HBLA
Healthy Brain LA

Turning Strategy into Action

Progress Report on Implementing the Los Angeles County Strategic Plan for Alzheimer's Disease and Related Dementias, 2023–2028

August 2026

Table of Contents

Executive Summary

Since its launch in 2020, the Los Angeles County BOLD Initiative (LA BOLD) has served as a catalyst for collective action to address the growing impact of Alzheimer's disease and related dementias (hereafter referred to as "dementia") in Los Angeles County. Funded through the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act via the Centers for Disease Control and Prevention, LA BOLD was established to strengthen local public health capacity and build a coordinated, countywide response to dementia.

Through LA BOLD, the Healthy Brain LA (HBLA) Coalition was formed to bring together diverse partners from public health, healthcare, community-based organizations, academic institutions, aging services, and people with lived experience to advance shared dementia priorities. The Coalition, together with its Community Advisory Group, enables partners to contribute expertise, organizational capacity, and lived experience to identify opportunities for action, share promising practices, align efforts, and support implementation of dementia-related initiatives across Los Angeles County.

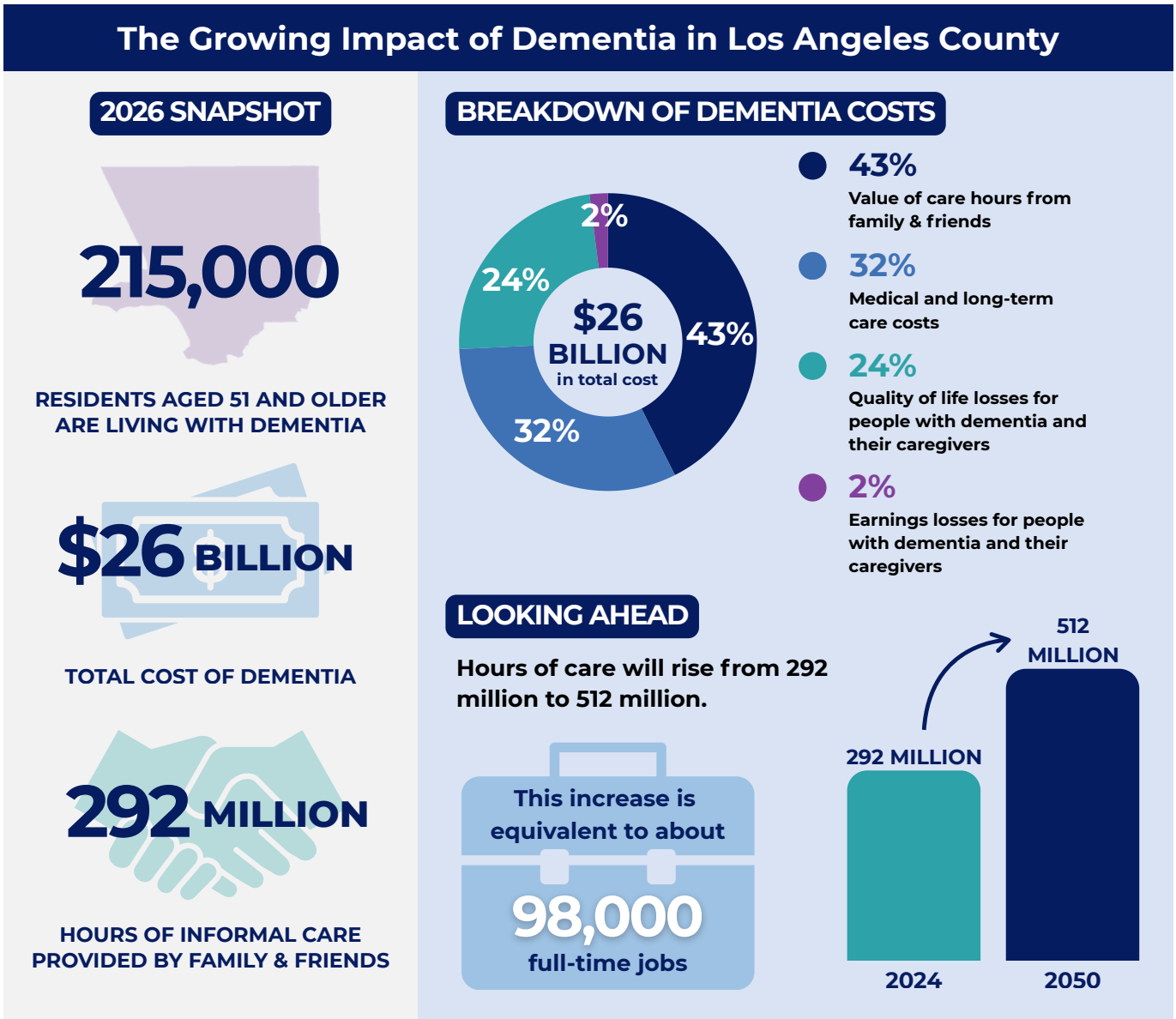
A key milestone in LA BOLD's efforts to promote dementia priorities was the development of the Los Angeles County Strategic Plan for Alzheimer's Disease and Related Dementias, 2023-2028 (Strategic Plan). Developed through a collaborative planning process with the HBLA Coalition, the Strategic Plan provides a shared framework for advancing brain health, improving dementia care, and supporting people living with dementia and their caregivers. This report highlights progress made toward implementing the Strategic Plan, including accomplishments across the Plan's three focus areas: hypertension prevention and management, early detection, and advance care planning. It highlights initiatives that demonstrate progress toward strengthening dementia risk reduction, early detection, care, and support across the county.

The accomplishments described in this report reflect the contributions of organizations and community members whose combined efforts are helping to build a more coordinated response to dementia. Through strengthened partnerships, expanded access to evidence-based programs and services, improved clinical and community approaches to dementia care, and increased awareness of brain health and dementia, LA BOLD and the HBLA Coalition have helped build greater capacity across Los Angeles County.

As LA BOLD moves into its next phase, the partnerships, infrastructure, and shared priorities established through this work provide a strong foundation for continued implementation of the Strategic Plan. The progress achieved during this implementation period will help guide future efforts to strengthen collaboration, translate evidence into practice, and support a more integrated, person-centered, and meaningful response to dementia across Los Angeles County through 2028 and beyond.

Background

Alzheimer's disease and related dementias (hereafter referred to as "dementia") remain one of the most significant public health challenges facing Los Angeles County (LAC). As the population ages, the number of people living with dementia is expected to increase substantially, affecting not only those living with these conditions but also the caregivers, families, health systems, and communities that support them. With LAC's large and diverse aging population, addressing the growing need for dementia-related resources, services, and support has become a critical priority to ensure that individuals and families impacted by dementia have access to the care and assistance they need. Population health data highlights this burden and dementia's expanding footprint in the community.



Data Source: Heun-Johnson et al. (2026) Dementia and Informal Care in Los Angeles County: Costs, Projections, and Policy Implications.

LA BOLD at a Glance

The Los Angeles County BOLD Initiative (LA BOLD) was established in 2020 with support from the Centers for Disease Control and Prevention (CDC) to strengthen local public health capacity and advance a coordinated response to dementia. Guided by the National Healthy Brain Initiative Road Map and informed by local needs and priorities, LA BOLD brought together diverse stakeholders from across sectors to establish the Healthy Brain LA (HBLA) Coalition, a collaborative effort dedicated to community planning and action. Through a strategic planning process, the Coalition developed the Los Angeles County Strategic Plan for Alzheimer's Disease and Related Dementias, 2023-2028 (Strategic Plan), creating a shared framework to promote brain health, improve dementia care, and support people living with dementia and their caregivers.

Following the Strategic Plan's 2023 release, HBLA Coalition members put this framework into action by advancing priority initiatives, strengthening partnerships, and implementing strategies that elevate brain health, enhance dementia care, and protect individuals, families, and caregivers affected by dementia.

2020

CDC Funding Supports Launch of LA BOLD

Los Angeles County was one of 14 jurisdictions nationwide funded to build public health infrastructure for dementia

2021

HBLA Coalition Established

The Healthy Brain LA Coalition was established to bring together diverse partners in support fo brain health and dementia initiaitives

2023

Strategic Plan Released & Continued CDC Funding Awarded

The Strategic Plan was completed and released, and LA BOLD received continued CDC funding to advance implementation efforts

2024

CAG Established & Development of Implementation Plan

The Community Advisory Group was established to support ongoing efforts, and an implementation plan was developed to accelerate operationalization of Strategic Plan recommendations and actions

2026

Progress Report Released

Turning Strategy into Action: Progress Report was developed and released to highlight progress made in implementing the Strategic Plan

2027+

Ongoing Implementation & Monitoring

Continue implementation and monitoring of Strategic Plan priorities

HBLA Coalition

The HBLA Coalition brings together diverse organizations and community members across LAC, creating a space to share expertise, identify opportunities, maximize collaboration, and advance dementia-related priorities for the region.

To support implementation of the Strategic Plan, the Coalition operates through several coordinated structures. The HBLA Steering Committee provides high-level, cross-cutting guidance that aligns field implementation with real-time efforts to mitigate challenges. The Coalition's Workgroups, led by subject matter experts, drive progress within each of the Plan's three focus areas—hypertension prevention and management, early detection, and advance care planning. These Workgroups provide strategic direction, facilitate collaboration among partners, and spearhead implementation projects. To ensure Coalition activities are grounded in community priorities, the HBLA Coalition Community Advisory Group brings together community members with lived experience in dementia caregiving to help keep institutional efforts accountable to the populations they aim to serve.

The Coalition is maintained by the Los Angeles County Department of Public Health, which provides the backbone infrastructure that helps convene partners, share best practices, advance implementation strategies, and monitor progress toward the Strategic Plan's core goals. A complete list of HBLA Coalition member organizations can be found in Appendix A.

AT A GLANCE

70+
Coalition Members

37
Participating Partner Entities

8
Sectors Represented

64
Workgroup, Coalition, Steering Committee Meetings Held

10
Community Advisory Group Members

HBLA Coalition Spotlight: Community Advisory Group

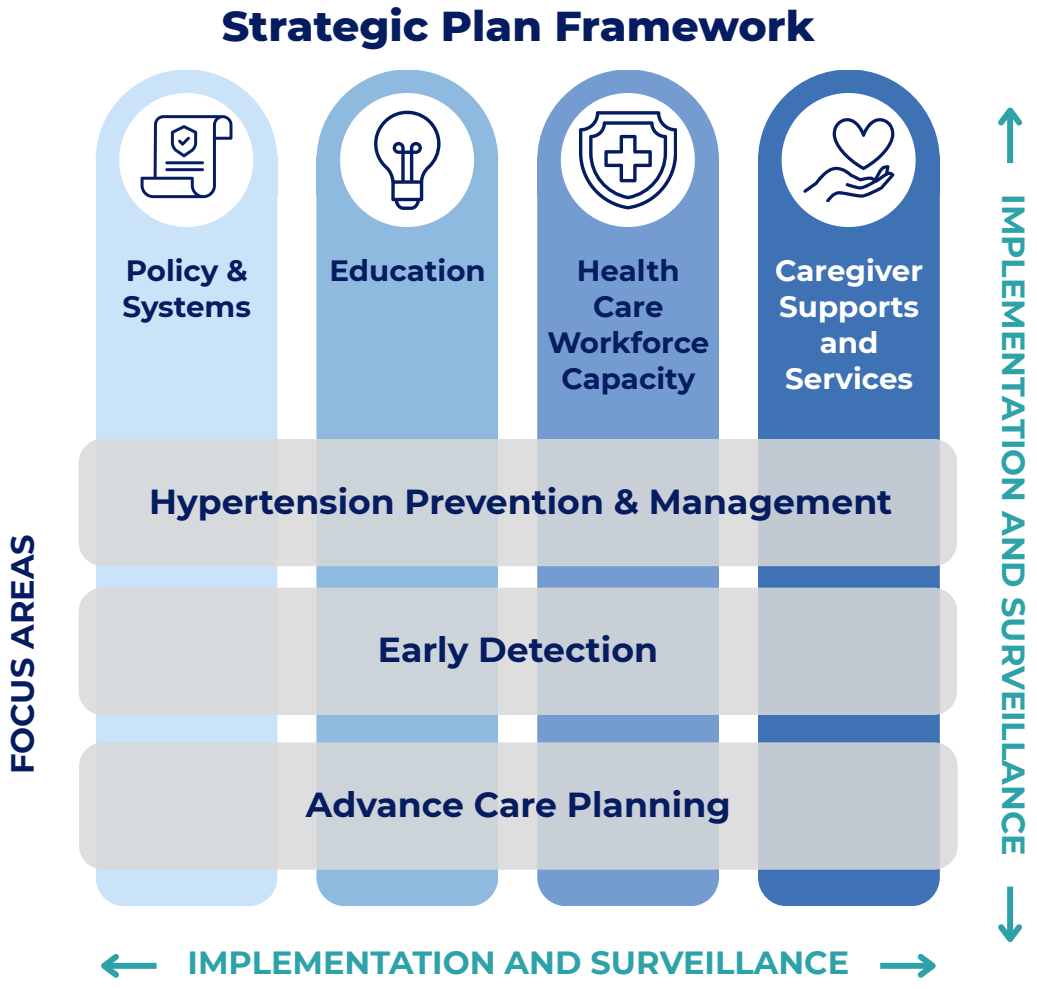
For many members, the Community Advisory Group is their first opportunity to offer input into a professional organization's activities. Through this role, members have expressed that they value contributing to the broader community of people living with dementia and their caregivers, and appreciate being part of a "common cause" to support those affected by the condition.

> ***"I want to help, to do something positive about Alzheimer's disease. Helping is the food of the soul.***
>
> ***- Community Advisory Group Member***

Strategic Plan Implementation Progress

The following sections highlight selected accomplishments and implementation activities undertaken by the HBLA Coalition that contribute to the Strategic Plan's priorities. While these examples are not a comprehensive summary of all efforts underway in LAC, they illustrate the cross-sector collaboration and breadth of work required to strengthen the county's response to dementia while improving outcomes for people with the condition, their caregivers, and families.

Accomplishments are organized around the Strategic Plan's three focus areas: hypertension prevention and management, early detection, and advance care planning. An additional section highlights progress made in surveillance and data systems, recognizing their essential role in evaluating and guiding public health action. Within each focus area, activities are organized across four implementation domains: policy and systems, education, healthcare workforce capacity, and caregiver services and supports. A complete summary of Strategic Plan implementation progress is provided in Appendix B.



FOCUS AREA 1

Hypertension Prevention & Management

The Strategic Plan's hypertension prevention and management focus area aims to expand access to effective blood pressure prevention, detection, and management practices as part of a broader approach to promoting brain health and reducing dementia risk. Because hypertension is a major modifiable risk factor associated with dementia and cognitive decline, strengthening systems that support blood pressure control is a vital component of dementia prevention.

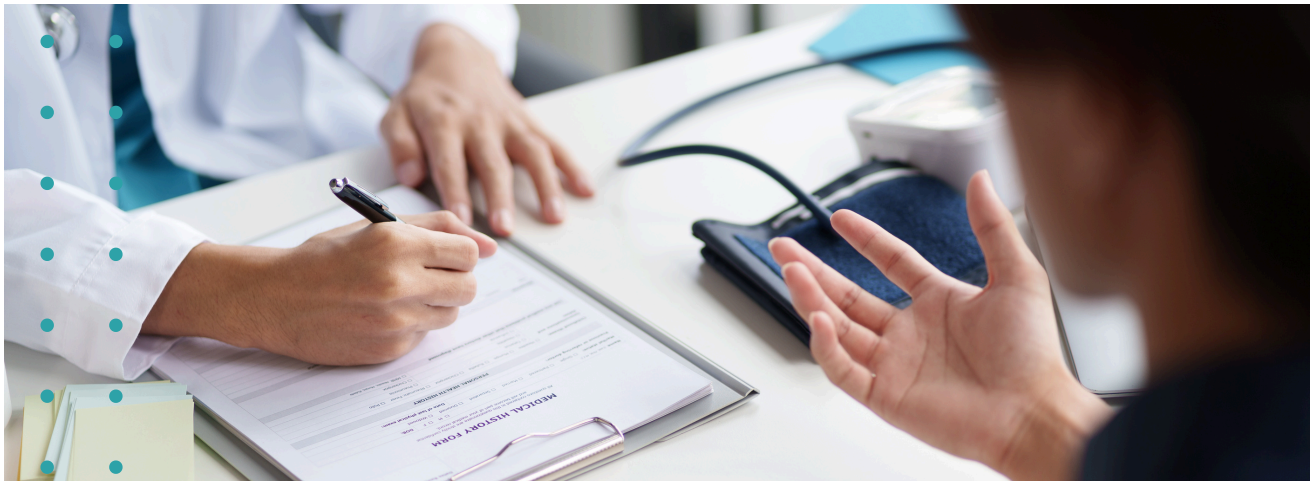
Over the past several years, organizations across LAC have worked to improve hypertension prevention and management by bridging the gap between healthcare and community settings, expanding workforce capacity, and adopting evidence-based approaches like self-measured blood pressure monitoring, team-based care, and comprehensive medication management.

The initiatives highlighted in this section demonstrate progress toward building more connected systems of care that improve access to preventative services and blood pressure management resources. Through collaboration among health systems, community organizations, and academic partners, these efforts are helping identify scalable ways to promote cardiovascular and brain health across LAC.

Policy and Systems

Address barriers to quality hypertension prevention and management service delivery in healthcare and community settings.

- **Community-based Blood Pressure Management Pilot:** The HBLA Hypertension Prevention and Management Workgroup is supporting the development of a community-based blood pressure management pilot that explores how team-based care models can be used to improve hypertension prevention and management in community settings. Through planned partnerships with Gojji, a remote patient monitoring technology provider, and the University of Southern California Alfred E. Mann School of Pharmacy and Pharmaceutical Sciences, the community-based pilot will identify eligible participants, distribute blood pressure monitoring devices, and connect individuals to clinical support services including a community pharmacy that will provide comprehensive medication management. This strategy aims to deliver effective hypertension management for populations facing barriers to quality care. Through this pilot, the Workgroup plans to evaluate a scalable approach that integrates self-measured blood pressure monitoring, team-based care, and existing medical reimbursement pathways.
- **Optimizing Community-Clinical Linkages:** The Community Clinic Association of Los Angeles County and the Los Angeles County Department of Public Health are partnering to prototype the use of 211 LA's CareSuite platform by Federally Qualified Health Centers (FQHCs). This project aims to strengthen care coordination by more seamlessly connecting clinical care teams with community-based resources that address patients' unmet social needs—such as food insecurity and limited access to safe transportation—which can hinder effective hypertension prevention and management. Findings from this effort will help guide approaches to embedding community referrals into clinical workflows, bolstering connections to services that support blood pressure control and overall health.



- **Pharmacist-led Team-based Care:** Led by the USC Alfred E. Mann School of Pharmacy and Pharmaceutical Sciences, the California Right Meds Collaborative (CRMC) is advancing a team-based care model that expands access to comprehensive medication management for patients with chronic conditions like hypertension. Through its strategic partnership with L.A. Care Health Plan, CRMC supports participating pharmacies in delivering reimbursable pharmacy services via a value-based payment model, demonstrating viable financing and operational paths for sustaining pharmacist-led care within existing health systems. CRMC also equips pharmacies in high-needs communities with training to strengthen partnerships with primary care teams, enhance patient engagement, address social needs through community health workers, and improve blood pressure management. This ongoing work contributes to broader efforts to identify sustainable models for integrating comprehensive medication management into hypertension prevention and treatment.

Education

Increase awareness of the importance of hypertension prevention and management across the lifespan.

- **Faith and Health Luncheon Spotlighting the Brain-Heart Connection:** Alzheimer's Los Angeles incorporated hypertension prevention and management into its 2026 annual Faith and Health Luncheon, engaging faith leaders as trusted community partners in promoting brain and cardiovascular health. The event highlighted the connection between blood pressure control and dementia risk reduction and provided an opportunity for faith leaders across South Los Angeles to discuss ways to reinforce consistent health messaging, encourage healthy aging practices, and connect community members to resources that support prevention and early action.
- **Supporting Brain and Heart Health in Faith Communities Toolkit:** To support education and outreach efforts, LA BOLD developed the Supporting Brain and Heart Health in Faith Communities toolkit. The resource introduces the emerging connection between cardiovascular and brain health, providing faith leaders with practical strategies, discussion points, and materials to promote healthy behaviors. Additionally, it offers actionable tools to increase public awareness of hypertension prevention and management and encourage connections to care. This newly launched resource establishes a foundation for future outreach, education, and engagement within faith communities across LAC.

Healthcare Workforce Capacity

Improve workforce capacity for accurate blood pressure measurement and effective management.

- **Los Angeles County Heart Health Learning Collaborative:** In partnership with the USC Gehr Center for Health Systems Science and Innovation, the Los Angeles County Department of Public Health leads the Los Angeles County Heart Health Learning Collaborative, a cross-sector learning network established to strengthen hypertension prevention and management practices across LAC. The collaborative brings together leaders from the Community Clinic Association of Los Angeles County and its member FQHCs, the California Right Meds Collaborative and its member pharmacies, as well as stakeholders from state and local health jurisdictions to share best practices, support quality improvement efforts, and advance team-based models of care. Through learning sessions, peer-to-peer exchange, and dissemination of practice-based resources, the collaborative strengthens healthcare professionals' capacity to improve blood pressure screening implementation, medication optimization, and patient-centered lifestyle counseling. This shared learning infrastructure supports continued collaboration and helps advance consistent, evidence-based approaches to hypertension management across healthcare settings.
- **Solutions for Healthier Communities Program:** Through a partnership with the Los Angeles County Department of Public Health, the Community Clinic Association of Los Angeles County implements the Solutions for Healthier Communities Program. This quality improvement coaching initiative is designed to enhance team-based chronic disease management within FQHCs. The program provides participating health centers with individualized technical assistance and coaching to identify operational gaps, adapt clinical workflows, and implement evidence-based strategies for better hypertension prevention and management. This tailored support includes leveraging health information technology, care coordination tools, and formal quality improvement methodologies like Plan-Do-Study-Act (PDSA) cycles. By utilizing this focused framework, the program encourages participating FQHCs to develop sustainable models for hypertension care, while generating lessons learned to help inform future improvement efforts.

- **Target: BP™ Initiative:** The American Heart Association is working with more than 195 LAC clinics serving under-resourced communities to reduce untreated hypertension by providing staff training, technical and equipment support, and patient education. Clinics are also supported in adopting evidence-based practices promoted by the Target: BP™initiative, including workflow redesign, chronic disease self-management and lifestyle change coaching. By optimizing workflows and equipping healthcare teams with the tools needed to elevate hypertension care, the American Heart Association is actively increasing blood pressure detection, treatment, and control among populations most impacted by cardiovascular disease and their complications.

Caregiver Services & Supports

Increase caregiver capacity to manage their blood pressure and that of the person they care for.

- **Hypertension Management Support for Dementia Caregivers:** LA BOLD and the Los Angeles County Department of Public Health partnered with Fraser Communications to better understand the distinct challenges family caregivers face when supporting hypertension management among people living with dementia. Through this collaboration, Fraser Communications conducted an online panel survey of family caregivers to evaluate caregiving responsibilities, structural barriers, and lived experience related to blood pressure monitoring across various stages of dementia. Survey findings were presented at the 2024 Gerontological Society of America and the American Public Health Association's annual meetings. This research uncovered key caregiver needs that LA BOLD is considering as it looks to develop future resources for improving hypertension management among people living with dementia and those who care for them.
- **Modeling the Impact of Hypertension Reduction on Dementia Care Needs:** The USC Leonard D. Schaeffer Center for Health Policy & Economics, in partnership with LA BOLD, conducted modeling analyses to examine how reducing cardiovascular risks, specifically hypertension, could alter future dementia prevalence, caregiving demand, and the economic burden of dementia in LAC. Using dynamic microsimulation methods adapted to the county population, this modeling study offers insights into the long-term, downstream impacts of dementia risk reduction on people with dementia, their families, and the broader healthcare system, revealing the substantial financial burden shouldered by individuals and families. These findings bridge critical data gaps by providing evidence needed to shape future caregiver support, resource planning, and targeted dementia prevention strategies.

FOCUS AREA 2

Early Detection

The Strategic Plan's early detection focus area aims to increase awareness, acceptance, and use of early detection approaches across home, community, and healthcare settings. Recent efforts across LAC have focused on advancing a coordinated, proactive approach to identifying cognitive impairment and connecting individuals and families to appropriate evaluation, diagnosis, care planning, and support. Across sectors, organizations have worked to integrate cognitive assessment into routine care, strengthen referral pathways, expand culturally and linguistically responsive outreach, build workforce knowledge and skills, and improve the collection, tracking, and use of data for quality improvement.

Together, these activities have facilitated early identification of cognitive impairment, while strengthening the connections to care and supports that people with dementia, their caregivers, and families need. Although additional work is required to ensure consistency, coordination, and universal access across all settings, progress during this period has established a strong foundation for optimizing early detection and enhancing the dementia care continuum in LAC.

Policy and Systems

Improve early detection of dementia by building workforce and system capacity across healthcare and community settings.

- **Integrating Dementia Priorities into Community Health Needs Assessments:** In partnership with Alzheimer's Los Angeles, the HBLA Early Detection Workgroup is engaging nonprofit hospitals to incorporate dementia and dementia caregiving into their Community Health Needs Assessments and Community Benefit plans. To drive this change, the Workgroup has identified priority hospital systems and has begun engaging key decision-makers and developing policy materials that align dementia detection and care with Age-Friendly Health System initiatives. These efforts aim to elevate dementia as a recognized community health priority, encouraging greater investment in screening, diagnosis, complex care coordination, and caregiver support.

Education

Educate the general public and healthcare professionals about the benefits of early detection to address dementia stigma.

- **Culturally Tailored Community Dementia Education:** To bolster awareness, reduce stigma, and promote earlier cognitive concerns, Alzheimer's Los Angeles expanded its culturally and linguistically responsive public education efforts in LAC. Their programming features targeted community conferences, caregiver-focused outreach, the Healthy Brain Habits curriculum, the Lost Memories (Recuerdos Perdidos) telenovela series, and the Holding the Pieces video series targeting the Black/African American community. By sharing information on healthy aging, dementia warning signs, and available resources, these efforts empower community members to recognize cognitive changes early and confidently navigate the pathways to medical assessment and support.
- **Dementia Friends:** Through strategic partnerships with community leaders, organizations, and public agencies, Alzheimer's Los Angeles is working to drive dementia awareness and promote the Dementia Friends program. In 2025, they collaborated with the Los Angeles County Department of Public Health to expand delivery of Dementia Friends across LAC by working with County agencies—including the Department of Mental Health and the County Public Library—as well as community settings such as senior centers and the YWCA. As part of this effort, they also partnered with all five members of the County of Los Angeles Board of Supervisors to produce public service video endorsements. These videos promoted Dementia Friends, challenged stigma, and encouraged residents to learn about early detection and available resources, thereby strengthening connections between community members and supportive service agencies.

- **Dementia Screening Approaches for Latinx Communities:** The UCLA Equity for Latinx-Hispanic Healthy Aging (ELHA) Lab has developed culturally and linguistically responsive approaches to support dementia screening in both clinical and community settings. In primary care, the lab implemented a bilingual Dementia Screening Toolkit within the electronic health record workflow at a UCLA primary care clinic. This toolkit features a brief screening questionnaire in English and Spanish, integrates the Mini-Cog assessment into routine care, and utilizes a Primary Care Champion model to support the adoption and sustainability of screening practices. Complementing this clinical effort, the ELHA Lab launched the Community Approaches to Mini-Cogs: Implementing New Opportunities (CAMINO) initiative, which delivers brain health education, dementia literacy workshops, and cognitive screening to senior centers serving Latino communities. Together, these initiatives drive earlier recognition of cognitive concerns, facilitating timelier pathways to care for historically underserved populations.
- **Public Awareness Campaign to Promote Early Detection of Dementia:** In spring 2025, the Alzheimer's Association California Southland Chapter, in partnership with the Los Angeles County Department of Public Health, implemented a bilingual public awareness campaign in the San Fernando, Santa Clarita and Antelope Valleys to increase recognition of the early signs of dementia and connect community members to trusted resources. Advertisements ran across radio, print, digital, billboard, and out-of-home media in both English and Spanish, generating more than 18 million media impressions. Campaign materials directed audiences to the Alzheimer's Association's 10 Signs of Alzheimer's webpage and Helpline, providing information and support in their preferred language. Web analytics indicated increased traffic to the webpage during the campaign, with digital advertisements contributing directly to visits. The campaign helped expand awareness of brain health, encourage earlier recognition of cognitive concerns, and reinforce outreach efforts in these priority regions.

Healthcare Workforce Capacity

Increase healthcare professionals' capacity to conduct cognitive assessments as part of routine care.

- **Comprehensive Cognitive Assessment and Dementia Support Program:** AltaMed has bolstered healthcare professionals' capacity to conduct routine cognitive screening and identify cognitive impairment by integrating standardized assessments into its AltaMed Viva Gold™ older adult care program. The initiative incorporates Mini-Cog screening into Medicare Annual Wellness Visits and annual preventive care encounters, enabling clinical teams to routinely assess cognitive health as part of comprehensive care for eligible older adults. Individuals with abnormal screening results are automatically referred to dementia support services, where dedicated Dementia Support Coordinators partner with primary care providers to facilitate further clinical evaluation, care coordination, connections to community resources, and caregiver education and support. By integrating cognitive assessment into a comprehensive older adult care model and establishing a structured pathway from screening to follow-up alongside ongoing support, the program strengthens the healthcare workforce's capacity to deliver coordinated, high-quality dementia care.
- **Dementia Care Aware Implementation in Los Angeles County:** Multiple organizations across LAC, including the Los Angeles County Department of Health Services, L.A. Care Health Plan, Kedren Community Health Center, Alzheimer's Los Angeles, and the Alzheimer's Association, have worked collaboratively to implement Dementia Care Aware, California's statewide initiative for improving dementia detection in primary care. Their efforts include training primary care providers, redesigning clinical workflows, integrating Cognitive Health Assessments into routine care, and promoting evidence-based approaches to dementia detection and management. Together, these activities help embed routine cognitive assessments into primary care for adults aged 65 years and older. As implementation expands, attention has increasingly turned to the care pathways following a positive screening result. To address this, the Los Angeles County Department of Health Services is leading the Dementia Care Aware Cognitive Health Assessment Post Positive Screen (CHAMPPS) Project. The project examines follow-up evaluation, diagnosis, care planning, referral patterns, and service utilization among patients who screen positive for cognitive impairment. By solidifying local data infrastructure and evaluating post-screening care pathways, CHAMPPS identifies opportunities to improve timely diagnosis and dementia care across LAC.

- **Multicomponent Inpatient Cognitive Screening Program:** Cedars-Sinai Medical Center implemented a hospital-wide, multicomponent cognitive screening program to increase healthcare professionals' capacity to conduct standardized assessments as part of routine clinical care for adults aged 65 years and older. The initiative integrates electronic health record–based identification with validated cognitive screening tools, including the 4AT and AD8, enabling clinicians to systematically identify patients who may benefit from further evaluation during inpatient encounters. Patients with suspected cognitive impairment or previously unrecognized dementia are connected to follow-up assessment and support, including targeted outreach from geriatrics specialists. Beyond the inpatient setting, Cedars-Sinai has incorporated Mini-Cog screening into Annual Wellness Visits, expanding clinicians' ability to routinely assess cognitive health in primary care and creating a more coordinated approach to early dementia detection across the continuum of care.
- **Nurse Practitioner-led Dementia Detection:** Eisner Health has implemented a dementia care program to build capacity to conduct standardized cognitive assessments and evaluate cognitive impairment as part of routine preventive care for older adults. The program integrates Mini-Cog screening into Medicare Annual Wellness Visits conducted by trained nurse practitioners, strengthening their ability to identify patients with potential cognitive impairment during regular primary care encounters. Patients with abnormal screening results are referred to a nurse practitioner-led memory evaluation clinic for comprehensive assessment and diagnostic workup. By expanding nurse practitioners' expertise in cognitive screening and establishing a clear pathway from routine assessment to diagnostic evaluation, the program supports timely follow-up of cognitive concerns and strengthens the integration of dementia detection into primary care.

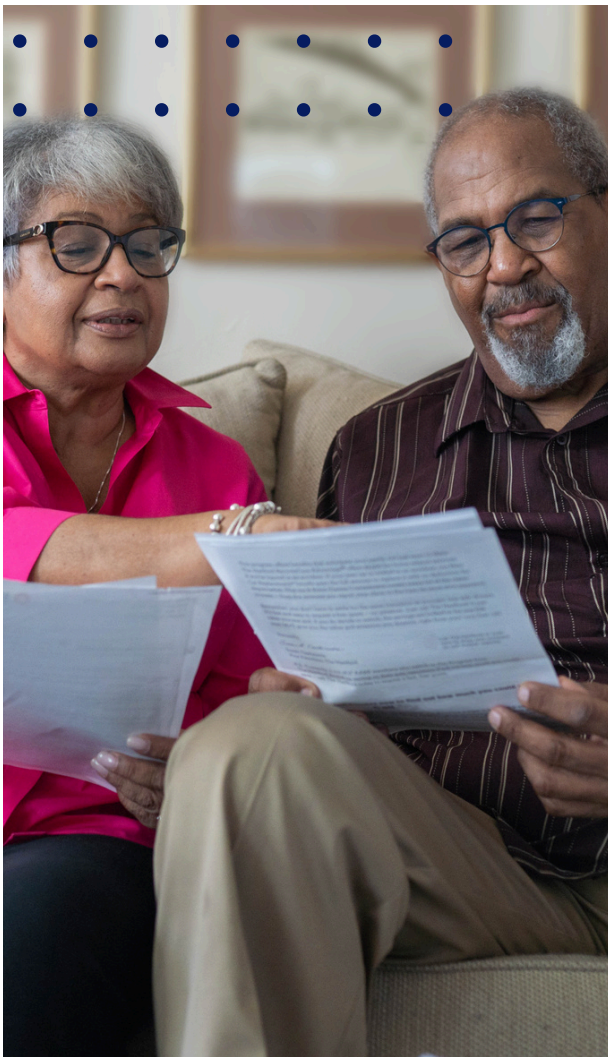
Caregiver Services & Supports

Strengthen programs and services across sectors to improve caregiver capacity to support early detection and enable them to prepare for the future.

- **Brain Health Navigator Program:** Keck Medicine of USC piloted a Brain Health Navigator Program to enhance the connection between the identification of cognitive concerns in primary care and access to appropriate evaluation, care, and support. With pilot funding from the Davos Alzheimer Collaborative, a dedicated Brain Health Navigator was trained to coordinate referrals, facilitate diagnostic evaluations, connect patients and families with resources, and support post-diagnostic care planning. By improving communication and coordination across providers and care settings, this program helped ensure that people with possible cognitive impairment received timely follow-up and guidance while reducing barriers to navigating the dementia care continuum.

FOCUS AREA 3

Advance Care Planning



The Strategic Plan's advance care planning focus area aims to increase awareness, knowledge, and use of advance care planning tools to support people living with dementia and their families throughout every stage of the disease. Organizations across LAC have worked to embed these practices into routine dementia care. By fostering collaboration across healthcare, public health, academic, and community-based settings, these efforts have started to build the systems, partnerships, and workforce capacity that are needed to support person-centered planning.

Key milestones include expanding access to culturally responsive advance care planning resources, sharpening healthcare professionals' communication skills, and improving documentation and accessibility of advance care plans across multiple care settings. Simultaneously, regional efforts have focused on enhancing coordination between care providers and equipping caregivers with the practical tools needed to confidently participate in ongoing planning and decision-making.

These accomplishments reflect an important shift toward viewing advance care planning as a continuous conversation that evolves alongside an individual's goals, values, and changing care needs. Through expanded education and deeper clinical-community engagement, LAC has advanced person-centered dementia care, ensuring people with dementia, their caregivers, and families are better prepared for future care decisions.

Policy and Systems

Increase accessibility and sharing of advance care plans among healthcare teams, families, caregivers, and others to support dementia care coordination.

- **Integrating Advance Care Planning into Dementia Care Workflows:** In partnership with LA BOLD, Chinatown Service Center (CSC) implemented a dementia care optimization initiative to facilitate earlier identification and follow-up of cognitive impairment among adults aged 65 years and older. A core component of this effort has been the integration of advance care planning into routine dementia care by strengthening the documentation, accessibility, and sharing of patients' care preferences among healthcare teams, families, and caregivers. Specifically, CSC embedded these discussions into its clinical workflows and electronic health record documentation. This system integration enables healthcare teams to more consistently record and access patients' care preferences – including Advance Health Care Directives and Physician Orders for Life-Sustaining Treatment (POLST) forms – ensuring that critical information is readily available. Through these workflow enhancements and ongoing staff training, CSC continues to promote advance care planning by improving communication with dementia patients and their caregivers regarding their care choices.
- **Kaiser Permanente® Life Care Planning (LCP):** Kaiser Permanente Southern California uses a population-based, systematic approach to integrate advance care planning into routine care for adults 18 and older, including those living with dementia or serious illness. LCP promotes early, values-driven conversations that help patients clarify what matters most, identify a health care agent, document care preferences, and complete an Advance Health Care Directive before a crisis occurs. Interdisciplinary collaboration strengthens serious illness communication, shared decision-making, and goals-of-care discussions, while electronic health record tools aid in identifying patients who may benefit from LCP outreach. Since 2023, the team has advanced LCP integration through clinician training, online uploading of advance directives, and efforts to assess and improve discussion quality. In addition, key partnerships have been developed to better align LCP within the dementia care navigator program, senior surgical care, and complex case management. To date, more than 10,000 clinicians have been trained, and approximately 2 million patients have received an LCP intervention.

Education

Reframe and normalize the discussion of advance care planning to increase engagement in the process.

- **Act Now: Plan Ahead for Dementia Guide:** To normalize conversations about advance care planning and encourage earlier engagement, LA BOLD – with guidance from the HBLA Coalition Community Advisory Group – developed the Act Now: Plan Ahead for Dementia guide. This resource provides individuals, caregivers, and families with accessible information on advance care planning, legal and financial considerations, surrogate decision-making, future care choices, and available support systems. By translating complex concepts into practical, actionable steps, the guide makes these planning conversations more approachable. The resource equips people affected by dementia with the knowledge and confidence required to meaningfully discuss future preferences and prepare for difficult decisions that may arise throughout the dementia journey.

Healthcare Workforce Capacity

Strengthen healthcare professionals' capacity to support advance care planning for people living with dementia.

- **Advance Care Planning Communication Skills Training and Clinical Education:** Since 2023, LA BOLD has conducted a range of advance care planning trainings to strengthen health care professionals' skills and confidence in supporting people living with dementia and their caregivers, reaching 80+ participants over 10 sessions. Training activities have addressed key components of advance care planning, including Advance Health Care Directives, POLST forms, surrogate decision-maker identification, documentation practices, and approaches for introducing planning conversations earlier in the dementia journey. Skills-based workshops using evidence-informed communication frameworks, including VitalTalk and REMAP, have given providers opportunities to practice goals-of-care conversations, respond to patient and caregiver emotions, and navigate complex decision-making discussions. Together, these efforts have enhanced providers' ability to facilitate meaningful, culturally responsive conversations and support care decisions that reflect patients' values, preferences, and goals.

- **Advance Care Planning Training for Social Workers and Case Managers:** The Healthy Brain LA Advance Care Planning Workgroup, in partnership with Bet Tzedek, is developing an evidence-informed curriculum to increase the capacity of social workers and case managers to facilitate meaningful advance care planning conversations with people living with dementia and their caregivers. The development process has involved reviewing existing trainings, examining facilitators and barriers to provider and client engagement, and identifying priority content areas, such as advance directives and POLST forms, legal and financial planning considerations, caregiver engagement, and person-centered decision-making. Once completed, the curriculum will equip professionals with the knowledge, tools, and client-facing resources needed to support informed, values-based care planning.
- **Conversations That Matter Toolkit:** The USC Family Caregiver Support Center's Los Angeles Caregiver Resource Center, in partnership with the Los Angeles County Department of Public Health, developed the Conversations That Matter Toolkit to enhance healthcare teams' ability to engage and support family caregivers of people with cognitive impairment. The toolkit provides practical guidance, conversation prompts, frequently asked questions, and resources to help providers better understand the experiences and needs of family caregivers and integrate them as active partners in care. Covered topics address caregiving's impact on emotional well-being, physical health, financial stability, communication, and planning. By increasing healthcare teams' confidence and engagement skills, this resource supports person-centered care, connecting caregivers and families to key information and materials that meet their needs throughout the dementia journey.

Caregiver Services & Supports

Equip caregivers with support, training, resources and tools to play an active role in advance care planning.

- **Enhancing Caregiver Access to Information and Planning Resources:** To strengthen support for family caregivers of people living with dementia, including their engagement in advance care planning, WISE & Healthy Aging is working to better understand how caregivers access information, navigate resources, and identify support needs throughout the caregiving journey. As part of this effort, the organization engaged members of the Healthy Brain LA Community Advisory Group to gather caregiver perspectives on how they search for information, the barriers they encounter, and the resources most useful for future care decisions. Caregivers emphasized the need for practical, easy-to-find information that reflects their evolving needs and is accessible, culturally relevant, and easy to understand. These insights are informing the development of caregiver-centered communication strategies and resources that better equip caregivers to access information, participate in planning conversations, and serve as informed partners in person-centered decision-making.
- **South Bay Dementia Education Consortium – Caregiver Education Series:** The South Bay Dementia Education Consortium is a collaborative partnership among Always Best Care Senior Services, the Alzheimer's Association, Alzheimer's Los Angeles, Beach Cities Health District, the Mary S. Easton Center for Alzheimer's Research and Care at UCLA, OPICA Adult Day Care and Counseling Center, and Silverado Memory Care that provides evidence-based educational programs that equip people living with dementia, family caregivers, care partners, and professionals with practical knowledge and resources to support planning across the dementia journey. The Consortium currently hosts four educational events each year, reaching approximately 50–100 participants per event, with attendance typically representing a family or informal caregivers as well as professionals. Programming covers topics such as caregiver support, research updates, and financing long-term care, helping caregivers build the knowledge and confidence needed to serve as informed partners in advance care planning and dementia care while also strengthening professionals' capacity to support individuals and families. For example, its July 2026 workshop, Protecting Your Loved One: Legal Planning for Dementia Care, engaged 94 participants and provided medical and legal guidance on advance health care directives, powers of attorney, decision-making capacity, trusts, estate planning, and long-term care options.

Surveillance and Implementation

As part of broader efforts to advance coordinated action on dementia in LAC, several data and surveillance projects have been undertaken to inform the Strategic Plan, guide regional priorities, and strengthen understanding of the needs of people living with dementia, their caregivers, and communities. These activities have focused on improving access to dementia-related data, enhancing data sharing across sectors, and expanding operational use of available information. By combining existing datasets with regional practice insights, partners across LAC are increasingly integrating data into planning, implementation, and evaluation. This work has produced a more comprehensive snapshot of dementia prevalence, caregiving needs, healthcare utilization, community priorities, and dementia-related risk factors in the county, supporting more informed resource allocation, policy development, and coordinated action.

Dementia Surveillance Infrastructure

Strengthen dementia surveillance through coordinated data practices and analytics to inform evidence-based planning and response.

- **Building a Cross-Sector Dementia Data Foundation:** LA BOLD works to improve partners' understanding of the local dementia burden, identify community needs, and inform implementation priorities across LAC. This effort includes the analysis of multiple population-level data sources – including the California Department of Health Care Access and Information Patient Discharge, Emergency Department Encounter, and Ambulatory Surgery datasets; data from the California Health Interview Survey; public opinion and brain health survey data from the Berkeley Institute of Governmental Studies; and several other federal, state, and local sources. Together, these data support a comprehensive understanding of dementia prevalence, caregiving needs, healthcare utilization, hospitalization patterns, public perceptions, and dementia-related risk factors. They are helping to inform strategy planning, resource allocation, and coordinated action across multiple sectors.
- **Cross-Sector Data Coordination and Infrastructure Development:** Members of the Healthy Brain LA Coalition participate in regional efforts through the Los Angeles Regional Coordinating Council on Aging and Disability (RCCAD) to advance cross-sector data coordination and information sharing across healthcare, aging services, and community-based organizations. Through these efforts, Coalition members contribute to discussions on data access, interoperability, and standards aligned with the California Data Exchange Framework. Additionally, through RCCAD, a senior services domain map based on the 211 database was developed for informing planning and analysis. This interactive visual dashboard is intended to help identify service availability, gaps, and geographic distribution across key service domains impacting older adults and people with disabilities. The RCCAD collaboration supports the development of a more unified approach to using dementia-related data to inform project planning, care coordination, and service delivery across LAC.

Strategic Plan & Implementation & Monitoring

Establish systems for monitoring, evaluating, and communicating strategic plan progress to support accountability, continuous improvement, and sustainability.

- **Data-Informed Planning for Strategic Plan Implementation:** HBLA Workgroups utilize data collection, environmental scans, literature reviews, and surveillance activities to inform implementation planning and identify opportunities for action. For instance, the Hypertension Prevention and Management Workgroup conducted a geographic needs assessment using clinical, demographic, and social vulnerability indicators to identify key communities for targeted dementia risk reduction activities. Meanwhile, the Early Detection Workgroup completed a countywide landscape assessment of early detection efforts and reviewed acute care data to identify service gaps, priority populations, and partnership opportunities. And the Advance Care Planning Workgroup completed several literature reviews of facilitators and barriers to advance care planning conversations, directly informing a new curriculum for community-based care managers. Together, these efforts demonstrate how evidence gathering and assessment activities guide implementation priorities, uncover systems gaps, and shape strategies to address community needs.
- **Strategic Plan Monitoring and Implementation Dashboards:** To support accountability and coordinated implementation, LA BOLD developed progress dashboards for each HBLA Workgroup to track Strategic Plan implementation. These dashboards provide a shared tool to document accomplishments, monitor action items, identify and mitigate challenges, and facilitate communication among partners. By establishing this consistent approach to reviewing progress and addressing barriers, this system enables timely Workgroup coordination and supports continuous quality improvement throughout Strategic Plan implementation.
- **Surveillance Insights to Support Dementia Action:** LA BOLD supports the analysis, translation, and dissemination of dementia-related data to inform implementation efforts and provide stakeholders with actionable insights. Through the development of data briefs, reports, one-pagers, and other analytic products, LA BOLD has examined key dementia-related topics in LAC, including dementia prevalence, caregiving and caregiver health, brain health, social drivers of health, public perceptions of dementia, hospitalization outcomes, dementia-related risk factors, and the economic burden associated with dementia. By making surveillance findings more accessible and relevant to diverse audiences, LA BOLD contributes to the evidence base so that planning and implementation of dementia care and supports are driven by sound scientific data.

Looking Ahead

The accomplishments described throughout this report reflect the collective efforts of public agencies, health systems, community-based organizations, academic partners, and community members with lived experience who have contributed invaluable perspectives throughout the Strategic Plan's implementation. Through LA BOLD and active engagement by the HBLA Coalition, partners have strengthened their collaboration, expanded access to evidence-based programs and services, improved clinical and community dementia care models, and heightened public awareness of brain health across LAC. While important challenges remain, the progress achieved during this period demonstrates the meaningful impact of having sustained, multi-sector partnerships and a more coordinated approach to addressing dementia.

As LA BOLD moves into its next phase, the infrastructure, partnerships, and shared priorities established over the past several years offer a dynamic foundation for continued execution of the Strategic Plan. Capitalizing on these investments will require ongoing cross-sector alignment, meaningful engagement with communities most impacted by dementia, and a commitment to translating evidence and lessons learned into practice. The progress highlighted in this report will help guide future implementation and support a more integrated, person-centered response to dementia across LAC, through 2028 and beyond.

Appendix A. HBLA Coalition Membership List

- Ad Lucem Consulting
- Alzheimer's Association California Southland Chapter
- Alzheimer's Los Angeles
- American Heart Association, Los Angeles County
- Beach Cities Health District
- Bet Tzedek
- BOLD Public Health Center of Excellence on Early Detection of Dementia
- Cedars-Sinai Medical Center
- Community Clinic Association of Los Angeles County
- Cynthia Perry Ray Foundation
- Emanate Health
- Harbor-UCLA Medical Center, Los Angeles County Department of Health Services
- Herman Ostrow School of Dentistry of the University of Southern California
- Hospital Association of Southern California
- Kaiser Permanente
- Keck Medicine of the University of Southern California
- Keck School of Medicine of the University of Southern California
- Kedren Health
- L.A. Found
- Los Angeles County Aging and Disabilities Department
- L.A. Care Health Plan
- Los Angeles Alliance for Community Health & Aging (LAACHA)
- Los Angeles County Department of Public Health
- Los Angeles County District Attorney's Office
- Mary S. Easton Center for Alzheimer's Research and Care at UCLA
- Neighborhood Legal Services of Los Angeles County
- ONEgeneration
- Pasadena Public Health Department
- Rancho Los Amigos/University of Southern California Alzheimer's Disease Center, Los Angeles County Department of Health Services
- Resonation Inc.
- SCAN Health Plan
- Superior Court of Los Angeles County
- University of Southern California Alfred E. Mann School of Pharmacy and Pharmaceutical Science
- University of California, Los Angeles David Geffen School of Medicine
- University of Southern California Leonard Davis School of Gerontology
- University of Southern California Family Caregiver Support Center
- WISE & Healthy Aging

Appendix B. Strategic Plan Progress by Activity*

Hypertension Prevention and Management ***Objective: Expand and improve accessibility and use of effective hypertension prevention and management practices to support overall brain health and dementia risk reduction.***				
	Strategic Activity	**Planned**	**Executing**	**Sustaining**
Policy and Systems	**HPM.1:** Facilitate collaboration across health plans to develop and implement standards for home blood pressure monitor distribution, medication formularies, and prescription drug cost sharing.		✓	
	HPM.2: Develop guidance for the use of team-based care to manage blood pressure in health care and community settings, including ways to leverage reimbursement opportunities for these services.		✓	
	HPM.3: Identify and facilitate opportunities to expand the availability of community resources that can effectively prevent and manage hypertension such as lifestyle change programs, healthy food access, transportation, and safe living accommodations.		✓	
Education	**HPM.4:** Leverage existing health communication materials and messaging to educate the public and health care professionals about the connection between hypertension and dementia risk.		✓	
	HPM.5: Develop culturally responsive and linguistically tailored messaging for the public promoting hypertension prevention and management, including the importance of lifestyle choices, the availability of supportive community resources, self-measured blood pressure monitoring, and medication adherence and management strategies.		✓	
	HPM.6: Partner with faith-based organizations, local government entities, and community-based organizations to disseminate blood pressure messaging to people of all generations using multiple delivery methods.		✓	

	Strategic Activity	Planned	Executing	Sustaining
Health Care Workforce Capacity	**HPM.7:** Develop and disseminate practical resources to advance the use of standardized treatment approaches and guideline recommended care, including best practices for optimizing medication therapy.		✓	
	HPM.8: Leverage professional networks to train health care professionals on hypertension-related topics such as techniques for accurate blood pressure measurement and strategies to encourage lifestyle modification and optimize medication therapy including improving medication adherence.			✓
	HPM.9: Provide technical assistance opportunities around key team-based care principles such as effective communication and role clarity to support blood pressure management.			✓
Caregiver Services & Support	**HPM.10:** Develop tools and strategies for caregivers to effectively support hypertension management for people in all stages of dementia.		✓	
	HPM.11: Identify and increase access to meaningful and culturally responsive and linguistically tailored information, services, and supports for hypertension prevention and management among caregivers.		✓	
	HPM.12: Partner with organizations to identify and address service gaps and social risk factors of people living with dementia and their caregivers to support hypertension prevention and management.		✓	
	HPM.13: Leverage existing local, state, and federal initiatives focused on reducing caregivers' financial, emotional, and physical challenges to enhance their ability to prioritize their health and that of the person they care for.	✓		

Early Detection

Objective: Normalize and expand early detection of dementia in home, community, and health care settings.

	Strategic Activity	Planned	Executing	Sustaining
Policy and Systems	**ED.1:** Identify and address gaps in early detection and referral pathways across health care, behavioral health services, local government entities, and community settings.		✓	
	ED.2: Monitor and ensure state and federal policies and initiatives related to detection and management of dementia, including the California Department of Public Health's and the California Department of Health Care Services' dementia care standards and the Caregiver Advise, Record, Enable Act, are operationalized and implemented in Los Angeles County.		✓	
	ED.3: Partner with nonprofit hospitals to ensure that dementia and dementia caregiving is included in their Community Health Needs Assessment and, if appropriate, included as a priority area for their community benefit program.		✓	
Education	**ED.4:** Develop culturally responsive and linguistically tailored messaging for the public promoting the benefits of early detection of dementia, including opportunities for lifestyle modifications that support quality of life for people with dementia and their caregivers.		✓	
	ED.5: Leverage existing resources to educate the public on brain health, dementia, early signs of cognitive impairment versus normal aging, how to seek assessment opportunities such as the Annual Wellness Visit benefit, and their role in promoting early detection, including requesting a baseline assessment.			✓
	ED.6: Develop messaging for health care professionals on the benefits of conducting routine cognitive assessments and available resources to support the post-assessment process.		✓	

	Strategic Activity	Planned	Executing	Sustaining
	ED.7: Identify and partner with community leaders and existing local, state, and federal organizations such as Dementia Friendly America to promote the benefits of early detection.		✓	
	ED.8: Pursue opportunities to develop training programs for direct care workers and other personnel to conduct screenings for cognitive impairment in home and community settings.	✓		
Health Care Workforce Capacity	**ED.9:** Identify and disseminate effective practices and existing cognitive assessment resources and tools for health care professionals.			✓
	ED.10: Build the clinical case for medical specialty practices to conduct routine cognitive assessments as part of patient care with the goal of helping them understand their role, the benefits, and the steps needed for effective implementation of assessments and subsequent dementia care.		✓	
	ED.11: Develop guidance for health care professionals on optimization of existing payment mechanisms to increase uptake of Annual Wellness Visits, adoption of cognitive assessments, and the use of available Medicare benefits.		✓	
	ED.12: Partner with Federally Qualified Health Centers, pharmacies, and other health care organizations to train health care professionals on conducting cognitive assessments, including prioritizing completion of Dementia Care Aware training.			✓
Caregiver Services & Supports	**ED.13:** Identify and increase access to meaningful and culturally responsive and linguistically tailored information, services, and supports for caregivers related to screening for cognitive impairment and communicating concerns with the person they care for and health care professionals.		✓	

	Strategic Activity	Planned	Executing	Sustaining
	ED.14: Strengthen the training of health care professionals to identify caregivers, assess their needs, provide support, and increase engagement and referrals to home and community-based services.		✓	
	ED.15: Identify and partner with institutions to build awareness of local dementia related resources and supports available to people in all stages of dementia and their caregivers.		✓	
Advance Care Planning ***Objective: Strengthen knowledge about, and greater use of, advance care planning and related tools for supporting people in all stages of dementia.***				
Policy and Systems	**ACP.1:** Develop or adapt protocols and incentives for health care system workflows to document and ensure advance care plans are accessible within electronic health record systems, in particular for patients diagnosed with dementia.		✓	
	ACP.2: Identify strategies to increase advance care planning collaboration and alignment across relevant professions and organizations.	✓		
	ACP.3: Leverage state policies and initiatives, such as the California Advance Health Care Directive Registry, to strengthen culturally responsive and linguistically tailored advance care planning efforts in Los Angeles County.	✓		
Education	**ACP.4:** Develop and disseminate culturally responsive and linguistically tailored messaging for the public to increase understanding of advance care planning and promote its importance, even before signs of cognitive impairment.		✓	
	ACP.5: Provide professionals and organizations across sectors with resources and support to facilitate the discussion of advance care planning in settings where people regularly congregate and feel comfortable, which may include faith-based organizations, senior centers, and libraries.	✓		

	Strategic Activity	Planned	Executing	Sustaining
	ACP.6: Collaborate with institutions of higher education, special interest organizations, and professional associations to augment curricula and professional continuing education about culturally responsive advance care planning particularly for people living with dementia.	✓		
Health Care Workforce Capacity	**ACP.7:** Develop practical and culturally responsive guidelines, tools, and metrics for health care professionals to actively engage in advance care planning with input from people living with dementia and their caregivers.		✓	
	ACP.8: Train health care professionals on advance care planning topics such as engaging in advance care planning conversations, optimizing existing payment mechanisms for advance care planning, and including patients and caregivers in the process.		✓	
Caregiver Services & Supports	**ACP.9:** Partner with organizations to strengthen and increase access to affordable, reliable, and culturally responsive and linguistically tailored caregiver education and training resources that support advance care planning for people living with dementia.		✓	
	ACP.10: Expand access to case management services, in- and out-of-home respite care, and support programs to foster caregiver health and wellbeing as they navigate the implementation of advance care plans.	✓		
	ACP.11: Develop and promote resources to enhance caregiver's ability to engage as a key member of the care team and support effective communication of advance care plans with health care providers and other stakeholders.		✓	

Surveillance and Implementation				
	Strategic Activity	**Planned**	**Executing**	**Sustaining**
Dementia Surveillance Infrastructure	**SI.1:** Develop standards for dementia-related data elements to be collected and monitored in Los Angeles County.	✓		
	SI.2: Establish a cross-sector data inventory and analytic strategy for dementia in Los Angeles County.		✓	
	SI.3: Collaborate with partners to implement the Behavioral Risk Factor Surveillance System optional module for Cognitive Decline or Caregiving in local surveillance data collection efforts.	✓		
Strategic Plan Implementation & Monitoring	**SI.4:** Use data gleaned through available surveillance strategies and other sources to inform implementation of the Strategic Plan.		✓	
	SI.5: Develop outcome measures to track progress and assess the impact of Strategic Plan activities.		✓	
	SI.6: Include evaluation and sustainability into Strategic Plan programming to determine program accessibility, effectiveness, and impact.		✓	
	SI.7: Support analysis, translation, and dissemination of Strategic Plan surveillance efforts for sharing with multiple audiences.			✓

* Progress determinations reflect the LA BOLD team's systematic assessment of activity alignment, depth, reach, and sustainability within each relevant organization. "Planned" indicates early development; "executing" reflects active implementation in one or more organizational settings; and "sustaining" signifies that substantial work is embedded in practice across multiple organizations.

For more information, please visit
publichealth.lacounty.gov/healthybrainla
or contact us at healthybrainla@ph.lacounty.gov

Made possible with funding from Centers for Disease Control and Prevention (No. NU58DP007521)

HBLA
Healthy Brain LA