INTEGRATING BRAIN HEALTH INTO HEALTH IMPROVEMENT PLANNING:
THE HEALTHY BRAIN INITIATIVE ROAD MAP AND MAPP 2.0
ACRONYMS

BRFSS – Behavioral Risk Factor Surveillance System
CCA – Community Context Assessment
CDC – Centers for Disease Control and Prevention
CH[N]A – Community Health [Needs] Assessment
CHI – Community Health Improvement
CPA – Community Partner Assessment
CSA – Community Status Assessment
HBI – Healthy Brain Initiative
LHD – Local Health Department
MAPP – Mobilizing for Action through Planning and Partnerships
NACCHO – National Association of County and City Health Officials
SDOH – Social Determinants of Health
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VISION FOR THIS GUIDE

Over the last decade, more awareness of funding for programming, and treatment options have become available to individuals and populations to advance brain health across the life course. This changing landscape provides an opportunity for public health professionals to gain knowledge, build skills, and utilize tools to implement public health approaches focused on advancing brain health. There are opportunities for public health intervention to impact brain health of the population through prevention strategies, including risk reduction, early detection and diagnosis, and safety and quality of care.

The Integrating Brain Health into Health Improvement Planning guide will create a bridge between established resources on healthy aging, brain health, and community public health planning and improvement. Specifically, this guide offers a shared public health approach to advancing brain health through the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework and the Alzheimer’s Association and Centers for Disease Control and Prevention Healthy Brain Initiative Road Map.

This guide will build public health knowledge and skills, as well as serve as a roadmap to support advancing brain health across communities where people live, work, play, and learn. The time is now to act and support brain health.
ABOUT THIS GUIDE

Intended Audience
This guide is designed for a variety of people, groups, and organizations who represent and serve community needs and are interested in advancing brain health through community health improvement (CHI). Local public health organizations, including local health departments (LHDs) and hospitals, as well as other state and local public health agencies, area agencies on aging, and local Alzheimer’s Association chapters can use this guide to inform ongoing CHI efforts. In addition to supporting local public health, other community leaders and stakeholders interested in brain health and new to CHI will find value in using this guide. One or more organizations may utilize this guide to explore brain health through the CHI, however, it is designed to bring together various people, stakeholders, organizations, and populations who work, live, and play in the community.
**Purpose**

The purpose of the guide is to shape multi-sector, community-driven CHI efforts focused on brain health through MAPP and informed by the Healthy Brain Initiative (HBI) Road Map, developed jointly by the Alzheimer’s Association and the Centers for Disease Control and Prevention. This guide bridges key information from two critical resources to achieve broader engagement to advance brain health. It can serve as a starting point for the community to gain additional insights and access resources regarding brain health, as well as support ongoing CHI efforts focused on advancing brain health.

**Development Process**

This guide was developed through an iterative exploration of field needs, promising practices, and expert guidance from NACCHO and the Alzheimer’s Association. Focus groups and key informant interviews were conducted with LHD staff to inform the content of this guide. Specifically, engagement included two groups of LHD staff, 1) LHD staff with experience implementing brain health initiatives and integrating brain health into CHI efforts, and 2) LHD staff without this experience. In addition, an environmental scan of the literature, MAPP, and the HBI Road Map were conducted to inform the development of this guide.

**How to Use This Guide**

This guide is meant to create a bridge between the MAPP and the HBI Road Map to inform your CHI process. Use it to explore brain health throughout the MAPP process, while also referencing MAPP and the HBI Road Map for additional guidance.

This guide outlines opportunities to explore and achieve the four HBI Road Map domains in each phase of MAPP. Each phase of this guide highlights specific HBI actions that should be considered to 1) implement to inform specific steps in MAPP, or 2) use the MAPP step to help achieve the actions. This key highlights resources cited in MAPP and the HBI Road Map, to facilitate the CHI process. These graphics appear throughout the guide to notify the reader of the need to reference MAPP or the HBI Road Map.

This guide can be adapted to any community. Communities with experience in brain health initiatives and ongoing efforts might complete all phases of MAPP, or communities may decide to try a portion of this guide if just beginning activities in brain health. However you decide to use this guide, the community should drive the process.
INTRODUCTION

The Public Health Opportunity
As the size of the U.S. population age 65 and older continues to grow, so too will the number and proportion of Americans with Alzheimer’s or other dementias.1 Opportunities to address this growing concern require leveraging public health to promote the health of all people in all communities through risk reduction, early detection, and diagnosis, treatment and quality care.

Brain Health: A Life Course Approach
Brain health is influenced across one’s life course. A range of protective and risk factors (e.g., behavioral, psychological, social, medical, genetics, or environment) interplay positively or negatively to impact cognitive function and brain health over time. The cumulative effect of events that happen early in life may also affect a person’s brain health over time. These underpin the need to explore brain health through a life course approach, focused on understanding and promoting brain health across the life continuum through public health approaches.

A Changing Landscape
Chronic disease has shifted over time to become the leading cause of death and disability in the United States. Alzheimer’s disease or other dementias can be framed much like other chronic diseases as a continuum along the life course. With human life expectancy increasing over the past decades comes an increased number of adults aged 65 years and older living with Alzheimer’s and other dementias.1 Research shows that changes in the brain associated with Alzheimer’s may begin years before symptoms develop.1 However, cognitive decline is not inevitable as we age, and that decline is not the same for all individuals.2 Public health and prevention strategies play a critical role in brain health. There has been an increase in efforts to focus on prevention strategies by the public health system. Additionally, several states and jurisdictions have begun to address brain health, cognitive impairment, dementia, and caregiving through policy, systems, and environmental change.

Advancing Efforts on Brain Health through Public Health Approaches
Local health departments (LHDs) and their partners can play a key role in addressing the burden and disparities related to Alzheimer’s disease and other dementias through public health approaches. LHDs can leverage their role to serve as community chief health strategists, including elevating their expertise, available data, and role as a convener of cross-sector partnerships to improve brain health through CHI efforts.

The CHI process can be leveraged to intervene in brain health across the life course through prevention strategies that reinforce the HBI Road Map, including 1) strengthen community partnerships and policies; 2) measure, evaluate, and utilize data; 3) build a diverse and skilled workforce; and 4) engage and educate the public. The CHI process also provides an opportunity to center health equity and reach diverse communities disproportionately impacted by Alzheimer’s disease and other dementias and address the root causes of inequities.

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Complementary Frameworks to Improve Brain Health
While significant strides have been made to address health inequities in populations across the nation, structural and systemic inequities persist, including for people disproportionately impacted by Alzheimer’s disease and other dementias. Gaps in alignment and mobilization of public health systems have played a role in generating inequities. However, the public health community, including local health departments and their partners, can promote brain health by using tools, resources, and processes that foster public health action through CHI efforts.

The HBI Road Map and MAPP are frameworks that emphasize a shared approach for collective action to improve population health, including brain health, and advance health equity. The HBI Road Map outlines a framework that complements the work of LHDs and their partners as they implement MAPP and CHI efforts. Both frameworks are built on the foundation of national initiatives and frameworks key to public health action, including the 10 Essential Public Health Services (EPHS) and Public Health 3.0. These frameworks also offer unique ways to help drive CHI efforts.
MAPP

MAPP spurs collective action to improve population health and achieve health equity. It provides a structure for communities to assess pressing population health issues, including brain health and dementia, and align resources for strategic action. NACCHO’s MAPP program offers training, technical assistance, and resources to inform CHI practice, including public health interventions across the dementia life course. MAPP is designed to be adapted to the changing public health landscape. Learn more.

Healthy Brain Initiative Road Map

The HBI Road Map, created by the Centers for Disease Control and Prevention and the Alzheimer’s Association, offers a complementary approach to MAPP that outlines a framework (see Figure 1) comprised of four domains for public health action by local and state public health departments and their community partners. The HBI Road Map provides public health professionals with directions for improving brain health through multi-sector collaboration, with health equity central to advancing efforts. Learn more.

- Strengthen Partnerships and Policies
- Measure, Evaluate and Utilize Data
- Build a Diverse and Skilled Workforce
- Engage and Educate the Public

Conceptual Framework for HBI Road Map

The framework for the HBI Road Map consists of four domains built from the 10 EPHS. Central to the framework includes principles of health equity shaped by areas of practice across the life course. The interconnectedness of these elements is essential to successful public health approaches to improve brain health. The framework reinforces the role that LHDs play in delivering EPHS in a community. Learn more about the Conceptual Framework.

Opportunity to Advance Brain Health and Readiness

Whether you are conducting the CHI process for the first time or your community has conducted one before, this guide offers a framework to identify opportunities for community-driven action on brain health.

Consider where your community stands regarding advancing brain health through CHI efforts. Actions taken by your community may be new or built upon ongoing efforts. Consider available resources (e.g., funding, staff time, stakeholder expertise) as you determine opportunities for public health action.
**Action Agenda**  
Key to the successful implementation of the HBI Road Map includes action on the four domains outlined in the Conceptual Framework for the Healthy Brain Initiative Road Map and essential to public health practice across the life course. Action on these domains is designed to elevate risk reduction of cognitive decline; dementia caregiving; early detection, diagnosis, and management of cognitive impairment; and community clinical linkages. The 24 actions outlined in the agenda offer flexible considerations for advancing brain health and inform CHI efforts.

**Advancing Health Equity**  
The key to a successful implementation of the HBI Road Map includes action by public health systems, including local health departments and their partners, that are tasked with protecting and promoting the health of communities. However, health inequities continue to grow, shaped in part by insufficient efforts to collectively address systemic and structural inequities that result in an inequitable concentration of power, wealth, and resources. This guide offers a framework to strengthen CHI efforts that address the root causes of health inequity and social determinants of health that impact brain health and dementia related to risk reduction, early detection, diagnosis, care, support, and treatment.

MAPP and the HBI Road Map both center health equity as integral to driving action. MAPP defines health equity as when everyone has a fair and just opportunity to achieve optimal health. The HBI Road Map defines health equity as the attainment of the highest level of health for all people. While definitions may differ, this guide echoes the foundation of MAPP and the HBI Road Map, which is to advance health equity among groups disproportionately impacted by health inequities in brain health.

**Power Primer**  
Power imbalances impact who is included or excluded from making decisions that impact people’s opportunity for health. Leverage NACCHO’s Power Primer to understand and address power dynamics and imbalances that shape health inequities that impact brain health and dementia, as well as support community power-building through CHI. Learn more at naccho.org/mapp
Considerations to Get Started

1. **Familiarize Yourself with the HBI Road Map.**
   Identify opportunities to use the HBI Road Map to inform your CHI efforts focused on improving brain health.

2. **Explore Current Efforts to Address Brain Health.**
   Every community may be at different stages of action to address brain health. Explore what efforts are being implemented in your community to help select actions and focus planning of your CHI process. Consider key questions to help you get started:
   - What coalitions or partnerships exist in your state or community specific to brain health and dementia?
   - Can any current partnerships be leveraged to plan coordinated action to address brain health?

3. **Identify Opportunities to Advance Health Equity Focused on Brain Health.**
   Health equity is central to MAPP and the HBI Road Map. Leverage these tools and resources to help identify opportunities throughout the CHI process to advance health equity. Engaging the voices of groups disproportionately impacted by cognitive decline and dementia throughout the CHI is fundamental to advancing health equity. Where feasible, build on existing chronic disease efforts to address SDOH and improve health equity related to brain health. Additionally, leverage relationships with multi-sector stakeholders to strengthen efforts focused on advancing health equity. Explore MAPP and the HBI Road Map to learn more.

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**Examples of Public Health in Action**
State and local public health agencies around the country are taking action against Alzheimer’s. Learn more about successful examples of HBI Road Map implementation in each state.

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**Helpful Tools**
To support the work of state and local health departments, the Alzheimer’s Association and CDC offer an array of tools and resources that will be updated and expanded over time, including an Implementation Guide, Evaluation Tool, and topic-specific resources. All current and future tools will be maintained and available at [alz.org/HBIRoadMap](http://alz.org/HBIRoadMap).
PHASE I: BUILD THE COMMUNITY HEALTH IMPROVEMENT FOUNDATION

This phase is focused on assessing resources and bringing partners to the table for the CHI process. Use this phase to help build your CHI infrastructure and improve your CHI efforts focused on brain health and dementia, including expanding partnerships with stakeholders, assessing and increasing resources, and revisiting your CHI leadership structure. This phase provides the opportunity to build the CHI foundation and elevate the HBI Road Map domains, including:

- **Strengthen Partnerships and Policies:** Assess and increase community partnerships, such as partnerships with diverse and inclusive multi-sector coalitions, public and private health plans, policymakers, clinical supports for caregivers, etc. These actions are integral to help ensure the successful implementation of the HBI action agenda throughout the CHI process.

- **Measure, Evaluate and Utilize Data:** Assess brain health data availability, quality, and utilization to inform the CHI process and understand brain health and dementia in the community.

- **Build a Diverse and Skilled Workforce:** Assess the knowledge and skills of current and future public health professionals, primary health care providers, and other key members of the workforce. Identify opportunities to partner with public health and emergency response agencies to inform the CHI process and understand the needs of people living with cognitive decline and dementia.

- **Engage and Educate the Public:** Engaging and educating the public is integral to understanding and addressing public health issues impacting the community, particularly brain health and dementia. Identify opportunities to engage diverse audiences, communities, and caregivers throughout the CHI process.

**Outcomes**

Measures of success for completing this phase emphasize the role that partners and communities experiencing inequities play in advancing CHI efforts on brain health and dementia.

<table>
<thead>
<tr>
<th>Measure of Success</th>
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<tbody>
<tr>
<td><strong>HBI Road Map</strong></td>
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<tr>
<td>• Increase Community Partnerships</td>
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<td>• Increase Knowledge and Skills of Current and Future Workforce</td>
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<td>• Increase Public Knowledge about Brain Health, Risk Factors for Dementia, and Benefits of Early Detection and Diagnosis</td>
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<td><strong>Phase I: MAPP</strong></td>
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<tr>
<td>• Engage/re-engage New and Existing Community Organization Partners with MAPP</td>
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<tr>
<td>• Include Community Organizations on the Steering Committee</td>
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<tr>
<td>• Include Steering Committee Members from Communities Experiencing Inequities</td>
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Do a Stakeholder and Power Analysis

As your team conducts a stakeholder analysis, explore opportunities to identify and engage stakeholders with expertise and experiences specific to brain health, including people directly impacted or people working to advance brain health through public health approaches. Also consider stakeholders with experiences and expertise focused on addressing risk and protective factors for brain health at different stages of life, such as maternal and child health professionals focused on brain development. Engaging people linked to brain health provides an opportunity to expand the focus of your community health improvement efforts to include brain health.

Example HBI Road Map Action

Use the stakeholder analysis to explore opportunities to partner with public and private health plans to increase community partnerships that impact social determinants of health related to brain health and cognitive impairment (P-4).
Analyze Stakeholders and Prepare for Their Engagement.
If your team is looking to take a deeper dive into understanding brain health in your community, you can tailor the analyses within the stakeholder analysis to be specific to brain health. For example:

- **Alliance analysis** — Who are the alliances/partners of key groups in brain health? Use this analysis to connect with their full network.
- **Knowledge analysis** — What is the stakeholder’s knowledge of brain health initiatives in the community or knowledge of community members’ needs related to brain health?
- **Power analysis and mapping** — What is the stakeholder’s power over efforts to advance brain health (e.g., power over data access, promotional efforts, community engagement, funding)? Use this information to determine who else you would like to engage in your CHI cycle.

Establish or Revisit CHI Leadership Structures.
Consider opportunities to engage stakeholders with experience or expertise in brain health as members of your CHI leadership.

- **Steering Committee** — Include someone on your Steering Committee who you identified in the stakeholder analysis. Ideally, engage individuals who have power over resources that would be influential in advancing brain health. Consider engaging stakeholders with strong community connections that could support brain health efforts.
- **Explore Additional Opportunities for Stakeholders to Participate in MAPP** — Stakeholders with experience or expertise in brain health and dementia can be engaged across all phases of MAPP. Engage the stakeholders where their interests, experiences, and expertise align to help shape community health improvement efforts focused on advancing brain health. For example, some may have an interest in engaging more communities and community members in CHI, contributing to the assessment planning or facilitation, selecting priorities for the CHI plan and identifying priorities.

Examples of Stakeholders
- Community organizations (e.g., Alzheimer’s Association chapter in your community, caregiving coalitions)
- Area Agency on Aging
- Elected officials
- People with lived experiences related to brain health and dementia (e.g., caregivers, groups disproportionately affected by health inequities)
- Respite services
- Governmental health promotion programs (e.g., maternal and child health, chronic disease)
- Chief health strategists (e.g., community leaders working on brain health and dementia)
- Health care providers (e.g., Federally Qualified Health Centers, skilled nursing homes)
- Member organizations (e.g., AARP, National Association of Chronic Disease Directors)
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Community Members and Organizations

Invite community members and organizations familiar with brain health and dementia to participate and provide input throughout MAPP.

Mary, a community resident and caregiver for her husband with dementia, participates in vision development. She also helps prioritize issues for the CHIP.

CHI Infrastructure Workgroups

Engage multi-sector stakeholders across the life course and who are familiar with brain health and dementia to lead strategic projects to improve MAPP.

Juan, a local chaplain, is on the community engagement workgroup. He joins to help engage communities experiencing inequities and implement activities to improve MAPP in Phase II.

Priority Issue Subcommittees

Assign stakeholders to priority areas of CHIP that align with their expertise specific to brain health and dementia.

Sandte, an epidemiologist for the LHD maternal and child health program, is a member of the data workgroup and joins an issue profile group focused on risk reduction and healthy cognitive functioning early in life in Phase III.

Table 1: Examples of Implementation Groups
**Define the Community and Develop CHI Mission, Vision and Values.**

Whether your team is launching your CHI efforts for the first time or revisiting your previous CHI, consider:

- How brain health fits into “the community” definition and a vision for a healthy future.
- How to focus your visioning process on building relationships with individuals and groups with experience and expertise in brain health and community health improvement.
- How to use the visioning process to increase community awareness of brain health and engagement in MAPP as a guide to address brain health.

**Do the Starting Point Assessment.**

Utilize the Starting Point Assessment as an opportunity to assess and improve the CHIP infrastructure with an expanded focus on brain health, i.e., “How do we want to improve the way we administer our CHI cycle?” Consider approaches that reinforce HBI Road Map domains.

- **Data and assessments.** Assess what brain health data was included in the last community health [needs] assessment (CH[N]A) and how you engaged populations related to brain health in your qualitative assessment. Consider the following questions:
  - What brain health data was included in the last CH[N]A?
  - How did you engage populations related to brain health in your qualitative assessment?
  - What brain health partners were around the table in your Community Partner Assessment (or local public health system assessment)?
  - What quantitative data did you collect about brain health?

**Communication Tools and Brain Health**

Leverage the following tools and resources to support efforts to increase awareness about brain health and the role of LHD and community partners to impact brain health across the life course.

*Alzheimer’s Association Education Programs and Dementia Care Resources*
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**PHASE I: BUILD THE COMMUNITY HEALTH IMPROVEMENT FOUNDATION**

- **Partnerships.** Assess partners who are engaged and who are working to address brain health and dementia.
- **Community health improvement plans.** Assess what, if any, priority areas in your last CHIP were related to brain health. Consider how well these priority areas were addressed.
- **Community engagement.** Assess how you engaged the community around brain health assessment or priorities.
- **Resources.** Assess available resources to design your CHI process in a way that aligns with your community specific to addressing brain health and your selected focus areas identified in Phase 1. Consider the resources (e.g., staff, funding, partners) necessary to understand and advance brain health in the community you serve and represent.
- **Develop CHI Infrastructure Workgroups.** Revisit the Starting Point Assessment and develop CHI infrastructure workgroups centered on your most pressing priorities to improve CHI infrastructure related to brain health. Consider the capacity and feasibility to advance understanding and address brain health in this CHI cycle.

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**Considerations to Advance Health Equity**

- If your CHI has not previously centered community engagement, consider the role it may play in supporting groups disproportionately affected by Alzheimer’s and other dementias.
- Involve community members who represent populations disproportionately affected by health inequities in brain health and dementia related to risk reduction, early detection, diagnosis, care, support, and treatment, including, but not limited to women, Black, Hispanic, and American Indian/Alaska Native individuals, people with lower socioeconomic status, and people with intellectual/developmental disabilities.
- Devote particular attention to exploring health care delivery throughout MAPP, while also understanding and addressing the SDOH that contribute to health inequities.
PHASE II: TELL THE COMMUNITY STORY

This phase provides a window into health inequities in brain health and dementia. Use this phase of MAPP to help tell the community story regarding brain health through three key assessments: 1) Community Partner Assessment, 2) Community Status Assessment, and 3) Community Context Assessment. These assessments are designed to engage the community, collect comprehensive data on the issues impacting the community, and explore the root causes of inequity. Use this phase to understand brain health across all populations within the community through qualitative and quantitative data.

The HBI Road Map also emphasizes the role that partnerships, educating the public in understanding and addressing public health issues, data, and diverse and skilled workforce play in identifying and solving community health problems. This phase provides the opportunity to tell the community story and further elevate the HBI Road Map domains across the MAPP assessments, including:

- **Strengthen Partnerships and Policies:** Engage community partners and stakeholders to understand issues impacting the community regarding brain health and dementia across the life course, including health inequities in brain health and dementia.
- **Measure, Evaluate and Utilize Data:** Collect, analyze, and interpret data from existing data systems as well as data from community partners to understand issues impacting brain health and dementia in the community.
- **Build a Diverse and Skilled Workforce:** Assess the diversity and skills of the workforce regarding brain health and dementia. Engage public health professionals, primary health care providers, caregivers, and other relevant professionals working in brain health and dementia to help explore the skills and capacity of the workforce specific to brain health across the life course.
- **Engage and Educate the Public:** Engage diverse public audiences, including groups disproportionately impacted by brain health inequities, across the MAPP assessments to ensure individuals with lived experiences inform the CH[N]A process. Use the MAPP assessments to increase public knowledge about brain health.

**Outcomes**

Measures of success for completing this phase emphasize the role that data plays in telling the community story regarding brain health.

**Measure of Success**

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<thead>
<tr>
<th>HBI Road Map</th>
<th>Phase II: MAPP</th>
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<tr>
<td>• Increase Community Partnerships</td>
<td>• Sub-populations were given the power to shape the CH[N]A</td>
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<tr>
<td>• Increase Public Knowledge About Brain Health, Risk Factors for Dementia,</td>
<td>• Community members understand the importance and effects of the CH[N]A</td>
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<tr>
<td>and Benefits of Early Detection and Diagnosis</td>
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<tr>
<td>• Increase Data Availability, Quality and Utilization</td>
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<td>• Increase Data-Informed Decision Making and Action</td>
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**Design the Assessment Process**

Leverage the assessment process to inform your understanding of brain health in the community. Utilize the Starting Point Assessment completed in Phase I to identify available data sources and resources needed to collect data. As you design the process, consider the following to get started:

1. **Adopt Guiding Questions that Address Brain Health.**
   The guiding questions your community selects will inform the assessments. These questions will be answered once the data from the assessments are triangulated. The following questions are examples that explore the HBI Road Map domains and may be used to inform your assessment.

   - **Strengthen Partnerships and Policies:** How can we strengthen, support, and mobilize community partnerships to improve brain health?
   - **Measure, Evaluate, and Utilize Data:** How can data be utilized to understand community health status, evaluate population-based health services, and then influence policy and practice to improve brain health?
   - **Build a Diverse and Skilled Workforce:** What is needed to build a diverse and skilled workforce to educate their constituents and provide the best care to people at risk of or living with dementia while supporting caregivers?
   - **Engage and Educate the Public:** What opportunities can be leveraged to engage and educate multi-sector stakeholders about the factors that influence brain health, and ways to maintain or improve their cognitive health and quality of life?

2. **Understand How Data Answers the Guiding Questions.** Now that you have identified guiding question to inform Phase II, complete the table included on page 103 of the MAPP 2.0 User’s Handbook. Consider the following:

   - Include any questions you have tailored for your community that explore brain health. Refer to the HBI Road Map for additional considerations.
   - Explore what types of data will answer your guiding questions. These can include quantitative data on caregiver health, qualitative data on support and treatment for brain health and dementia, or information on community-based organization activities that promote brain health.
   - Now that you have identified the type of data you want to collect, determine how you will collect the data. Consider the resources available to collect the data, including people, existing data sources, and funding to support action. Depending on what actions your LHD and community partners have taken to advance brain health, you may need additional resources to achieve success in the HBI Road Map domains.

**Adapt Guiding Questions**

Refine or add guiding questions that align with the unique characteristics of your community. Consider any other requirements you may have for the CH(N)A.

Explore the HBI Road Map to help identify questions that address actions for advancing brain health.

**Examples of Key Questions to Focus Planning**

- What populations are disproportionately impacted by inequities in brain health?
- What structural and social factors contribute to inequities in brain health and dementia related to risk reduction, early detection, diagnosis, care, support, and treatment?
- How are stakeholders and community partners advancing brain health across the life course?
MAPP Assessments
The MAPP assessments present opportunities to explore brain health through different community perspectives. The HBI Road Map can be applied across the assessments to inform CHI efforts and advance brain health.

Community Partner Assessment (CPA). Utilize the CPA to assess coalitions and partnerships as well as resources that exist in your community to advance brain health. Use the CPA to critically explore 1) individual systems, processes, and capacities in brain health, and 2) collective capacity as a network of community partners to address health inequities in Alzheimer’s and other dementias across the life course. Considerations for the CPA:

- Probe partners for information about resources they may have to address brain health.
- Assess the diversity and skills of the public health workforce, including but not limited to public health professionals, health care and allied professionals, community health and direct service workers, and public safety and emergency response workers.
- Broaden your scope of partners to include traditional and non-traditional partners from sectors across the life course of brain health.
- Learn more about the specific populations and communities that organizations addressing brain health serve.
- Gather information about the services in the community that support brain health.

Example of HBI Road Map Action
Utilize the Community Partner Assessment to assess opportunities to convene and leverage diverse and multi-sector coalitions to increase community partnerships across the life course of brain health (P-1).
**Community Status Assessment (CSA).** Utilize the CSA to collect quantitative data that describes the status of your community specific to brain health. The CSA can help a community move upstream and identify health inequities in brain health and dementia, including SDOH and systems of power, privilege, and oppression. Leverage this community-driven assessment to also identify issues that can be further explored through the CPA and Community Context Assessment (CCA). Considerations for the CSA domains may be used to inform your assessment.

- Additional questions the CSA can help answer for specific understanding of brain health in your community, such as identifying existing data regarding brain health.
- Identify and collect data on indicators and measures that describe brain health, including risk and protective factors across the life course. Explore the following to inform indicators and measures:
  - Refer to **Performance Measures Matrix for Alzheimer’s and Dementia.** This is a collection of existing and current performance measures related to Alzheimer’s, dementia, risk reduction, and detection.
  - State-specific data from the Behavioral Risk Factor Surveillance System (BRFSS) on cognitive decline and dementia and caregiving: BRFSS Cognitive Decline module and BRFSS Caregiver module. Learn more about how to collect this data and use it.
  - Refer to **Healthy People 2030** for sample objectives related to dementia and corresponding data and data sources. Browse all Healthy People 2030 objectives for other objectives that explore risk and protective factors related to dementia, including health equity and SDOH.
  - Available data from an area agency on aging to explore planning and service areas in your jurisdiction. Additional data can be explored by state from the National Survey of Area Agencies on Aging.
  - SDOH and systems of power, privilege, and oppression in brain health and dementia related to risk reduction, early detection, diagnosis, care, support, and treatment. For example, a measure of SDOH may explore access to health care by race and ethnicity. Black, Hispanic, and American Indian/Alaska Native individuals are disproportionately impacted by health inequities in dementia.³

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• Collect primary data regarding brain health through community surveys. Where local, community-level data is unavailable, use community surveys to help understand community health status specific to brain health. For example, the BRFSS Cognitive Decline and Caregiver modules collect state-specific data and almost every state includes these modules in their BRFSS regularly. The BRFSS Statistical Brief: Cognitive Decline Optional Module and the BRFSS Statistical Brief: Caregiver Optional Module provide guidance for collecting and analyzing data. You might consider collaborating with your state health department to use methods such as oversampling and combining years to enable a sample size that allows for regional or county analysis.

**Community Context Assessment.** The CCA provides an opportunity to implement community outreach and engagement of these communities. Utilize the CCA to have larger “community dialogues,” or town halls, in addition to more specific focus groups and interviews to understand brain health, including communities disproportionately affected by health inequities in brain health and dementia – caregivers, people at risk for cognitive impairment, people living with dementia, etc. The CCA can be leveraged to collect insights, expertise, and views of people and communities affected by social systems and improve the functioning of those systems. This is an opportunity to better understand social norms around brain health and communicate about the changing landscape of brain health. Consider opportunities to explore the CCA domains through those experiencing inequities in Alzheimer’s and other dementias firsthand:

- **Strengths and Assets.** What strengths and resources does the community have that advance brain health across the life course?
- **Built Environment.** What physical and cultural assets are in the built environment that advance brain health? How do these assets vary by neighborhood, population, etc?
- **Forces of Change.** Explore things happening now, that might happen in the future, or that have happened in the past that could impact improving brain health. Consider all factors including, but not limited to politics, natural disasters, climate change, large employers leaving, policy changes, social norms on brain health, Medicaid expansion, school re-zoning, etc.

**Considerations to Explore Community Action**

In addition to the three domains of the CCA, explore action that has been taken by the community.

- Consider what the community is doing to improve brain health through public health intervention? How has communication about brain health supported public health intervention?
- What public health solutions has the community identified to improve brain health?

“Talking to local folks about brain health is harder than talking to folks about diabetes and heart health. People do not want to talk about dementia or brain health. They don’t want to think there may be something wrong with their brain.”

– Local Health Department Leader
Triangulate Data, Identify Themes and Develop Issue Statements

Once the assessments have been completed, it is integral to triangulate the data to collectively explore assessment data and identify themes related to brain health. Use this process to inform the development of issues profiles specific to brain health. Refer to MAPP for detailed guidance on conducting the process and consider 1) cross-cutting themes that address brain health across the life course and HBI Road Map domains, and 2) develop issue statements that address brain health across the life course.

Develop Issue Profiles through Root Cause Analysis

Use the issues statements identified in the triangulation process to develop issues profiles that explore each public health topic through root cause analysis to look at issues related to brain health in the community. Issue profiles should outline 1) a description of the issue, 2) priority community indicators that connect upstream and downstream metrics, and 3) potential solutions to address the issue. Refer to MAPP for additional guidance on doing a root cause analysis and developing issue profiles. Leverage additional tools such as the HBI Road Map, Alzheimer’s Association Facts and Figures, CDC’s Alzheimer’s Disease Program, and other relevant resources to support this process and help shape the issue profiles.

How HBI Road Map Action Agenda Informs Issue Profiles

Use the issue profiles to connect the status of the community’s brain health to potential strategies and public health action. Explore the HBI Road Map Action Agenda for actions to consider for advancing brain health among populations served to address issues that emerged from the assessment process.

- Consider how your priority community indicators impact the issues and intersect to help identify upstream and downstream efforts on brain health that could address this issue.
- Consider how the HBI Road Map domains contribute to or are affected by the issues identified in the root cause analysis.
- Issue profiles can be organized around the HBI Road Map domains. For example, what SDOH in the community disproportionately affect equitable access to community-based disease prevention, dementia support, and healthy aging programs? What factors in the neighborhood limit public knowledge and use of services for people living with Alzheimer’s or other dementias and their caregivers?
- Communities may align brain health indicators and measures within each issue profile. For example, use this data to determine priority issues, then use the HBI Road Map Action Agenda and other brain health resources to inform evidence-based action to address those issues.
### Issue Statement

Primary care providers may choose to not assess patient cognition due to time limitations because they are not trained to discuss brain health with patients and caregivers, and treatment options may be limited.

### Description of the Issues

Neighborhood residents across the life course have limited access to specialty health care providers. Factors such as geographical isolation, low income, lack of health care insurance, and/or access to healthcare facilities can impact care. Community members and caregivers of individuals with subjective cognitive decline mentioned that discussion with primary care providers regarding brain health is nonexistent or limited at best.

### Category

- Social Determinants of Health
- Systems of Power, Privilege, and Oppression

### Priority Community Indicators

- Access to Care
- Stigma and Bias

### Metrics

- Percentage of adults under age 65 without health insurance.
- Proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider.

### Potential Solutions

- W-1: Provide evidence-informed training and informational resources for primary health care providers to facilitate culturally sensitive conversations about brain health with patients and caregivers across the life course.
- W-4: Strengthen training of community health and direct service workers about brain health across the life course to improve equitable care and quality of life for those living with cognitive decline and to support caregivers.
**Share CH[N]A Findings**

The final step in Phase II is to use the data from the three assessments and issue profiles to develop and share the CH[N]A findings. This is an important step to tell the community story regarding the community and brain health. If your LHD is new to action on brain health or has ongoing efforts, sharing the findings that emerged from this phase can help elevate the importance of advancing brain health in the community. Consider the following for this step:

- Find opportunities to mention the HBI Road Map and other brain health frameworks your community used in this process in the report.
- Identify various opportunities to share the findings with stakeholders directly involved with the CHI process and with people who may have not participated but would benefit from learning about the CH[N]A Findings and their community and brain health. For example, host a community forum with community leaders representing people from historically marginalized populations to increase public knowledge about the CH[N]A findings and brain health in the community, or communicate the findings at a health care provider association conference to help inform resource needs, and/or policies and programs, particularly for populations most impacted by brain health and dementia. Work with your communications team to identify communication methods that appeal broadly across the community.

Refer to the HBI Road Map Action Agenda to explore additional actions that can be taken to educate people, partners, and the public health workforce about the CH[N]A Findings and brain health in the community. This is an important step to inform Phase III of MAPP and public health interventions across the dementia life course.

**Considerations to Advance Health Equity**

- Center health equity at the core of the MAPP assessments to explore and identify health inequities in brain health and dementia.
- Supplement existing state, local, and BRFSS data with data from health systems, health plans, pharmacies, and other health care providers and community organizations to better understand disparities and opportunities for improving equity.
- Ensure people with lived experience are engaged across the MAPP assessments, including groups disproportionately impacted by inequities in brain health and dementia related to risk reduction, early detection, diagnosis, care, support, and treatment. This is essential to ensure the voices of those most impacted by Alzheimer’s and other dementias are shaping the process and outcomes.
PHASE III: CONTINUOUSLY IMPROVE THE COMMUNITY

Use this phase to address priorities in the community that can advance efforts in engagement and health equity. Phase III focuses on a continuation of the CHI work necessary to prioritize issues regarding brain health; develop, implement, and evaluate the CHIP; and advance work on brain health. The HBI Road Map outlines public health action across the four domains important to address brain health. This phase provides an opportunity to improve the community and implement the HBI Road Map Action Agenda informed by data collected in Phase II. Use the HBI Road Map Action Agenda to help prioritize action on brain health in your CHIP, including:

- **Strengthen Partnerships and Policies:** Work with partners to strengthen and implement policies focused on brain health across the life course and build on existing brain health efforts to advance health equity.
- **Measure, Evaluate and Utilize Data:** Use data collected in Phase II of MAPP to increase data-informed decision-making and action on brain health through the CHIP. Evaluate the implementation of the HBI Road Map actions to continuously improve action on brain health in the community.
- **Build a Diverse and Skilled Workforce:** Provide training on brain health to professionals whose role is integral to advancing brain health across the life course.
- **Engage and Educate the Public:** Identify opportunities to continue to engage and educate the public about brain health as well as services available to support people living with Alzheimer’s and other dementias and their caregivers.

**Outcomes**

Measures of success for completing this phase are built upon ongoing, systematic efforts to address public health issues that emerged from Phase I and II of MAPP.

<table>
<thead>
<tr>
<th>Measure of Success</th>
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<tbody>
<tr>
<td><strong>HBI Road Map</strong></td>
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<tr>
<td>- Increase Community Partnerships</td>
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<tr>
<td>- Increase Policy Action and Implementation</td>
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<tr>
<td>- Increase Public Knowledge About Brain Health, Risk Factors for Dementia, and Benefits of Early Detection and Diagnosis</td>
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<td>- Increase Public Knowledge and Use of Services for People Living with Dementia and Their Caregivers</td>
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<tr>
<td>- Increase Data Availability, Quality and Utilization</td>
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<td>- Increase Data-Informed Decision-Making and Action</td>
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<tr>
<td><strong>Phase III: MAPP</strong></td>
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<td>- Increase Strategic Priorities that Advance Brain Health</td>
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<tr>
<td>- Increase the Number of Shared Measures to Track CHIP Activities Focused on Brain Health Across Partners</td>
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<tr>
<td>- Increase the number of partners addressing brain health on priority issue sub-committees</td>
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**Prioritize Issues for the CHIP**

Use this step to prioritize issues for CHIP based on CHINGA findings that emerged in Phase II. Use this as an opportunity to prioritize action on brain health. Refer to the HBI Road Map Action Agenda of 24 actions to help identify priority issues and advance health equity for people disproportionately impacted by health inequities in brain health and dementia related to risk reduction, early detection, diagnosis, care, support, and treatment. Consider the following:

- Align your CHIP priority issues with national, state, and local priority issues in brain health. Refer to Area Agencies on Aging, state and local public health chronic disease, healthy aging, and disability programs, or other relevant public health agencies working on advancing brain health across the life course. National initiatives, such as Healthy People 2030, also outline measures to improve health and quality of life for people with dementia, including Alzheimer’s disease.

- Refer to Performance Measures Matrix for Alzheimer’s and Dementia, Healthy People 2030, and other relevant local, state, and national data sources to select indicators for the CHIP.

**Considerations to Prioritize Brain Health Issues**

Engage stakeholders who represent the community, LHPS, and people impacted by health inequities, in prioritization issues for your CHIP.

Include criteria that center health equity and brain health across the life course to inform the prioritization process, (e.g., the impact of Alzheimer’s and other dementias on communities impacted by health inequities) and the availability of resources to address brain health.

Share the results of the prioritization process with everyone who participated in MAPP, including stakeholders in brain health. Use this step to help launch the development of the CHIP.

**Example HBI Road Map Action**

Translate data and evaluation findings from the MAPP assessments into development of your CHIP to support brain health across the life course and quality of life for people living with dementia and their caregivers (M-4).

**Example HBI Road Map Action**

Consider opportunities to prioritize engaging with communities, especially those at highest risk, about factors for dementia and how people living with dementia can thrive in the community (E-3).
Spotlight on Prioritization of Brain Health

A local health department, which covers both rural and urban communities, is limited in resources to address brain health specifically. This local health department is recovering from the intensity of the first two years of the COVID-19 epidemic but has also experienced natural disasters. Public health response has been the focus of this local health department for the past three years, and staffing has reflected those priority response situations, leaving chronic disease prevention understaffed. During this local health department’s most recent community health improvement planning process, brain health was noted as a priority but did not have funding associated. This local health department leader identified shared risk and protective factors of heart disease, cancer, and brain health to create a broader coalition to develop initiatives that would address all three chronic diseases.

Do a Power Analysis of Each Issue

A power analysis can be used to assess how priority issues, including those focused on brain health, are influenced by SDOH, and systems of power, privilege, and oppression cause or lead to the issue. Use this step to consider who has influence and substantial resources to inform your CHIP. Explore examples of public health in action when conducting a power analysis of each priority issue in MAPP. These examples demonstrate successful examples and program models of public health interventions that address Alzheimer’s disease and other dementias.

Set Up Priority Issue Subcommittees

Now that issues from the CH[N]A have been prioritized, subcommittees need to be created for each priority issue. Subcommittees are essential to developing an action plan that informs the CHIP and ensures the implementation of the action for selected strategies. Use the subcommittees to engage diverse stakeholders, community partners (e.g., community health workers, caregivers, public and private health plans), and state and local public health professionals whose efforts and resources align with the CHIP priority issues and can contribute to achieving success in advancing brain health.

Example HBI Road Map Action

Use the Power Analysis to assess how the priority issues can build on existing state and local public health chronic disease efforts to address social determinants of health and improve health equity related to brain health (P-5).

Brain Health Tools for Action

Resource Database
State and local public health agencies around the country are taking action against Alzheimer’s. Access tools and resources (e.g., health equity, risk reduction, safety, and injury prevention) to help guide your response and act. Learn more.

Public Health Curriculum
It is critical to understand the public health significance and opportunities to create immediate and long-term change for people living with Alzheimer’s and other dementias and their caregivers. A Public Health Approach to Dementia is a free, online, interactive curriculum featuring videos, knowledge checks, and next steps for public health students and professionals. Consider opportunities to inform CHIP actions through this curriculum.
Create Community Partner Profiles

Advancing health equity in brain health requires strategic collaboration and alignment across multiple sectors to address systems of power, privilege, and oppression. Community partners, (e.g., primary care associations, elected officials, public safety and emergency response officials, and state and local public health programs) are critical to the implementation of the CHIP. Distribute the Community Partner Profile worksheet to brain health-related subcommittees to complete. Use this profile to help you engage partners effectively to understand how their organization’s work aligns with priority issues focused on brain health. Refer to the MAPP for additional guidance. Considerations for this step:

- Explore Examples of Public Health in Action when creating and analyzing community partner profile worksheets in MAPP. These examples highlight the work of successful examples of existing Road Map implementation in each state.

- Use community partner profiles in parallel with the HBI Road Map Action Agenda to help identify community partners who are well-positioned to advance brain health strategies. The Action Agenda provides a framework for action on 24 strategies that focus efforts on advancing brain health among stakeholders, community partners, and groups disproportionately impacted by Alzheimer’s and other dementias. Not only is the Action Agenda built upon national frameworks and initiatives to drive public health practice, but it also offers a flexible agenda for multi-sector action to advance brain health.

Example HBI Road Map Action

Review the community partner profiles for opportunities to build on existing community-clinical linkages among partners (P-2).
Table 3 provides an example of how communities may align their goals with activities across partners. In this example, access to care is the priority for people living with dementia and their caregivers, including groups disproportionately affected by health inequities.

### Table 3: Example of Community Partner Profile — Community Coalitions

**Community Partner Profile Example**

**CHIP Priority Issue: Access to Care**

**CHIP Goal:** Improve equitable access to services for people living with Alzheimer’s and other dementias and their caregivers through increased community partnerships.

**HBI Action Agenda:** P-3: Partner across the community to promote equitable access to services, support, and quality care for people living with dementia and their caregivers.

**Indicator:** Health department partnerships with community-based organizations serving people living with dementia and their caregivers.

**Outcomes Metric:** Proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider.

**Partner:** Community Coalitions

**Description of Current Programs, Services, and Interventions Related to Priority Issue:**

- Disseminate messages about healthy aging and ways to reduce the risk of cognitive decline throughout the community.
- Share information on dementia warning signs and how to talk to your physician about brain health.

**Shared Goal:** Improve equitable access to services for people living with Alzheimer’s and other dementias and their caregivers through increased community partnerships.

**Associated Objectives:**

- By XX date, the community coalition will conduct an environmental scan to assess community needs for people with cognitive impairment.
- By XX date, targeted messaging about brain health will be disseminated to the community through various communication outlets to diverse audiences.
- By XX date, hold X community conversations on brain health, to help normalize discussion of the topic and understand community strengths and needs.

**Outcome Metric:** The proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider.

**Process Metrics:**

- # and type of audiences reached through messaging.
- # people engaged in the community conversations.

**Organizational Resources:**

- Funding to support community coalition efforts.
- Access to caregiver data.
- Communication skills.
**Community Partner Profile Example**

**CHIP Priority Issue:** Access to Care

**CHIP Goal:** Improve equitable access to services for people living with Alzheimer’s and other dementia and their caregivers through increased community partnerships.

**HBI Action Agenda:** P-3: Partner across the community to promote equitable access to services, support and quality care for people living with dementia and their caregivers.

**Indicator:** Health department partnerships with community-based organizations serving people living with dementia and their caregivers.

**Outcomes Metric:** Proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider.

**Partner:** Federally Qualified Health Center

**Description of Current Programs, Services, and Interventions Related to Priority Issue:**

- Serves as a conduit for building community-clinical linkages to support access to care for groups disproportionately impacted by health inequities in brain health (e.g., low-income individuals, women, and caregivers.).
- Employs community health workers to serve neighborhoods with low access to care.

**Shared Goal:** Improve equitable access to services for people living with Alzheimer’s and other dementias and their caregivers through increased community partnerships.

**Associated Objectives:**

- By XX date, federally qualified health centers (FQHCs) will hire and place community health workers in neighborhoods served by FQHCs.
- By XX date, will convene X community and clinical public health agencies to explore referral opportunities to increase access to care for populations served by FQHCs.
- By XX date, will train FQHC clinical providers on best practices related to detection and diagnosis, including the incorporation of screening into the annual wellness visit.

**Outcome Metric:** The proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider.

**Process Metrics:**

- # of community health workers hired.
- # and type of partners engaged in referral opportunities.
- # annual wellness visits conducted.

**Organizational Resources:**

- Funding to support CHW services.
- Trained CHWS.
- Relationship with multiple community-clinical partners.
- Staff time to train CHWs on strategies to advance brain health across the life course.
Develop Shared Goals and Long-Term Measures
Use this step to form goals and identify long-term measures for priority issues that address brain health. Considerations for this step:

- Explore the brain health tools and resources, such as the HBI Road Map Action Agenda, Alzheimer’s Disease Facts and Figures, or Healthy People 2030, to learn more about national goals to advance brain health and dementia.
- Consider how HBI Road Map actions align with MAPP priority areas.
- To help center health equity, it is also important to use this step to identify opportunities to elevate focus on groups disproportionately affected by health inequities in brain health and dementia.

“How do we identify areas of shared purpose across many programs including brain health? ... How can we help local health departments take baby steps?”
— Local Public Health Department Leader
Select CHIP Strategies
The strategies your Steering Committee identifies for your CHIP should inform the goal, assessment data, issues profiles, and vision for the CHI process to advance brain health. Work with your CHIP team and relevant stakeholders to identify strategies that focus on opportunities to address the root causes of inequities in brain health, including upstream strategies that focus on addressing systemic injustices. For example, HBI Road Map Action P-4 elevates upstream efforts focused on policy change in systems: Partner with public and private health plans to implement evidence-informed policies and programs that impact social determinants of health related to brain health and cognitive impairment. To help identify evidence-based strategies to inform the CHIP, explore the following resources: HBI Road Map, The Community Guide, and Healthy People 2030.

Example HBI Road Map Action
Consider CHIP strategies that will build a diverse and skilled workforce. For example, explore opportunities to provide evidence-informed training and resources for primary health care providers to reduce stigma and bias about cognitive decline (W-1).

Spotlight on Integration of Brain Health into Practice
In a rural community, a public health nursing leader integrated brain health screening and referral protocols into their community health clinic processes and procedures. This initiative was resourced with external funding. Process measures and the development of clinical protocols across multiple clinics were executed. However, the nursing lead noted that patients were declining screening and that clinic staff was not equipped to motivate patients to participate. The nursing lead identified that these barriers required more staff training and increased patient awareness of possibilities for risk reduction and reduced stigma surrounding discussion of cognitive changes.

Develop Continuous Quality Improvement Action Planning Cycles
To support the implementation of CHIP strategies identified to advance brain health, work with your CHIP team and relevant stakeholders to develop an action plan. Refer to indicators and measures identified in Phase II to help inform objectives and measures included in your action plan. Evaluation is also integral to the development of the action plan to help track the outcomes of your strategies and activities focused on advancing brain health. Consider the following as you develop the action plan:

- Leverage the HBI Road Map Evaluation Tool to support the development of your evaluation plan and tracking of the impact of HBI Road Map actions. Throughout the Road Map, each domain lists desired outcomes for groups of related actions, allowing for state and local public health efforts to work toward collective impact. The tool offers example measures for data collection associated with each action.
- Use Healthy People 2030 target-setting methods to monitor data and progress toward meeting goals and objectives.
- Refer to MAPP for additional guidance on how to develop an action plan.
Monitor and Evaluate the CHIP
Use this step for ongoing monitoring and evaluation of the CHIP according to your action and evaluation plan. These actions are important to ensure CHIP strategies designed to advance brain health are being implemented as planned and provide an opportunity to adjust the strategies to see an impact on brain health in the community. Considerations for this step include:

- Use BRFSS and other data sources, Healthy People 2030, and other tools outlined in Phase II of this guide to help identify targets and monitor indicators. Explore opportunities to align targets for the CHIP with national, state, and local initiatives.

- Share data and information with all relevant stakeholders, decision makers, community partners, and the public to inform and engage them in the process. This is key to sustaining relationships and progress on CHI and advancing brain health. Work with relevant partners to ensure that data and evaluation findings are translated into messaging and communication that is culturally relevant, meaningful, and easy to understand. Refer to the Centers for Disease Prevention Alzheimer’s and Healthy Aging Portal for the latest data, publications, custom reports, and visualizations, as well as the Alzheimer’s Association and the Centers for Disease Control and Prevention for state-specific fact sheets and infographics on Alzheimer’s disease and other dementias, and healthy aging.

Example HBI Road Map Action
Evaluate implementation of CHIP actions to identify success and needed improvements to better advance brain health in the community (M-3).

Summary
Together, MAPP and the HBI Road Map provide a foundation to improve population health and advance brain health across the life course with health equity at the core. This guide, Advancing Brain Health through MAPP, outlines a collaborative public health approach to support CHI efforts focused on advancing brain health. Communities can use this guide in conjunction with MAPP and the HBI Road Map to identify opportunities for a public health approach to dementia and cognitive health that advances health equity by placing value on all individuals and communities.