis.			
	E-2 Integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic condition management for people across the life span.			
	E-3 Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being.			
	E-7 Improve access to and use of evidence-informed interventions, services, and supports for people with dementia and their caregivers to enhance their health, well-being, and independence.			
Develop Policies and Mobilize Partnerships				
	P-1 Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.			
	P-3 Support better informed decisions by educating policy makers on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health in addressing this priority problem.			

*For example: state Alzheimer's plan, state health improvement plan, chronic disease plan

Prioritizing Road Map Actions, continued

Selected Action/Rank	Road Map Action	Priority Level (low, medium, high)	Difficulty Level (low, medium, high)	Aligns with current plans*? Which ones?
Assure a Competent Workforce				
	W-1 Educate public health and healthcare professionals on sources of reliable information about brain health and ways to use the information to inform those they serve.			
	W-3 Educate public health professionals about the best available evidence on dementia (including detection) and dementia caregiving, the role of public health, and sources of information, tools, and assistance to support public health action.			
	W-4 Foster continuing education to improve healthcare professionals' ability and willingness to support early diagnoses and disclosure of dementia, provide effective care planning at all stages of dementia, offer counseling and referral, and engage caregivers, as appropriate, in care management.			
	W-7 Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services.			
Monitor and Evaluate				
	M-1 Implement the Behavioral Risk Factor Surveillance System (BRFSS) optional module for Cognitive Decline in 2019 or 2020, and the BRFSS optional module for Caregiving in 2021 or 2022.			
	M-3 Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving.			

*For example: state Alzheimer's plan, state health improvement plan, chronic disease plan

Action Planning Worksheet

Once you have your Road Map actions identified and prioritized, use this worksheet to determine what activities and resources will be needed to achieve the action. Create one worksheet for each Road Map action.

Road Map Action: _____

Activities to accomplish this action	By when?	Staff to work on this activity	Partners and Stakeholders (coalitions, organizations, govt. agencies, healthcare systems)	Funding Sources Available	Potential Barriers	Measure of Success and Outcomes

Potential Data Sources

The following references can be used to gather citations, data points, and information to support pursuing specific Road Map actions.

Category	Description	Examples and Links
Prevalence and Disparities	Number of persons and percentage of population with Alzheimer's and/or other dementias, or subjective cognitive decline by key demographic indicators (as available) such as: age, gender, race, ethnicity, marital status, sexual orientation, income, educational attainment, home ownership, employment status, disability status, veteran status	<ul style="list-style-type: none"> State Alzheimer's disease registry data or data portals (e.g., Georgia Department of Public Health Alzheimer's Disease and Related Dementia State Registry)* BRFSS Cognitive Decline module http://www.cdc.gov/aging/pdf/2015-brfss-cognitive-decline-module.pdf CDC Healthy Aging Data Portal http://www.cdc.gov/aging/agingdata/index.html Alzheimer's Association Alzheimer's Disease Facts and Figures (https://www.alz.org/alzheimers-dementia/facts-figures)
Mortality	Number of deaths due to Alzheimer's and other dementias, by key demographic indicators (as available)	<ul style="list-style-type: none"> State registries or data portals, such as death certificate records Alzheimer's Association Alzheimer's Disease Facts and Figures (https://alz.org/facts)
Caregiving	<ul style="list-style-type: none"> Number of family and other unpaid caregivers Hours of care provided Economic value of unpaid care Impact of caregiving on caregivers Unmet needs, such as for information, psychosocial support, respite 	<ul style="list-style-type: none"> Alzheimer's Association 2018 Alzheimer's Disease Facts and Figures (https://www.alz.org/alzheimers-dementia/facts-figures) BRFSS Caregiver Module data (https://alz.org/professionals/public-health-officials/data-collection) Service needs from state or regional information, referral/assistance networks, such as 2-1-1 call systems or aging and disability resource centers (ADRCs)** (National Information and Referral Support Center has background information: https://nci-ad.org/) Alzheimer's Association chapters may have local data about requests for assistance, care consultations Qualitative data from focus groups or stakeholder input sessions (Example from South Dakota: https://alz.org/media/Documents/spotlight-alzheimers-needs-assessment-south-dakota.pdf)

*The BRFSS Cognitive Decline module measures the prevalence of "subjective cognitive decline" (SCD) — a non-medical term that identifies the percentage of individuals who self-report they are having increasing memory problems. A growing number of studies has shown that SCD is associated with an increased risk of future dementia; these data indicate potential future problem and burden of dementia.

**Access to such data varies and may not be universally available, due to inconsistencies in data collection and management. Consider consulting the state aging department to learn more about state/regional data sets.

Potential Data Sources

The following references can be used to gather citations, data points, and information to support pursuing specific Road Map actions.

Category	Description	Examples and Links
Modifiable Risk Factors	<ul style="list-style-type: none"> Number of persons and percentage of population who smoke, have diabetes, are obese, have hypertension, are physically inactive, or eat an unhealthy diet Health status of caregivers 	<ul style="list-style-type: none"> CDC Healthy Aging Data Portal (http://www.cdc.gov/aging/agingdata/index.html) BRFSS Caregiver Module data Caregiver surveys CDC's 500 Cities project provides city- and census tract-level estimates for chronic disease risk factors, health outcomes, and clinical preventive service use for the 500 largest cities in the U.S. (https://www.cdc.gov/500cities)
Costs	<ul style="list-style-type: none"> Use and costs of healthcare, long-term care, and hospice care for people with Alzheimer's and other dementias Use and costs of community services, such as transportation, meal delivery, home healthcare and case management Financial impact of Alzheimer's and other dementias on families, including annual costs and effect on family income 	<ul style="list-style-type: none"> Alzheimer's Association 2018 Alzheimer's Disease Facts and Figures (https://www.alz.org/alzheimers-dementia/facts-figures) State Emergency Department Databases (SEDD) Hospital, vital records, home and community-based services, nursing home, health plans, all-payers claims databases, Silver Alert and similar Medicare, and Medicaid data* Community service providers Information and referral/assistance network records
Assets and Resources	Assets and resources that can be mobilized and employed to address needs and issues related to Alzheimer's and other dementias (e.g., support groups, area agencies on aging, volunteer networks, clinical services, hospitals, adult day care services, home care services, community resources)	<ul style="list-style-type: none"> Sample tools for identifying existing assets from Minnesota's ACT on Alzheimer's website http://www.actonalz.org/assess Network analyses or surveys of local Alzheimer's Association chapters and partners

*Access to such data varies and may not be universally available, due to restrictions on database access and use. Consider consulting a health department or university-based epidemiologist for additional guidance on state/local data sets.

Engaging Partners and Stakeholders

Who do you need to engage for support in implementing your selected Road Map actions?

Government

- Governor/Mayors/County Supervisors
- State Public Health Officer
- Chronic Disease Director
- State epidemiology/surveillance branch
- Division of Aging Services (state and county level)
- State and local policymakers, legislators
- State/Regional planning commissions
- Public safety (police, fire, transportation)

Healthcare

- State hospital association
- State provider associations (primary care, specialty care providers, pharmacy)
- Rural and urban health association or clinics
- Health systems
- Federally Qualified Health Centers (FQHC)
- Physician practices (primary care, family practice, geriatrics, internal medicine, neurology)
- Other health care service providers (EMS, physical therapy, home health, hospice, pharmacy, community health workers)

Senior Service Providers and Organizations

- State and local chapters of the Alzheimer's Association
- Area Agency on Aging (AAA) and Aging and Disability Resource Centers (ADRC)
- Nursing home and assisted living communities at local level as well as state associations
- Independent living and continuing care communities
- AARP chapters
- Local foundations and non-profits serving seniors and caregivers
- Senior centers

Other Entities

- State public health association
- Healthy living coalitions/livable communities
- American Heart Association and American Diabetes Association
- Area Health Education Centers (AHEC)
- Schools of public health
- Public health institutes
- Large employers (help in reaching caregiver population)
- Academic institutions
- Geriatric Workforce Enhancement Programs (GWEP)
- YMCA
- Religious organizations/faith community
- Organizations serving populations at higher risk for dementia (Hispanic, African American)

