

Building a community of practice for dementia care in Ghana: Insights from a participatory research dissemination and solution design workshop

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KEY MESSAGE: A participatory co-creation workshop in Ghana significantly enhanced stakeholders' knowledge and attitudes regarding dementia care, highlighting the need to formalize a community of practice and implement a comprehensive dementia care policy for sustained improvement.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
- Recognising that the ill-preparedness of Ghana to advance dementia care partly stems from the limited availability of empirical evidence, a research project was undertaken in 2023.^{1,2,3} - To bridge the gap between evidence and action, a participatory co-creation workshop was convened, to: ✓ To determine whether there was an improvement in stakeholders' knowledge and attitudes of dementia following the workshop. ✓ To present co-produced innovative solutions tailored to the Ghanaian context.	Setting: Participatory workshop in Kumasi, Ghana. Population: family caregivers, healthcare professionals (nurses, medical officers, and psychiatrists), policymakers/implementers (directors from the Ghana Health Service), religious leaders, and members of the academic community. Quantitative: Multi-method assessment using Wilcoxon signed-rank tests to measure pre/post changes (n=71 stakeholder but 22 completed pre/post) Qualitative: Reflexive thematic analysis to capture co-produced solutions (n=4 FGDS 12-15 people)	- Participants reported feeling significantly more informed about dementia prevalence in Ghana (Z = 2.510, p = 0.012), the challenges faced by family caregivers (Z = 3.030, p = 0.002), and common caregiver coping strategies (Z = 3.247, p = 0.001). - Understanding of socioeconomic (Z = 2.525, p = 0.012) and gender-related (Z = 2.569, p = 0.010) influences on dementia risk, and caregiving also improved. - Attitudinally, participants expressed stronger agreement that family caregivers deserve more support (Z = 2.828, p = 0.005), that dementia care should be a higher health system priority (Z = 2.445, p = 0.014), and that faith-based organisations have an important role (Z = 2.001, p = 0.045). - Proposed solutions included policy advocacy and systems thinking, community- and home-based care, collaborative networks, caregiver support programmes, stigma reduction and cultural reorientation, and involvement of religious leaders.	- There is a need to formalise and resource a community of practice, whilst piloting a caregiver support programme and home-care model with rigorous monitoring and evaluation. - It is time for policymakers to enact a comprehensive dementia care policy to guide and regulate all stakeholders in the continuum of dementia care.	1. Duodu, P. A., Okyere, J., Simkhada, B., Akrong, R., Barker, C., Gillibrand, W., & Simkhada, P. (2024). Exploration of family caregivers' experiences on coping in dementia care in Ghana: a phenomenological study. BMC psychology, 12(1), 361. 2. Duodu, P. A., Simkhada, B., Okyere, J., Akrong, R., Barker, C., Gillibrand, W., & Simkhada, P. (2024). Primary caregivers' experiences of caring for people living with dementia in Ghana: a phenomenological study. BMC geriatrics, 24(1), 304. 3. Duodu, P. A., Dey, N. E. Y., Okyere, J., Simkhada, B., Barker, C., Gillibrand, W., & Simkhada, P. (2024). Gendered differences in the prevalence and associated factors of dementia in Ghana: a cross-sectional survey. BMC psychiatry, 24(1), 397. CONTACT Email: joshua.okyere@hud.ac.uk Funding: School Rapid Research Support Fund (QRHH06) Ethics approval ID: SREIC/2025/043