



Building a Strong Jurisdictional Plan for Dementia and Dementia Caregiving

Background

Comprehensive, jurisdiction-wide plans for persons with dementia and caregivers for those with dementia necessitate a strategic and collaborative approach. This helps ensure that all critical elements of the public health issues are considered. These should include engaging a wide range of partners and stakeholders throughout the process from initial discussions and decision making through plan implementation.

This document recommends paths to ensure that critical elements of plan development and partner collaboration align with both the [BOLD Public Health](#) approaches and the [HBI Road Map](#) series. The final dementia plan should be comprehensive, equitable, and actionable. Review this entire document before you begin developing your strategic plan.

Jurisdiction includes states, political subdivision of states, freely associated states, territories, and tribes and tribal organizations.

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Dementia includes [Alzheimer's disease and related dementias](#).

Part I: Establish the why.

1. **Describe the need** for a dementia and dementia caregiving plan in your jurisdiction.
2. **Outline how** it will inform other jurisdiction plans and priorities such as:
 - Health Improvement Plans, Plans on Aging, and others.
 - Budgets, funding requests or allocations, and others.
3. **Use data** about dementia, caregiving, aging, and related issues to address issues and trends.
4. **Summarize** existing programs and policies related to dementia, caregiving, aging, and others. Align actions with the [CDC's HBI Road Map Series](#).

Part II: Build collective investment.

Ensure your partners and stakeholders are engaged during all phases of plan development, decision making, and implementation.

5. **Facilitate** using the "How-to Print Guide" on [ASTHO's HBI Road Map Module](#) for action planning.
6. **Outline an engagement plan** to include all who are impacted by the plan.
 - Who needs to buy into the process?
 - Who is currently working on these issues? (Think of other agencies and shared risk factors.)
 - Who is affected by the discussion and decision-making?
7. **Draft a shared vision** for how to equitably improve brain health, dementia, dementia caregiving, and other related outcomes.

Part III: Move from vision to action.

8. **Align each goal** with primary (risk reduction), secondary (early detection), and tertiary prevention (supports for those with dementia and their caregivers).
 - What existing activities could be leveraged to amplify, not duplicate, efforts?
9. **Highlight strategies** to address policies, systems, and environments that prioritize the social determinants of health (e.g., [CDC's SDoH framework](#), [Community Pilots](#), [ASTHO's Bounce Forward](#)).
 - Which equity approaches beyond the SDoH can be integrated into the plan and process? Consider [Truth, Racial Healing, and Transformation](#) and [Health Equity Guide](#).
 - How do action steps and strategies address the needs of impacted stakeholders?
10. **Propose necessary changes** to funding, staff time, partnerships, and interventions to promote sustainability of agreed upon actions and goals.

Examples: Comprehensive goals and actions

This table provides a sample of goals that address policies, systems, and environments for improved cognitive health across the life course.

Example Goals (Corresponding HBI Road Map sSeries Actions)		Level of Prevention & Example activity		
		Primary Prevention (i.e., risk reduction)	Secondary Prevention (i.e., early detection)	Tertiary Prevention (i.e., supports for people with dementia and their caregivers)
Policies	Engage policymakers, organizers, aging units, and payers to integrate dementia policies in respective work. (P-1, E-7, W-4, M-3, IC-2)	Increase adoption and create incentives for system-wide risk reduction interventions.	Increase adoption and create incentives for early detection of dementia.	Promote the system-wide coordination of high-quality care for those with dementia.
Systems	Integrate brain health and stigma reduction curriculum in education settings. (W-1, W-3, W-5, IC-7)	Promote the value of brain healthy behaviors at young ages in elementary, middle, and high schools.	Modify medical school curriculum to include the value of early detection and diagnosis of dementia.	Encourage improved training to coordinate referrals and services for improved clinical and community linkages.
Environments	Partner to promote healthy behaviors (e.g., physical activity, smoking cessation, access to nutrient-dense food). (E-2, E-7, IC-1, IC-2, IC3)	Promote shared protective factors that support brain and physical health.	Support improved healthy behaviors of those with dementia and other chronic diseases and their families.	Increase healthy behaviors for those living with dementia and other chronic diseases.

The examples in this table are for illustration only. Contact your CDC project officer and ASTHO's health improvement team (healthyaging@astho.org) for technical assistance.

