



Implementing the Healthy Brain Initiative Road Map

A Toolkit for Public Health Organizations



Contents

Background on the Healthy Brain Initiative	3
The Healthy Brain Initiative Road Map	3
DOH: An Example of Integrating HBI	4
Toolkit for Integrating HBI Into Your Organization	6
How to Use This Toolkit	6
Step 1 Make a Case to Agency Leadership	7
Document 1.1 Documenting the Need for HBI-Integrated Work Example.....	8
Document 1.2 HBI Road Map Executive Summary.....	10
Document 1.3 HBI Road Map for Indian Country Executive Summary.....	12
Document 1.4 10 Ways to Love Your Brain.....	14
Step 2 Designate Roles and Identify Possible Workgroup Members	15
Document 2.1 Workgroup Members.....	16
Step 3 Recruit Workgroup Members	17
Document 3.1 Example Email to Recruit Workgroup Members.....	18
Step 4 Plan and Hold Meetings	19
Document 4.1 Pre-Meeting Assignment Descriptions.....	23
Document 4.2 Email Invitation to Meeting 1.....	24
Document 4.3 Pre-Meeting 1 Assignment.....	25
Document 4.4 Meeting 1 Agenda.....	26
Document 4.5 Post-Meeting 1 Survey.....	27
Document 4.6 Pre-Meeting 2 Assignment.....	28
Document 4.7 DOH's Draft of the Healthy Aging Work Document.....	29
Document 4.8 Meeting 2 Agenda.....	30
Document 4.9 Other Agency's Use of Healthy Brain Messaging.....	31
Document 4.10 Post-Meeting 2 Survey.....	33
Document 4.11 Meeting 3 Agenda.....	34
Document 4.12 DOH's Final Healthy Aging Work Document.....	35
Document 4.13 Pre-Meeting 4 Assignment.....	41
Document 4.14 Meeting 4 Agenda.....	42
Document 4.15 What is Public Health? Infographic.....	43
Step 5 Present Findings to Agency Leadership	45

Background on the Healthy Brain Initiative

"Over the 20th century, public health played a crucial role in adding years to life. In the 21st century, public health can play a crucial role in adding life to years."

—Trust for America's Health

The strength of public health comes from the ability to combine science and community voices. Brain science advancements made a significant difference in awareness and services provided to children and youth. We must leverage these advancements across the life span to strengthen how we support older adults and people with dementia.

This is essential due to the serious and growing needs of people with dementia and all older adults.

- In 2021, an estimated 6.2 million Americans, age 65 and older, are living with Alzheimer's dementia. By 2060, this number is projected to reach 13.8 million.¹
- In the United States in 2021 the total national costs for caring for people living with Alzheimer's and other dementias is estimated to reach \$355 billion.¹
- 11 million Americans gave unpaid care to people with Alzheimer's and other dementias.¹

- In 2020, this care equaled an estimated 15.3 billion hours of unpaid care, which has the economic value of more than \$257.7 billion.¹

These facts show public health needs to take action to support individuals and networks affected by dementia. Public health agencies can deepen their support by integrating the growing body of science on aging and our brains, creating a consistent message across all ages, emphasizing that actions that are good for brain development in early life are also protective against cognitive decline and dementia in later life. The [Healthy Brain \(HBI\) Initiative Road Map](#)² provides a model for beginning that work. From this point forward we are going to reference the *Executive Summary for the Healthy Brain Initiative Road Map, 2018–2023*, as it is a condensed version of the longer HBI Road Map. To have a working understanding of the HBI framework we suggest you read through the longer version first.

The Healthy Brain Initiative Road Map

The *HBI Road Map* is a document designed by the Alzheimer's Association and the Centers for Disease Control and Prevention (CDC). It provides 25 actions for public health agencies and their partners to target their work on brain health, provide better care for people with cognitive impairment, and increase attention to caregivers.

The 25 actions are divided into four areas:

- Educate and empower
- Develop policies and mobilize partnerships
- Assure a competent workforce
- Monitor and evaluate progress.

By using this document, organizations can effectively incorporate key steps to support people living with dementia and their loved ones. These actions are designed to be used by both local and state entities.

¹ [alz.org/media/Documents/alzheimers-facts-and-figures.pdf](https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf) (pages 19, 27, 36, 57)

² [alz.org/media/Documents/healthy-brain-initiative-road-map-2018-2023.pdf](https://www.alz.org/media/Documents/healthy-brain-initiative-road-map-2018-2023.pdf)

DOH: An Example of Integrating HBI

In 2018, the Washington State Department of Health (DOH) created a "Healthy Aging Workgroup." The overarching goal of this workgroup was to conduct an internal assessment of "touch points" regarding aging work conducted throughout DOH and to identify opportunities to incorporate the action items included in the *HBI Road Map*. DOH used the *HBI Road Map* to structure their workgroup and find areas to continue developing interventions for healthy aging and healthy brains across our agency. The primary aim of this approach was to integrate aging into programs throughout DOH. This toolkit will map out DOH's process and demonstrate how other state or local public health agencies can use a similar approach to implement the HBI in their organization.

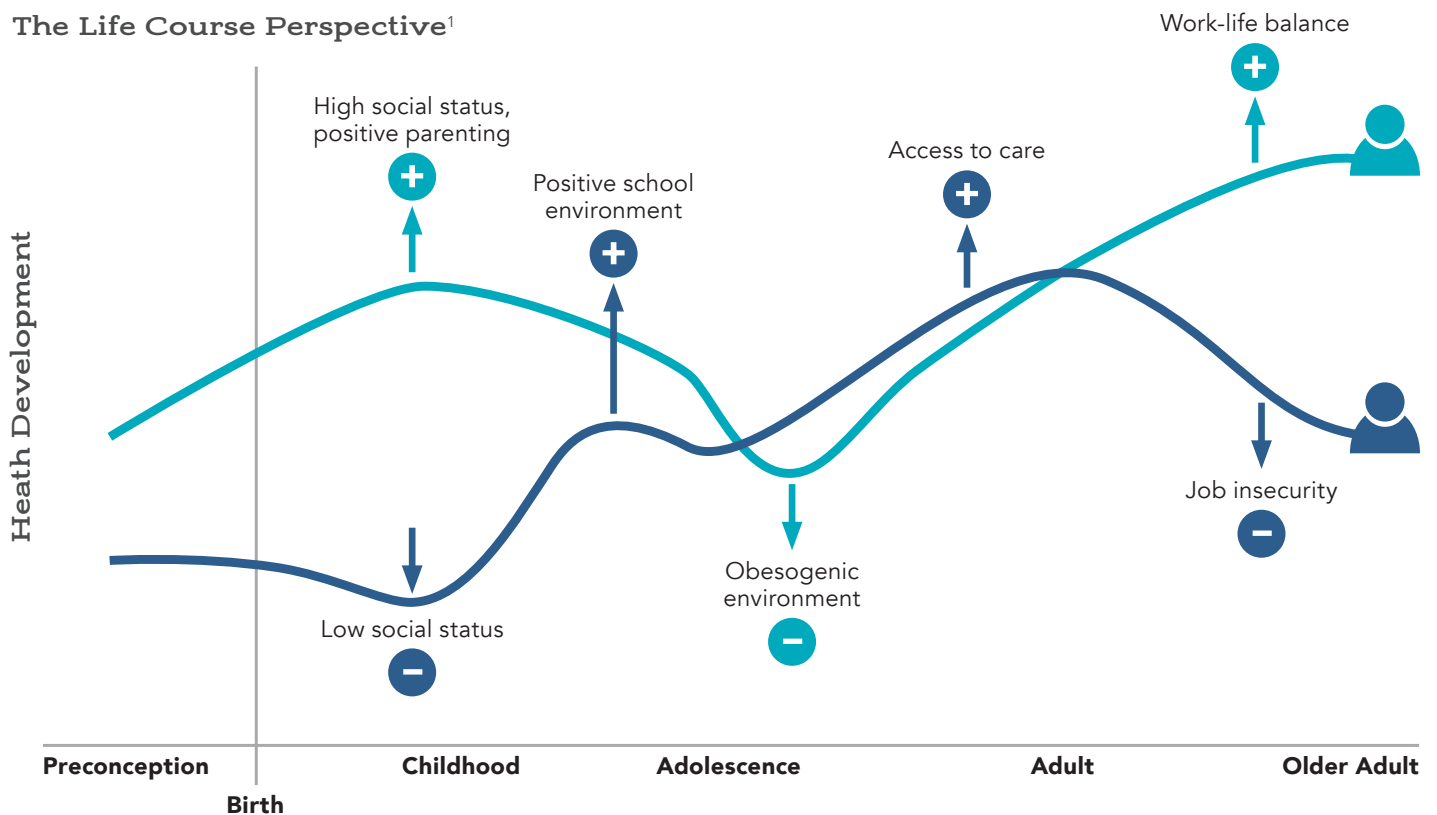
The Life Course Perspective

To implement the ideas behind the HBI, DOH used a "Life Course Perspective" to identify modifications to messages that would help people understand how health behaviors and environmental conditions affect people now and as they age.

The Life Course Perspective framework acknowledges health development is a dynamic process that begins before conception and continues through the lifespan. One's current health status is based on cumulative experiences in one's life and environments. This perspective is essential when considering the impact of systemic discrimination, access to housing, education, pollution, health care, and employment. Below is a visual to demonstrate this framework:

One example of implementing the Life Course Perspective within the HBI comes from DOH's Prevention and Community Health Division working on chronic disease prevention. Through their participation in the DOH Healthy Aging Workgroup, they adjusted messaging to pregnant and parenting teens and childcare providers to include how exercising and avoiding smoking can be a protective factor against later life dementia for both parent and child. Including similar brain health messaging to all people can empower people as they age.

The Life Course Perspective¹



¹ Graphic concept adapted from Halfon, N., Larson, K., Lu, M., Tullis, E., & Russ, S. (2014). *Lifecourse Health Development: Past, Present and Future*. *Maternal and child health journal*, 18(2), 344-365.

What Did DOH Do?

At the time the workgroup was formed, DOH had about 1,800 staff working in five divisions. The agency's programs and services:

- Help prevent illness and injury
- Promote healthy places to live and work
- Provide information to help people make informed health decisions
- Ensure Washington state is prepared for emergencies.

Accomplishing this requires strong collaboration with many partners every day. Ultimately, 33 people across five divisions joined the DOH Healthy Aging Workgroup. This work was led by two staff members at DOH: Janna Bardi, Chief of Public Health Practice and Marci Getz, Director of Healthy Aging Initiatives. Alisa Tirado Strayer MSW/MPH pulled all the information together into this toolkit. Time for planning and facilitating the work group was allotted into their job responsibilities. The process took approximately one year, including some disruptions due to COVID-19, as they integrated the role of group facilitators of the workgroup into their daily job responsibilities, ultimately using between one quarter to one half of their time.

The overall steps of the process for DOH were:

1. Made a case to our Agency Leadership Team and received approval to create a Healthy Aging Workgroup to conduct an internal assessment of the touch points regarding aging work being conducted at DOH.
2. Recruited members from across DOH for the workgroup.
3. Held three meetings for all workgroup members to discuss how workgroup members would integrate new healthy aging opportunities into their work.
4. After completion of pre-meeting assignments one and two, group facilitators met with each workgroup member to capture member's reflections on their work and how it supports healthy aging.
5. Collected and displayed findings for our Agency Leadership Team, demonstrating what is being done and where workgroup members identified opportunities for expanding healthy brain work across DOH.
6. Held final wrap up meeting with all workgroup members to outline plan to integrate brain health into each division's work. At this meeting, some members of the workgroup discussed forming a Community of Practice to continue addressing these topics.

While DOH's process took about a year, you may have an adjusted approach to integrate the HBI into your organization based on staff time, resources, and size. This is an iterative process where you collect information and ideas from people across your organization throughout the integration of the *HBI Road Map*.

Examples of Integrating HBI

For your process, we strongly suggest a cross-agency approach to allow engagement from departments where you may not expect a healthy aging perspective to be relevant. Below are examples of expected and less expected opportunities to integrate healthy brain messaging identified by the DOH Healthy Aging Workgroup.

Expected opportunity linking to HBI area E2

DOH's Chronic Disease Prevention Program identified an opportunity to adjust tobacco prevention messaging to incorporate the benefits of tobacco cessation to brain health.

Less Expected opportunity linking HBI area W5 and W6

DOH's Disease Control and Health Statistics Program plans to add information about dementia/brain health to Hepatitis C virus supports for providers via Project ECHO.

Very unexpected opportunity linking to HBI area P5

DOH's Health Facilities Licensing department identified an opportunity in the facility licensure application process (for hospitals, behavioral health, and residential treatment facilities) to engage applicants to establish services/policies that are supportive for people with dementia and their caregivers.

Toolkit for Integrating HBI Into Your Organization



How to Use This Toolkit

Who Can Use This Toolkit?

HBI is designed for public health agencies and other partners to use to improve education and action surrounding brain health. However, there are no guidelines on who within these organizations should be involved. At DOH, implementing HBI meant inviting all divisions. Broad buy-in across the agency allowed for meaningful impact. Each division does work related directly to healthy aging and brain health when using the framework of Life Course Perspective.

Why Use This Toolkit?

Using this toolkit can provide:

- Support when seeking organizational backing to start your Healthy Aging Workgroup.
- A model to implement HBI into your organization.
- Increased action on brain health and dementia within your organization.

Step-by-Step Instructions

This toolkit provides step-by-step actions to walk your organization through integrating HBI into your workflow.

This toolkit provides:

- A planning guide for public health agencies to assess current work being done to promote healthy aging and to identify opportunities to implement the 25 action items listed in the HBI.
- Checklists for each step.
- Appendices with examples of emails, documents, and resources to help your planning.

STEP 1 Make a Case to Leadership

Your goal for this step is to secure organizational support for using HBI in your workplace. You want your agency leadership to understand why this is important and how you will organize your workgroup. Below are steps to help develop your proposal for your agency leadership.

Checklist

- Identify who will present to agency leadership:

- Identify your “ask” from agency leadership (e.g., funding for the workgroup, identifying possible workgroup members, logistical support, etc.):

- Gather/create presentation materials:
 - Create a handout documenting the need for HBI-integrated work and an overview of your plan. ([Document 1.1](#) on pages 8–9 is an example prepared by DOH.)
 - HBI Road Map Executive Summary* (See [Document 1.2](#) on pages 10–11 and [Document 1.3](#) for Indian Country on pages 12–13.)
 - 10 Ways to Love Your Brain* (See [Document 1.4](#) on page 14.)
 - Presentation slides, if needed.
- Plan for post-meeting follow-up:
 - Send a short meeting summary to agency leadership with any documents they request.
 - Develop a plan to check in with agency leadership over the course of the workgroup and for a presentation to agency leadership once the work is completed.

Healthy Aging — Aligning and Increasing DOH's Efforts

FRAMEWORK

What is Healthy Aging?

Healthy aging is defined as:

- Maximizing health, preventing injury and managing chronic conditions.
- Optimizing physical, cognitive, and mental health.
- Facilitating social engagement.

Healthy aging focuses on:

- Maximizing physical, mental, emotional, and social well-being while recognizing that aging often is accompanied by chronic illness and functional limitations. Healthy aging emphasizes the need for meaningful involvement of older adults with others, such as friends, family members, neighbors, organizations, and the wider community.

PROPOSAL

Committing to Healthy Aging Work of DOH

Using this framework, DOH staff have engaged in discussions with our partners about our Healthy Aging work. We propose DOH commit resources to fulfilling these actions:

- Stand up an Internal Department of Health workgroup
- Conduct an internal inventory of touch points regarding Healthy Aging work
- Enhance Behavioral Risk Factor Surveillance System (BRFSS) data:
- Advocate for DOH to include the Cognitive Decline modules into all BRFSS
- Data analysis by DOH and DHS's Aging and Long-Term Support Administration (ALTA)
- Data sharing between DHS-ALTA, DOH and Public Health - Seattle & King County
- Primary goal of examining the data to identify health disparities in Washington
- Possibly work toward the ADPP Age-Friendly Status for the State
- Determine scope of collaboration with the Washington State Dementia Action Collaborative

Over the 20th century, public health played a crucial role in adding years to life. In the 21st century, public health can play a crucial role in adding life to years.

Conceptual Framework Healthy Brain Initiative

Document 1.1

Learn, Plan, Respond to Dementia.

HEALTHY BRAIN INITIATIVE
Road Map for Indian Country

The population of older American Indians and Alaska Natives (AI/ANs) is growing — and quickly. Between 2014–2060, the number of AI/ANs aged 65 and older living with dementia is projected to grow over five times. These longer lives give more time for older generations to share knowledge and traditions with the next. But greater age brings increased risk for Alzheimer's and other dementias — when memory and thinking problems interfere with daily life and activities.

The impact of dementia is felt by multiple generations. People living with this chronic condition gradually need more help caring for themselves including help managing medications, bathing and feeding, paying bills and cooking, and help going to appointments or social events. Family members, from the young to the old, play a vital role in providing this care to relatives with dementia which can grow more intense over time. But there are ways to lessen this impact. More education about dementia and increased support throughout the community can help both people with dementia and caregivers stay as healthy as possible. And, traditional wellness practices and public health efforts that control high blood pressure and diabetes are ways to reduce the risk of dementia across generations.

The impact of dementia is felt by multiple generations. People living with this chronic condition gradually need more help caring for themselves including help managing medications, bathing and feeding, paying bills and cooking, and help going to appointments or social events. Family members, from the young to the old, play a vital role in providing this care to relatives with dementia which can grow more intense over time. But there are ways to lessen this impact. More education about dementia and increased support throughout the community can help both people with dementia and caregivers stay as healthy as possible. And, traditional wellness practices and public health efforts that control high blood pressure and diabetes are ways to reduce the risk of dementia across generations.

What can tribal leaders and tribal health and aging professionals do to promote wellness among older adults, including those affected by dementia? How can they support family care and prepare their communities for the future?

The Healthy Brain Initiative's (HBI) *Road Map for Indian Country* is a guide for AI/AN leaders to learn about dementia and start discussions throughout their communities. The guide suggests eight strategies that enhance community strengths, including traditional practices, resilience, and existing services. The strategies can be tailored to unique priorities of each community. Educational materials from the Alzheimer's Association, the Centers for Disease Control and Prevention, and others can make it easy to get started.

Discover how to strengthen the well-being of older adults and families dealing with dementia in Indian Country.

WHAT IS DEMENTIA?

Dementia is a chronic condition that affects a person's brain. People with a variety of cognitive problems will think, communicate, and deal with everyday tasks. Dementia gets worse and people gradually lose their ability to remember things. It can be difficult to live with dementia, especially many hours of care over multiple days.

Alzheimer's is the leading cause of dementia. It is a disease that destroys brain cells over time. It is the second most common cause of dementia. It is caused by a buildup of abnormal proteins in the brain, which are not being active, that weaken or stop the brain.

The impact of Alzheimer's will only continue to grow. AI/AN leaders can use the *Road Map for Indian Country* to learn about Alzheimer's, find out what some AI/AN communities are doing, share their requests, and start taking action throughout their own community.

The Alzheimer's Association and Centers for Disease Control and Prevention also have a companion guide, *Public Health Officials: HBI State and Local Public Health Partnerships to Address Dementia: The 2018-2023*

Conceptual Framework Healthy Brain Initiative

Document 1.3

The companion Healthy Brain Initiative: The Road Map for Indian Country is specifically designed for public health systems serving American Indians and Alaska Natives.

Conceptual Framework Healthy Brain Initiative

Document 1.2

10 WAYS TO LOVE YOUR BRAIN

START NOW. It's never too late or too early to incorporate healthy habits.

BREAK A SWEAT
Exercise in regular cardiovascular exercises that elevate heart rate and increase blood flow. Studies have found that physical activity reduces risk of cognitive decline.

HIT THE BOOKS
Formal education will help reduce risk of cognitive decline and dementia. Take a class at a local college, community center or online.

BUTT OUT
Smoking increases risk of cognitive decline. Quitting smoking can reduce risk to levels comparable to those who have never smoked.

FOLLOW YOUR HEART
Risk factors for cardiovascular disease and stroke — including high blood pressure and diabetes — negatively impact your cognitive health.

HEADS UP!
Brain injury can raise risk of cognitive decline and dementia. Wear a seat belt and a car seat belt when playing contact sports or riding a bike.

FUEL UP RIGHT
Eat a balanced diet that is higher in vegetables and fruit to help reduce the risk of cognitive decline.

TAKE CARE OF YOUR MENTAL HEALTH
Some research has shown that sleep may result in problems with memory and thinking.

CATCH SOME ZZZ'S
Not getting enough sleep may result in problems with memory and thinking.

BUDDY UP
Staying socially engaged may improve brain health. Find ways to be part of your local community or share activities with friends and family.

CONCEPTUAL FRAMEWORK

Visit alz.org/10ways to learn more.

alzheimer's association
THE BRAIN BEHIND SAVING YOURS.

Document 1.4



Healthy Aging — Aligning and Increasing DOH's Efforts

What is Healthy Aging?

Healthy aging is defined as:

- Promoting health, preventing injury and managing chronic conditions.
- Optimizing physical, cognitive, and mental health.
- Facilitating social engagement.

Healthy aging focuses on maximizing physical, mental, emotional, and social well-being, while recognizing that aging often is accompanied by chronic illnesses and functional limitations. Healthy aging emphasizes the need for meaningful involvement of older adults with others, such as friends, family members, neighbors, organizations, and the wider community.

FRAMEWORK

How can Public Health help?

Trust for America's Health's framework for an Age-Friendly Public Health System includes these strategies:

- **Connecting and convening** multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging.
- **Coordinating existing supports** and services to avoid duplication of efforts, identify gaps, and increase access to services and supports.
- **Collecting data** to assess community health status (including inequities) and aging population needs to inform the development of interventions.
- **Conducting, communicating, and disseminating** research findings and best practices to support healthy aging.
- **Complementing and supplementing** existing supports and services, particularly in terms of integrating clinical and population health approaches.

Trust for America's Health strongly advocates for state health improvement plans to include a framework for how the state public health system can address healthy aging.

PROPOSAL

Committing to Healthy Aging Work at DOH

Using this framework, DOH staff have engaged in discussions with our partners about furthering our Healthy Aging work. We propose DOH commit resources to fulfilling these actions:

- Stand up an internal Department of Health workgroup
- Conduct an internal inventory of touch points regarding Healthy Aging work
- Enhance Behavioral Risk Factor Surveillance System (BRFSS) data:
 - Advocate for DOH to include the Caregiver or Cognitive Decline modules into each BRFSS cycle
 - Data analysis by DOH and DSHS Aging and Long-Term Support Administration (AL TSA)
- Data sharing between DSHS-AL TSA, DOH and Public Health – Seattle & King County with a primary goal of examining the data to identify health disparities in Washington
- Possibly work toward the AARP Age-Friendly status for the State
- Determine scope of collaboration with the Washington State Dementia Action Collaborative (DAC)

*Over the 20th century, public health played a crucial role in adding years to life.
In the 21st century, public health can play a crucial role in adding life to years.*



Washington State Population Projections

2017

State population:
7.4 million

15% of population is
65 or older (1.1 million)

2040

Projected population:
9.2 million

22% of population will be
65 or older (1.9 million)

National Trend

By 2030 more than **1 in 5**
will be 65 or older

Why the Numbers Matter

These demographic changes result in increased populations with cognitive issues:

- Over the next 30 years there will be a 150–180% increase in the number of seniors with serious cognitive decline, Alzheimer's, and other forms of dementia.
- Two thirds of senior women will develop Alzheimer's.
- African Americans and Hispanics are more likely than whites to have Alzheimer's.
- 80% of people with memory problems have at least one other chronic condition.
- While death rates for cancer, stroke, and heart disease declined, death rates for dementia are rising.

These demographic shifts and the resulting health impacts represent an emerging area of need in Washington with significant quality of life and cost implications.

PARTNERS

Who else is involved in Healthy Aging work?

Nationally, CDC and the Alzheimer's Association created the Healthy Brain Initiative and a road map for public health actions that aligns with essential public health services.

The road map includes 25 actions state and local public health agencies can take with partners, organized in four domains:

- **Educate and empower**
- **Assure a competent workforce**
- **Develop policies and mobilize partnerships**
- **Monitor and evaluate**

In addition, ASTHO and the Alzheimer's Association established a one-year Learning Community for participants from state health departments. Washington DOH is part of this work with Michigan, Vermont, and South Dakota.

DOH also is participating in a federal Department of Health and Human Services Region X Healthy Aging workgroup with Oregon, Idaho, and Alaska. This strategy and action planning group formed in July 2018 at the national Healthy Aging Workshop held in Washington, DC.

In Washington state, we are engaged in this work with key partners including:

- Aging and Long-Term Support Administration (DSHS)
- Public Health – Seattle & King County
- Dementia Action Collaborative (DAC) — charged with implementing the [Washington State Plan to Address Alzheimer's Disease and Other Dementias](#)

RESOURCES

- **Trust for America's Health:** [Creating an Age-Friendly Public Health System](#)
- **CDC:** [Healthy Brain Initiative](#)
- **Alzheimer's Association:** [Public Health Response](#)
- **DSHS:** [Alzheimer's State Plan](#)
- **Public Health – Seattle & King County:**
In collaboration with [Age-Friendly Seattle](#)
- **Dementia Action Collaborative:** [Resources and Tools](#)
- **OFM:** [Forecast of the State Population](#)
- **DOH:** Contact [Marci Getz](#)

DOH 820-231 January 2022 To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Document 1.2 HBI Road Map Executive Summary

Download for printing from alz.org/media/Documents/healthy-brain-initiative-executive-summary.pdf

Making Alzheimer's Our Next Public Health Success Story



Are communities ready to respond to a large population of older people with dementia? Current projections indicate the number of people living with Alzheimer's and other dementias is ballooning as the Baby Boom generation gets older. Those with dementia will require more and more support as cognitive, behavioral, and physical functioning worsens over time. This means Medicare and Medicaid costs are rising dramatically, and the additional burden on family caregivers is endangering their own health.

With a strong response, public health can mitigate the future impacts of Alzheimer's and other dementias, especially among vulnerable populations. The Alzheimer's disease continuum spans decades, providing many opportunities to change outcomes across communities. Just as with other chronic and degenerative conditions, public health can reduce risk in populations, further early detection and diagnosis, improve safety and quality of care for people living with cognitive impairment, and attend to caregivers' health and wellbeing.

The Healthy Brain Initiative's (HBI) **State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map** will chart a course for state and local public health agencies and their partners to act quickly and strategically to prepare their communities by stimulating needed changes in policies, systems, and environments. To focus the public health response, experts developed an agenda of 25 actions for public health leaders to promote brain health, better care for people with cognitive impairment, and increase attention to caregivers. Other Road Map actions build public health capacity.

Alignment of HBI Road Map actions with Essential Services of Public Health ensures that initiatives to address Alzheimer's can be easily and efficiently incorporated into existing public health initiatives. Cross-sector partnerships, data, and pursuit of health equity are critical to achieving major gains against Alzheimer's—just as they underlie public health successes in HIV/AIDS, cardiovascular disease, and cancer.

Accelerated progress against dementia requires state and local public health leaders to chart a course for better outcomes. The HBI Road Map outlines the most needed and practical steps that state and local health departments can accomplish. Implementation of the HBI Road Map enables public health to lead with urgency and act for impact.

SELECT FACTS

- Today, nearly 6 million Americans are living with Alzheimer's dementia, with annual costs topping \$277 billion. In 2050, 14 million will be affected, with an annual cost to the U.S. of \$1.1 trillion.
- African Americans, Hispanics, and women are particularly at risk of developing Alzheimer's and other dementias.
- More than 95% of people with dementia have one or more other chronic conditions.
- In 2015, there were 1,471 emergency department visits for every 1,000 Medicare beneficiaries with dementia.
- About 1 in 3 Alzheimer's caregivers report their health has become worse due to care responsibilities.

Conceptual Framework for the Healthy Brain Initiative Road Map



The Action Agenda of the HBI Road Map aligns across four Essential Services of Public Health. Each action was developed with attention to three guiding core principles.

The companion *Healthy Brain Initiative: The Road Map for Indian Country* is specifically designed for public health systems serving American Indians and Alaska Natives.



The HBI Road Map has an agenda of 25 actions for state and local public health agencies and their partners to accomplish. Actions highlighted with a >> are primed for implementation.



EDUCATE & 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-4 Promote prevention of abuse, neglect, and exploitation of people with dementia.
- E-5 Provide information and tools to help people with dementia and caregivers anticipate, avert, and respond to challenges that typically arise during the course of dementia.
- E-6 Strengthen knowledge about, and greater use of, care planning and related tools for people with all stages of dementia.
- >> 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-2 Assure academic programs, professional associations, and accreditation and certification entities incorporate the best available science about brain health, cognitive impairment, and dementia caregiving into training for the current and future public health workforces.
- >> P-3 Support better informed decisions by educating policymakers 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.
- P-4 Improve inclusion of healthcare quality measures that address cognitive assessments, the delivery of care planning to people with diagnosed dementia, and improved outcomes.
- P-5 Engage public and private partners in ongoing planning efforts to establish services and policies that promote supportive communities and workplaces for people with dementia and their caregivers.
- P-6 Assure public health plans that guide emergency preparedness and emergency response address the special needs of people with dementia and their caregivers, support access to critical health information during crises, and prepare emergency professionals for situations involving people with dementia.



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-2 Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being.
- >> 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-5 Strengthen the competencies of professionals who deliver healthcare and other care services to people with dementia through interprofessional training and other strategies.
- W-6 Educate healthcare professionals about the importance of treating co-morbidities, addressing injury risks, and attending to behavioral health needs among people at all stages of dementia.
- >> 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 & 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-2 Support national data collection on dementia and caregiving.
- >> 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.
- M-4 Embed evaluation into training and caregiving support programs to determine program accessibility, effectiveness, and impact.
- M-5 Estimate the gap between workforce capacity and anticipated demand for services to support people with dementia and their caregivers.



cdc.gov/aging
alz.org/publichealth

Document 1.3 HBI Road Map for Indian Country Executive Summary

Download for printing from alz.org/media/Documents/healthy-brain-initiative-indian-country-executive-summary.pdf

Learn. Plan. Respond to Dementia.



The population of older American Indians and Alaska Natives (AI/ANs) is growing — and quickly. Between 2014–2060, the number of AI/ANs aged 65 and older living with dementia is projected to grow over five times. These longer lives give more time for older generations to share knowledge and traditions with the next. But greater age brings increased risk for Alzheimer’s and other dementias — when memory and thinking problems interfere with daily life and activities.

The impact of dementia is felt by multiple generations. People living with this chronic condition gradually need more help caring for themselves including help managing medications, bathing and feeding, paying bills and cleaning, or help going to appointments or social events. Family members, from the young to the old, play a vital role in providing this care to relatives with dementia which can grow more intense over time. But there are ways to lessen this impact. More education about dementia and increased support throughout the community can help both people with dementia and caregivers stay as healthy as possible. And, traditional wellness practices and public health efforts that control high blood pressure and diabetes are ways to reduce the risk of dementia across generations.

What can tribal leaders and tribal health and aging professionals do to promote wellness among elders, including those affected by dementia? How can they support family care and prepare their communities for the future?

The Healthy Brain Initiative’s (HBI) *Road Map for Indian Country* is a guide for AI/AN leaders to learn about dementia and start discussions throughout their communities. The guide suggests eight strategies that embrace community strengths, including traditional practices, resilience, and existing services. The strategies can be tailored to unique priorities of each community. Educational materials from the Alzheimer’s Association, the Centers for Disease Control and Prevention, and others can make it easy to get started.

Discover how to strengthen the well-being of older adults and families dealing with dementia and to protect future generations. Get the Road Map and find helpful tools at:

- cdc.gov/aging
- alz.org/publichealth/indiancountry

The impact of Alzheimer’s will only continue to grow. AI/AN leaders can use the *Road Map for Indian Country* to learn about Alzheimer’s, find out what some AI/AN communities are doing, plan their response, and start taking action throughout their own community.

SELECT FACTS

- The number of older American Indians and Alaska Natives (AI/ANs) is increasing. An estimated 569,000 AI/ANs are aged 65 or older. This number is expected to triple over the next three decades.
- The number of AI/ANs living with dementia is also expected to increase. Between 2014–2060, the number of AI/ANs aged 65 and older living with dementia is projected to grow over five times.
- In 2015–2017, one in six AI/ANs aged 45 and older reported subjective cognitive decline (SCD), which are self-reported difficulties in thinking or remembering. Nearly two-thirds (63%) of those with SCD had to give up some day-to-day activities because of these cognitive problems.
- With dementia, it’s not just the person with cognitive challenges dealing with the condition. Family members and friends feel the impact too.

WHAT IS DEMENTIA?

Dementia is a chronic condition that affects a person’s brain. People with dementia have a variety of cognitive problems with memory, thinking, communication, and carrying out everyday tasks. Dementia gets worse over time, and people gradually lose their ability to take care of themselves. It can be difficult to provide care for people with dementia, especially when they need many hours of care over multiple years.

Alzheimer’s is the leading cause of dementia. Alzheimer’s is a disease that damages and destroys brain cells over time. Vascular dementia is the second most common cause of dementia. Vascular dementia is caused by conditions or lifestyle behaviors, such as smoking cigarettes or not being active, that weaken or block blood flow to the brain.

➤ The Alzheimer’s Association and Centers for Disease Control and Prevention also have a companion guide for state and local public health officials: *HBI State and Local Public Health Partnerships to Address Dementia: The 2018–2023 Road Map*.



PUBLIC HEALTH ACTIONS TO CARE FOR AN AGING POPULATION

The Healthy Brain Initiative's *Road Map for Indian Country* is tailored for leaders of American Indian and Alaska Native (AI/AN) communities as they develop a broad response to Alzheimer's and other dementias. The following eight public health strategies can inform and shape that response. Tribal leaders are encouraged to discuss these strategies with their community and involve members in planning and implementing these community-wide approaches.

EDUCATE AND EMPOWER COMMUNITY MEMBERS

1. Work with community members to understand brain health, early warning signs of dementia, and benefits of early detection and diagnosis for persons with dementia and their caregivers.
2. Encourage community members to use effective interventions, best practices, and traditional wellness practices to protect brain health, address cognitive impairment, and support persons with dementia and their caregivers.
3. Provide information and tools to help older adults with dementia and their caregivers anticipate and respond to challenges that typically arise during the course of dementia.
4. Promote engagement among tribal leaders in dementia issues by offering information and education on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health approaches in addressing this priority problem.

COLLECT AND USE DATA

5. Support collection and use of local data on dementia and caregiving in AI/AN communities to plan programs and approaches.
6. Promote the inclusion of healthcare quality measures that address both cognitive assessments and the delivery of care to AI/ANs with dementia.

STRENGTHEN THE WORKFORCE

7. Educate healthcare and aging services professionals in Indian Country about the signs and symptoms of dementia and about caregiving for persons with dementia.
8. Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia.

RESOURCES TO SUPPORT IMPLEMENTATION

The Alzheimer's Association has an online resource library (alz.org/publichealth) with background information, case studies, data, and tools that could be adapted to implement Road Map strategies.

The CDC Healthy Aging Data Portal (cdc.gov/aging) provides data on key indicators of health and well-being, screenings and vaccinations, and cognitive and mental health among older AI/AN populations.

Communications resources tailored to Indian Country are also available on the Association of State and Territorial Health Officials (ASTHO) website at astho.org/healthy-aging/healthy-heart-healthy-brain

DEVELOPING THE HBI ROAD MAP FOR INDIAN COUNTRY

The Healthy Brain Initiative's (HBI) *Road Map for Indian Country* was shaped by many experts and leaders throughout Indian Country who provided guidance, reviewed documents, and shared their experience addressing dementia and helping caregivers. These AI/AN leaders recognized Alzheimer's and other dementias as a serious and growing problem. They wanted to learn more about dementia and ways to promote wellness across generations and prepare for the future. This expert input helped shape the *Road Map for Indian Country* into a guide that AI/AN communities could tailor and generate their own solutions based on the community's priorities and unique heritage.



alz.org/publichealth
cdc.gov/aging

Disclaimer: The mark "CDC" is owned by the U.S. Department of Health and Human Services (HHS) and is used with permission. Use of this logo is not an endorsement by HHS or the Centers for Disease Control and Prevention (CDC) or any particular product, service, or enterprise.

Document 1.4 10 Ways to Love Your Brain

Download for printing from cdn.shopify.com/s/files/1/1462/0790/files/10_ways_to_love_your_brain_infographic.pdf

10 WAYS TO LOVE YOUR BRAIN



START NOW. It's never too late or too early to incorporate healthy habits.



BREAK A SWEAT

Engage in regular cardiovascular exercise that elevates heart rate and increases blood flow. Studies have found that physical activity reduces risk of cognitive decline.



HIT THE BOOKS

Formal education will help reduce risk of cognitive decline and dementia. Take a class at a local college, community center or online.



BUTT OUT

Smoking increases risk of cognitive decline. Quitting smoking can reduce risk to levels comparable to those who have not smoked.



FOLLOW YOUR HEART

Risk factors for cardiovascular disease and stroke – obesity, high blood pressure and diabetes – negatively impact your cognitive health.



STUMP YOURSELF

Challenge your mind. Build a piece of furniture. Play games of strategy, like bridge.

Growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. When possible, combine these habits to achieve maximum benefit for the brain and body.

HEADS UP!

Brain injury can raise risk of cognitive decline and dementia. Wear a seat belt and use a helmet when playing contact sports or riding a bike.



BUDDY UP

Staying socially engaged may support brain health. Find ways to be part of your local community or share activities with friends and family.



TAKE CARE OF YOUR MENTAL HEALTH

Some studies link depression with cognitive decline, so seek treatment if you have depression, anxiety or stress.



CATCH SOME ZZZ'S

Not getting enough sleep may result in problems with memory and thinking.



FUEL UP RIGHT

Eat a balanced diet that is higher in vegetables and fruit to help reduce the risk of cognitive decline.



Visit alz.org/10ways to learn more.

alzheimer's  association®

THE BRAINS BEHIND SAVING YOURS.™

STEP 2

Designate Roles and Identify Possible Workgroup Members

Your first step is to create a clear plan for your workgroup. This will help you organize and gain support for your workgroup. However, keep an open mind to unexpected ideas suggested during this process.

Roles and Responsibilities

- **Facilitator(s)** establishes the workgroup, leads meetings, coordinates communication across the workgroup, and is the liaison between organization leadership and workgroup members.
- **Workgroup Members** participate in meetings and brainstorm how their department can contribute.
- **A Graphic Designer (optional)** develops materials specific to your organization based on your findings.

Checklist

Develop a plan to integrate the workgroup process into your organization. Consider including:

- Background information on the demographics of the population you serve.
- How dementia and Alzheimer's disease affects the population and any projections about how this health issue will change.
- Aims of the workgroup.
- Timeline for the work and follow-up.
- Request what you need from your agency leadership (e.g., help with outreach to invite staff to participate in the workgroup).
- Ask what your agency leadership needs from you (e.g., when they would like to get an update and what information they would like about how the work is progressing).

Use [Document 2.1](#) on page 16 to plan:

- Identify who will lead establishing a workgroup.
- Identify the facilitator(s) of the workgroup (may be the same person as above).
- Brainstorm which departments might join the workgroup.

Document 2.1 Workgroup Members
This person will lead establishing the Workgroup: _____

Workgroup Facilitator(s)	
Workgroup Members	
Department	Name of Possible Member (if known)

Implementing the Healthy Brain Initiative Road Map | STEP 2 Designate Roles and Identify Possible Workgroup Members 16

Document 2.1

Document 2.1 Workgroup Members

This person will lead establishing the Workgroup: _____

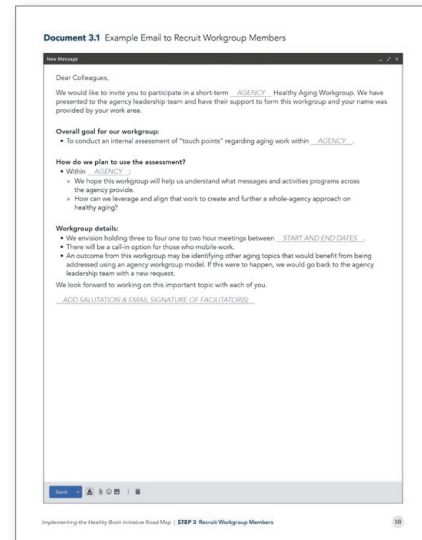
Workgroup Facilitator(s)	
Workgroup Members	
Department	Name of Possible Member (if known)

STEP 3 Recruit Workgroup Members

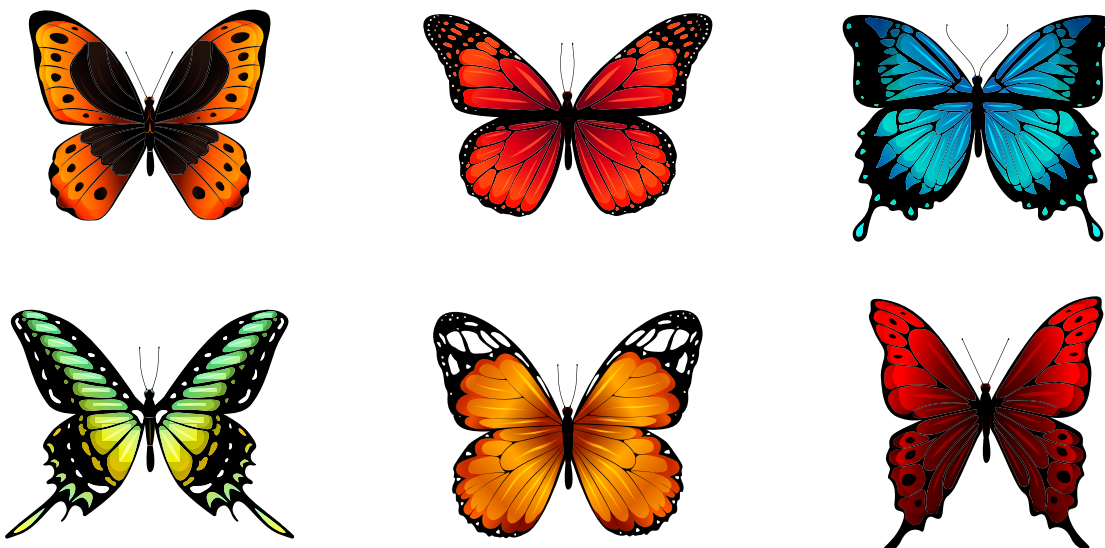
DOH recruited workgroup members by having agency leadership designate specific divisions and staff to participate. It took DOH about a month to recruit members. For your organization, you may need to recruit workgroup members yourself, which may take longer. Below are some ways for you to proceed. Remember, anyone can and should be involved. Your challenge is helping them see their work as a part of healthy aging work!

Checklist

- Develop a clear timeline and deliverables for the workgroup.
- Identify the responsibilities expected of workgroup members (e.g., participating in meetings, doing pre-meeting assignments, integrating healthy aging ideas into their work, etc.)
- Reach out to work area leads to explain the workgroup and how their area could fit into the work.
- Ask area leads for suggestions of employees who might be interested in joining the workgroup.
- Create a short email invitation recruiting workgroup members by introducing your Healthy Aging Workgroup, the purpose, and approximate timeline. (See Document 3.1 on page 18 for an example email.)
 - Include the handout created in Step 1 documenting the need for HBI integrated work which you shared with agency leadership.
 - Send the invitation. If you do not hear back, send it again and then follow-up with a phone call.



Document 3.1



Document 3.1 Example Email to Recruit Workgroup Members

New Message _ ↗ ✕

Dear Colleagues,

We would like to invite you to participate in a short-term AGENCY Healthy Aging Workgroup. We have presented to the agency leadership team and have their support to form this workgroup and your name was provided by your work area.

Overall goal for our workgroup:

- To conduct an internal assessment of “touch points” regarding aging work within AGENCY.

How do we plan to use the assessment?

- Within AGENCY :
 - » We hope this workgroup will help us understand what messages and activities programs across the agency provide.
 - » How can we leverage and align that work to create and further a whole-agency approach on healthy aging?

Workgroup details:

- We envision holding three to four one to two hour meetings between START AND END DATES.
- There will be a call-in option for those who mobile work.
- An outcome from this workgroup may be identifying other aging topics that would benefit from being addressed using an agency workgroup model. If this were to happen, we would go back to the agency leadership team with a new request.

We look forward to working on this important topic with each of you.

ADD SALUTATION & EMAIL SIGNATURE OF FACILITATOR(S)

Send A 📎 😊 🖼️ ⋮ 🗑️

STEP 4 Plan and Hold Meetings

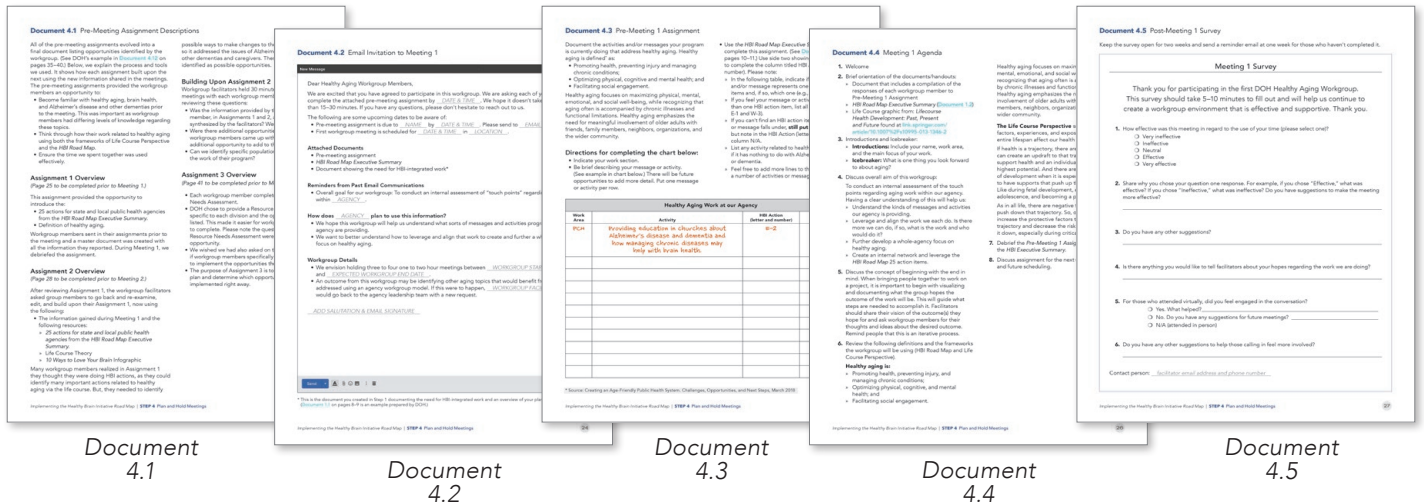
Now that you have organizational approval and a list of interested workgroup members, it's time to hold your first meeting. DOH held three workgroup meetings, each about a month apart. Workgroup members were invited to attend meetings virtually or in-person.

Before you hold each meeting, including the first meeting, ask participants to read through the *HBI Road Map* and consider how their work fits into the 25 actions HBI outlines **prior** to attending the meeting. This will allow the meetings to be a time to dive deeper into the material and brainstorm with others. (See Pre-Meeting Assignment Descriptions in [Document 4.1](#) on page 23.)

DOH also sent out surveys following the first two meetings to assess if the meetings were feeling productive, accessible for all members, and to make adjustments based on the feedback provided.

Planning for the First Meeting Checklist

- ❑ Send an email to all interested workgroup members. (See example in [Document 4.2](#) on page 24.) Include the following points:
 - » Thank them for interest.
 - » Restate the aim of the workgroup and responsibilities of members.
 - » Attach the Pre-Meeting 1 Assignment (See [Document 4.3](#) on page 25) helping them think through the connection between HBI and their work. Include a due date so you have time to collect and collate that information before the meeting.
 - » Offer to meet individually if they cannot think of a connection between HBI and their work.
 - » Attach the *HBI Road Map Executive Summary*.
- ❑ Identify who will facilitate the meeting.
- ❑ Identify what materials you will present and if you need hard copies:
 - » Agenda (See [Document 4.4](#) on page 26.)
 - » Participant list (for people calling-in to know names and work areas)
 - » *HBI Road Map Executive Summary*
 - » Summary of Life Course PerspectiveFor information to share, see the article [Lifecourse Health Development: Past, Present and Future](#), Halfon, N., Larson, K., Lu, M., Tullis, E., & Russ, S. (2014).
- ❑ Identify site for meeting and reserve, if needed.
- ❑ Identify how you want the room set up.
- ❑ Decide if food will be provided.
- ❑ Plan for note-taking. The aim is to capture where people are struggling to connect healthy aging to their work. Once you identify that, you can find other ways of helping them make those connections.
- ❑ Plan for post-meeting communication:
 - » Email summary of the meeting.
 - » Survey the workgroup about the productivity and accessibility of the meeting. Include a due date so you have time to collect that information before the next meeting. (See [Document 4.5](#) on page 27.)

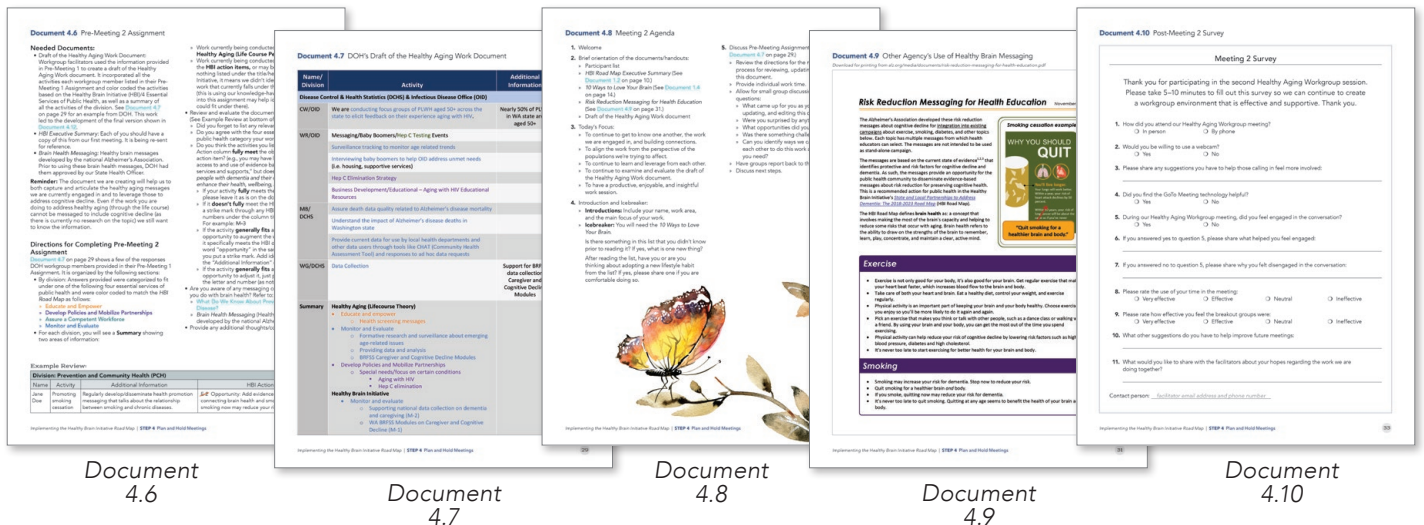


Planning for the Second Meeting

For each meeting, consider how to get workgroup members to see their work in a new light. Introduce new documents, perspectives, frameworks, or examples to spark thinking outside of the box.

Checklist

- Send an email to workgroup members to:
 - » Thank them for their continued participation.
 - » Restate the aim of the workgroup.
 - » Explain the Pre-Meeting 2 Assignment. Workgroup members should continue thinking about HBI action steps and their work. Include a due date so you have time to collect and collate that information before the next meeting. (See [Document 4.6](#) on page 28 and [Document 4.7](#) on page 29.)
 - » Offer to talk with them if they cannot think of a connection between HBI and their work on their own.
 - » Attach the *HBI Road Map Executive Summary*.
- Identify who will facilitate the meeting.
- Identify what materials you will present and if you need hard copies:
 - » Agenda (See [Document 4.8](#) on page 30.)
 - » Participant list
 - » Risk Reduction Messaging for Health Education (See [Document 4.9](#) on pages 31–32.)
 - » Identify meeting site and reserve, if needed.
 - » Identify how you want the room set up.
 - » Decide if food will be provided.
 - » Plan for note-taking. The aim is to capture where people are struggling to connect healthy aging to their work.
 - » Plan for post-meeting communication:
 - » Email summary of the meeting.
 - » Survey the workgroup about the productivity and accessibility of the meeting. Include a due date so you have time to collect that information before the next meeting. (See [Document 4.10](#) on page 33.)



Planning for the Third Meeting (Individual)

DOH workgroup facilitators met individually with each workgroup member after they had completed pre-meeting assignments one and two and first and second meetings had taken place. These individual meetings provided a time to ensure facilitators had accurately reflected the assessment data the workgroup member shared. These conversations elicited new ideas and additional opportunities to implement the 25 HBI actions.

Checklist

- ❑ Schedule 30-minute one-on-one meetings.
- ❑ Identify what materials you will present and if you need hard copies:
 - » Agenda (See [Document 4.11](#) on page 34.)
- ❑ Create your final Healthy Aging Work document with a summary of each workgroup member's identified *Current Efforts: Healthy Aging, Current Efforts: Healthy Brain Initiative, and New Opportunities to Implement the Healthy Brain Initiative.* (See DOH's example in [Document 4.12](#) on pages 35–40. This document is a compilation of work done on Pre-Meeting Assignments 1 and 2 and work completed during Meeting 2.) This will allow you to confirm that you are accurately capturing what they identified in their work.

- ❑ Identify meeting sites and reserve, if needed. Plan for note-taking. The aim is to capture what work is currently being done addressing healthy aging through the life course, current HBI work being done, and new opportunities to implement HBI actions.



Document 4.11



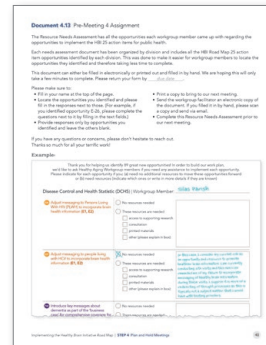
Document 4.12

Planning for the Fourth Meeting

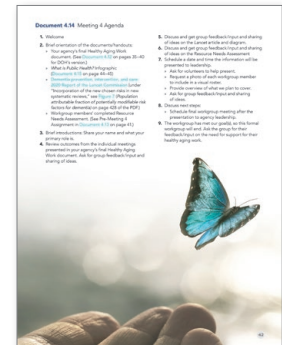
At the final DOH workgroup meeting, facilitators discussed results from one-on-one meetings, new and unexpected opportunities to incorporate HBI into all aspects of agency work, and proposed actions moving forward. The DOH workgroup reviewed the assessment document and provided input.

Checklist

- ❑ Send an email to workgroup members to:
 - » Thank them for their continued participation.
 - » Explain the Pre-Meeting 4 Assignment to complete a Resource Needs Assessment. Include a due date so you have time to collect that information before the next meeting. (See [Document 4.13](#) on page 41.)
- ❑ Identify what materials you will present and if you need hard copies:
 - » Agenda (See [Document 4.14](#) on page 42.)
 - » Your agency's final Healthy Aging Work document
 - » *What is Public Health?* Infographic (See [Document 4.15](#) on page 43–44.)
 - » [Dementia prevention, intervention, and care: 2020 Report of the Lancet Commission](#) (under "Incorporation of the new chosen risks in new systematic reviews," see [Figure 7](#) (Population attributable fraction of potentially modifiable risk factors for dementia) on page 428 of the PDF.)
- ❑ Identify meeting sites and reserve, if needed. Plan for note-taking.



Document 4.13



Document 4.14



Document 4.15

SUMMARIZING FINDINGS

Once all meetings are complete, the facilitators should make any edits to their assessment document reflecting corrections made or new HBI opportunities identified during the individual meetings. This document summarizes the workgroup assessment findings. With it, facilitators can present findings clearly to agency leadership and create a work plan to approach the newly identified opportunities. (See DOH's example in [Document 4.12](#) on pages 35–40. Findings were organized by the existing efforts divisions were already working on related to healthy aging, the existing efforts divisions were working on related to HBI, and new HBI opportunities that divisions identified.)

Lessons Learned by DOH from Workgroup Meetings:

- Staff with previous familiarity with the Life Course Perspective or aging ideas had an easier time connecting their work to the HBI. Allow extra time to work with staff with less familiarity with these concepts.
- Having examples of how programs could incorporate a healthy aging focus was helpful.
- **Both** group and individual meetings achieved two important functions:
 - » They supported collective brainstorming.
 - » They provided targeted support to staff developing HBI objective incorporation into their work.
- This approach of integrating a new focus area across many programs in the agency is quite different from how we usually stand up a new focus area. More typically, we would stand up a new program or office. Both have benefits, you just have to figure out what makes the most sense for your work.



Document 4.1 Pre-Meeting Assignment Descriptions

All of the pre-meeting assignments evolved into a final document listing opportunities identified by the workgroup. (See DOH's example in [Document 4.12](#) on pages 35–40.) Below, we explain the process and tools we used. It shows how each assignment built upon the next using the new information shared in the meetings. The pre-meeting assignments provided the workgroup members an opportunity to:

- Become familiar with healthy aging, brain health, and Alzheimer's disease and other dementias prior to the meeting. This was important as workgroup members had differing levels of knowledge regarding these topics.
- Think through how their work related to healthy aging using both the frameworks of Life Course Perspective and the *HBI Road Map*.
- Ensure the time we spent together was used effectively.

Assignment 1 Overview

(Page 25 to be completed prior to Meeting 1.)

This assignment provided the opportunity to introduce the:

- 25 actions for state and local public health agencies from the *HBI Road Map Executive Summary*.
- Definition of healthy aging.

Workgroup members sent in their assignments prior to the meeting and a master document was created with all the information they reported. During Meeting 1, we debriefed the assignment.

Assignment 2 Overview

(Page 28 to be completed prior to Meeting 2.)

After reviewing Assignment 1, the workgroup facilitators asked group members to go back and re-examine, edit, and build upon their Assignment 1, now using the following:

- The information gained during Meeting 1 and the following resources:
 - » *25 actions for state and local public health agencies* from the *HBI Road Map Executive Summary*.
 - » Life Course Theory
 - » *10 Ways to Love Your Brain* Infographic

Many workgroup members realized in Assignment 1 they thought they were doing HBI actions, as they could identify many important actions related to healthy aging via the life course. But, they needed to identify

possible ways to make changes to their current work so it addressed the issues of Alzheimer's disease and other dementias and caregivers. These changes were identified as possible opportunities.

Building Upon Assignment 2

Workgroup facilitators held 30 minute one-on-one meetings with each workgroup member with the aim of reviewing these questions:

- Was the information provided by the workgroup member, in Assignments 1 and 2, accurately synthesized by the facilitators? Were edits needed?
- Were there additional opportunities? (Often, workgroup members came up with one or more additional opportunity to add to the list.)
- Can we identify specific populations addressed by the work of their program?

Assignment 3 Overview

(Page 41 to be completed prior to Meeting 4.)

- Each workgroup member completed a Resource Needs Assessment.
- DOH chose to provide a Resource Needs Assessment specific to each division and the opportunities they listed. This made it easier for workgroup members to complete. Please note the questions on the Resource Needs Assessment were the same for each opportunity.
- We wished we had also asked on the assessment if workgroup members specifically needed funding to implement the opportunities they identified.
- The purpose of Assignment 3 is to create a work plan and determine which opportunities can be implemented right away.

Document 4.2 Email Invitation to Meeting 1

New Message

Dear Healthy Aging Workgroup Members,

We are excited that you have agreed to participate in this workgroup. We are asking each of you to complete the attached pre-meeting assignment by DATE & TIME. We hope it doesn't take you more than 15–30 minutes. If you have any questions, please don't hesitate to reach out to us.

The following are some upcoming dates to be aware of:

- Pre-meeting assignment is due to NAME by DATE & TIME. Please send to EMAIL.
- First workgroup meeting is scheduled for DATE & TIME in LOCATION.

Attached Documents

- Pre-meeting assignment
- *HBI Road Map Executive Summary*
- Document showing the need for HBI-integrated work*

Reminders from Past Email Communications

- Overall goal for our workgroup: To conduct an internal assessment of “touch points” regarding aging work within AGENCY.

How does AGENCY plan to use this information?

- We hope this workgroup will help us understand what sorts of messages and activities programs across the agency are providing.
- We want to better understand how to leverage and align that work to create and further a whole-agency focus on healthy aging.

Workgroup Details

- We envision holding three to four one to two hour meetings between WORKGROUP START DATE and EXPECTED WORKGROUP END DATE.
- An outcome from this workgroup may be identifying other aging topics that would benefit from being addressed using an agency workgroup model. If this were to happen, WORKGROUP FACILITATOR would go back to the agency leadership team with a new request.

ADD SALUTATION & EMAIL SIGNATURE

Send

* This is the document you created in Step 1 documenting the need for HBI-integrated work and an overview of your plan. ([Document 1.1](#) on pages 8–9 is an example prepared by DOH.)

Document 4.3 Pre-Meeting 1 Assignment

Document the activities and/or messages your program is currently doing that address healthy aging. Healthy aging is defined* as:

- Promoting health, preventing injury and managing chronic conditions;
- Optimizing physical, cognitive and mental health; and
- Facilitating social engagement.

Healthy aging focuses on maximizing physical, mental, emotional, and social well-being, while recognizing that aging often is accompanied by chronic illnesses and functional limitations. Healthy aging emphasizes the need for meaningful involvement of older adults with friends, family members, neighbors, organizations, and the wider community.

Directions for completing the chart below:

- Indicate your work section.
- Be brief describing your message or activity. (See example in chart below.) There will be future opportunities to add more detail. Put one message or activity per row.

- Use the *HBI Road Map Executive Summary* to complete this assignment. (See [Document 1.2](#) on pages 10–11.) Use side two showing the 25 actions to complete the column titled HBI Action (letter and number). Please note:
 - » In the following table, indicate if your activity and/or message represents one of the 25 action items and, if so, which one (e.g., E-1).
 - » If you feel your message or activity falls under more than one HBI action item, list all (e.g., it fits in both E-1 and W-3).
 - » If you can't find an HBI action item that your activity or message falls under, **still put it on the table**, but note in the HBI Action (letter and number) column N/A.
 - » List any activity related to healthy aging, even if it has nothing to do with Alzheimer's disease or dementia.
 - » Feel free to add more lines to the table if you have a number of activities or messages to add.

Healthy Aging Work at our Agency			
Work Area	Activity	HBI Action (letter and number)	Additional information
PCH	Providing education in churches about Alzheimer's disease and dementia and how managing chronic diseases may help with brain health.	E-2	

* Source: Creating an Age-Friendly Public Health System. Challenges, Opportunities, and Next Steps, March 2018

Document 4.4 Meeting 1 Agenda

1. Welcome
2. Brief orientation of the documents/handouts:
 - » Document that includes a compilation of the responses of each workgroup member to Pre-Meeting 1 Assignment
 - » *HBI Road Map Executive Summary* ([Document 1.2](#))
 - » Life Course graphic from: *Lifecourse Health Development: Past, Present and Future* found at link.springer.com/article/10.1007%2Fs10995-013-1346-2
3. Introductions and Icebreaker:
 - » **Introductions:** Include your name, work area, and the main focus of your work.
 - » **Icebreaker:** What is one thing you look forward to about aging?
4. Discuss overall aim of this workgroup:

To conduct an internal assessment of the touch points regarding aging work within our agency. Having a clear understanding of this will help us:

 - » Understand the kinds of messages and activities our agency is providing.
 - » Leverage and align the work we each do. Is there more we can do, if so, what is the work and who would do it?
 - » Further develop a whole-agency focus on healthy aging.
 - » Create an internal network and leverage the *HBI Road Map* 25 action items.
5. Discuss the concept of beginning with the end in mind. When bringing people together to work on a project, it is important to begin with visualizing and documenting what the group hopes the outcome of the work will be. This will guide what steps are needed to accomplish it. Facilitators should share their vision of the outcome(s) they hope for and ask workgroup members for their thoughts and ideas about the desired outcome. Remind people that this is an iterative process.
6. Review the following definitions and the frameworks the workgroup will be using (HBI Road Map and Life Course Perspective).

Healthy aging is:

 - » Promoting health, preventing injury, and managing chronic conditions;
 - » Optimizing physical, cognitive, and mental health; and
 - » Facilitating social engagement.

Healthy aging focuses on maximizing physical, mental, emotional, and social well-being, while recognizing that aging often is accompanied by chronic illnesses and functional limitations. Healthy aging emphasizes the need for meaningful involvement of older adults with friends, family members, neighbors, organizations, and the wider community.

The Life Course Perspective suggests that many factors, experiences, and exposures across our entire lifespan affect our health and development.

If health is a trajectory, there are things that can create an updraft to that trajectory that support health and an individual achieving their highest potential. And there are critical periods of development when it is especially important to have supports that push up that trajectory. Like during fetal development, early childhood, adolescence, and becoming a parent.

As in all life, there are negative things that can push down that trajectory. So, our aim is to increase the protective factors that push up the trajectory and decrease the risk factors that push it down, especially during critical periods.

7. Debrief the *Pre-Meeting 1 Assignment* paired with the *HBI Executive Summary*.
8. Discuss assignment for the next workgroup meeting and future scheduling.

Document 4.5 Post-Meeting 1 Survey

Keep the survey open for two weeks and send a reminder email at one week for those who haven't completed it.

Meeting 1 Survey

Thank you for participating in the first DOH Healthy Aging Workgroup. This survey should take 5–10 minutes to fill out and will help us continue to create a workgroup environment that is effective and supportive. Thank you.

1. How effective was this meeting in regard to the use of your time (please select one)?

- Very ineffective
- Ineffective
- Neutral
- Effective
- Very effective

2. Share why you chose your question one response. For example, if you chose "Effective," what was effective? If you chose "Ineffective," what was ineffective? Do you have suggestions to make the meeting more effective?

3. Do you have any other suggestions?

4. Is there anything you would like to tell facilitators about your hopes regarding the work we are doing?

5. For those who attended virtually, did you feel engaged in the conversation?

- Yes. What helped? _____
- No. Do you have any suggestions for future meetings? _____
- N/A (attended in person)

6. Do you have any other suggestions to help those calling in feel more involved?

Contact person: *facilitator email address and phone number*

Document 4.6 Pre-Meeting 2 Assignment

Needed Documents:

- Draft of the Healthy Aging Work Document: Workgroup facilitators used the information provided in Pre-Meeting 1 to create a draft of the Healthy Aging Work document. It incorporated all the activities each workgroup member listed in their Pre-Meeting 1 Assignment and color coded the activities based on the Healthy Brain Initiative (HBI)/4 Essential Services of Public Health, as well as a summary of all the activities of the division. See [Document 4.7](#) on page 29 for an example from DOH. This work led to the development of the final version shown in [Document 4.12](#).
- *HBI Executive Summary*: Each of you should have a copy of this from our first meeting. It is being re-sent for reference.
- *Brain Health Messaging*: Healthy brain messages developed by the national Alzheimer’s Association. Prior to using these brain health messages, DOH had them approved by our State Health Officer.

Reminder: The document we are creating will help us to both capture and articulate the healthy aging messages we are currently engaged in and to leverage those to address cognitive decline. Even if the work you are doing to address healthy aging (through the life course) cannot be messaged to include cognitive decline (as there is currently no research on the topic) we still want to know the information.

Directions for Completing Pre-Meeting 2 Assignment

[Document 4.7](#) on page 29 shows a few of the responses DOH workgroup members provided in their Pre-Meeting 1 Assignment. It is organized by the following sections:

- By division: Answers provided were categorized to fit under one of the following four essential services of public health and were color coded to match the *HBI Road Map* as follows:
 - » Educate and Empower
 - » Develop Policies and Mobilize Partnerships
 - » Assure a Competent Workforce
 - » Monitor and Evaluate
- For each division, you will see a **Summary** showing two areas of information:

- » Work currently being conducted that falls under **Healthy Aging (Life Course Perspective)**.
- » Work currently being conducted that falls under the **HBI action items**, or may be able to. If there is nothing listed under the title/heading Healthy Brain Initiative, it means we didn’t identify any of your work that currently falls under the HBI framework (this is using our knowledge—having you dig deeper into this assignment may help identify work that could fit under there).
- Review and evaluate the document for the following (See Example Review at bottom of this page.):
 - » Did you forget to list any relevant work activities?
 - » Do you agree with the four essential services of public health category your work was placed in?
 - » Do you think the activities you listed under the HBI Action column **fully meet** the objective of the HBI action item? (e.g., you may have listed “E-7: improve access to and use of evidence based interventions, services and supports,” but does it include *for people with dementia and their caregivers to enhance their health, wellbeing, and independence?*)
 - » If your activity **fully** meets the HBI action items, please leave it as is on the document.
 - » If it **doesn’t fully** meet the HBI action item, put a strike mark through any HBI action letters and numbers under the column titled “HBI Action.” For example: M-3
 - » If the activity **generally fits** and there’s an opportunity to augment the work/messaging so it specifically meets the HBI objective, write the word “opportunity” in the same column where you put a strike mark. Add ideas to make it fit in the “Additional Information” column.
 - » If the activity **generally fits** and there is not an opportunity to adjust it, just put a strike through the letter and number (as noted above).
- Are you aware of any messaging connecting the work you do with brain health? Refer to:
 - » [What Do We Know About Preventing Alzheimer’s Disease?](#)
 - » *Brain Health Messaging* (Healthy brain messages developed by the national Alzheimer’s Association.)
- Provide any additional thoughts/comments.

Example Review:

Division: Prevention and Community Health (PCH)			
Name	Activity	Additional Information	HBI Action
Jane Doe	Promoting smoking cessation	Regularly develop/disseminate health promotion messaging that talks about the relationship between smoking and chronic diseases.	E-2 Opportunity: Add evidence-based messages connecting brain health and smoking. (e.g., Quitting smoking now may reduce your risk for dementia.)

Document 4.7 DOH’s Draft of the Healthy Aging Work Document

Name/ Division	Activity	Additional Information	HBI Action
Disease Control & Health Statistics (DCHS) & Infectious Disease Office (OID)			
CW/OID	We are conducting focus groups of PLWH aged 50+ across the state to elicit feedback on their experience aging with HIV.	Nearly 50% of PLWH in WA state are aged 50+	
WR/OID	Messaging/Baby Boomers/Hep C Testing Events		
	Surveillance tracking to monitor age related trends		
	Interviewing baby boomers to help OID address unmet needs (i.e. housing, supportive services)		
	Hep C Elimination Strategy		
	Business Development/Educational – Aging with HIV Educational Resources		
MB/ DCHS	Assure death data quality related to Alzheimer’s disease mortality		M-2
	Understand the impact of Alzheimer’s disease deaths in Washington state		M-2
	Provide current data for use by local health departments and other data users through tools like CHAT (Community Health Assessment Tool) and responses to ad hoc data requests		M-2
WG/DCHS	Data Collection	Support for BRFSS data collection Caregiver and Cognitive Decline Modules	M-1
Summary	<p>Healthy Aging (Lifecourse Theory)</p> <ul style="list-style-type: none"> • Educate and empower <ul style="list-style-type: none"> ○ Health screening messages • Monitor and Evaluate <ul style="list-style-type: none"> ○ Formative research and surveillance about emerging age-related issues ○ Providing data and analysis ○ BRFSS Caregiver and Cognitive Decline Modules • Develop Policies and Mobilize Partnerships <ul style="list-style-type: none"> ○ Special needs/focus on certain conditions <ul style="list-style-type: none"> ▪ Aging with HIV ▪ Hep C elimination <p>Healthy Brain Initiative</p> <ul style="list-style-type: none"> • Monitor and evaluate <ul style="list-style-type: none"> ○ Supporting national data collection on dementia and caregiving (M-2) ○ WA BRFSS Modules on Caregiver and Cognitive Decline (M-1) 		

Document 4.8 Meeting 2 Agenda

1. Welcome
2. Brief orientation of the documents/handouts:
 - » Participant list
 - » *HBI Road Map Executive Summary* (See [Document 1.2](#) on page 10.)
 - » *10 Ways to Love Your Brain* (See [Document 1.4](#) on page 14.)
 - » *Risk Reduction Messaging for Health Education* (See [Document 4.9](#) on page 31.)
 - » Draft of the Healthy Aging Work document
3. Today's Focus:
 - » To continue to get to know one another, the work we are engaged in, and building connections.
 - » To align the work from the perspective of the populations we're trying to affect.
 - » To continue to learn and leverage from each other.
 - » To continue to examine and evaluate the draft of the Healthy Aging Work document.
 - » To have a productive, enjoyable, and insightful work session.
4. Introduction and Icebreaker:
 - » **Introductions:** Include your name, work area, and the main focus of your work.
 - » **Icebreaker:** You will need the *10 Ways to Love Your Brain*.
5. Discuss Pre-Meeting Assignment 2. (See [Document 4.7](#) on page 29.)
 - » Review the directions for the next step in our process for reviewing, updating, and editing this document.
 - » Provide individual work time.
 - » Allow for small group discussions of the following questions:
 - » What came up for you as you were reviewing, updating, and editing this document?
 - » Were you surprised by anything?
 - » What opportunities did you come up with?
 - » Was there something challenging or a barrier?
 - » Can you identify ways we can support each other to do this work and/or support you need?
 - » Have groups report back to the full group.
 - » Discuss next steps.

Is there something in this list that you didn't know prior to reading it? If yes, what is one new thing?

After reading the list, have you or are you thinking about adopting a new lifestyle habit from the list? If yes, please share one if you are comfortable doing so.



Risk Reduction Messaging for Health Education November 2019

The Alzheimer's Association developed these risk reduction messages about cognitive decline for integration into existing campaigns about exercise, smoking, diabetes, and other topics below. Each topic has multiple messages from which health educators can select. The messages are not intended to be used as stand-alone campaign.

The messages are based on the current state of evidence^{1,2,3} that identifies protective and risk factors for cognitive decline and dementia. As such, the messages provide an opportunity for the public health community to disseminate evidence-based messages about risk reduction for preserving cognitive health. This is a recommended action for public health in the Healthy Brain Initiative's [State and Local Partnerships to Address Dementia: The 2018-2023 Road Map](#) (HBI Road Map).

The HBI Road Map defines **brain health** as: a concept that involves making the most of the brain's capacity and helping to reduce some risks that occur with aging. Brain health refers to the ability to draw on the strengths of the brain to remember, learn, play, concentrate, and maintain a clear, active mind.



Exercise

- Exercise is not only good for your body, it's also good for your brain. Get regular exercise that makes your heart beat faster, which increases blood flow to the brain and body.
- Take care of both your heart and brain. Eat a healthy diet, control your weight, and exercise regularly.
- Physical activity is an important part of keeping your brain and your body healthy. Choose exercise you enjoy so you'll be more likely to do it again and again.
- Pick an exercise that makes you think or talk with other people, such as a dance class or walking with a friend. By using your brain and your body, you can get the most out of the time you spend exercising.
- Physical activity can help reduce your risk of cognitive decline by lowering risk factors such as high blood pressure, diabetes and high cholesterol.
- It's never too late to start exercising for better health for your brain and body.

Smoking

- Smoking may increase your risk for dementia. Stop now to reduce your risk.
- Quit smoking for a healthier brain *and* body.
- If you smoke, quitting now may reduce your risk for dementia.
- It's never too late to quit smoking. Quitting at any age seems to benefit the health of your brain and body.

Diabetes

- Diabetes may increase your risk for dementia.
- Visit your doctor regularly. Work with him or her to actively manage your diabetes and help your brain stay healthy.
- Risk factors for heart disease — including diabetes — can negatively affect your brain.
- Managing your diabetes with a healthy diet and regular exercise may benefit your brain.

Midlife Hypertension – high blood pressure

- Heart disease and high blood pressure can damage your brain's health.
- Get your blood pressure checked regularly. Work with your health care professional to control your blood pressure and reduce your risk of cognitive decline.
- Keep your blood pressure under control for a healthier body *and* brain.
- High blood pressure increases your risk for heart disease and possibly dementia.
- Dementia and stroke are more likely to affect people with high blood pressure. Don't take unnecessary risks. Keep your blood pressure under control.

Obesity

- Maintain a healthy weight. It's not only good for your heart, it's good for your brain.
- Obesity in middle age may increase your risk of dementia.
- Evidence shows that risk factors for heart disease — including obesity — can also have a negative impact on your brain's health.
- Take care of both your heart and brain. Eat a healthy diet, control your weight, and exercise regularly.
- Eat a healthy diet with less fat and more vegetables and fruit to help control your weight and help your brain stay healthy.

Head Injury

- Major injuries to your head can raise your risk of dementia.
- **For younger audiences:** Wear a seat belt and use a helmet when playing contact sports or riding a bike. Protect your brain today.
- **For older audiences:** Wear a seat belt, use a helmet when riding a bike, and make your home safer in places where you could trip, slip, or fall. Head injuries increase your risk of dementia.

References

¹Livingston G, Sommerlad A, Orgeta V, Costafreda SG, Huntley J, et al. Dementia prevention, intervention and care. *The Lancet*; 2017;390(10113):2673-734.

²The SPRINT MIND Investigators for the SPRINT Research Group. Effect of Intensive vs Standard Blood Pressure Control on Probable Dementia: A Randomized Clinical Trial. *JAMA*; 2019;321(6):553-561.

³Baumgart, M., Snyder, H. M., Carrillo, M. C., Fazio, S., Kim, H., & Johns, H. (2015). Summary of the evidence on modifiable risk factors for cognitive decline and dementia: a population-based perspective. *Alzheimer's & Dementia*, 11(6), 718-726.

⁴National Academies of Sciences, Engineering and Medicine. Preventing Cognitive Decline and Dementia: A Way Forward. Washington, DC: The National Academies Press; 2017.

Meeting 2 Survey

Thank you for participating in the second Healthy Aging Workgroup session. Please take 5–10 minutes to fill out this survey so we can continue to create a workgroup environment that is effective and supportive. Thank you.

1. How did you attend our Healthy Aging Workgroup meeting?

- In person By phone

2. Would you be willing to use a webcam?

- Yes No

3. Please share any suggestions you have to help those calling in feel more involved:

4. Did you find the GoTo Meeting technology helpful?

- Yes No

5. During our Healthy Aging Workgroup meeting, did you feel engaged in the conversation?

- Yes No

6. If you answered yes to question 5, please share what helped you feel engaged:

7. If you answered no to question 5, please share why you felt disengaged in the conversation:

8. Please rate the use of your time in the meeting:

- Very effective Effective Neutral Ineffective

9. Please rate how effective you feel the breakout groups were:

- Very effective Effective Neutral Ineffective

10. What other suggestions do you have to help improve future meetings:

11. What would you like to share with the facilitators about your hopes regarding the work we are doing together?

Contact person: facilitator email address and phone number

Document 4.11 Meeting 3 Agenda

1. Welcome
2. Brief orientation of the documents/handouts:
 - » Participant list
 - » *HBI Road Map Executive Summary* (See [Document 1.2](#) on page 10.)
 - » *10 Ways to Love Your Brain* (See [Document 1.4](#) on page 14.)
 - » *Risk Reduction Messaging for Health Education* (See [Document 4.9](#) on page 31.)
 - » Final Healthy Aging Work document
 - » Individual workgroup member's Pre-Meeting 2 Assignment. (See [Document 4.6](#) on page 28.) [Dementia prevention, intervention, and care: 2020 Report of the Lancet Commission](#) (under "Incorporation of the new chosen risks in new systematic reviews," see [Figure 7](#) (*Population attributable fraction of potentially modifiable risk factors for dementia*) on page 428 of the PDF.)
3. Thank each workgroup member for taking the time to meet to review and discuss their compilation of assignments one and two.
4. Ask if the information they provided is accurately reflected.
5. Talk through any questions and/or edits either the workgroup member or facilitators have.
6. Referencing the handouts and the topics covered in Meetings 1 and 2, ask if there are any additional items to be added. If so, update the documents during the meeting.
7. Remind workgroup members they are welcome to call or email the facilitators if more edits and/or ideas come to them after the meeting. Provide an updated copy of the document reflecting changes made in the meeting for their reference).



Healthy Aging and Healthy Brain Initiative Efforts & Opportunities at Washington State Department of Health

Shown in Reflection of the Organizational Structure

Current Efforts: Healthy Aging

Maximizing physical, mental, and social well-being while recognizing that aging is often accompanied by chronic illness and functional limitations. Efforts include promoting health, preventing injury, and managing chronic conditions; optimizing physical, cognitive, and mental health; and facilitating social engagement.



Office of the Secretary (OS)

- E1 Employee health and wellness that promotes physical and mental health, cognitive and social engagement, injury prevention, and managing chronic conditions
- E2 Communication and health education supporting on-time vaccination
- P1 Employee health and wellness learning opportunities, group activities, and resource groups
- P2 Communication and health education supporting on-time vaccination
- W1 Communication and health education supporting on-time vaccination

Disease Control and Health Statistic (DCHS)

- E3 Health screening messages (Hepatitis C Virus)
- E4 Hepatitis C Virus chronic conditions management
- P3 Special needs/focus on certain conditions
- P4 Aging with HIV and partnering with oral health
- P5 Hepatitis C Virus Elimination Plan
- W2 Physician-based resources for Hepatitis C Virus treatment (Project ECHO)
- M1 Formative research with baby boomers and surveillance about emerging age-related issues
- M2 Providing good quality data and analysis to LHJs and others so that it's a reliable basis for health programs and policy
- M3 BRFSS Caregiver and Cognitive Decline Modules
- M4 Data collection of health conditions and behaviors related to healthy aging and brain health. Examples include blood pressure, exercise, and mental health.

Emergency Preparedness and Response (EPR)

- E5 Emergency preparedness and response – information and plans
- P6 Emergency preparedness and response

Environmental Public Health (EPH)

- P7 Use EPH surveillance data to support policy development that promotes health and help prepare for and respond to emergencies and climate change
- P8 Reduce the impacts of toxins and carcinogens on water quality, air, and food to support healthy aging throughout life
- P9 Build environments that support health
- M5 Environmental health disease surveillance and response
- M6 Use and share data to address health disparities (Washington Tracking Network)

Health Systems Quality Assurance (HSQA)

- E6 Rural – aging in place and functional health
- E7 Certificate of need
- E8 Employee wellness – physical and mental/emotional health
- E9 Stroke prevention, awareness, response, and treatment
- P10 Stroke prevention, awareness, response, and treatment
- P11 Palliative care
- P12 Population Health mini-grants to ID a health issue and implement an intervention
- P13 Health care facilities licensure and home health services

(continues)

Current Efforts: Healthy Aging

HSQA, *continued*

- P14 Construction review: ensuring licensed care environments support the residents and caregivers
- P15 Employee wellness – physical and mental/emotional health
- W3 Stroke prevention, awareness, response, and treatment
- W4 Trauma care and rehabilitation designations
- W5 Trauma guidelines
- W6 Mandatory suicide education for licensed health care professionals
- M7 Stroke prevention, awareness, response, and treatment
- M8 Rural – aging in place and functional health
- M9 Trauma registry
- P16 Chronic disease prevention/screening/management
- P17 Suicide prevention
- P18 Traumatic Brain Injury
- P19 Vaccine storage and handling
- P20 Adult falls prevention
- W7 Oral health
- W8 Nutrition
- W9 Chronic and Infectious (VPD) disease prevention/screening/management
- W10 Traumatic Brain Injury
- W11 Opioid overdose prevention
- W12 Population Health Guide
- W13 Vaccine recommendations and vaccine handling
- W14 Cardiovascular health and stroke prevention
- W15 Adult falls prevention

Prevention and Community Health (PCH)

- E10 Oral health
- E11 Tobacco cessation
- E12 Chronic disease prevention/screening/management
- E13 Healthy eating (including breastfeeding) and physical activity
- E14 Firearm safety and storage
- E15 Suicide prevention
- E16 Traumatic Brain Injury
- E17 Population Health Guide
- E18 Adult vaccine program providing vaccines and education for un- and under-insured adults
- E19 Opioid overdose prevention (also addressing pregnant women/doctors about opioid use and use of drugs to get off opioid use)
- E20 Provide parenting teens information on brain development
- E21 Cardiovascular health and stroke prevention
- E22 Adult falls prevention
- M10 Immunization data to support on-time vaccination
- M11 Adult falls prevention
- M12 Immunization data to support on-time vaccination
- M13 National violent death reporting system – collecting case data on social isolation, incontinence/constipation, death with dignity, and elder abuse

Current Efforts: Healthy Brain Initiative

Efforts that public health and partners can take to anticipate and respond to the growing impact of Alzheimer’s disease and other dementias on every facet of society. We aim to promote cognitive health, address cognitive impairment for people living in the community, and help meet the needs of caregivers.



Office of the Secretary (OS)

The Center for Public Affairs supports program work described in this document.

- P5 Construction review for all facility types – addressing the special needs of people with dementia in the physical environment (P5, P6)

Disease Control and Health Statistic (DCHS)

- M1 BRFSS module on caregiver and cognitive decline (M1)
- M2 Supporting national data collection on dementia and caregiving (M2)
- M3 Provide data on Alzheimer’s deaths and other chronic conditions (M2)
- M4 Data collection of cognitive decline, caregiver, and other health conditions and behaviors related to healthy aging and brain health. Examples include blood pressure, exercise, and mental health.

Prevention and Community Health (PCH)

- E4 Firearm safety and storage (E1)
- E5 Traumatic Brain Injury (E1)
- E6 Provide education to the general public through the Heart Disease, Diabetes, and Stroke Prevention program about normal brain changes and brain health (E1)
- E7 Blood pressure trainings include messages on the benefits to good brain health (E2)
- E8 Oral health for older adults, adults with: depression, anxiety, diabetes, eating disorders (E2)
- E9 Falls prevention for people with dementia (E7)
- P6 Blood pressure trainings include messages on the benefits to good brain health (P1)
- P7 Traumatic Brain Injury (P1, P3, P4, P5)
- W1 Oral Health for older adults, adults with: depression, anxiety, diabetes, eating disorders (W1, W2)
- W2 Blood pressure trainings include messages on the benefits to good brain health (W1, W5)
- W3 Traumatic Brain Injury: Educate professionals about addressing injury risk among people at all stages of dementia (W1, W6)
- W4 Education on dementia: falls risk, brain health, and screening (W5)
- M5 Traumatic Brain Injury (M3)

Emergency Preparedness and Response (EPR)

- P1 Working with local health jurisdictions and tribes to amend emergency preparedness and response plans to include information specific to people with dementia or Alzheimer’s and their caregivers (P6)

Environmental Public Health (EPH)

None.

Health Systems Quality Assurance (HSQA)

- E1 Stroke prevention, awareness, response, and treatment (E1)
- E2 Talks on aging in rural communities (E7)
- E3 Certificate of Need – Nursing Home and Home Health/Hospice applications (E7)
- P2 Home Health/Hospice and Palliative Care reports – supports aging in place (P5)
- P3 Collaboration with Area Agencies on Aging to develop homecare aid specialists (P5)
- P4 Rules for health care facility, home health services, behavioral health facility, residential treatment centers and hospital licensure (P5)

89 New Opportunities: Healthy Brain Initiative

DOH identified 89 new opportunities to meet the recommended actions listed in the Healthy Brain Initiative Road Map



Office of the Secretary (OS)

- E1** Integrate messaging about brain health into the annual flu vaccination letter that goes to Long Term Care facilities and on the “for seniors” portion of the website (**E2**)
- E2** Opportunity to stand up an Employee Resource Group to support employees who are caregivers, when we realize there are specific needs/lack of information (**E5**)
- E3** Adjust messaging in employee focused work (wellness communication, DOH health fairs, employee resource groups) to incorporate information and resources about cognitive aging, social engagement, brain health, and linkages to chronic conditions management (**E1, E2**)
- W1** Use the annual flu and pneumococcal vaccination letter (and links to the “for Seniors webpage”) that goes to Long Term Care Facilities information about brain health and how to use that information for those they serve (**W1**)

Disease Control and Health Statistic (DCHS)

- E4** Adjust messaging to Persons Living With HIV (PLWH) to incorporate brain health information (**E1, E2**)
- E5** Adjust messaging to people living with Hepatitis C Virus to incorporate brain health information (**E1, E2**)
- P1** Introduce key messages about dementia as part of the business case for comprehensive coverage for those with HIV/AIDS (**P3**)
- W2** Add dementia and brain health information to supports for case managers (**W1, W2**)
- W3** Use focus group information about aging with HIV to educate health care professionals about treating comorbidities, addressing injury risk and attending to behavioral health needs (**W6**)
- W4** Aging with HIV and a trauma informed approach: trainings, conference presentations, and other supports for case managers and peer navigators (**W1, W2**)
- W5** Add information about dementia/brain health to Hepatitis C Virus supports for providers via Project ECHO (**W5, W6**)
- M1** Implement the BRFS Cognitive Decline Module in 2020
Note: The BRFS the sample doesn’t target specific populations, but the data can be analyzed by specific age and the different disparities that emerge, across race, LGBTQ, veterans, etc. (**M1**)
- M2** Consider implementation of the BRFS Caregiver Module in 2021 or 2022 (**M1**)
- M3** Analysis of data on health conditions and behaviors related to healthy aging and brain health. Examples include blood pressure, exercise, and mental health. (**M3**)

Emergency Preparedness and Response (EPR)

- E6** Work with partners (like AAA) to include information specifically for people with dementia or Alzheimer’s and their caregivers in emergency preparedness education (**E2**)
- P2** Work with local health jurisdictions and tribes to amend emergency preparedness and response plans to include information specific to people with dementia or Alzheimer’s and their caregivers (**P6**)

Environmental Public Health (EPH)

- E7** Adjust built environment messages to specifically address the cognitive health benefits of physical health and social engagement (**E2**)
- P3** Engage the public and partners in planning for communities to support people with dementia and their caregivers (**P5**)
- P4** Support emergency preparedness and response plan to address the special needs of people with dementia and their caregivers (**P6**)
- M4** Look at using WA Tracking Network (WTN) data to inform the public about cognitive decline, dementia and caregiver impacts (**M3**)

Health Systems Quality Assurance (HSQA)

- E8** Do public education/awareness on life after stroke and poststroke complications (cognitive changes) and information for caregivers and add info about stroke-related dementia (Vascular dementia) (**E1**)
- E9** Add caregiver messaging to stroke education (**E1**)
- E10** Integrate brain health and cognitive decline risk factor information into cancer screening and survivorship efforts (**E2**)
- E11** Add identification and reporting of abuse, neglect, and exploitation of people with dementia and caregivers to nurse network meetings and trauma care guidelines (**E4**)
- E12** Exploring the CAPABLE model (Community Aging in Place-Advancing Better Living for Elders) with ALTA to help elders stay independent (**E7**)
- E13** Certificate of Need Program (Nursing Homes and Home Health/Hospice) through the technical assistance process: provide information about evidence informed interventions, services and supports for people with dementia and their caregivers to enhance health, well-being and independence (**E7**)

(continues)

New Opportunities

HSQA, *continued*

- E14** Develop the Palliative Care Road Map to model the Dementia Care Road Map (**E1, E5, E6, E7**)
- E15** Enhance dementia materials with information about stroke. For example, in the brochure under Heads up, where it talks about brain injury-related cognitive decline, include act FAST for stroke since stroke is a brain injury (**E1, P2, W1**)
- P5** Introduce key messages about dementia as part of the business case for comprehensive coverage (**P3**)
- P6** Develop the Palliative Care Road Map to model the Dementia Care Road Map (**P5**)
- P7** Facilities Licensure – application processes for health care and home health: create/communicate opportunities for public and private stakeholders of people living with dementia and their caregivers to provide input that improves facility licensing rule (**P5**)
- P8** Facilities Licensure – application processes for hospitals, behavioral health and residential treatment facilities: engage applicants to establish services/policies that are supportive for people with dementia and their caregivers (**P5**) and that emergency preparedness and response plans include addressing the special needs of people with dementia and their caregivers (**P6**)
- P9** Construction Review – review and inspection of facilities and development of licensure rules: engage in planning efforts to establish the physical environment is supportive of services/policies for people with dementia and their caregivers (**P5**) and that the environment is conducive to emergency preparedness and response activities that will address the special needs of people with dementia and their caregivers (**P6**)
- P10** Construction Review – national standards: promote and lead conversations around the built environment in care facilities to promote healthy aging in place and a supportive care environment (specifically advocating for and eliminating barriers to proven methods of supportive care, including “greenhouse” community-based design strategies; assisted toileting designs for aging populations, security strategies for cognitive care, etc.) (**P5, P6**)
- P11** Add brain health information to stroke prevention, awareness, response, and treatment efforts to promote best practices and improve academic programs (**P1, P2**)
- P12** Identify or develop cognitive decline assessment resources for rural communities and telehealth forms of support for caregivers that are socially and geographically isolated (**P1, P5**)
- W6** Promote key messages, as lesser-known facts about smoking and brain health, as part of providers’ and public health professionals’ advice to quit (**W1**)
- W7** Enhance supports for the workforce on stroke prevention, awareness, response, and treatment to include brain health and supports for caregivers (**W3**)
- W8** Look at adding information about dementia and Alzheimer’s to the Trauma Care Guidelines – currently focused on the initial, acute care of the trauma patient (**W6**)
- W9** Add to the trauma designation program (covers both acute care and inpatient rehab) information to educate health care providers about treating co-morbidities, injuries and behavioral health needs of those with dementia and Alzheimer’s (**W6**)
- W10** Develop the Palliative Care Road Map to model the Dementia Care Road Map (**W1, W5**)
- W11** Rural workforce recruitment, retention, and job development (homecare aids) – increase attention to job roles that support dementia care (**W5**) and use project ECHO (telehealth) to support providers in doing cognitive decline assessment (**W4**)
- M5** Trauma registry data could be used to help determine the number of dementia or Alzheimer’s patients who are injured and evaluate the associated outcomes (**M3**)
- M6** Use data on stroke prevention, response, and treatment to align/enhance information about cognitive decline and the impact on caregivers (**M3**)

Prevention and Community Health (PCH)

- E16** Adjust tobacco prevention and nicotine addiction messaging to incorporate the benefits of tobacco cessation to brain health (**E2**)
- E17** Adjust diet/nutrition and exercise messaging to add information about brain health and increase awareness about the benefits of social engagement possible through supplemental nutrition assistance and physical activity programs (for example, meals on wheels is not just nutrition, it’s also social connection) (**E2**)
- E18** Integrate brain health and cognitive decline risk factor information into cancer screening and survivorship efforts (**E2**)
- E19** Add brain health messaging (referencing 10 Ways to Love Your Brain) to supports for childcare providers and Graduation, Reality And Dual-Role Skills (GRADS) staff (**E2**)

(continues)

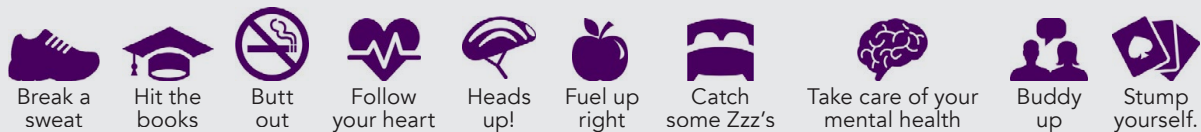
New Opportunities

PCH, *continued*

- E20** Promote prevention of abuse, neglect and exploitation of people with dementia (may partially be addressed in agency injury and violence state plan) **(E4)**
- E21** Connect our Chronic Disease Self-Management and other Prevention Programs (Physical Activity and Arthritis Programs) with Exercise is Medicine messaging **(E7)**
- E22** Add content to the Population Health Guide about brain health and cognitive aging changes that should be discussed with a health care professional **(E1)** and interventions, services, and supports for people with dementia and their caregivers **(E7)**
- E23** Incorporate key messages about how nicotine use impacts brain development and health into existing resources **(E2)** and disseminate those messages via social media and custom smartphone apps **(E7)**
- E24** Opioid overdose prevention for caregivers **(E7)**
- E25** Adjust oral health messaging for professionals (specifically rural health dental clinic directors and staff) and caregivers to include the association between long-term gum disease and dementia **(E3, E7)**
- P13** Partner on the PEARLS (Program to Encourage Active, Rewarding Lives for Seniors) on suicide prevention **(P1)**
- P14** Promote key messages, such as lesser-known facts about smoking and brain health, as part of providers' advice to quit **(P1)**
- W12** Educate chronic disease public health and health care professionals about the connections between physical activity and brain health **(W1)**
- W13** Add dementia and caregiver information into Community Health Worker (CHW) trainings **(W1)**
- W14** Support providers doing dementia screening with tools to educate about safe firearms storage **(W5)**
- W15** Add content to the Population Health Guide that educates public health and health care professionals on sources of information about brain health and how to use the information for those they serve **(W1)** and the health risks of caregivers and programs and services to support them **(W7)**
- W16** Create oral health training and guidance for professionals and caregivers of adults with dementia **(W5, W7)**
- W17** Integrate brain health and cognitive decline risk factor information into educational supports for health care professionals working with cancer patients **(W5, W6, W7)**
- M7** Review National Violent Death Data to determine relationships to cognitive health, impairment and caregiving. Use the data to inform program and policy work **(M3)**
- M8** Fold-in metrics on dementia and caregivers into program evaluation efforts **(M4)**

Overlay with 10 Ways to Love Your Brain

Growing evidence indicates people can reduce their risk of cognitive decline by adopting key lifestyle habits. When possible, combine these habits to achieve maximum benefit for the brain and body. Start now. It's never too late or too early to incorporate healthy habits.



Document 4.13 Pre-Meeting 4 Assignment

The Resource Needs Assessment has all the opportunities each workgroup member came up with regarding the opportunities to implement the HBI 25 action items for public health.

Each needs assessment document has been organized by division and includes all the HBI Road Map 25 action item opportunities identified by each division. This was done to make it easier for workgroup members to locate the opportunities they identified and therefore taking less time to complete.

This document can either be filled in electronically or printed out and filled in by hand. We are hoping this will only take a few minutes to complete. Please return your form by due date.

Please make sure to:

- Fill in your name at the top of the page.
- Locate the opportunities you identified and please fill in the responses next to those. (For example, if you identified opportunity E-26, please complete the questions next to it by filling in the text fields.)
- Provide responses only by opportunities you identified and leave the others blank.
- Print a copy to bring to our next meeting.
- Send the workgroup facilitator an electronic copy of the document. If you filled it in by hand, please scan a copy and send via email.
- Complete this Resource Needs Assessment prior to our next meeting.

If you have any questions or concerns, please don't hesitate to reach out.
Thanks so much for all your terrific work!

Example:

Thank you for helping us identify 89 great new opportunities! In order to build our work plan, we'd like to ask Healthy Aging Workgroup members if you need any assistance to implement each opportunity. Please indicate for each opportunity if you: (a) need no additional resources to move these opportunities forward or (b) need resources (indicate which ones or write in more details if they are known)

Disease Control and Health Statistic (DCHS) | Workgroup Member: Silas Parish

<p>E26 Adjust messaging to Persons Living With HIV (PLWH) to incorporate brain health information (E1, E2)</p>	<p><input type="radio"/> No resources needed</p> <p><input type="radio"/> These resources are needed:</p> <p><input type="checkbox"/> access to supporting research</p> <p><input type="checkbox"/> consultation</p> <p><input type="checkbox"/> printed materials</p> <p><input type="checkbox"/> other (please explain in box):</p>	
<p>E27 Adjust messaging to people living with HCV to incorporate brain health information (E1, E2)</p>	<p><input checked="" type="radio"/> No resources needed</p> <p><input type="radio"/> These resources are needed:</p> <p><input type="checkbox"/> access to supporting research</p> <p><input type="checkbox"/> consultation</p> <p><input type="checkbox"/> printed materials</p> <p><input type="checkbox"/> other (please explain in box):</p>	<p>In this case, I consider my current role as an opportunity and resource to promote healthier brain information. I am currently conducting site visits and this exercise reminded me of my failure to incorporate messaging of healthy brain information during these visits. I suppose it is more of a redirecting of thought processes as this is typically not a subject matter that I would have with testing providers.</p>
<p>P28 Introduce key messages about dementia as part of the 'business case' for comprehensive coverage for</p>	<p><input type="radio"/> No resources needed</p> <p><input type="radio"/> These resources are needed:</p>	

Document 4.14 Meeting 4 Agenda

1. Welcome
2. Brief orientation of the documents/handouts:
 - » Your agency's final Healthy Aging Work document. (See [Document 4.12](#) on pages 35–40 for DOH's version.)
 - » *What is Public Health?* Infographic ([Document 4.15](#) on page 44–45)
 - » [Dementia prevention, intervention, and care: 2020 Report of the Lancet Commission](#) (under "Incorporation of the new chosen risks in new systematic reviews," see [Figure 7](#) (*Population attributable fraction of potentially modifiable risk factors for dementia*) on page 428 of the PDF.)
 - » Workgroup members' completed Resource Needs Assessment. (See Pre-Meeting 4 Assignment in [Document 4.13](#) on page 41.)
3. Brief introductions: Share your name and what your primary role is.
4. Review outcomes from the individual meetings presented in your agency's final Healthy Aging Work document. Ask for group feedback/input and sharing of ideas.
5. Discuss and get group feedback/input and sharing of ideas on the *Lancet* article and diagram.
6. Discuss and get group feedback/input and sharing of ideas on the Resource Needs Assessment
7. Schedule a date and time the information will be presented to leadership.
 - » Ask for volunteers to help present.
 - » Request a photo of each workgroup member to include in a visual roster.
 - » Provide overview of what we plan to cover.
 - » Ask for group feedback/input and sharing of ideas.
8. Discuss next steps:
 - » Schedule final workgroup meeting after the presentation to agency leadership.
9. The workgroup has met our goal(s), so this formal workgroup will end. Ask the group for their feedback/input on the need for support for their healthy aging work.



Document 4.15 What is Public Health? Infographic

Download for printing from alz.org/media/Documents/what-is-public-health-infographic_1.pdf

WHAT IS PUBLIC HEALTH?

PUBLIC HEALTH

Public health works on a population level to protect and improve the health and safety of an entire community or group of people. Public health promotes healthy lifestyles, prevents illnesses and injuries, and detects and controls diseases. By working with diverse communities, public health expands the reach and impact of health care efforts.



THROUGH PUBLIC HEALTH WE CAN:

- Promote and encourage healthy behaviors
- Improve management of health conditions to avert complications
- Prevent injuries
- Prevent epidemics and spread of disease
- Protect against environmental hazards

PUBLIC HEALTH AT WORK:



Vaccinations to prevent disease



Quit smoking campaigns

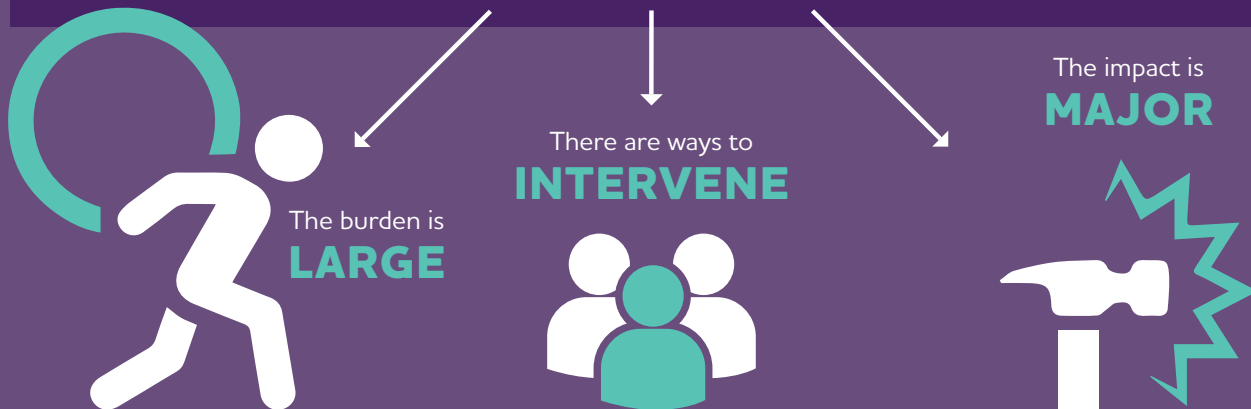


Emergency preparedness



Safe drinking water

What makes a HEALTH PROBLEM a PUBLIC HEALTH issue?



alzheimer's  association®

WHY ALZHEIMER'S IS A PUBLIC HEALTH ISSUE

“Alzheimer’s is the most under-recognized threat to public health in the 21st century.”

Dr. David Satcher, former U.S. Surgeon General and former CDC Director

While Alzheimer’s has traditionally been seen as an aging issue, **ALZHEIMER’S** is a **PUBLIC HEALTH ISSUE** because:

The **BURDEN** is **LARGE** and growing larger

5 million 

More than five million people are living with Alzheimer’s, two-thirds of whom are women; the number of people with the disease is projected to triple to as many as 16 million in 2050

\$277 billion 

Annual costs exceed quarter of a trillion dollars (\$277 billion in 2018) and costs are expected to rise to \$1.1 trillion in 2050



Among people with dementia, one in every four hospitalizations is preventable

More than **16 MILLION** caregivers have over

\$10 BILLION

in additional health care costs each year due to caregiver burden



Impacts governments – Medicare and Medicaid bear two-thirds of the health and long term care costs of those with Alzheimer’s

The **IMPACT** is **MAJOR**

There are **WAYS** to **INTERVENE**

Promoting prevention – regular physical activity, attention to heart health can reduce the risk of cognitive decline and may reduce risk of Alzheimer’s

Promoting early detection and diagnosis – as many as half of people with Alzheimer’s are not diagnosed, and less than half of the diagnosed are not aware of the diagnosis

Data collection – Collecting data on subjective cognitive decline and Alzheimer’s caregivers can help identify the burden and impact in each state



Healthy Brain Initiative Road Map

STEP 5

Present Findings to Agency Leadership

Now you will prepare to present to your agency leadership team. This will be a chance to highlight what the workgroup has accomplished, how you intend to move forward on opportunities identified, and gain organizational support for those opportunities. DOH's workgroup met before presenting to agency leadership to see what they wanted to highlight and how to best help agency leadership understand the process, impact, and outcome of the workgroup.

Checklist

- ❑ Invite workgroup participants to participate in and help plan the presentation. In planning presentation together, discuss:
 - » What information needs to be sent to agency leadership ahead of the meeting?
 - » What should leadership look at closely?
 - » What is the overall goal for the presentation?
 - » Planning and reviewing presentation slides.
 - » What each workgroup member will share and the meeting timing.
 - » Are there any suggested changes? Is something missing or not accurate?
 - » Does anyone have concerns about participation?
 - » Discuss how to make the most of this opportunity.
- ❑ Identify clear goals for the presentation. What do you want from your agency's leadership team?
- ❑ Structure presentation information keeping in mind everyone on the leadership team may not be familiar with the *HBI Road Map* or healthy aging. Consider structuring around process, impact, and outcome:
 - » **Process** – Did we do what we said we would do?
 - » **Impact** – What were the knowledge and awareness changes we experienced?
 - » **Outcome** – What are the short- and long-term outcomes we identified/accomplished?
- ❑ Send agency leadership any pre-meeting information that will help them understand your work. Some possible ideas include:
 - » 30 second video: [Memory Loss is not a Normal Part of Aging](https://www.youtube.com/watch?v=YhT58SSOQrA) ([youtube.com/watch?v=YhT58SSOQrA](https://www.youtube.com/watch?v=YhT58SSOQrA))
 - » CDC's webpage: [The Truth about Aging and Dementia](https://www.cdc.gov/aging/publications/features/dementia-not-normal-aging.html) ([cdc.gov/aging/publications/features/dementia-not-normal-aging.html](https://www.cdc.gov/aging/publications/features/dementia-not-normal-aging.html))
 - » 18 second silent video: [Caring for Yourself While Caring for Another](https://www.youtube.com/watch?v=SjK_7d_GQcA) ([youtube.com/watch?v=SjK_7d_GQcA](https://www.youtube.com/watch?v=SjK_7d_GQcA))
 - » Infographic: [Why is Alzheimer's a Public Health Issue](https://www.act.alz.org/site/DocServer/Public_Health_Infographic_2017_1_.pdf) ([act.alz.org/site/DocServer/Public_Health_Infographic_2017_1_.pdf](https://www.act.alz.org/site/DocServer/Public_Health_Infographic_2017_1_.pdf))
 - » *HBI Road Map Executive Summary*
- ❑ Identify who will facilitate the meeting.
- ❑ Identify what materials you will present and if you need hard copies:
 - » Agenda for meeting
 - » Workgroup member roster
 - » Document created identifying need for workgroup
 - » *HBI Road Map Executive Summary*
 - » Final Healthy Aging Work document
- ❑ Plan for post-meeting communication:
 - » Email agency leadership a meeting summary and next steps.
 - » Email workgroup members to celebrate this accomplishment!

Example Agenda for Presenting to Leadership

- Welcome the group and do introductions.
- Provide the roster of workgroup members.
- Provide high level data reminding agency leadership why this is an important public health topic:
 - » Alzheimer's disease and other dementias:
 - » Prevalence (state and national)
 - » Health disparities
 - » Return on investment (aging in place, falls prevention, hospitalization and ER visits)
 - » Connection between preventing and managing chronic diseases and brain health (consider using the 10 Ways to Love Your Brain infographic)
 - » Frameworks used:
 - » *Healthy Brain Initiative Road Map*
 - » Life Course Perspective
- Review goals/objectives of the workgroup and how those were met.
- Share your final Healthy Aging Work Document and provide an overview of accomplishments such as:
 - » The number of opportunities to incorporate healthy aging and the HBI objectives into work
 - » Examples of the changes programs plan to make
- Share the workgroup's plan for next steps and seek input.
- Identify areas the workgroup needs input and direction from leadership and use this time to obtain that information (e.g., ask how they suggests sharing this information with the rest of the agency and how to continue to keep healthy aging as an ongoing part of the agency's work).



Implementing the Healthy Brain Initiative Road Map

A Toolkit for Public Health Organizations
DOH 820-098 January 2022

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay)
or email civil.rights@doh.wa.gov.