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

<table>
<thead>
<tr>
<th>Local Health Jurisdiction (Subject)</th>
<th>CA HBI Objectives *</th>
<th>Target Populations</th>
<th>Preliminary-Identified Needs</th>
</tr>
</thead>
</table>
| **LOS ANGELES** (Brain Health Promotions Model) | • 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 | **Affected by ADRDs:**  
• African Americans  
• Latinos  
**Workforce:**  
• Public Health  
• Health Services  
• Mental Health | • ADRDs mortality  
• ADRDs incidence  
• Risk factors/conditions:  
  o Obesity  
  o Diabetes  
  o Hypertension  
• Caregiver mortality  
• Caregiver depression, stress, burnout  
• Caregiver supports:  
  o Educational  
  o Social  
  o Medication management  
  o Transportation  
• Medicare costs for ADRDs as primary condition |
### Local Health Jurisdiction (Subject)

**PLACER**
*Community-Driven Model to Address Brain Health*

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| **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 | **Affected by ADRDs:**  
- Rural |  
**Workforce:**  
- Emergency Response:  
  - First Responders  
  - Emergency Department Staff  
- Elected Officials |  
- Increasing aging population  
- ADRDs mortality  
- Medicare costs for ADRDs as primary condition  
- Long-term care facilities  
- Rural areas  
- Dementia-friendly environments |

**SACRAMENTO**
*Targeted Individual Education to Promote Brain Health*

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| **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 | **Affected by ADRDs:**  
- African Americans  
- Latinos  
- Informal Caregivers  
**Workforce:**  
- Medical Paraprofessionals and Professionals |  
- Increasing aging population  
- Risk factors/conditions:  
  - Obesity  
  - Heart disease  
  - Diabetes  
  - Hypertension  
  - Stroke  
- Social determinants:  
  - Educational attainment  
  - Social isolation  
  - Housing  
  - Food access |
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

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| SAN DIEGO (Broad Public Education on Brain Health) | • **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 | **Affected by ADRDs:**  
• Spanish-speaking  
• Arabic-speaking  
• Tagalog-speaking  
• Vietnamese-speaking  
• Informal Caregivers  
**Workforce:**  
• Physicians  
• Health providers  
• Local Organizations:  
  o Financial services  
  o Transportation  
  o Parks  
  o Libraries  
• Public Health Professionals  
• Service Providers | • ADRDs mortality  
• ADRDs incidence  
• ADRDs prevention efforts  
• Clinical care  
• Dementia-friendly environments  
• Technology |
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| SANTA CLARA (Dementia Prevention and Cognitive Health Promotion Through Community Education & Partnerships) | • 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 | Affected by ADRDs:  
• African Americans  
• Asian & Pacific Islanders  
• Women  
• Informal Caregivers  

Workforce:  
• Health Professionals  
• Policymakers | • ADRDs mortality  
• ADRDs incidence  
• Risk factors/conditions:  
  • Hypertension  
  • Obesity  
• Increasing aging population  
• Caregiver depression, stress, burnout  
• Policy  
• Lack of service coordination |
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<td>SHASTA (Public Education on Brain Health)</td>
<td>• <strong>M, E</strong> Media Campaign and community events to address: o Public education o Stigma o Available services o Public and first responder awareness to approach ADRDs o Protective factors • <strong>E, P, W</strong> Provider education on: o Early diagnosis/disclosure o Local resource referral o Care planning o Caregiver health risks • <strong>E, P</strong> Coordinate a network of volunteers to increase public awareness and education</td>
<td>Affected by ADRDs: • Rural Populations, • Informal Caregivers Workforce: • First Responders • Community Volunteers</td>
<td>• Rural areas • ADRDs mortality • Increasing aging population • Social isolation • Health care access • Risk factors: Heart Disease, Obesity, Tobacco • Disease prevention • Food access</td>
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</tbody>
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* 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.