

ALZHEIMER'S & DEMENTIA AWARENESS AND PRIMARY CARE TRAINING (ADAPT) GHANA

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INTRODUCTION

- Ghana is aging fast and dementia affects 6.6–16% of Ghanaians aged 60+¹
- Less than 30 specialists, most in the large cities, serve a population of 33 million people
- WHO's mhGAP and similar programs have proven that training primary healthcare workers (PHWs) can vastly improve access in low-resource settings²



AIMS

- 1) Engage a 10-member Community Advisory Board (CAB) to culturally adapt an evidence-based dementia curriculum for PHWs
- 2) Pilot the adapted curriculum with 40 PHWs in rural Shai-Osudoku district, measuring Alzheimer's Disease Knowledge Scale (ADKS) and Dementia Knowledge Assessment Scale (DKAS) score improvements
- 3) Assess participants' perceived relevance and diagnostic/management confidence using a 5-point Likert scale
- 4) Collect qualitative feedback on cultural fit and real-world applicability

METHODOLOGY & WORK PLAN

Phase 1 - CAB Engagement & Curriculum Design

- Select 10 CAB members (primary care providers, caregivers, community leaders) based on experience in dementia care and cultural mediation
- Conduct initial CAB meeting to identify cultural perceptions, stigma, and local dementia care needs, informing curriculum adaptations
- Develop training materials including case studies, role-play scenarios, and culturally relevant illustrations
- Validate adapted curriculum with a second CAB review

Phase 2 - Pilot Training

- Recruit 40 PHWs (nurses, medical officers, physician assistants) from Shai-Osudoku, ensuring no prior formal dementia training
- Deliver an 8-hour interactive workshop (lectures, IDEA cognitive screening, peer discussions, role-playing) facilitated by experienced trainers
- Assess knowledge gains (pre/post ADKS & DKAS, participant satisfaction, confidence) and gather qualitative insights



EVALUATION

Outcome	Measurement Method	Criteria for Success	Statistical Analysis
<i>Aim 1 - Culturally adapted curriculum</i>	CAB feedback	≥80% of CAB members agree on cultural relevance & usability	CAB feedback ratings
<i>Aim 2 - Increase in PHWs dementia knowledge</i>	Pre- and post-training tests	≥17% average increase in DKAS & ADKS scores	Paired Student t-test (p < 0.05)
<i>Aim 3 - Acceptability & Feasibility (Quant)</i>	Post-training survey	≥ 80% of participants rate "Agree" or "Strongly Agree" on clarity & confidence-building	Descriptive statistics (means, standard deviations, frequencies) for all Likert items
<i>Aim 4 - Cultural relevance & practical usability (Qualit)</i>	Post-training open-ended responses	Identification of barriers to implementation	Thematic analysis of qualitative feedback

IMPACT

Health System Level

- Enhances early recognition and referral of dementia in a rural and underserved area
- Introduces accessible dementia screening (IDEA tool) to primary care settings
- Empowers PHWs as knowledge multipliers within their facilities

Community Level

- Reduces harmful misconceptions about dementia through culturally grounded training
- CAB engagement builds community trust by bridging traditional and biomedical views

Policy Level

- Provides evidence to inform dementia-related policies, health service training programs and scale-up across regions

CONCLUSION

Improving dementia care in Ghana starts with primary healthcare workers. By leveraging existing systems and engaging communities, we can equip frontline providers to deliver better care and reduce stigma where it's needed most

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Acknowledgements: Alexander Adjei, Br. John-Richard Pagan, Elena Tsoy, I. Elaine Allen, Victor Valcour, Anna Chodos, Caroline Prioleau