

Required Grant Application Documents

DOCUMENT A. APPLICATION CHECKLIST

DUE BY 4:00 PM (PST) on Monday, January 6, 2020

Date of Submission: Thursday, January 2, 2020

Application Contact Name: Bonnie Broderick

E-mail: bonnie.broderick@phd.sccgov.org

Organization: County of Santa Clara Public Health Department

Phone: (408) 817-6839

The following documents must be completed and submitted with this Application Checklist by January 6, 2020 4:00 PM (PST) by e-mail.

Application Contents	Please check
Application Checklist (This Form—Document A)	<input checked="" type="checkbox"/>
Grantee Information Form (Document B)	<input checked="" type="checkbox"/>
Narrative Summary Form (Document C)	<input checked="" type="checkbox"/>
Letters of Commitment (Document D)	<input checked="" type="checkbox"/>
Goals and Components (Document E)	<input checked="" type="checkbox"/>
Work Plan (Document F)	<input checked="" type="checkbox"/>
Detailed Budget and Budget Justification (Document G)	<input checked="" type="checkbox"/>

Submit completed application documents via e-mail to: AlzheimersD@cdph.ca.gov

REQUIRED GRANT APPLICATION DOCUMENTS

DOCUMENT B. GRANTEE INFORMATION FORM

1. Organization

Federal Tax ID#: 94-6000533

Name: County of Santa Clara Public Health Department

Mailing Address: 976 Lenzen Avenue, 2nd Floor, San Jose, CA 95126

Street Address:

County: Santa Clara

Phone / Fax: (408) 792-5040

Website: www.sccgov.org/sites/phd

2. Grant Signatory

Name: Cindy Chavez

Title: President, Board of Supervisors

Mailing Address: 70 W. Hedding Ave., 10th Floor, San Jose, CA 95110

Street Address:

Phone / Fax: (408) 299-5001

E-mail: Cindy.Chavez@bos.sccgov.org

3. Project Director

Name: Bonnie Broderick

Title: Senior Health Care Program Manager

Mailing Address: Healthy Communities Branch, 1775 Story Rd, Suite 120; San Jose, CA 95122

Street Address:

Phone / Fax: (408) 817-6839

E-mail: bonnie.broderick@phd.sccgov.org

REQUIRED GRANT APPLICATION DOCUMENTS

DOCUMENT C. NARRATIVE SUMMARY

1. Local Health Jurisdiction: Santa Clara County Public Health Department

2. Type (select all that apply): Coastal Rural Metropolitan

3. Overview of Need for Public Health Action:

Santa Clara County is the sixth largest California county by population, with 1,932,827 individuals of diverse ethnic and economic backgrounds residing in rural, urban, and suburban communities. 38% of the County’s population is foreign born, and 13% is over age 65.¹ Current and projected racial/ ethnic demographics for those over 65:

Year	White		Asian		Latinx		African American		Multi-race	
2020	51	-35%	31	+19%	15	+40%	2	+0%	1.2	+58%
2050	33		37		25		2		1.9	

Source: State of CA, Department of Finance, State & County Population Projections

As shown in Appendix A, Table B, the number of Asian /Pacific Islanders over 65 with Alzheimer’s Disease (AD) is projected to rise to 16,499 by 2030, the third highest count statewide. As the demographics shift, the already-disparate local impact of AD and Related Dementias (ARD) on vulnerable populations will also increase. In 2018, the county-wide age-adjusted death rate due to ARD was 69.4 per 100,000 residents, with a 47% increase over the last decade.^{2,3} In 2018, the countywide women’s ARDR death rate was 1.4 times that of men. African Americans have the County’s highest rate of ARD deaths, at 100.3 per 100,000 residents—nearly 1.5 times the County rate.³ Countywide, African American communities also experience disproportionately high rates of ARD risk factors, including high blood pressure and obesity, each 13% above the County average.⁴ Nearly half of the County’s caregivers live on an annual household income of less than \$50,000, and are much more likely to be women. Local caregivers name stress (30%) and financial burden (26%) as the greatest challenges in their roles.⁵

The 2019–2022 Santa Clara County Public Health Department (SCCPHD) Strategic Plan identifies five priorities to inform its work; three directly align with California Healthy Brain Initiative principles: 1) Leading with race to ensure our systems work to eliminate the root causes of unequal health outcomes; 2) shaping policy to support improved health outcomes; and 3) cultivating cross-sector partnerships to advance collective impact. Also, the SCCPHD 2020-2025 Chronic Disease Prevention Strategic Plan and the 2017 SCC Asian & Pacific Islander Health Implementation Plan identified AD as an emerging public health issue. Based on these priorities, and the disparities above, SCCPHD proposes a Santa Clara County Healthy Brain Initiative (SCCHBI) work plan focused on the following target populations: African American adults and older adults; immigrant communities and their families, with a focus on the growing Asian population; and older adult women & women caregivers. By prioritizing these populations, SCCPHD aims to acknowledge and address current needs, while anticipating the challenges and opportunities of the coming decades. Our vision encompasses broad county-level approaches, appended to tailored activities meeting the target population needs with an aim to reduce disparities and lift all communities.

4. Response to Eliminating Health Disparities:

SCCHBI will take a deliberate approach to eliminating health disparities within target populations by: 1) Meaningfully engaging communities with the greatest disparities in cognitive health and caregiving; 2) leveraging partnerships with multisector agencies

REQUIRED GRANT APPLICATION DOCUMENTS

...serving these communities; 3) embedding culturally and linguistically appropriate activities into the SCCHBI work plan; 4) and designing countywide health approaches to lift all communities. The SCCHBI will be housed in the SCCPHD Healthy Communities Branch, home to the County's chronic disease prevention programs. SCCPHD's Racial and Health Equity staff will aid in ensuring progress toward eliminating health disparities. Significant reach exists across target populations through decades of SCCPHD work (chronic disease prevention, community engagement, coalition building, creating foundations for community-driven health improvement efforts) with African American communities and immigrant populations, particularly Asian diaspora. The Healthy Aging Program has led efforts to mitigate social isolation among immigrant (Latinx & Asian) communities, reinforcing a trusting relationship with immigrant communities. A blossoming collaboration with the Office of Women's Policy allows increased reach with women to champion changes meeting their unique cognitive health and caregiving needs.

5. Commitment to Collaboration and Leveraging Resources:

SCCPHD is deeply committed to collaboration, and the SCCHBI workplan represents a coordinated, partnership-based approach to embedding cognitive health in public health practice. We will prioritize cognitive health within chronic disease prevention by leveraging established partner networks (ex. Diabetes Prevention Collaborative, Tobacco-Free Coalition). Our Healthy Aging Program also maintains a base of over 100 multi-sector partners including the Department of Aging and Adult Services (DAAS), Stanford Healthcare, Valley Medical Center, PRNS, Asian Americans for Community Involvement, the Health Trust, AARP, and San Jose State University. Recently, numerous partners were engaged in a chronic disease strategic planning process, extending SCCHBI's potential for success in bridging cognitive health with chronic disease prevention. In keeping with this culture of partnership, SCCPHD began SCCHBI planning with two convenings of cross-sector community, healthcare, nonprofit, and advocacy partners to gather input, create linkages, and build buy-in for collective action. This process established SCCPHD's role as a facilitator, policy driver, and strategic lead for SCCHBI.

With the work plan as a guide, one of the SCCPHD Health Program Specialists critical roles will be in fostering development of a shared agenda, building success through collaboration, and driving meaningful change. The work plan contains multiple channels for demonstration of program accomplishments, including through Brain Health Summits, the dissemination of evaluation results via reports to County Board of Supervisors (P-3, O2), and advocacy to the County Executive Office for advancement of a proposed Countywide Dementia Plan and Caregiver Resource Center (P-3, O1).

Beyond in-kind resources included in letters of commitment, DAAS, PRNS, and others will provide space free of charge for trainings and summits, while the many partners described here will provide key intellectual and social resources to support impact across the County's cognitive health landscape.

¹ Census Bureau 2013-17 American Community Survey

² Due to a change in the cause of death reporting practices by some certifiers, AD deaths reported between 2012 and 2017 appear low in Santa Clara County. Consequently, the data in Appendix C, Table A does not accurately reflect the impact of AD in Santa Clara County.

³ SCCPHD, Vital Records Business Intelligence System, CA Comprehensive Death File, 2014-2018.

⁴ Santa Clara County Public Health Department 2013 – 2014 Behavioral Risk Factor Survey

⁵ Santa Clara County Public Health Department 2009 Behavioral Risk Factor Survey

REQUIRED GRANT APPLICATION DOCUMENTS

DOCUMENT D. LETTER OF COMMITMENT (1)

800.272.3900
alz.org®

Northern California
& Northern Nevada
Chapter Headquarters
2290 N. First St., Suite 101
San Jose, CA 95131

408.372.9900 office
800.272.3900 24/7 helpline

alzheimer's  association®

December 7, 2019

Since 1981, the Northern California & Northern Nevada Chapter of the Alzheimer's Association has worked to advance prevention and management of Alzheimer's disease through education, research, advocacy, caregiver support and mobilization of our extensive volunteer base. As a leading regional voice for addressing cognitive health, I am writing in strong support for the Santa Clara County Public Health Department's (SCCPHD) application for funding under the California Department of Public Health Alzheimer's Disease Program – Request for Application #19-10704.

The Alzheimer's Association is a national voluntary health organization pioneering progress in disease care, support and research with the vision of a world without Alzheimer's disease and the mission of reducing the risk of dementia through promotion of brain health. Research has shown us just this year that there are things we can do now to reduce our risk of developing dementia. Public concern, awareness and action are vital to making sure that those at the highest risk have every opportunity to take action today. SCCPHD continues to be a public health innovator, championing reduction in health disparities through policy, systems and environmental change. Through a strengthened partnership with SCCPHD, our chapter seeks to elevate shared values of equity, accountability and collaboration. We are committed to working in tandem with SCCPHD to advance the components listed below through the following approaches:

- E-1 – Create culturally-tailored materials in tandem with community experts to reach diverse communities countywide (Asian subpopulations, African American, Latino, LGBTQ and others) and extend educational reach through existing programs.
- E-7 – Extend impact by piloting one or more train-the-trainer workshop(s) using the Healthy Living for | Your Brain & Body program designed to educate communities on links between physical and cognitive health.
- P3 – Advance policy action through 2021 and 2022 California State Advocacy Days with SCCPHD support in development of recommendations for the Governor's Taskforce on Alzheimer's Prevention & Preparedness and legislative visits.

Additionally, the Alzheimer's Association will continue to support efforts within the initiative as opportunities arise, providing subject matter expertise, guidance and support using Alzheimer's Association resources to match the scope of work. We are eager to optimize impact through collective efforts with SCCPHD and feel certain that SCCPHD is equipped to make significant strides to improve health and wellbeing for those living with dementia as well as those at risk of cognitive decline.

Warm regards,



Claire Day
Chief Program Officer

Regional Offices: Chico | Fresno | Lafayette | Monterey | Reno | Sacramento | San Francisco | San Jose | San Rafael | Santa Cruz | Santa Rosa

REQUIRED GRANT APPLICATION DOCUMENTS

DOCUMENT D. LETTER OF COMMITMENT (2)

County of Santa Clara
Office of the County Executive
Office of Women's Policy
Division of Equity and Social Justice
2460 N 1st St., Ste 220
San Jose, CA 95131
(408) 678-1473



Date: December 20, 2019

Dear California Department of Public Health Alzheimer's Disease Program,

As an organization championing equity, the Santa Clara County Office of Women's Policy (OWP) strongly supports the Santa Clara County Public Health Department's (SCCPHD) application for funding under the California Department of Public Health Alzheimer's Disease Program - Request for Application #19-10704.

Santa Clara County established the Office of Women's Policy 21 years ago which, along with other offices in the newly formed Division of Equity and Social Justice, identifies and addresses current and emerging issues for women and girls, which includes working with stakeholders within the County. Along with five Commissions that we staff including one of the oldest Commission on the Status of Women in the nation, we have implemented policy changes like banning shackling of pregnant women, produced policy documents like our Intimate Partner Violence Prevention report, and conducted public trainings like a recent training for 89 women across the County on becoming trainers on the new California Voters Choice Act. With a focus on gender equity, OWP recognizes the immense need for strengthening prevention of cognitive decline through a public health model, as well as ensuring proper support for family caregivers who are disproportionately women and largely living in households with an annual household income below \$50,000. OWP prioritizes women's leadership and economic advancement, both of which are essential to a strong caregiving workforce for the growing older adult demographic. Additionally, in Santa Clara County, women are more 1.4 times as likely to pass from Alzheimer's disease, illuminating the need to place an intentional lens on women's health in relation to cognitive decline, Alzheimer's disease and related dementias.

Through dedication of departmental resources and commitment under the department's strategic plan, SCCPHD continues to be a pioneer in placing equity at the forefront of their work. Our strong partnership with SCCPHD will allow

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Corfese, Susan Ellenberg, S. Joseph Simitian
County Executive: Jeffrey V. Smith

REQUIRED GRANT APPLICATION DOCUMENTS

December 23, 2019

Page 2 of 2

us to work in concert to advance the components listed below through the following approaches:

- E-7 – Identify opportunities to support women caregivers' financial stability, health and wellbeing
- P1 – Host women caregiver's community conversations to understand areas of highest need and opportunities to provide support
- P3 – Collaborate to support women's health through policy given disproportionate rate of dementia among women and greater representation in the formal and informal caregiving workforce
- Work with SCCPHD on their ongoing Chronic diseases prevention strategic plan where we can continue to work on women's health.

OWP will commit to working with SCCPHD as part of our outreach goals and will add this project, if funded, as part of the workplan for our community outreach specialist as well as allocate resources from current management analyst staffing to assist in collaborations with SCCPHD while continuing to support efforts within the initiative as opportunities arise. We are enthusiastic about the prospect of improving health and wellbeing for women affected by dementia and their caregivers.

The work that our office has done in the last two decades has included critical partners like public health and law enforcement who can use their expertise to benefit our stakeholders who are, for simplicity purposes, at least one half of our population. We look forward to continuing our partnership with SCCPHD to serve the residents of our County.

Thank you.

Sincerely,



Protima Pandey
Director, Office of Women's Policy
Division of Equity and Social Justice
County of Santa Clara

REQUIRED GRANT APPLICATION DOCUMENTS

DOCUMENT D. LETTER OF COMMITMENT (3)

County of Santa Clara Social Services Agency



Department of Aging and Adult Services
353 West Julian Street
San Jose, California 95110-2335
(408) 755-7600

November 22, 2019

Santa Clara County, Public Health Department
1775 Story Road
San Jose, CA 95122

RE: CA Department of Public Health Alzheimer's Disease Program – Request for Application #19-10704.

I am writing this letter in enthusiastic support of the Santa Clara County, Public Health Department's (SCCPHD) application for funding under the California Department of Public Health Alzheimer's Disease Program – Request for Application #19-10704.

As the County's agency tasked with promoting safe, independent lifestyles for seniors through delivery of protective services, quality nutrition and supportive in-home services, the Santa Clara County, Department of Aging and Adult Services (DAAS) is committed to advancement of best practices and innovative approaches to improving physical and cognitive health. For years, SCCPHD has been a leader in chronic disease prevention and has been a key partner of DAAS in advancing our age-friendly initiative. In addition, the County of Santa Clara is one of the founding communities for Dementia Friendly America. DAAS and SCCPHD have shared a strong, decades-long alliance allowing for improved health and wellbeing of older adults in our community through the lens of public health, social services and social determinants of health. Through the years, SCCPHD has sustained efforts that emerged as collaborations with DAAS, including development of a distinct Healthy Aging Program under the SCCPHD Healthy Communities Branch, extending reach of chronic disease prevention to older adults through the Senior Nutrition Program and building a robust community of partners to champion falls prevention.

In alignment with the proposal submitted by SCCPHD, DAAS commits to the following through a partnership-based approach to achieving success:

- M3 – Utilize and propagate surveillance data related to cognitive health to inform program delivery.

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, S. Joseph Simitian
County Executive: Jeffrey V. Smith

REQUIRED GRANT APPLICATION DOCUMENTS

- **W-1- Educate professionals in aging, emergency services, college students and elected officials, on brain health and cognitive aging through annual Brain Health Summits.**
- **E1 & P3 - Expand reach of the Dementia Friends program to build awareness of brain health and cognitive decline among the general public and policymakers.**
- **E-7 – Extend reach of CareMap workshops to strengthen individual caregiver well-being and caregiver community resilience.**
- **P-3 – Integrate recommendations and progress in the area of brain health into annual reports to the Santa Clara County Board of Supervisors to elevate importance as a local policy priority area.**

Additionally, DAAS will support efforts within the initiative as opportunities arise. We feel certain that SCCPHD is equipped to carry out valuable and transformative efforts in the area of brain health through a commitment to equity, cross-sector collaboration and sustainable impact. The Santa Clara County Department of Aging and Adult Services strongly supports continued and emerging efforts to embed cognitive health as a fundamental element of public health practice.

Regards,



James Ramoni, Director

PART II. REQUIRED GRANT APPLICATION DOCUMENTS

DOCUMENT E. GOALS AND COMPONENTS

Goal 1 Monitor and Evaluate (required): Monitoring data and evaluating programs to contribute to evidence-based practice

#	Component Description	Long-Term Results
<input checked="" type="checkbox"/> M-3	Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to cognitive health, impairment, and caregiving.	Improved decision making using state and local data
<input type="checkbox"/> M-4	Embed evaluation into training and caregiving support programs to determine program accessibility, effectiveness, and impact.	Improved decision making using state and local data
<input type="checkbox"/> M-5	Estimate the gap between workforce capacity and anticipated demand for services to support people with dementia and their caregivers.	Improved decision making using state and local data

Goal 2 Education and Empowerment: Education and empowerment of the public with regard to brain health and cognitive aging.

#	Component Description	Long-Term Results
<input checked="" type="checkbox"/> E-1	Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis.	Informed public
<input checked="" type="checkbox"/> E-2	Integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic condition management for people across the life span.	Informed public
<input type="checkbox"/> E-3	Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers' health and well-being.	Informed public
<input type="checkbox"/> E-4	Promote prevention of abuse, neglect, and exploitation of people with dementia.	Informed public
<input type="checkbox"/> E-5	Provide information and tools to help people with dementia and caregivers anticipate, avert, and respond to challenges that typically arise during the course of dementia.	Informed people with dementia and caregivers
<input type="checkbox"/> E-6	Strengthen knowledge about, and greater use of, care planning and related tools for people in all stages of dementia.	Informed people with dementia and caregivers

REQUIRED GRANT APPLICATION DOCUMENTS

#	Component Description	Long-Term Results
<input checked="" type="checkbox"/> E-7	Improve access to and use of evidence-informed interventions, services, and supports for people with dementia and their caregivers to enhance their health, well-being, and independence	Informed people with dementia and caregivers

Goal 3 Policy Development and Mobilizing Partnerships: Mobilizing public and private partnerships to engage local stakeholders in effective community-based interventions and best practices.

#	Component Description	Long-Term Results
<input checked="" type="checkbox"/> P-1	Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia.	Science translated into practice and policies
<input checked="" type="checkbox"/> P-3	Support better informed decisions by educating policymakers on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health in addressing this priority problem.	Science translated into practice and policies
<input type="checkbox"/> P-4	Improve inclusion of healthcare quality measures that address cognitive assessments, the delivery of care planning to people with diagnosed dementia, and improved Results.	Science translated into practice and policies
<input type="checkbox"/> P-5	Engage public and private partners in ongoing planning efforts to establish services and policies that promote supportive communities and workplaces for people with dementia and their caregivers.	Supportive communities and workplaces
<input type="checkbox"/> P-6	Assure public health plans that guide emergency preparedness and emergency response address the special needs of people with dementia and their caregivers, support access to critical health information during crises, and prepare emergency professionals for situations involving people with dementia.	Supportive communities and workplaces

Goal 4 Assure a Competent Workforce: Ensuring a competent workforce by strengthening the knowledge, skills, and abilities of health care professionals who deliver care and services to people with Alzheimer’s disease and other dementias and their family caregivers.

#	Component Description	Long-Term Results
<input checked="" type="checkbox"/> W-1	Educate public health and healthcare professionals on sources of reliable information about brain health and ways to use the information to inform those they serve.	Improved practice in promoting health and reducing risk

REQUIRED GRANT APPLICATION DOCUMENTS

#	Component Description	Long-Term Results
<input type="checkbox"/> W-2	Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being.	Improved practice in promoting health and reducing risk
<input type="checkbox"/> W-3	Educate public health professionals about the best available evidence on dementia (including detection) and dementia caregiving, the role of public health, and sources of information, tools, and assistance to support public health action.	Improved early detection and diagnosis
<input type="checkbox"/> W-4	Foster continuing education to improve healthcare professionals' ability and willingness to support early diagnoses and disclosure of dementia, provide effective care planning at all stages of dementia, offer counseling and referral, and engage caregivers, as appropriate, in care management.	Improved early detection and diagnosis
<input type="checkbox"/> W-5	Strengthen the competencies of professionals who deliver healthcare and other care services to people with dementia through interprofessional training and other strategies.	Improved professional care for people with dementia
<input type="checkbox"/> W-6	Educate healthcare professionals about the importance of treating co-morbidities, addressing injury risks, and attending to behavioral health needs among people at all stages of dementia.	Improved professional care for people with dementia
<input type="checkbox"/> W-7	Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services.	Improved professional care for people with dementia

PART II. REQUIRED GRANT APPLICATION DOCUMENTS

DOCUMENT F. WORK PLAN

STATE FISCAL YEARS 1, 2 & 3

6/1/2020 upon approval - through 6/30/2022

Goal Component: M-3 M-4 M-5

Objective 1: In collaboration with key organizations including the Santa Clara County Department of Aging and Adult Services (DAAS) and the Northern California and Northern Nevada Chapter of the Alzheimer’s Association, conduct a community needs assessment to inform successful Santa Clara County Healthy Brain Initiative (HBI) implementation.

Activities	Deliverables	Time Frame	Responsible Party
1.1 Review existing primary and secondary data on Alzheimer’s Disease and Related Dementias (ADRD), disparities and risk factors in Santa Clara County.	1.1.1 Data summary	Year 1 - Year 2 (Y1 - Y2) By 8/3/20	HPS (HPS) & Public Health Epidemiologist
1.2 Conduct a comprehensive scan of community providers, services, healthcare systems and organizations reaching priority populations.	1.2.1 Community scan final report	(Y1 - Y2) By 8/3/20	HPS
1.3 Capture qualitative data through implementation of 3 focus groups with caregivers focused on priority populations – African American community, women, immigrant communities (focused on Asian population) – to capture caregiver needs, existing assets and opportunities for impact.	1.3.1 Three focus group summaries delineating strengths, weaknesses, opportunities and gaps	(Y1 - Y2) By 9/30/20	HPS & Public Health Epidemiologist
1.4 Capture qualitative data through implementation of 3 focus groups with community providers and partners focused on priority populations – African American community, women, immigrant communities (Asian, Latinx and emerging) – to understand community assets, gaps, needs of those living with ADRD and those at risk, and data needs.	1.4.1 Three focus group summaries delineating strengths, weaknesses, opportunities and gaps	(Y1 - Y2) By 10/1/20	HPS & Public Health Epidemiologist

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
1.5 Identify and document gaps in current data collection and surveillance.	1.5.1 List of data gaps and opportunities for improved data collection and surveillance.	(Y1 - Y2) By 10/15/20	HPS & Public Health Epidemiologist
1.6 Conduct a focused review of existing evidence-based, evidence-informed and innovative practices utilized across the nation to address ADRD, caregiver health and prevent cognitive impairment that can be utilized in response to identified needs from 1.4 and 1.5.	1.6.1 Documentation of evidence-based, evidence-informed, and innovative practices that could be implemented locally	(Y1 - Y2) By 10/15/20	HPS
1.7 Complete project planning phase. Analyze all data components from M-3 activities 1.1 – 1.5 and recommendations based on 1.6 to form community needs assessment report to inform SCCHBI implementation.	1.7.1 Final Community Needs Assessment Report that includes key findings and recommendations	(Y2) By 1/4/2021	HPS & Student Intern

Objective 2: Create a robust primary & secondary data monitoring & surveillance system to capture accurate, representative data on ADRD, cognitive decline and caregivers, with the goal using data to drive effective programs and policies through 6/30/22, and designed for sustainability beyond the grant term.

Activities	Deliverables	Time Frame	Responsible Party
2.1 Collaborate with public health epidemiology staff to determine effective and feasible means to capture accurate primary data on ADRD, subjective cognitive decline and caregiving – particularly given variation in death certificate reporting practices.	2.1.1 Selected primary data collection approach(es)	(Y2) By 9/1/20	HPS & Public Health Epidemiologist
2.2 Based on deliverable 2.1.1 collect primary data through a surveillance system such as the Behavioral Risk Factor Survey (BRFS) Cognitive Decline Module, BRFS Caregiver Module and/ or via a composite mechanism including intercept surveys conducted in-person, focus groups and key informant interviews. Data collection to occur annually in years 2 and 3.	2.2.1 Final data collection tools 2.2.2 Summary of primary data collected	(Y2) By 11/1/20 (Y3) By 11/1/21	Public Health Epidemiologist

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
2.3 Capture dementia hospitalization data annually in years 2 and 3.	2.3.1 Dementia hospitalization data summary	(Y2) By 11/1/20 (Y3) By 11/1/21	Public Health Epidemiologist
2.4 Collaborate with public health epidemiology and research & development team to develop a proxy means for estimating healthcare costs associated with ADRD and compile data annually.	2.4.1 Documentation of proxy estimation mechanism 2.4.2 Estimated ADRD healthcare costs summary	(Y2) By 11/1/20 (Y3) By 11/1/21	HPS & Public Health Epidemiologist
2.5 Compile all data into a report to share with stakeholder across multiple sectors	2.5.1 Data Report 2.5.2 Report dissemination plan that may include a story map for public access	(Y2) By 11/1/20 (Y3) By 11/1/21	HPS

Objective 3: Develop annual (years 2&3) multilingual, culturally-tailored cognitive health fact sheets based on Community Needs Assessment (M-3 objective 1) and surveillance data (M-3 objective 2), for use to inform programs and policy. Each activity below recurs in years 2 and 3.

Activities	Deliverables	Time Frame	Responsible Party
3.1 Develop at least 4 fact sheets geared toward specific audiences – general public, healthcare providers, community-based organizations and policymakers. Fact sheets should include key data on ADRD within the county, community-specific data as appropriate, caregiver data, disparities, and recommended actions for the audience.	3.1.1 At least four final fact sheets geared towards specified audiences	(Y2) By 12/31/20 (Y3) By 12/31/21	HPS & Public Health Epidemiologist
3.2 Work with partners and key community members to identify critical ethnic-specific messages and language needs for subpopulations for each of the 4 fact sheets and develop culturally-tailored messaging.	3.2.1 Selected languages and priority populations for each fact sheet	(Y2) By 12/31/20 (Y3) By 12/31/21	HPS

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
3.3 Coordinate with Santa Clara County Health and Hospital System Language Services and SCCPHD team to have selected fact sheets translated and adapted to meet priority population needs.	3.3.1 Translated & culturally adapted fact sheets	(Y2) By 2/1/21 (Y3) By 2/1/22	HPS & Health & Hospital System Language Services
3.4 Ensure updated online access to fact sheets and other primary and secondary data through Public Health websites, including the SCC Open Data Portal.	3.4.1 Website content	(Y2) By 4/1/21 (Y3) By 4/1/22	HPS & Public Health Communications

Objective 4: Utilize the results-based accountability framework to create a written SCCHBI evaluation and performance management plan for submission to CDPH Alzheimer’s Disease Program by 12/1/20. Administer ongoing performance monitoring of SCCHBI workplan objectives to guide program improvement and contribute to the evidence base.

Activities	Deliverables	Time Frame	Responsible Party
4.1 Develop a SCCHBI Logic Model including inputs, outputs and outcomes.	4.1.1 Completed SCCHBI Logic Model	(Y2) By 12/1/20	HPS & Student Intern
4.2 Partner with the PHD Research & Evaluation team and key stakeholders to attach measurable metrics to all inputs, outputs and outcomes to track performance and impact. Metrics should include performance measures (partnerships established, reach, ratios, counts etc.), intermediate outcomes (behavior change, knowledge increase etc.) and long term outcomes (population health outcomes, disaggregated outcomes by race and gender etc.)	4.2.1 Selected metrics for all inputs, outputs and outcomes	(Y2) By 12/1/20	HPS, the SCCPHD Research and Evaluation staff, Student Intern, SCCPHD Racial & Health Equity Staff
4.3 Assemble an SCCHBI Evaluation & Performance Management Plan to gauge progress & impact across all work plan objectives.	4.3.1 Draft SCCHBI Evaluation & Performance Management Plan	(Y2) By 12/1/20	HPS, the SCCPHD Research and Evaluation staff & Student Intern
4.4 Submit final SCCHBI Evaluation & Performance Management Plan to CDPH Alzheimer’s Disease Program.	4.4.1 Final SCCHBI evaluation plan	(Y2) By 12/1/20	HPS & Student Intern

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
4.5 Coordinate with Responsible Party, as needed, to provide tools for performance monitoring, guidance on performance management process and ongoing updates.	4.5.1 Performance monitoring tools as needed for objectives	(Y2 - Y3) By 6/30/22	HPS
4.6 Continuously use evaluation plan throughout SCCHBI lifespan to monitor performance, demonstrate impact and make improvements.	4.6.1 Updated performance management system showing SCCHBI progress	(Y2 - Y3) By 6/30/22	HPS & Student Intern
4.7 Develop & provide completed 25-month evaluation report to CDPH	4.7.1 Final evaluation report	(Y3) By 6/30/22	HPS, the SCCPHD Research and Evaluation Staff

Goal Component: E-1 E-2 E-3 E-4 E-5 E-6 E-7

Objective 1: Partner with the Santa Clara County Department of Aging and Adult Services to expand reach of the evidence-informed Dementia Friends Program, adding a minimum of 200 members of the general public, by 6/30/22. Embed within larger efforts to build dementia-friendly communities through stakeholder mobilization and local policymaker engagement (component P-3).

Activities	Deliverables	Time Frame	Responsible Party
1.1 Promote Dementia Friends as an opportunity to build an understanding of cognitive aging, learn ways to support those living with ADRD and take action towards Dementia-Friendly Communities in Senior Centers and other environments	1.1.1 List of enrolled Dementia Friends across multiple sectors and organizations	(Y2 – Y3) 7/1/20 – 6/30/22	HPS
1.2 In tandem with Dementia Friends promotion, propagate messages from evidence-based Person-Centered Dementia Care Framework on emphasizing dignity, relative autonomy and participatory decision making for those living with ADRD.	1.2.1 Documented message reach	(Y2 – Y3) 7/1/20 – 6/30/22	HPS
1.3 Continually engage enrolled Dementia Friends in learning opportunities and policy action through events including 2021 and 2022 California State Advocacy Day (P-3)	1.3.1 List of engagement opportunities and events	(Y2 – Y3) 7/1/20 – 6/30/22	HPS

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
	1.3.2 Compilation of key system and program changes		

Objective 2: Build public awareness through messaging and education on cognitive aging, cognitive health discussions with healthcare providers and prevention through development and delivery of target-population specific, culturally- messaging and education, in addition to population-level messaging.

Activities	Deliverables	Time Frame	Responsible Party
2.1 Develop tailored messages for three priority populations geographically distributed across the county: African Americans, women (focus on ages 40+ and low-income), immigrant communities (primarily Latinx and Asian diaspora), in collaboration with the Alzheimer’s Association.	2.1.1 Proposed messages developed with community input	(Y2) By 1/30/21	To Be Determined (TBD) Subcontractor #1
2.2 Host at least 3 focus groups to develop and pilot messages among priority populations, and identify optimal approaches for education and message delivery to priority populations.	2.2.1 Focus group summaries with key learnings	(Y2) By 3/30/21	TBD Subcontractor #1 & Office of Women’s Policy Management Analyst
2.3 Based on message pilot, translate and refine messages as needed to meet the needs of the priority populations	2.2.2 Translated and tailored messages 2.3.2 Messaging compendium in English and with translations	(Y2) By 3/30/21	TBD Subcontractor #1 and Health & Hospital System Language Services
2.4 Deliver key messages, lead education and engage immigrant priority communities & women over age 65 in conversations on cognitive health through models proposed by TBD Subcontractors and guided by Office of Women’s Policy.	2.4.1 Reach documented through number of message impressions 2.4.2 Direct education reach number 2.4.3 Two narrative stories documenting community engagement & education	(Y2 – Y3) 1/30/21 - 6/30/22	TBD Subcontractor #1 & Office of Women’s Policy Management Analyst

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
2.5 Support contractors by leveraging existing partnerships with Senior Centers, Community-Based Organizations (Black Leadership Kitchen Cabinet, Asian Americans for Community Involvement, Korean American Community Services, etc.) to support message development and delivery.	2.5.1 SCCHBI Partnership list	(Y2 – Y3) 1/30/21 – 6/30/22	HPS
2.6 Identify channels for use of evidence-informed Ad Council Alzheimer’s campaign to build public awareness and deliver messaging through selected channels.	2.6.1 Ad impressions – reach 2.6.2 Key informant interviews	(Y2 – Y3) 1/30/21 – 6/30/22	HPS & Public Health Communications Staff
2.7 Utilize social media networks to promote messaging to specified audiences.	2.7.1 Social media impressions - reach	(Y2 – Y3) 1/30/21 – 6/30/22	HPS & Public Health Communications Staff

Objective 3: Pilot an innovative faith-based cognitive decline prevention and education intervention reaching the African American community through adaptation of resources from the National Brain Health Center for African Americans, South Carolina Heart Health is Brain Health and other evidence-informed practices, for ongoing program delivery through 6/30/22 and sustained beyond the grant term.

Activities	Deliverables	Time Frame	Responsible Party
3.1 Create a Faith Toolkit (review and adaption of resources from the National Brain Health Center for African Americans, innovative South Carolina Heart Health is Brain Health campaign, innovative Memory Sunday program and relevant pieces of the Community Needs Assessment Report) for use within Santa Clara County’s African American faith community to promote prevention of ADRD through heart health, physical activity, nutrition and other healthy behaviors; encourage conversations with healthcare providers about cognitive health; and discuss care planning with providers and family.	3.1.1 Draft of Faith Toolkit	(Y2) By 2/28/21	TBD Subcontractor #2 & Graphic Design Consultant

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
3.2 Partner with African American community agencies and community leaders to review, adapt, and test resources with priority community (African American adults) to ensure cultural-relevance for Santa Clara County community.	3.2.1 Final Faith toolkit	(Y2) By 3/30/21	TBD Subcontractor #2 & Graphic Design Consultant
3.3 Build a partnership with faith leaders or health ministries at faith sites reaching African American congregations to build buy-in for use of adapted resources related cognitive health.	3.3.1 List of engaged faith-based organizations	(Y2) By 4/30/21	TBD Subcontractor #2
3.4 Obtain commitment from 5 faith sites to pilot revised Faith Toolkit.	3.4.1 Letters of Agreement with 5 faith sites	(Y2) By 5/30/21	TBD Subcontractor #2
3.6 Train faith leaders and health ministries on integrating Faith Toolkit into services and other faith-based events; gathering qualitative data to demonstrate cultural relevance and impact; and creating a model for sustainability.	3.6.1 Training content	(Y2) By 6/30/21	TBD Subcontractor #2
3.7 5 faith sites integrate Faith Toolkit into services and other faith-based events.	3.7.1 Documented services and events with Faith Toolkit integration	(Y2 – Y3) 5/30/21 - 6/30/22	5 Faith Sites - Leadership
3.8 Develop and implement knowledge increase and behavior change evaluation and administer to assess Faith Toolkit impact.	3.8.1 Evaluation results	(Y2 – Y3) By 6/30/22	TBD Subcontractor #2
3.9 Provide ongoing support to faith communities through training, technical assistance, and resources support for specific activities. Ensure support builds toward long term sustainability.	3.9.1 Documentation of activities supported 3.9.2 Estimated reach of each faith site 3.9.3 List of trained organizations, people and capacity summary for sustainability	(Y2 – Y3) 5/30/21 –6/30/22	TBD Subcontractor #2
3.10 Assist in building ties between the faith community and the public health department to strengthen program sustainability model.	3.10.1 Documented partnership efforts	(Y2 – Y3) 5/30/21 –6/30/22	TBD Subcontractor #2, HPS & SCCPHD Team

REQUIRED GRANT APPLICATION DOCUMENTS

Goal Component: E-1 E-2 E-3 E-4 E-5 E-6 E-7

Objective 1: Integrate evidence-informed messaging (link between healthy eating, physical activity, head trauma, tobacco prevention & improved cognitive health) into existing health communications via public health chronic disease prevention programs and other public health programs, including ethnically focused *African, African Ancestry Health and Heritage Month* and Latinx-focused *Binational Health Month*, to extend reach of cognitive health messages via established channels, by 6/30/22.

Activities	Deliverables	Time Frame	Responsible Party
1.1 Leverage existing relationships with internal partners (Healthy Aging, Diabetes Prevention Program, Tobacco-Free Communities, CalFresh Healthy Living, Oral Health, Active & Safe Communities, Healthy Cities, Public Health Communications) to establish ongoing mechanism to gather messaging channels, messaging frequency, audiences, message content, and opportunities for integration of brain health messages.	1.1.1 Meeting documentation 1.1.2 Message integration into PH programs and system changes	(Y1 – Y3) 6/1/20 – 6/30/22	HPS, SCCPHD Team & Student Intern IV
1.2 Embed evidence-informed messages and tailored messages created in E-1 2.1 & E-1 2.3 into communications as determined by E-2 1.1	1.2.1 Communications with brain health messages	(Y1 – Y3) 6/1/20 – 6/30/22	HPS, SCCPHD Team & Student Intern IV
1.3 Collaborate with Tobacco-Free Communities, Diabetes Prevention Program and the Alzheimer’s Association on a minimum of 3 events annually in years 2&3 to deliver joint messaging and education	1.3.1 Scope of events 1.3.2 Event presentations	Recurring 3 times annually: (Y2 – Y3) 7/1/20 – 6/30/22	HPS, Student Intern IV & SCCPHD internal partners
1.4 In years 2&3, utilize strong relationship with Falls Prevention of Santa Clara County (FPSCC) to create and disseminate joint falls, head trauma and cognitive impairment risk factor messaging during September, Falls Prevention Awareness Month	1.4.1 Documentation of communications and education in September 2021 & 2022	Recurring once annually: (Y2) 9/1/20 – 9/30/20 (Y3) 9/1/21 – 9/30/21	HPS Student Intern IV & Healthy Aging Planning Specialist

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
1.5 Leverage partnerships with Regional Medical Center nurses, Valley Medical Center nurses and San Jose Parks Recreation & Neighborhood Services to collaboratively deliver Falls Prevention & Cognitive Health presentations to seniors at 12 community centers annually in years 2&3	1.5.1 Presentation list 1.5.2 Presentation slides	Recurring 12 times annually: (Y2 – Y3) 7/1/20 – 6/30/22	HPS, Student Intern IV & Healthy Aging Planning Specialist
1.6 Collaborate with appropriate SCCPHD leads to deliver culturally tailored messages through annual (years 2&3) events during SCCPHD-led African, African Ancestry Health & Heritage Month; and Binational Health Month	1.6.1 List of message delivery points via presentation, direct education, or other communication channels during each annual event series	(Y2) By 2/28/21 (Y3) By 10/30/21	HPS, Student Intern IV & SCCPHD internal partners

Goal Component: E-1 E-2 E-3 E-4 E-5 E-6 E-7

Objective 1: Improve access to and utilization of innovative and evidence-informed resources for people living with ADRD and caregivers within the three selected priority populations (African Americans, women, and immigrant communities) through collaborative learning & information sharing and establishment of resource hubs.

Activities	Deliverables	Time Frame	Responsible Party
1.1 Create a <i>Learning Community</i> consisting of stakeholders reaching older adults in three priority populations (existing partners and newly identified partners) to share best practices, innovations and community learning with the goal of amplifying reach and impact for those with ADRD and their caregivers.	1.1.1 Learning Community membership list	(Y2 – Y3) By 6/30/22	HPS
1.2 Strengthen partnership with the Family Caregiver Alliance and engage in the newly developed <i>Learning Community</i> in increasing reach of evidence-informed resources to caregivers in three priority populations.	1.2.1 Partnership meeting documentation	(Y2 – Y3) By 6/30/22	HPS

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
1.3 Develop a model for ongoing <i>Learning Community</i> information sharing, including 2 annual in-person meetings (years 2&3) and electronic communication channels to facilitate a learning exchange on innovations in serving those living with ADRD and caregivers (family & professional), best practices, lessons learned locally etc.	1.3.1 In-person meeting summaries 1.3.2 Electronic communications eg. E-newsletter	(Y2) By 6/30/21 (Y3) By 6/30/22	HPS
1.4 Collaborate with the SCC Office of Women's Policy (OWP) to identify and employ means to support women caregivers' financial security, health and wellbeing through existing programs and services.	1.4.1 Identified methods and actions for supporting women caregivers through existing means	(Y2 – Y3) By 6/30/22	HPS & SCC Office of Women's Policy Management Analyst
1.5 Pilot at least one Healthy Living for Your Brain & Body train-the-trainer workshop in tandem with the Alzheimer's Association.	1.5.1 Workshop registration list	(Y2 – Y3) By 6/30/22	Alzheimer's Association Staff
1.6 Establish Letters of Agreement with a minimum of 3 Senior Centers (geographically distributed) to serve as ADRD and caregiver resource hubs. Provide current resources and information from the Learning Community for dissemination to caregivers and residents living with ADRD. Ensure bi-directional information sharing between yet to be established County Caregiver Resource Center (P-6) and Senior Center Hubs.	1.6.1 Senior center Letters of Agreement	(Y2 – Y3) By 6/30/22	HPS
1.7 Build on partnership with the SCC Office of Immigrant Relations to identify avenues to promote positive conversations and support systems for informal caregivers across generations.	1.7.1 Partnership meeting documentation 1.7.2 Documentation of program and system changes	(Y2 – Y3) By 6/30/22	HPS
1.8 Convene TBD Subcontractors in person or via phone at least 3 times to encourage best practice exchange and resource sharing.	1.8.1 Resource exchange documentation	(Y2 – Y3) By 6/30/22	HPS

REQUIRED GRANT APPLICATION DOCUMENTS

Objective 2: Deliver 2 selected Caregiver Trainings in at least 3 languages where need exists based on Community Needs Assessment Report to build caregiver knowledge and capacity to support their own health needs.

Activities	Deliverables	Time Frame	Responsible Party
2.1 Build on existing partnership with the Area Agency on Aging Public Authority and Family Caregiver Alliance to plan culturally-tailored caregiver trainings in at least 3 languages identified as gap areas in the Community Needs Assessment.	2.1.1 Partnership meeting documentation	(Y2) By 3/30/21	Caregiver Training Organization - Procured
2.2 Engage partners in selection of culturally appropriate evidence-based, evidence-informed or innovative trainings.	2.2.1 Selected trainings (tools, presentations, materials)	(Y2) By 5/30/21	Caregiver Training Organization - Procured
2.3 Deliver 2 caregiver trainings at least 3 languages in geographically appropriate locations based on need. Translate materials as needed.	2.3.1 Caregiver training registration lists 2.3.2 Caregiver training evaluation	(Y2 – Y3) By 6/30/22	Caregiver Training Organization - Procured

Objective 3: Develop and deliver an innovative *Cognitive Health for You & Your Family Module* (presentation, key messages, handouts, resources & guidance) designed to reach Asian & Pacific Islander older adults and adults. The *Module* should cover chronic disease & cognitive health, family conversations and approaches to destigmatization. Tailor *Module* to meet needs of a specific Asian subpopulation based on Community Needs Assessment, surveillance data (M-3) or heterogenous Asian population.

Activities	Deliverables	Time Frame	Responsible Party
2.1 Utilize existing evidence, innovative models and messages developed in E-1 2.1 to create a culturally-tailored <i>Module</i> to bolster prevention and family support related to ADRD selected Asian community	2.1.1 Draft <i>Module</i> (presentation(s), handouts, selected messages, resources etc.)	(Y2) By 2/28/21	TBD Subcontractor #3
2.2 Test elements of <i>Module</i> content throughout development with priority population, key Asian community leaders and organizations serving the Asian immigrant community, including their families	2.2.1 Final <i>Module</i> (presentation(s), handouts, selected messages, resources etc.)	(Y2) By 3/31/21	TBD Subcontractor #3
2.3 Meet with partners to determine avenues for delivery of <i>Module</i> in its entirety or in components	2.3.1 Selected avenues for delivering the <i>Module</i>	(Y2) By 4/30/21	TBD Subcontractor #3

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
2.4 Conduct a minimum of 2 & 8 train-the-trainer sessions (years 2&3 respectively) of the <i>Module</i> with community health education providers reaching the priority Asian subpopulation or larger Asian diaspora	2.4.1 Registration for each train-the-trainer session	(Y2) By 6/30/21 (Y3) By 6/30/22	TBD Subcontractor #3
2.5 Monitor annual reach of <i>Module</i> through trained individuals or organizations	2.5.1 <i>Module</i> reach	(Y2 – Y3) 2/28/21 - 6/30/22	TBD Subcontractor #3
2.6 Directly deliver <i>Module</i> and conduct pre-post test evaluation on knowledge increase and predicted behavior change with a sample size of at least 200	2.6.1 Evaluation results	(Y2 – Y3) 2/28/21 - 6/30/22	TBD Subcontractor #3
2.6 Collaborate with SCCPHD to provide online access to <i>Module</i> resources to encourage sustainability	2.6.1 Documentation of online resources	(Y2 – Y3) By 6/30/22	TBD Subcontractor #3

Goal Component: P-1 P-3 P-4 P-5 P-6

Objective 1: In Collaboration with the SCC Office of Women’s Policy, host annual (years 2&3) *Women Caregivers’ Community Forum* to understand areas of highest need to support women’s health and wellbeing as caregivers, link caregivers through community support, share best practices and create avenues to guide policy change. Integrate learnings into E-7 Objective 1. Activities 1.1 and 1.2 below recur in years 2 and 3.

Activities	Deliverables	Time Frame	Responsible Party
1.1 In collaboration with the Office of Women’s Policy, plan logistics, participant recruitment, agenda etc. for annual <i>Women Caregivers Community Forum</i> .	1.1.1 <i>Forum</i> annotated agendas with planned discussion contents	(Y2) By 4/30/21 (Y3) By 4/30/22	HPS & SCC Office of Women’s Policy Community Outreach Specialist
1.2 Compile learnings from <i>Forum</i> and utilize to inform E-7 Obj. 1, P-3 Obj. 2 and other objectives where possible to amplify women caregiver voices in policy and funding decisions.	1.2.1 <i>Forum</i> discussion summaries	(Y2) By 5/30/21 (Y3) By 5/30/22	HPS & SCC Office of Women’s Policy Community Outreach Specialist

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
1.3 Identify opportunities throughout the workplan and beyond for continued engagement with caregivers interested sharing personal stories and collective narratives of women caregivers to drive program and policy action.	1.3.1 List of champion caregivers 1.3.2 Documented opportunities for engagement 1.3.3 Summary of actions, systems and policy changes	(Y2 – Y3) 7/1/20 - 6/30/22	HPS & SCC Office of Women’s Policy Community Outreach Specialist

Objective 2: Leverage partnership with San Jose Parks Recreation and Neighborhood Services (PRNS) to embed evidence-based information on link between physical activity and brain health into a minimum of 30 senior nutrition program sessions across years 2&3 to build knowledge and promote use of low-cost exercise classes offered at 12 community centers for people over age 50.

Activities	Deliverables	Time Frame	Responsible Party
2.1 Build training content based on E-1 & E-2 and other reliable resources.	2.1.1 Training content and materials	(Y2) By 1/1/21	HPS & CalFresh Healthy Living Staff
2.2 Collaborate with PRNS and the Senior Nutrition Program to deliver 2 one-hour trainings annually (years 2&3) for Community Center Managers on physical activity as a best practice in delaying cognitive decline and/or ADRD.	2.2.1 Training content and materials	(Y2) By 5/1/21	HPS & CalFresh Healthy Living Staff
2.3 Work with PRNS to create a paired education schedule with existing programs offered during Senior Nutrition Program meals, assign trained staff accordingly and deliver sessions.	2.3.1 Final schedule of Senior Nutrition Program sessions – at least 30 across years 2&3	(Y2 – Y3) By 6/30/22	HPS, Student Intern IV & PRNS Staff

Goal Component: P-1 P-3 P-4 P-5 P-6

Objective 1: Collaborate with the County Long Term Services & Supports Committee, County Board of Supervisors and the County Executive Office to establish a County Dementia Plan and Caregiver Resource Center both of which are nascent in the political process and require advocacy to ensure progress.

Activities	Deliverables	Time Frame	Responsible Party
1.1 Hold meetings with County Executive Office Staff and key stakeholders to share Dementia Plan Policy Packet (policymaker fact sheets [M-3	1.1.1 Contents of Dementia Plan Policy Packet	(Y2) By 3/1/21	HPS & SCCPHD Staff

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
3.1.1], disparities data, guidance from the California State Plan for Alzheimer’s Disease, recommendations from P-1 Obj.1, and local recommendations from the Community Needs Assessment Report [M-3 1.6.1]) to help build a County Dementia Plan.			
1.2 Continue meeting with County Executive Office as needed to guide development and possibly (timing-dependent) implementation of a County Dementia Plan and Caregiver Resource Center.	1.2.1 Documented progress towards a County Dementia Plan 1.2.2 Final County Dementia Plan	(Y2 – Y3) By 6/30/22	HPS & SCCPHD Staff

Objective 2: Collaborate with DAAS to educate, make policy recommendations and guide funding distribution by the County Board of Supervisors (BOS) through inclusion of SCCHBI updates in annual reports (years 2&3) to the Health and Hospital System Children, Seniors & Families Committee of the BOS. Each activity below recurs in year 2 and year 3.

Activities	Deliverables	Time Frame	Responsible Party
2.1 Develop content for annual report to the Health and Hospital System Children, Seniors & Families Committee (including recommended actions; guidance for funding to address disparities; projected population health impacts of recommended actions and funding) to guide the County Board of Supervisors in best supporting prevention of cognitive impairment, people living with ADRD, and their caregivers.	2.1.1 Annual report content	(Y2) By 6/30/21 (Y3) By 6/30/22	HPS
2.2 Deliver content developed in 2.1 to the Committee through written and oral presentation.	2.2.1 Documented Board of Supervisors response to recommended actions 2.2.2 Progress on recommended actions	(Y2) By 6/30/21 (Y3) By 6/30/22	HPS
2.3 Maintain liaison with the BOS and identified BOS champions for healthy aging to guide response and action.	2.3.1 Documented actions	(Y2) By 6/30/21 (Y3) By 6/30/22	HPS

REQUIRED GRANT APPLICATION DOCUMENTS

Objective 3: Collaborate with DAAS and SCCPHD Healthy Cities (policy team) to educate policymakers on cognitive aging through the Dementia Friends Program and enroll at least 10 local elected officials (city mayors, city council members, county supervisors) in Dementia Friends by the end of fiscal year 3.

Activities	Deliverables	Time Frame	Responsible Party
3.1 Promote Dementia Friends as an opportunity to build an understanding of cognitive aging, support those living with ADRD and take policy action towards Dementia-Friendly Communities and engage at least 10 local elected officials to become Dementia Friends.	3.1.1 Documentation of visits with elected officials or staff for elected 3.1.2 Names of 10 elected official Dementia Friends	(Y2 – Y3) By 6/30/22	HPS & DAAS Seniors Agenda Manager
3.2 Encourage elected official Dementia Friends to utilize knowledge of cognitive aging and dementia to guide policy actions.	3.2.1 Copy of policies across 15 cities or County incorporating dementia or cognitive health	(Y2 – Y3) By 6/30/22	HPS & DAAS Seniors Agenda Manager

Objective 4: Collaborate with the Alzheimer’s Association to support 2021 and 2022 California State Advocacy Days through development of recommendations for the Governor’s Taskforce on Alzheimer’s Prevention & Preparedness, and participation in Advocacy Days, with the goal of influencing policy change for population health improvement. Each activity below recurs in years 2 and 3.

Activities	Deliverables	Time Frame	Responsible Party
4.1 Recruit Dementia Friends and partners to participate in 2021 and 2022 California State Advocacy Days and train legislative visits.	4.1.1 Names of partners and individuals recruited to Advocacy Days. 4.1.2 Documentation of recommendations for legislators	(Y2) By 2/28/21 (Y3) By 2/28/22	HPS & Alzheimer’s Association Staff
4.2 In collaboration with SCC Office of Women’s Policy and Office of Immigrant Relations develop specific policy messages related to disproportionate impact of ADRD on women, to be included in legislative visit content at Advocacy Days.	4.2.1 Women’s policy messages to improve women’s cognitive health outcomes 4.2.2 Immigrant-specific messages to raise awareness of issues	(Y2) By 2/28/21 (Y3) By 2/28/22	HPS, Alzheimer’s Association Staff & SCC Office of Women’s Policy Management Analyst

REQUIRED GRANT APPLICATION DOCUMENTS

Goal Component: W-1 W-2 W-3 W-4 W-5 W-6 W-7

Objective 1: In collaboration with DAAS, host annual Brain Health Summits (years 2 and 3) to convene community partners, residents, healthcare professionals, caregivers and policymakers working to improve outcomes and quality of life for those living with ADRD, those at risk and their caregivers. Summits will serve to educate attendees, facilitate partnership building, allow for best practice sharing and encourage alignment on common goals. Each activity below recurs in years 2 and 3.

Activities	Deliverables	Time Frame	Responsible Party
1.1 Identify partners interested in planning and executing annual Brain Health Summits.	1.1.1 Established planning committee roster	(Y2) By 1/4/21 (Y3) By 1/4/22	HPS
1.2 Convene a planning committee to meet in person or via phone a minimum of 3 times prior to the Summit in years 2 and 3	1.2.1 Planning committee meeting agendas 1.2.2 Planning committee meeting minutes	(Y2) By 6/1/21 (Y3) By 6/1/22	HPS
1.3 Lead event planning, including venue selection, event promotion, registration tracking and speaker invites.	1.3.1 Documentation of event details	(Y2) By 6/1/21 (Y3) By 6/1/22	HPS & DAAS Seniors Agenda Manager
1.4 Host annual Brain Health Summits in years 2 and 3 integrating best practices in cognitive decline prevention; communication with patients and those living with ADRD; bidirectional communication between providers and caregivers to optimize care; healthcare provider support for caregivers; approaches to eliminating disparities; SCCHBI accomplishments, and latest data (M-3 3.1.1)	1.4.1 List of Summit objectives 1.4.2 Summary of Summit outcomes, lessons learned and next steps	(Y2) By 6/1/21 (Y3) By 6/1/22	HPS, SCCPHD Staff & DAAS Seniors Agenda Manager
1.5 Follow up with Summit attendees to share continued learning and engagement opportunities to build understanding of cognitive aging and strengthen preventative practices across Santa Clara County.	1.5.1 Evolving list of learning and engagement opportunities 1.5.2 Documentation of new or expanded partnerships resulting from the Summits	(Y2) By 6/30/21 (Y3) By 6/30/22	HPS

Objective 2: Deliver healthcare provider education on brain health and opportunities to improve care for those they serve through one presentation annually (years 2&3) at the Falls Prevention of Santa Clara County (FPSCC) Taskforce meetings, reaching occupational

REQUIRED GRANT APPLICATION DOCUMENTS

therapists, physical therapists, trauma nurses, emergency services staff, pharmacists and primary care physicians. Each activity below recurs in years 2 and 3.

Activities	Deliverables	Time Frame	Responsible Party
2.1 Coordinate with FPSCC lead to schedule presentation dates to existing membership of healthcare and other care providers.	2.1.1 Selected dates for presentations	(Y2) By 6/30/21 (Y3) By 6/30/22	HPS
2.2 Create presentation based on best practices for varied healthcare provider audience.	2.2.1 Final presentation content	(Y2) By 6/30/21 (Y3) By 6/30/22	HPS
2.3 Deliver presentations to healthcare providers at FPSCC 2 taskforce meetings.	2.3.1 Meeting agenda 2.3.2 Registration list 2.3.3 Recommendations captured for systems integration and changes	(Y2) By 6/30/21 (Y3) By 6/30/22	HPS

Objective 3: Propagate information on brain health through Public Health Department and Health & Hospital System communication channels including internal website and e-newsletter to all public health staff to educate public health professionals on reliable information on brain health.

Activities	Deliverables	Time Frame	Responsible Party
3.1 Coordinate with Public Health Communications staff to deliver key messages relevant to Public Health Staff through existing communication channels, using messages from M.3 3.1.1 and E-1 1.2.1.	3.1.1 Messages delivered 3.1.2 Communication channels utilized	(Y2 – Y3) By 6/30/22	HPS & Public Health Communications Staff

Objective 4: Lead one annual (years 2&3) workshop with Regional Nursing workforce on dementia resource navigation, reliable information sources and optimal communication with patients with ADRD or subjective cognitive decline. Each activity below recurs in years 2 and 3.

Activities	Deliverables	Time Frame	Responsible Party
4.1 Develop workshop content for Regional Nursing workforce adapted from evidence-based Dementia Dialogues program and local resources. Integrate principles of cultural-humility, along with culturally-tailored resources from	4.1.1 Workshop content	(Y2) By 6/30/21 (Y2) By 6/30/22	HPS

REQUIRED GRANT APPLICATION DOCUMENTS

Activities	Deliverables	Time Frame	Responsible Party
4.2 Collaborate with Regional Nursing contact to schedule annual workshops.	4.2.1 Workshop agendas, evaluation and system changes	(Y2) By 6/30/21 (Y2) By 6/30/22	HPS

REQUIRED GRANT APPLICATION DOCUMENTS

DOCUMENT G. DETAILED BUDGET AND BUDGET JUSTIFICATION

**Detailed Budget – State Fiscal Year One (1)
(06/01/2020 through 06/30/2020)**

i. Personnel Costs

Position Title	Monthly	FTE %	Months	Requested Amount
Health Program Specialist (HPS) - full time coded	<u>\$9,851</u>	<u>100%</u>	1	\$9,851

Total Personnel: \$9,851

ii. Fringe Benefits

Fringe Benefits: @ 45% (Full time – coded)

Total Fringe: \$4,433

iii. Operating Expenses

Expense	Calculation Methodology	Cost
Internet	N/A	<u>\$0</u>
Space/Rental	N/A	<u>\$0</u>
Office Supplies	\$65 combined monthly office supplies x 1 month x 1 FTE =	\$65
Printing & Duplication	\$80 combined monthly printing & duplication x 1 month x 1 FTE =	\$80

Total Operating Expenses: \$145

iv. Travel/Per Diem and Training

Travel	Cost
Project Travel/ Training	\$87

Total travel: \$87

v. Subcontracts and Consultants

Subcontracts	Cost
N/A	<u>\$0</u>

Total Subcontracts: \$0

vi. Other Costs

Other	Cost
N/A	\$0

Total Other Costs: \$0

vii. Indirect Expenses

Indirect Expenses	Cost
Calculated at 25% of full time coded personnel and fringe	<u>\$3,571</u>

Total Indirect Costs: \$3,571

**Detailed Budget – State Fiscal Year Two (2)
(07/01/2020 through 06/30/2021)**

REQUIRED GRANT APPLICATION DOCUMENTS

i. Personnel Costs

Position Title	Monthly	FTE %	Months	Requested Amount
Health Program Specialist - full time coded	\$10,616	100%	12	\$127,392
Student Intern Level IV (non-coded)	\$5,179	100%	3	\$15,537

Total Personnel: \$142,929

ii. Fringe Benefits

Fringe Benefits: @ 45% (Full time – coded); benefits not offered for non-coded staff

Total Fringe: \$57,326

iii. Operating Expenses

Expense	Calculation Methodology	Cost
Internet	N/A	\$0
Space/Rental	N/A	\$0
Office Supplies	\$65 monthly office supplies x (12+3) months x 1 FTE =	\$975
Printing & Duplication	\$80 monthly printing & duplication x (12+3) months x 1 FTE =	\$1,200

Total Operating Expenses: \$2,175

iv. Travel/Per Diem and Training

Travel	Cost
Project Travel/ Training	\$ <u>3,715</u>

Total travel: \$3,715

v. Subcontracts and Consultants

Subcontracts	Cost
3 To Be Determined Subcontractors	\$ <u>90,000</u>
Graphic Design Consultant	\$4,500

Total Subcontracts: \$94,500

vi. Other Costs

Other	Cost
Paid Media	\$122
Procurement – Caregiver Trainings	\$8,100
Procurement – Cognitive Health Expert Speakers or Trainers	\$2,000
Data Collection	\$10,000
Translation	\$1,163

Total Other Costs: \$21,385

vii. Indirect Expenses

Indirect Expenses	Cost
Calculated at 25% of personnel and fringe	\$ <u>46,177</u>

Total Indirect Costs: \$46,177

**Detailed Budget – State Fiscal Year Three (3)
(07/01/2021 through 06/30/2022)**

i. Personnel Costs

REQUIRED GRANT APPLICATION DOCUMENTS

Position Title	Monthly	FTE %	Months	Requested Amount
Health Program Specialist - full time coded	\$10,616	100%	12	\$127,392
Student Intern Level IV (non-coded)	\$5,179	100%	3	\$15,537

Total Personnel: \$142,929

ii. Fringe Benefits

Fringe Benefits: @ 45% (Full time – coded); benefits not offered for non-coded staff

Total Fringe: \$57,326

iii. Operating Expenses

Expense	Calculation Methodology	Cost
Internet	N/A	\$0
Space/Rental	N/A	\$0
Office Supplies	\$65 monthly office supplies x (12+3) months x 1 FTE =	\$975
Printing & Duplication	\$80 monthly printing & duplication x (12+3) months x 1 FTE =	\$1,200

Total Operating Expenses: \$2,175

iv. Travel/Per Diem and Training

Travel	Cost
Project Travel/ Training	\$3,715

Total travel: \$3,715

v. Subcontracts and Consultants

Subcontracts	Cost
3 To Be Determined Subcontractors	\$ <u>90,000</u>

Total Subcontracts: \$90,000

vi. Other Costs

Other	Cost
Paid Media	\$122
Procurement – Caregiver Trainings	\$8,100
Procurement – Cognitive Health Expert Speakers or Trainers	\$2,000
Data Collection	\$10,000
Translation	\$1,162

Total Other Costs: \$21,384

vii. Indirect Expenses

Indirect Expenses	Cost
Calculated at 25% of personnel and fringe	\$46,177

Total Indirect Costs: \$46,177

REQUIRED GRANT APPLICATION DOCUMENTS

Budget Justification – State Fiscal Years 1, 2 and 3

i. Personnel Costs

Total Personnel Costs: \$295,709

Salary step increase & cost of living accounted for in personnel costs of the HPS. Note - salaries in Santa Clara County are relatively high to accommodate high cost of living.

Role on Project	Name	Description of Duties
Health Program Specialist	To Be Determined	Functions as SCCHBI program manager. Leads, implements & oversees successful completion of all work plan objectives. Serves as strategic lead, collaboratively setting a shared agenda across partners, guiding policy, elevating health equity, leveraging resources & embedding brain health into local public health practice. Responsible for communication with subcontractors, oversight of evaluation, program reporting and fiscal tracking.
Student Intern Level IV	To Be Determined	Assists with meetings, communications and messaging, evaluation planning and performance monitoring (E-2 O1, M-3 O1&O4). Supports HPS across objectives as needed.

ii. Fringe Benefits

Total Fringe Costs: \$119,085

Includes healthcare, unemployment, workers compensation and pension for full time coded personnel.

iii. Operating Expenses

Total Operating Costs: \$4,495

Internet: Per standard County practice, internet costs are included in indirect costs.

Fiscal Year	Calculation	Cost
Year 1	\$0/mo. x 1 month = \$0	\$0
Year 2	\$0/mo. x 12 months = \$0	\$0
Year 3	\$0/mo. x 12 months = \$0	\$0

Space / Rent: Per standard County practice, space costs are included in indirect costs.

Fiscal Year	Calculation	Cost
Year 1	\$0/mo. x 1 month = \$0	\$0
Year 2	\$0/mo. x 12 months = \$0	\$0
Year 3	\$0/mo. x 12 months = \$0	\$0

Office Supplies: Cost of consumable supplies (paper, pens, folders, binders, staplers, notebooks etc.) to support budgeted personnel in successful work plan completion.

Fiscal Year	Calculation	Cost
Year 1	\$55/mo. x 1 month =	\$65
Year 2	(\$65/mo. x 12 months x 1 FTE) + (\$65/mo. X 3 months x 1 FTE)=	\$975
Year 3	(\$65/mo. x 12 months x 1 FTE) + (\$65/mo. X 3 months x 1 FTE)=	\$975

Printing & Duplication: Cost of printing & duplication for meetings, trainings and support activities required by the work plan, including educational materials and resources.

Fiscal Year	Calculation	Cost
Year 1	\$60/mo. x 1 month =	\$60

REQUIRED GRANT APPLICATION DOCUMENTS

Fiscal Year	Calculation	Cost
Year 2	$(\$60/\text{mo.} \times 12 \text{ months} \times 1 \text{ FTE}) + (\$60/\text{mo.} \times 3 \text{ months} \times 1 \text{ FTE}) =$	\$900
Year 3	$(\$60/\text{mo.} \times 12 \text{ months} \times 1 \text{ FTE}) + (\$60/\text{mo.} \times 3 \text{ months} \times 1 \text{ FTE}) =$	\$900

iv. Travel/Per Diem and Training

Total Travel: **\$7,517**

Mileage: Covers personal vehicle travel for budgeted personnel to attend offsite meetings needed to advance work plan objectives. Greater expected mileage for HPS.

Fiscal Year	Calculation Methodology	Cost
Year 1	150 miles/mo. x \$0.58 /mile x 1 month =	\$87
Year 2	$(150 \text{ miles/mo.} \times \$0.58/\text{mile} \times 12 \text{ months} \times 1\text{FTE}) + (60 \text{ miles/mo.} \times \$0.58/\text{mile} \times 3 \text{ months} \times 1\text{FTE}) =$	\$1,148
Year 3	$(150 \text{ miles/mo.} \times \$0.58/\text{mile} \times 12 \text{ months} \times 1\text{FTE}) + (6 \text{ miles/mo.} \times \$0.58/\text{mile} \times 3 \text{ months} \times 1\text{FTE}) =$	\$1,148

Training and Professional Development: Costs for Health Program Specialist only - Covers airfare, lodging and per diem for American Society on Aging Conference (ASA) in 2021 & 2022; travel to Sacramento for 2021& 2022 California State Advocacy Days (P-3); additional trip to Sacramento to fulfil grant requirements in 2021 & 2022. ASA Conference attendance provides national best practices, evidence-based approaches and policy models that can be leveraged to advance work plan implementation.

Fiscal Year	Calculation Methodology	Cost
Year 1	N/A	\$0
Year 2	ASA Conference Registration: \$845 Lodging: 1 traveler x \$200/ traveler x 3 nights = \$600 Per Diem: 1 traveler x \$54/ day x 3 days = \$162 Airfare: 1 traveler x \$800 roundtrip fare/ traveler = \$800 Train Fare: 1 traveler x 2 round trip tickets from San Jose to Sacramento x \$80/ ticket = \$160	<u>\$2,567</u>
Year 3	See Fiscal Year 2 Calculation above	<u>\$2,567</u>

v. Subcontracts and Consultants

Total Subcontracts/Consultants: **\$184,500**

Fiscal Year 1		
Name	Description of Duties	Cost
None	N/A	\$0
Fiscal Year 2		
Name	Description of Duties	Cost
3 To Be Determined (TBD) Subcontractors	Selected based on reach, experience, cultural knowledge and established history with 2 target populations: African Americans; immigrant communities (Asian community focus). TBD Subs. Lead E-1 O2, E-1 O3 & E-7 O3.	\$90,000
Graphic Design Consultant	Graphic design for Faith Toolkit (E-1 O3) and <i>Cognitive Health for You & Your Family Module</i> (E-7 O3)	\$4,500
Fiscal Year 3		
Name	Description of Duties	Cost

REQUIRED GRANT APPLICATION DOCUMENTS

(TBD) Subcontractors	See Fiscal Year 2 Description above	\$90,000
----------------------	-------------------------------------	----------

vi. Other Costs

Total Other Costs: \$42,769

Paid Media: Tailored messages developed by subcontractors in component E-1 will be disseminated through social media (E-1 2.7)

Fiscal Year	Calculation Methodology	Cost
Year 1	N/A	\$0
Year 2	\$8.10/ 1,000 social media impressions x 15 units = \$121.50 for 15,000 social media impressions	\$122
Year 3	See Fiscal Year 2 Calculation above	\$122

Procurement: Caregiver Trainings- E-7 O2 – plan and deliver caregiver trainings

Fiscal Year	Calculation Methodology	Cost
Year 1	N/A	\$0
Year 2	\$1,350 per training x 6 trainings (2 trainings in 3 languages)	\$8,100
Year 3	\$1,350 per training x 6 trainings (2 trainings in 3 languages)	\$8,100

Procurement: Cognitive Health Expert Speakers or Trainers for Summits - W-1 O1

Fiscal Year	Calculation Methodology	Cost
Year 1	N/A	\$0
Year 2	\$2000 per speaker x 1 speaker	\$2,000
Year 3	\$2000 per speaker x 1 speaker	\$2,000

Data Collection: M-3 2.2 Behavioral Risk Factor Survey module or composite data collection (focus groups, intercept surveys, key informant interviews)

Fiscal Year	Calculation Methodology	Cost
Year 1	N/A	\$0
Year 2	\$10,000 per unit cost x 1 unit	\$10,000
Year 3	\$10,000 per unit cost x 1 unit	\$10,000

Data Collection

Translation: M-3 3.3 fact sheet translation

Fiscal Year	Calculation Methodology	Cost
Year 1	N/A	\$0
Year 2	\$1,163 approximate cost based on prior translation services	\$1,163
Year 3	\$1,162 approximate cost based on prior translation services	\$1,162

Booth Rental Excluded: intend to leverage resources & partnerships

Educational Materials Excluded: intend to use or adapt public domain materials

vii. Indirect Expenses

Total Indirect Costs: \$95,925

SCCPHD has a current approved indirect rate of 25% of personnel (salaries, wages and fringe benefits). Indirect costs include facilities, information technology, accounting, communications, payroll, human resources, purchasing, procurement and costs related to staff with less than 10% FTE time spent on the grant. Cost centers were set up to track the indirect costs separately in our general ledger system. This includes less than 10% time for staff listed in the workplan who do not appear on the budget.