

ALAMEDA COUNTY HEALTHY BRAIN INITIATIVE STRATEGIC PLAN

Submitted to the California Department of Public Health | July 2024

The Alameda County Healthy Brain Initiative (HBI) takes a public health approach to Alzheimer’s Disease and Related Dementias (ADRD). [The mission of the Alameda County Public Health Department \(ACPHD\)](#) is to work in partnership with the community to ensure the optimal health and well-being of all people through a dynamic process respecting the diversity of the community and challenging us to provide for present and future generations. HBI is aligned with ACPHD’s mission in that it centers equity in program development. Since planning began in 2018 with community and public agency leaders, including [Alameda County Age-Friendly Council](#) members, we have used a community consensus-driven approach. HBI is also in alignment with the [Healthy Brain Initiative State and Local Road Map for Public Health, 2023-2027](#), developed by the Centers for Disease Control and Prevention (CDC) and the Alzheimer’s Association, which prioritizes increased integration with other chronic disease efforts and “advances equity by fully integrating brain health and caregiving into state and local public health practice and addressing social determinants of health that impact brain health across the life course” (4).

“When this disease is detected early, the patient and their family and caregivers have more time to plan, which can improve quality of life and contribute to more positive health outcomes. Getting a diagnosis is not something to avoid. One of the biggest fears people with memory issues have when they go to the doctor is, do I have Alzheimer’s? Do I have dementia? And there’s a feeling that there’s nothing they can do, no treatment. But there are a lot of things that you can do to mitigate it, even if you do have a cognitive impairment that’s progressive. You can slow things down and you can live a very productive life.”

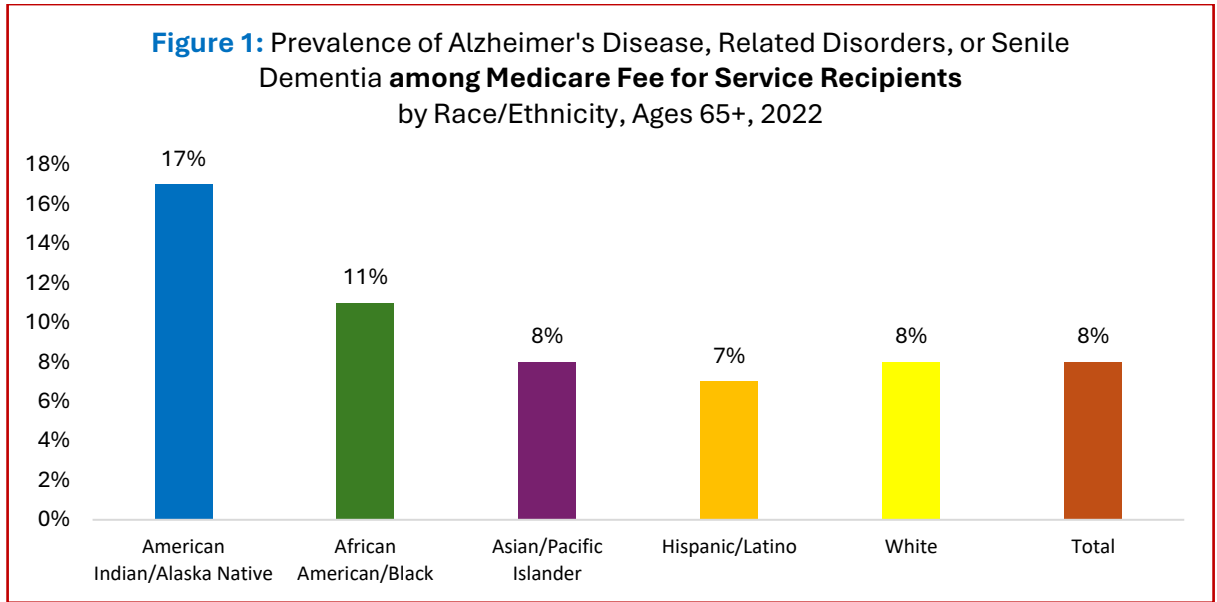
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Claudia Landau, PhD, MD, Chief of Geriatrics and Palliative Care Emeritus and consultant to Alameda Health System (CDPH TakeOnAlz media event, 5/8/24)

The HBI Strategic Plan will guide program implementation in Alameda County. It builds on the HBI Work Plan and the Preliminary Community Needs Assessment (CNA) that was developed in collaboration with the ACPHD Community Assessment, Planning and Evaluation (CAPE) Unit and submitted to the California Department of Public Health (CDPH) on February 1, 2024, as well as continuing data gathering in the months since. More recent key informant interviews (KIIs) and listening sessions (LS) included family caregivers as well as county and community service providers and program managers (see Appendix A).

The HBI Work Plan includes Goals and Objectives in four focus areas that guide the organization of this Strategic Plan. These include Community Needs Assessment (CNA), Surveillance, and Evaluation; development and engagement of a Community Advisory

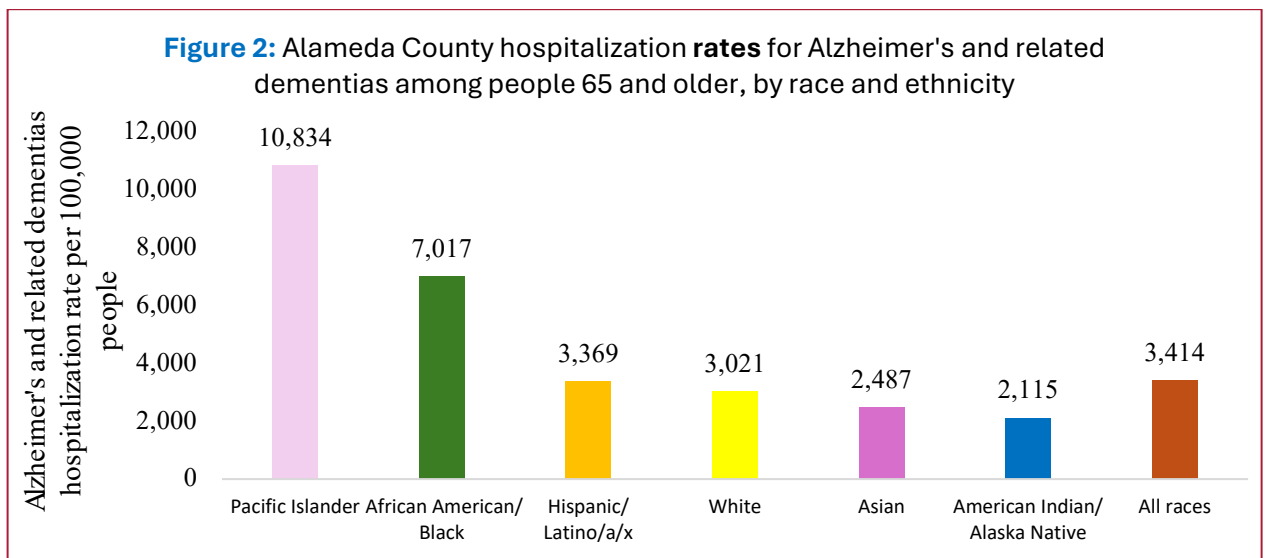
Coalition; ADRD Trainings for family caregivers and service providers; and Emergency Planning and Preparedness.

Community Needs Assessment: The Preliminary CNA noted that among Alameda County residents aged 65 and older in 2020, there was a 12.1% prevalence of Alzheimer’s Disease overall; and in 2021, ADRD was the third leading cause of death. There are significant disparities by race and ethnicity within that age group, particularly for the African American/Black (AA/Black), Pacific Islander (PI) and American Indian/Alaska Native (AI/AN) populations. Prevalence rates are highest for AI/AN and AA/Black populations.



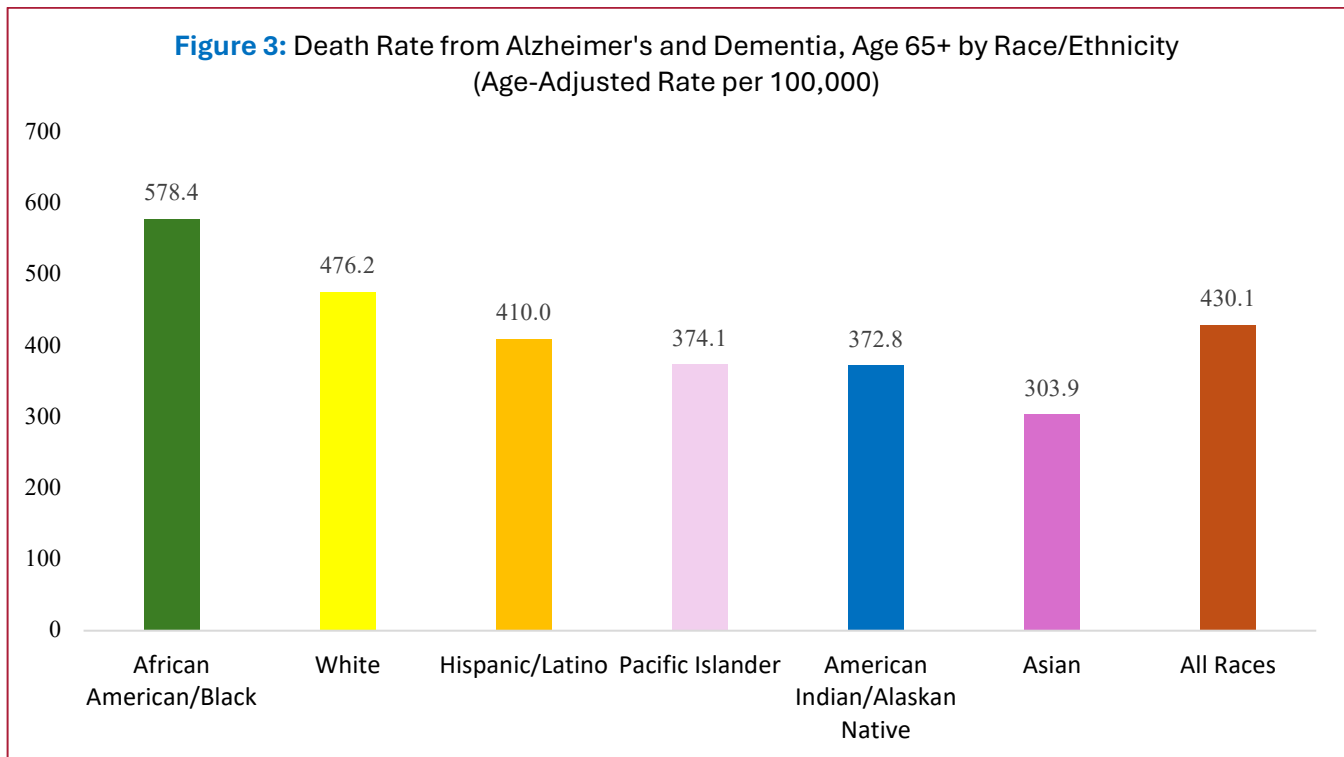
Source: [Centers for Medicare and Medicaid Services Mapping Medicare Disparities Tool](#)

Hospitalizations are highest for the PI population at three times the overall county rate, and for AA/Black residents at twice the county rate.



Source: [California Department of Health Care Access and Information \(HCAI\), 2019-2020](#)

Mortality rates are also significantly higher for the AA/Black population.



Source: CAPE, with data from Alameda County vital statistics files, 2012-2021

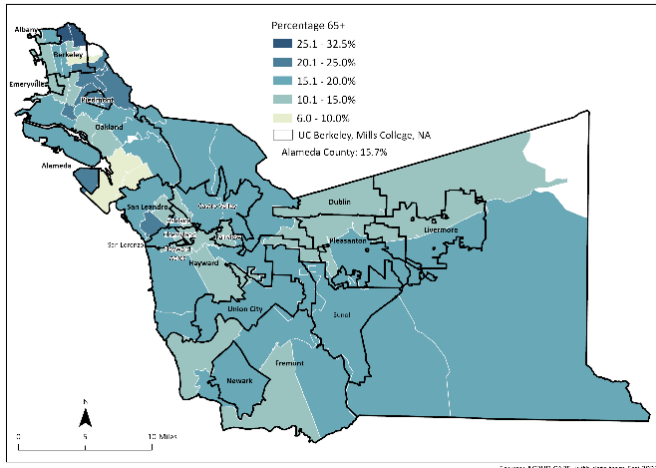
The plan is also informed by additional quantitative data collected after the CNA was submitted. First, among people who are hospitalized for ADRD, those experiencing homelessness were significantly more likely to be in a younger age group (ages 55-64), while people who were housed were more likely to be age 65 and older.¹

There are also disparities in low-income areas of the county where ADRD-related hospitalizations and Emergency Department (ED) visits are disproportionate to the prevalence of ADRD. Patterns in ADRD hospitalizations and ED visits across county neighborhoods are very similar to those for heart disease, with the poorest outcomes in the lowest-income areas. Heart disease is itself a risk factor for Alzheimer's Disease, as are diabetes, stroke, exposure to certain toxins, and other factors related to the social determinants of health.

¹ An Alzheimer's Disease diagnosis at age 64 or lower is considered early onset, but this may not be true for other dementias. Key informants noted that many homeless or formerly homeless individuals have a range of dementia types.

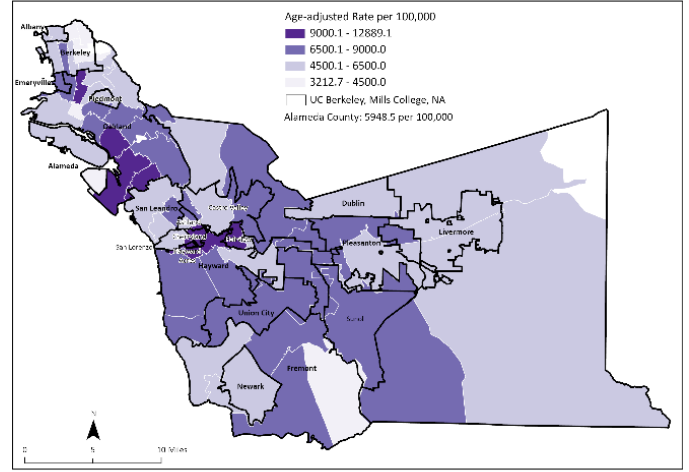
Figure 4: ADRD Prevalence v. ED Visits and Hospitalizations – Age 65+

Alameda County 65+ Population - Percentage



Source: ACPHD CAPE, with data from Esri 2023.

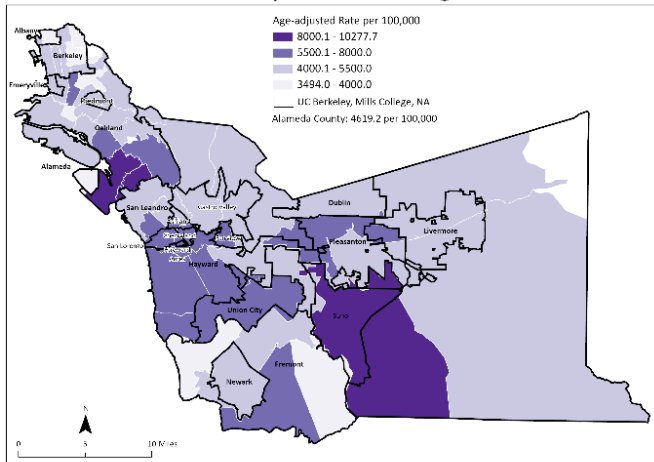
Alzheimer's and other Dementias ED visits & Hospitalizations among 65+



Source: ACPHD CAPE, with data from HCAI, 2016-2020. Notes: ED visits (ED) plus hospitalizations (PD). First diagnosis field.

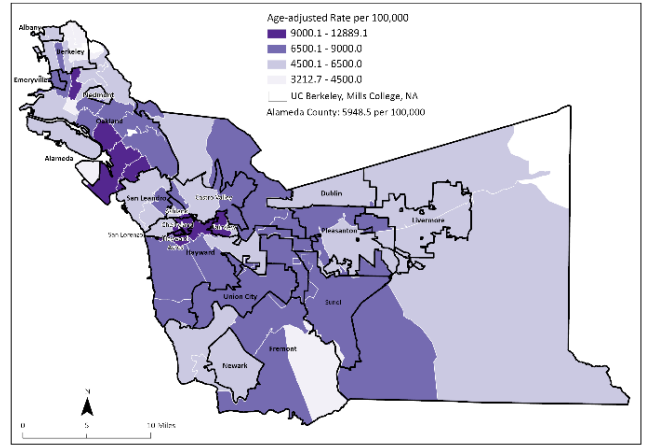
Figure 5: ED Visits and Hospitalizations: Heart Disease v. ADRD – Age 65+

Heart Disease ED visits & Hospitalizations among 65+



Source: ACPHD CAPE, with data from HCAI, 2016-2020. Notes: ED visits (ED) plus hospitalizations (PD). First diagnosis field.

Alzheimer's and other Dementias ED visits & Hospitalizations among 65+



Source: ACPHD CAPE, with data from HCAI, 2016-2020. Notes: ED visits (ED) plus hospitalizations (PD). First diagnosis field.

Surveillance and Evaluation: The CNA process has been ongoing throughout Year 1 and is complete with the submission of this Strategic Plan. *HBI will develop a program evaluation during Year 2, which will include collecting and analyzing data on ongoing activities; reporting process and outcome data on project activities and progress toward program objectives; and refining Strategic Plan priorities.*

Community Advisory Coalition: This work would not be possible without the collaboration of the Alameda County Age-Friendly Council, a critical partner in HBI planning and development.

HBI will continue to work closely with the Age-Friendly Council’s Embracing Aging/Healthy Brain Initiative (EA/HBI) Workgroup that serves as the HBI Community Advisory Coalition and brings deep experience and guidance to the work. HBI staff meet monthly with the EA/HBI Workgroup and separately with Workgroup Chair Juliene Schrick, Alameda County Behavioral Health Department (BHD) Director of Older Adult Services, and attend monthly meetings of the full Age-Friendly Council. The findings from the EA/HBI workgroup discussions are incorporated into this Strategic Plan.

ADRD Trainings for Service Providers and Family Caregivers: *In collaboration with the Community Advisory Coalition, HBI will develop and deliver at least 20 trainings during Year 2 across systems that serve older adults on topics related to ADRD, from an equity lens that addresses health disparities; develop a training curriculum, training plan, and countywide inventory of existing ADRD trainings and curricula from county and community partners that can be leveraged to support future trainings; and engage one or more expert consultants to provide training and train-the trainers sessions.*

“There are cultural differences in how people treat family with symptoms of Alzheimer’s. Some communities take care of their own and won’t go outside the community. We need to take cultural norms into account.”

Senior Services Coalition Making the Difference
Conference Discussion Cafe participant

Training will focus on the “4Ms” of geriatrics (mobility, mentation, what matters, and medication), with particular attention to ADRD. The program will continue to leverage and align with existing resources from the University of California San Francisco (UCSF) Geriatrics Workforce Enhancement Program (GWEP), the BHD Older Adult Division Older Adult Certification program, and Social Services Agency (SSA) In-Home Supportive Services (IHSS). Target audiences include health care professionals, community health workers, community-based organization (CBO) service providers, county

staff, family caregivers, and other stakeholders. Feedback from KIIs and LS highlighted additional groups in need of training. These included housing services providers, noting that cognitive impairment often presents differently among unhoused populations in that it may be more likely to be related to brain trauma, substance use, behavioral health issues and other triggers, and that eviction prevention should incorporate knowledge of the signs of ADRD in order to better support people living with dementia (PLWD); first responders (see next section); and primary health care providers.

“Caregivers, as care partners, are part of a team that includes everyone – family members, community service providers, emergency room staff, and others. All of them need training.”

Key informant: training provider

Emergency Planning and Preparedness: During Year 1, HBI began reviewing the County and 14 City Emergency Operations Plans (EOPs) related to the inclusion of provisions for people with Access and Functional Needs (AFN), including PLWD and their caregivers. *HBI will complete the review early in Year 2; and will work with the Age-Friendly Council, Community Advisory*

Coalition, and other community partners to develop recommendations to incorporate supports for people with AFN including PLWD and their caregivers.

The recommendations will include feedback obtained during several KIIs that HBI conducted with emergency planning experts during Year 1. During Year 2, HBI will conduct outreach to additional experts and emergency planning tables identified during Year 1, to seek collaboration around updating EOPs for people with AFN. Examples include the Alameda County Emergency Managers' Association (EMA) Board; Alameda County Voluntary Organizations Active in Disaster (VOAD); Alameda County Sheriff's Office; Alameda County Emergency Medical Services (EMS) Senior Injury Prevention Program; the California Governor's Office of Emergency Services Office of Access and Functional Needs (OES AFN); and the Center for Independent

Living. HBI will also work with the Age-Friendly Council to disseminate information obtained from the Red Cross during Year 1 that PLWD and their caregivers can use in their own disaster planning efforts. Finally, multiple sources recommended providing trainings for emergency responders, who often encounter PLWD; resources from the CDC and Alzheimer's Association can be leveraged for this purpose.

"If you're not at the poverty level or very affluent, it is very difficult to find funds to hire caregivers to help keep folks at home."

Family caregiver listening session participant

Areas for further investigation and planning: After the program was launched and HBI conducted key informant interviews, focus groups, and listening sessions with community members and service providers, additional themes emerged for new areas of development, capacity building and quality improvement. ***HBI will continue to work with community stakeholders to develop strategies to address these gaps.***

- **Services**

- Address critical gaps in caregiver supports and increase system capacity for services including adult day care/respice slots, peer support groups, and others
- Widely increase access to culturally and linguistically appropriate programs and services
- Develop age-friendly/dementia-friendly shelters
- Increase dementia-friendly, free/low-cost transportation for PLWD to access critical services
- Integrate Expressive Arts Therapy, including music therapy, into programs for PLWD

"Even if you are lucky enough to be able to transport your loved one, you will eventually need transportation assistance. Transportation needs to be fully funded."

Family caregiver listening session participant

- **Health systems: access and quality of care**
 - Address stigma and fear of an ADRD diagnosis, to support community members seeking health care for ADRD symptoms
 - Expand primary health care providers’ knowledge and use of cognitive screenings, as well as communication training for physicians working with PLWD and their caregivers; explore the possibility of training community health workers and CBO staff to do cognitive screenings
 - Increase case management and support for patient navigation
 - Advocate for policies such as expanded Medicare coverage to improve access to financial assistance for all caregivers, including middle-income families who do not qualify for supports available to those with the lowest incomes

- **Expanding partnerships**
 - Work with faith communities to provide trainings and supports to caregivers
 - Expand housing and legal services for people with dementia and their caregivers

“It’s most important to have partnerships with community organizations to allow people to have safe spaces to be able to talk openly and reduce the stigma. Ultimately, this will result in more people being screened and diagnosed earlier.”

Jessie Spivey, Director of Elder Services, Oakland LGBTQ Community Center (CDPH TakeOnAlz media event, 5/8/24)

- **Developing a Dementia-Friendly Community**

According to the [Dementia Friendly America website](#), “A dementia friendly community is a village, town, city or county that is informed, safe and respectful of individuals living with dementia, their families and care partners and provides supportive options that foster quality of life. Joining DFA means a community is engaging people living with dementia, caregivers and multiple community sectors in a collaborative team to create positive change toward becoming more dementia friendly.” ***During Year 2, HBI will work with the Age-Friendly Council, community members and service providers to consider a plan to join Dementia Friendly America*** that aligns with the [Age-Friendly Resolution adopted by the Alameda County Board of Supervisors in 2019](#) to support the county’s participation in the [World Health Organization/AARP Age-Friendly States and Communities Network](#).

Appendix A

Key Informant Interviews and Listening Sessions

Between January and June 2024, the Healthy Brain Initiative held discussions with 98 people, including family caregivers as well as program and service providers who work with people living with dementia and their caregivers. This included 20 key informant interviews with 25 individuals, and eight listening sessions with a total of 73 participants.

Key Informants interviewed for the Preliminary Community Needs Assessment (10 interviews; 14 interviewees)

1. Ben Chen, ACPHD Developmental Disability Council and Age-Friendly Council leadership team
2. Michele Burke, Director, ACPHD Older Adults Healthy Results program
3. Mercel Amin, Stefanie Bonigut and Jessica Rothhaar, Alzheimer’s Association
4. Wendy Peterson, Director, Senior Services Coalition of Alameda County and Age-Friendly Council leadership team
5. Gail Belgarde and Grace Jordan, Embracing Aging Initiative, SSA Training and Consulting Team (TACT)
6. Wanda Ferguson, ACPHD Care Partners
7. Dr. Claudia Landau, Chief of Geriatrics and Palliative Care Emeritus and consultant to Alameda Health System; Medical Director, Alzheimer’s Services of the East Bay (ASEB); Member, DayBreak Adult Care Board of Directors
8. Dr. Michael Harper and Andrea Gonzales, UCSF Geriatric Workforce Enhancement Project (GWEP)
9. Dr. David K. Johnson, UC Davis Alzheimer’s Disease Research Center and The Good Life/La Buena Vida
10. Karen Grimsich, Aging & Family Services Administrator, City of Fremont

Key Informant Interviews between February 1 and June 30, 2024 (10 interviews; 11 interviewees)

1. Ron Seitz, Alameda County Emergency Medical Services (EMS): EOPs
2. David Modersbach, Alameda County Health (ACH) Health Care for the Homeless
3. Micheal Pope, Alzheimer’s Services of the East Bay (ASEB): PLWD and family caregivers
4. Roger Skillin, DayBreak Adult Care: family caregiver training and support
5. Michael Kessler, BHD Older Adult Division: expressive arts therapy for PLWD
6. Aimee Vitug-Horn, Contra Costa County Vistability: model program for integrating AFN into a county EOP
7. Mitzi Richardson, SSA IHSS: trainings
8. Karen Grimsich and Nita Prasad, City of Fremont: expertise in dementia programs and services
9. Gia Barsell and Debbie Emerson, Sage Dementia Consulting: trainings
10. John Earchy, American Red Cross: emergency preparedness for individuals

Listening Sessions between February 1 and July 31, 2024 (eight sessions; 73 participants)

- Alzheimer’s Services of the East Bay (ASEB): family caregivers (two sessions: one participant in first session, seven participants in second session; **eight total participants**)

- Senior Services Coalition: nonprofit and public organization program and service providers for older adults (one session, **eight total participants**)
- [Senior Services Coalition 2024 Making the Difference Conference](#) Discussion Café: program and service providers, including some who had family members with ADRD (two sessions: one with six participants, and another with five participants; **11 total participants.**)
- ACH and ACPHD staff with experience with ADRD among family/friends (three sessions: 11 participants in first session, 21 participants in second session, 14 in third session; **46 total participants**)