Promoting Brain Health in States and Communities:
Nationwide examples from ACL’s Alzheimer’s Disease Program Grantees

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Background & Introduction
The Administration for Community Living (ACL) – an operating division of the U.S. Department of Health and Human Services – has historically leveraged its competitive, discretionary grantmaking capacity to support state and community-based efforts to augment dementia-capable services and supports to people with Alzheimer’s and related dementias (ADRD) and their caregivers. While the structure and focus of the Alzheimer’s disease grant programs has changed since its inception in the early 1990s, the most recent iteration of this program – the 2018 Alzheimer’s Disease Program Initiative (ADPI)2 – is a merging of ACL’s separate state (Alzheimer’s Disease Supportive Services Program) and community-level (Alzheimer’s Disease Initiative-Specialized Supportive Services) programs.

As covered in funding opportunity announcements and related ACL web-content, the ADPI grant program seeks to support organizations in addressing service gaps at the community and state level. Community-based programs must address the following gaps: (1) the provision of effective supportive services to people living alone with ADRD; (2) improvements in the quality and effectiveness of programs and services dedicated to people aging with intellectual and developmental disabilities with ADRD or those at high risk of developing ADRD; and (3) the delivery of behavioral symptom management training and expert consultations for family caregivers. In comparison, state-based grants must address the following service gaps: (1) expansion and sustainability of a dementia-capable state home-and-community based services (HCBS) incorporating Single Entry/No Wrong Door access for people with dementia and their caregivers and (2) ensuring access to a comprehensive, sustainable set of quality state HCBS that are dementia-capable and provide innovative services to people with dementia and their caregivers.

Eligible states and community-based organizations address these service gaps through the following objectives: (1) the creation of state-wide, person-centered, dementia-capable home and community-based service systems; (2) translating and implementing evidence-based and evidence-informed supportive services for people with ADRD and their caregivers at the community level; (3) working with public-and-private entities to identify and address the special needs of people with ADRD and their caregivers; and (4) offering direct services and supports to people with ADRD and their caregivers.

This briefing presents an overview of brain health services or activities from twenty-three unique organizations operating across fifteen states funded by the ACL’S Alzheimer’s Disease Program and serves as a reference guide for organizations as they endeavor to promote brain health.

Brain Health: A Component of Dementia-Capable Home and Community-Based Services
Organizations awarded grants via ACL’s Alzheimer’s disease programs have sought to boost their dementia-capable services and supports in their respective states and communities. These efforts include providing information on the risk factors associated with developing dementia, knowledge of the

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signs of cognitive impairment, and management of symptoms of people living with dementia. An essential component of dementia-capability in HCBS is the education of paid and unpaid providers in understanding and identifying the signs and symptoms of possible dementia and the delivery of appropriate services. Increasing brain health awareness and education is one of many outcomes by which to increase the dementia capability of HCBS.

Brain health—an all-encompassing term—refers to how well a person’s brain functions to support attention, decision making, information processing, learning and memory, and reasoning among other daily-life activities required to live in society. A range of factors from age-related changes to brain structure, brain injuries (e.g. traumatic brain injuries), lifestyle choices and behaviors (e.g. diet, exercise, sleep, substance use), maintenance of an active mind, and social engagement (e.g. social connectedness), can affect a person’s overall brain health. ACL-funded Alzheimer’s disease grantees have sought to promote brain health through a range of services or activities aimed at increasing education and awareness.

**How (and Where) are ACL’s Alzheimer’s Disease Program Grantees Promoting Brain Health?**
ACL’s suite of brain health resources found at the “Brain Health: You Can Make a Difference” webpage—covers the topics of (1) brain health basics; (2) medications and the brain; (3) brain injury; and (4) dementia. To complement this set of resources, we sought to obtain “on the ground” insight into the ways in which brain health was being promoted in states and communities.

In the Spring of 2019, ACL worked alongside the National Association of Area Agencies on Aging (n4a) to design and deploy a poll across area agencies on aging (AAAs) nationwide which assessed brain health related activities. The results from this poll offered insights as to the types of services and activities participating AAAs were delivering with respect to dementia and brain health. The poll also identified the types of training and technical assistance AAA staff deemed helpful in supporting people with dementia and brain health education. Inspired by the breadth of insights and field-perspectives gathered from the ACL-n4a brain health poll and shared via a follow-up report, we conducted an informal, landscape analysis—attempting to be as comprehensive as possible—of ACL-funded grantees of Alzheimer’s disease programs. The development of a “nationwide snapshot” provided insight into of the types of services or activities the ACL Alzheimer’s disease program grantees have undertaken to promote brain health in the communities they serve. Grant program implemented and sustained activities focus on educational and awareness services and activities on modifiable risk factors (e.g. diet, exercise, sleep, an active and engaged mind, and social engagement).

This analysis conducted in conjunction with the National Alzheimer’s Disease Resource Center—an ACL-funded resource center providing expert technical assistance to ACL and its Alzheimer’s disease program grantee community—resulted in a group of grantees spanning the years 2014-2020. This specific time window was selected to provide a more recent snapshot of brain health services or activities undertaken by grantees and with the understanding that the year 2017 marked the final three-year grant cycle awarded for the Alzheimer’s Disease Supportive Services and the Alzheimer’s Disease Initiative-Specialized Supportive Services programs. Thus, this group of three-year grantees includes those whose activities commenced in the year 2014 and those most recently awarded in the year 2020 who anticipate delivery of services and activities.

Insights and Takeaways
Nationwide, ACL-funded Alzheimer’s disease program grantees have planned and delivered a range of services and activities to promote brain health in their respective communities spanning frontier, rural, and urban settings. Awarded grantees include AAAs, Alzheimer’s organizations, counties, community-based organizations, healthcare systems, universities, and states, among other organizations. Figure 1 depicts the geographical distribution of ACL-funded Alzheimer’s disease program brain health activities spanning the award years 2014-2020.

Figure 1. “ACL’s brain health coverage map”. ACL-funded Alzheimer’s disease programs (from the years 2014-2020) promoting brain health. The legend – presented on the far right of Figure 1 – provides the award year of the grant with each color-filled triangle representing a unique ACL-funded grantee. The fifteen states shaded in blue depict those states wherein an ACL-funded grantee has planned or delivered services or activities to promote brain health. A common theme among grantee initiatives – to enhance brain health knowledge focuses on community engagement, training and mentoring volunteers – is the delivery of community-education sessions in traditionally underserved settings. Grantees are employing methods tailored to the needs and traditions of the communities they serve, resulting in culturally competent initiatives to communicate the importance of promoting and maintaining brain health. Furthermore, ACL-funded brain health education programs and services are successfully reaching historically underserved racial and ethnic (e.g. African American, Asian and Pacific Islander, Latinx, and Native American) and geographic (e.g. frontier, rural, and urban) communities and continue to expand their reach. Additionally, ACL’s ADPI grantees are awarded with the expectation that program funding aligns with the Older American’s Act efforts for those of greatest economic need and social need. Programmatic efforts to expand health equity are demonstrated through calculated efforts to engage historically underserved populations with culturally competent resources that are designed with specific cultural traditions in mind and for delivery by members of their community.

Initiatives focused on education and awareness of the risk reduction and mitigation strategies to maintain brain health across the lifespan are a key component of dementia-capable grant services and activities. Programmatic activities include, but are not limited to, delivery of brain health webinars and educational courses covering the topics of social connectedness; the basics of brain function; and healthy aging. To provide a sense of the types of ACL-funded grantee services and activities, Table 1 presents a subset of grantee organizations.

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<tr>
<th>Programmatic Outcomes</th>
<th>Description of Service or Activity</th>
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<tbody>
<tr>
<td>Orange County Department on Aging (North Carolina)</td>
<td>2015</td>
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<tr>
<td>University of California-San Francisco</td>
<td>2016</td>
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<tr>
<td>Michigan Department of Health &amp; Human Services (Aging &amp; Adult Services Agency) State of Nevada (Aging and Disability Services Division)</td>
<td>2016</td>
</tr>
<tr>
<td>Montana Dept of Public Health &amp; Human Services</td>
<td>2017</td>
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<tr>
<td>Idaho Commission on Aging</td>
<td>2017</td>
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<td>Houston’s Amazing Place, Inc.</td>
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<td>Jewish Family Services Association (Ohio)</td>
<td>2018</td>
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<td>Florida Atlantic University</td>
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<td>Catholic Charities Hawaii</td>
<td>2018</td>
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<td>Middle Alabama Area Agency on Aging</td>
<td>2019</td>
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<tr>
<td>City of Chicago</td>
<td>2019</td>
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<tr>
<td>Tennessee Commission on Aging &amp; Disability</td>
<td>2019</td>
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Table 1. Subset of ACL-funded Alzheimer’s disease grant programs. Program grantees have provided a range of services or activities to promote brain health in their respective states and communities.

Programmatic outcomes suggest that ACL-funded grantees have had a positive impact in their respective states and communities. These outcomes include increased knowledge of risk reduction to maintain brain health; improvements in knowledge and attitudes about the topics of brain health and dementia; and increased self-efficacy and competency of brain health and dementia among community members and healthcare professionals. Many grantees have-and-are using the published and validated Dementia Knowledge Assessment Tool⁸ to demonstrate the impact of their brain health and ADRD education-related efforts on program participants.

**Concluding Thoughts**

A landscape analysis of ACL-funded Alzheimer’s disease grantees revealed illustrative examples of a range of services and activities undertaken nationwide to promote brain health across a variety of delivery and service settings. Programmatic outcomes associated with these services and activities further highlight the tremendous, positive impact ACL-funded grantees are having in meeting the needs of people in their respective states and communities. We foresee this briefing document as a handy resource for organizations interested in learning more about the topic of brain health and of the variety of services and activities available to best address the needs of their community members.

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