

COUNTY OF



ALLEGHENY

SARA INNAMORATO
COUNTY EXECUTIVE

Thank you, Chairwoman Madden, Representative Mentzer, and the House Aging and Older Adult Services Committee Members, for allowing me to speak with you. My name is Dr. James Weeden, I am the Program Manager of the Chronic Disease and Injury Prevention Program for the Allegheny County Health Department. Before this position, I was the Healthy Aging Administrator at the Allegheny County Health Department. In addition, I was one of the co-authors of the Building Our Largest Dementia Infrastructure (BOLD) Grant funded through the Centers for Disease Control and Prevention (CDC). I will provide an informative testimony on the work the CDC requires regarding the BOLD grant, and how Allegheny County Health Department is implementing this grant. The information below briefly describes the residents in Allegheny County and the work that has been completed and planned to be done. The CDC approves the work plan, which is an evolving work plan, to adapt to the residents of Allegheny County and implement the plan based on the data and the community's needs.

In January 2023, the Allegheny County Health Department (ACHD) released the 2022 Community Health Assessment (CHA) that informs the Community Health Improvement Plan (CHIP) called the Plan for a Healthier Allegheny 2023-2027 (PHA). Vital statistics data from 2020 identified Alzheimer's disease (ALZ) as the seventh leading cause of death in Allegheny County, with an age-adjusted rate of 25.2 per 100,000 county residents (3.2% of total deaths)^{1,2}. In 2021, 10% of Allegheny County adults 45 years and older experienced "more frequent or worsening confusion or memory loss in the past year," and 16% of caregivers reported that Alzheimer's disease and related dementias (ARD) and cognitive impairment disorders were the main health problem for those they support when surveyed.

This work is in alignment with the PHA by addressing the following goals:

- People of all ages engage in behaviors that promote physical health and reduce the risk of chronic diseases.
- All people have appropriate places to obtain medical care.
- Decrease disparities in life expectancy and chronic disease in Allegheny County
- People participate in programs and activities that support mental health & well-being.
- **Create a Public Health Infrastructure around Alzheimer's Disease and Related Dementia (ARD) in Allegheny County (AC)**
 - Address ARD on a primary, secondary, and tertiary intervention level across the life course
 - **Primary-** reducing risk association with developing ARD (i.e., High Blood pressure, Uncontrolled Diabetes, physical activity)



ALLEGHENY COUNTY HEALTH DEPARTMENT
542 FOURTH AVENUE • PITTSBURGH, PA 15219
PHONE (412) 687-ACHD (2243) • FAX (412) 578-8325
WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT



- **Secondary-** early detection and diagnosis, planning, understanding ways to slow disease development, and potential to enter research studies to learn more about the condition.
- **Tertiary-** resources for people living with ADRD and their caregivers. Support for their caregivers. Education and training for people living with ADRD and their Caregivers.
- **Year one work**
 - **Create a public health coalition to develop a strategic plan to build a public health infrastructure.**
 - The coalition involves a variety of organizations with a focus on addressing AC's most vulnerable residents. The coalition consists of ACHD, Department of Human Services Area Agency of Aging, Jewish Healthcare Foundation, Age-Friendly Greater Pittsburgh, Faith-Based organizations, University of Pittsburgh's Alzheimer's Disease Research Center
 - **Create an evaluation plan based on CDC guidance and metrics**
 - Improved implementation of jurisdiction ADRD goals that are comprehensive across public health domains, ADRD topics, and prevention levels
 - **Increased awareness and understanding of ADRD topics among the general public, providers, and other professionals.**
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 - Number and categories of the general public (including high-burden populations) who received or accessed messages, materials, or training providing information on ADRD topics.
 - The number and categories of providers who received or accessed messages, tools, resources, or training provided information on ADRD topics.
 - **Increased number of community-clinical linkages among health care systems and existing services, public health agencies, and community-based organizations.**
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 - Number and types of jurisdiction primary health care providers have been educated about connecting to existing community-based services and programs regarding ADRD or related modifiable risk factors.
 - Number of jurisdiction community-based service providers and program staff regarding ADRD or related modifiable risk factors have been educated about connecting to primary health care providers or health care systems.
 - **Data Collection to inform a strategic plan to be created in year two**
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 - Community Forums
 - Surveys
 - Existing data, i.e., BRFSS
 - Data analysis
- **Year two work**
 - Create a strategic plan based on the data collected

- Continue to maintain the BOLD coalition
- Received feedback on the strategic plan from people with lived experiences and facilitator
- Send strategic plan for feedback from CDC and approval.
- **Years 3-5 work**
 - Implement strategic plan
 - Continuous improvement process with strategic plan
 - Year 4-5 evaluate work and progress made with the strategic plan.

Thank you,
Dr. James Weeden
Allegheny County Health Department
Chronic Disease and Injury Prevention Program Manager

Sources

1. Division of Health Informatics, Pennsylvania Department of Health. Behavioral Risk Factor Surveillance System (BRFSS). 2021.
2. Death records are then shared with the Allegheny County Health Department through a cooperative agreement that requires the following disclaimer: "These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions."