

**California Department of Public Health (CDPH) Alzheimer’s Disease Program (ADP)
California Healthy Brain Initiative (CA HBI)
State and Local Public Health Partnerships to Address Dementia**

Table 1. Summary of CA HBI Projective Objectives, Target Populations, and Alzheimer’s Disease and Related Dementias (ADRDs) Community Needs by Local Health Jurisdiction

<i>Local Health Jurisdiction (Subject)</i>	CA HBI Objectives *	Target Populations	Preliminary-Identified Needs
LOS ANGELES (Brain Health Promotions Model)	<ul style="list-style-type: none"> • M, E) Targeted individual education to promote brain health • E) Broad public education on brain health • E) Education of community organizations and partner networks • E) Broad public education on elder abuse prevention • P) Partner network education on elder abuse prevention • P) Influence policy/systems change • W) Train health professionals, with special focus on those who care for the safety net populations with risk factors for ADRDs 	<p>Affected by ADRDs:</p> <ul style="list-style-type: none"> • African Americans • Latinos <p>Workforce:</p> <ul style="list-style-type: none"> • Public Health • Health Services • Mental Health 	<ul style="list-style-type: none"> • ADRDs mortality • ADRDs incidence • Risk factors/conditions: <ul style="list-style-type: none"> ○ Obesity ○ Diabetes ○ Hypertension • Caregiver mortality • Caregiver depression, stress, burnout • Caregiver supports: <ul style="list-style-type: none"> ○ Educational ○ Social ○ Medication management ○ Transportation • Medicare costs for ADRDs as primary condition

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PLACER <i>(Community-Driven Model to Address Brain Health)</i>	<ul style="list-style-type: none"> • E) Educate the community on cognitive aging, community resources, caregiving well-being, emergency preparedness, and reducing stigma • M, P, W) Develop and implement policies and protocols to be adopted by first responders, elected officials, and stakeholders in support of the aging population 	<p>Affected by ADRDs:</p> <ul style="list-style-type: none"> • Rural <p>Workforce:</p> <ul style="list-style-type: none"> • Emergency Response: <ul style="list-style-type: none"> ○ First Responders ○ Emergency Department Staff • Elected Officials 	<ul style="list-style-type: none"> • Increasing aging population • ADRDs mortality • Medicare costs for ADRDs as primary condition • Long-term care facilities • Rural areas • Dementia-friendly environments
SACRAMENTO <i>(Targeted Individual Education to Promote Brain Health)</i>	<ul style="list-style-type: none"> • M) Community Needs Assessment: identify resources and gaps within target populations; Translate resources • E, W) Train medical and community-based organization (paraprofessionals) on improved care and resources • E) Conduct multilingual resource media campaign 	<p>Affected by ADRDs:</p> <ul style="list-style-type: none"> • African Americans • Latinos • Informal Caregivers <p>Workforce:</p> <ul style="list-style-type: none"> • Medical Paraprofessionals and Professionals 	<ul style="list-style-type: none"> • Increasing aging population • Risk factors/conditions: <ul style="list-style-type: none"> ○ Obesity ○ Heart disease ○ Diabetes ○ Hypertension ○ Stroke • Social determinants: <ul style="list-style-type: none"> ○ Educational attainment ○ Social isolation ○ Housing ○ Food access

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<i>SAN DIEGO (Broad Public Education on Brain Health)</i>	<ul style="list-style-type: none"> • M) Develop an updated prevalence estimate for ADRDs in our region • M, W) Educate the public health workforce and integrate ADRDs into local public health assessment and planning • E, P, W) Update Caregiver Handbook and abuse/neglect outreach materials to add new ADRDs information • M, W, P) Develop tools for clinicians to educate patients about brain health, cognitive impairment, and early detection/diagnosis • E, P) Educate physicians on caregiver wellness and resources • E, P) Expand awareness of dementia resources, and promote adoption of dementia friendly policy, systems, and environment • E) Raise awareness of the risk of abuse for individuals with dementia • E) Educate caregivers on dementia resources • P) Promote adoption of ADRDs best practices into healthcare systems 	<p>Affected by ADRDs:</p> <ul style="list-style-type: none"> • Spanish-speaking • Arabic-speaking • Tagalog-speaking • Vietnamese-speaking • Informal Caregivers <p>Workforce:</p> <ul style="list-style-type: none"> • Physicians • Health providers • Local Organizations: <ul style="list-style-type: none"> ○ Financial services ○ Transportation ○ Parks ○ Libraries • Public Health Professionals • Service Providers 	<ul style="list-style-type: none"> • ADRDs mortality • ADRDs incidence • ADRDs prevention efforts • Clinical care • Dementia-friendly environments • Technology

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<p>SANTA CLARA <i>(Dementia Prevention and Cognitive Health Promotion Through Community Education & Partnerships)</i></p>	<ul style="list-style-type: none"> • M, E) Deliver culturally tailored dementia prevention messaging, education, approaches to de-stigmatization and support for priority populations • E) Establish a multi-sector Learning Collaborative and ADRDs resource hubs • E) Deliver multilingual caregiver trainings • E) Educate policymakers and support through advocacy • E) Integrate brain health into existing chronic disease prevention and social determinants of health work • E, P, W) Host two Brain Health Summits to convene and educate stakeholders, facilitate partnerships, and align goals • E, P, W) Lead nursing workforce workshop 	<p>Affected by ADRDs:</p> <ul style="list-style-type: none"> • African Americans • Asian & Pacific Islanders • Women • Informal Caregivers <p>Workforce:</p> <ul style="list-style-type: none"> • Health Professionals • Policymakers 	<ul style="list-style-type: none"> • ADRDs mortality • ADRDs incidence • Risk factors/conditions: <ul style="list-style-type: none"> ○ Hypertension ○ Obesity • Increasing aging population • Caregiver depression, stress, burnout • Policy • Lack of service coordination

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SHASTA (Public Education on Brain Health)	<ul style="list-style-type: none"> • M, E) Media Campaign and community events to address: <ul style="list-style-type: none"> ○ Public education ○ Stigma ○ Available services ○ Public and first responder awareness to approach ADRDs ○ Protective factors • E, P, W) Provider education on: <ul style="list-style-type: none"> ○ Early diagnosis/disclosure ○ Local resource referral ○ Care planning ○ Caregiver health risks • E, P) Coordinate a network of volunteers to increase public awareness and education 	<p>Affected by ADRDs:</p> <ul style="list-style-type: none"> • Rural Populations, • Informal Caregivers <p>Workforce:</p> <ul style="list-style-type: none"> • First Responders • Community Volunteers 	<ul style="list-style-type: none"> • Rural areas • ADRDs mortality • Increasing aging population • Social isolation • Health care access • Risk factors: Heart Disease, Obesity, Tobacco • Disease prevention • Food access

* CA HBI Objectives include four (4) four traditional domains of public health listed below:

1. CA HBI Objective “M”: Monitoring data and evaluating programs to contribute to evidence-based practice.
2. CA HBI Objective “E”: Education and empowerment of the public with regard to brain health and cognitive aging.
3. CA HBI Objective “P”: Mobilizing public and private partnerships to engage local stakeholders in effective community-based interventions and best practice.
4. CA HBI Objective “W”: Ensuring a competent workforce by strengthening the knowledge, skills, and abilities of health care professionals who deliver care and services to people with Alzheimer's disease and other dementias and their family caregivers.