

From Community Assessment To Faith-based Action: Engaging Faith Leaders In Dementia And Brain Health Education In Ghana Across The Lifespan



**ALZHEIMER'S &
RELATED DISORDERS**
ASSOCIATION OF GHANA

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Background

Alzheimer's disease and related dementias (ADRD) have received limited attention in sub-Saharan Africa. The prevalence of dementia in Ghana is not yet well established; however, individuals exhibiting cognitive impairment are often stigmatized, discriminated against, or physically harmed by community members and family due to limited dementia knowledge and awareness as a health condition.

Given Ghana's younger population (median age about 21-22 years), a life-course approach to dementia education may provide an opportunity to reduce dementia risk as the life expectancy increases and the population continues to age, underscoring the need for culturally responsive education strategies addressing leading causes of death in Ghana, such as hypertension and air pollution exposure, both associated with increased dementia risk.

Methods

In 2023, [Alzheimer's Ghana](#) and [Alter Dementia](#) partnered to deliver culturally adapted dementia education across five southern Ghana regions.

Based on findings from initial education interventions, a pilot education intervention, "Alter Dementia Pastors Conference," was held in 2026 to equip faith leaders with the knowledge and resources to educate both young persons and older adults within their congregations about ADRD.

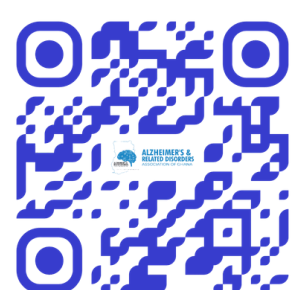
Education Topics:

- How dementia physically alters the brain
- Signs and symptoms of ADRD
- Culturally relevant ADRD Risk factors
- Dementia vs mental health conditions
- Strategies for communicating with and supporting individuals living with ADRD
- Fostering dementia-friendly congregations
- Supporting youth carers

Congregations with larger youth populations received culturally tailored brain health Sunday school lessons for ages 5-16.

Surveys gathered demographic data and assessed changes in knowledge and awareness.

Field notes were taken on participants' comments and behavioral reactions during the conference.



Learn more about Alzheimer's Ghana

References

1. Washington, T. R., Epps, F., Gore, J., Ogueze, I., Richardson, S., Nketsiah, E., Dodd, K., Dey, V., & Bortey, D. (in press). Research from the field: An international community-university collaboration to increase dementia education in Ghana. *Journal of Community Engagement and Scholarship*.

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Demographics

18 faith and community leaders were in attendance
10 faith leaders participated in data collection

Demographic Characteristics of Participants (N = 10)

Characteristic	n	%
Age (years)		
M (SD)	47.70 (12.49)	
Range	30–68	
Gender		
Man	6	60.0
Woman	4	40.0
Region		
Volta	5	50.0
Ashanti	2	20.0
Greater Accra	1	10.0
Eastern Region	1	10.0
Central Region	1	10.0
Tribal Affiliation		
Ewe	5	50.0
Akan/Ashanti	3	30.0
Ga	1	10.0
Multiple tribal affiliations	1	10.0
Position in Faith Community		
Pastoral/clergy role ^a	8	80.0
Youth Sunday School Teacher	1	10.0
Congregation Member	1	10.0

Note. M = mean; SD = standard deviation.

^aIncludes Head Pastor/Reverend, Reverend/Episcopal Secretary, Reverend/Minister, Pastor, Pastor/Presiding Elder, and Reverend/Alzheimer's Ghana.

Participant Quotes

“When someone in my congregation forgets or begins to behave differently, we must not just pray, we must also understand.”

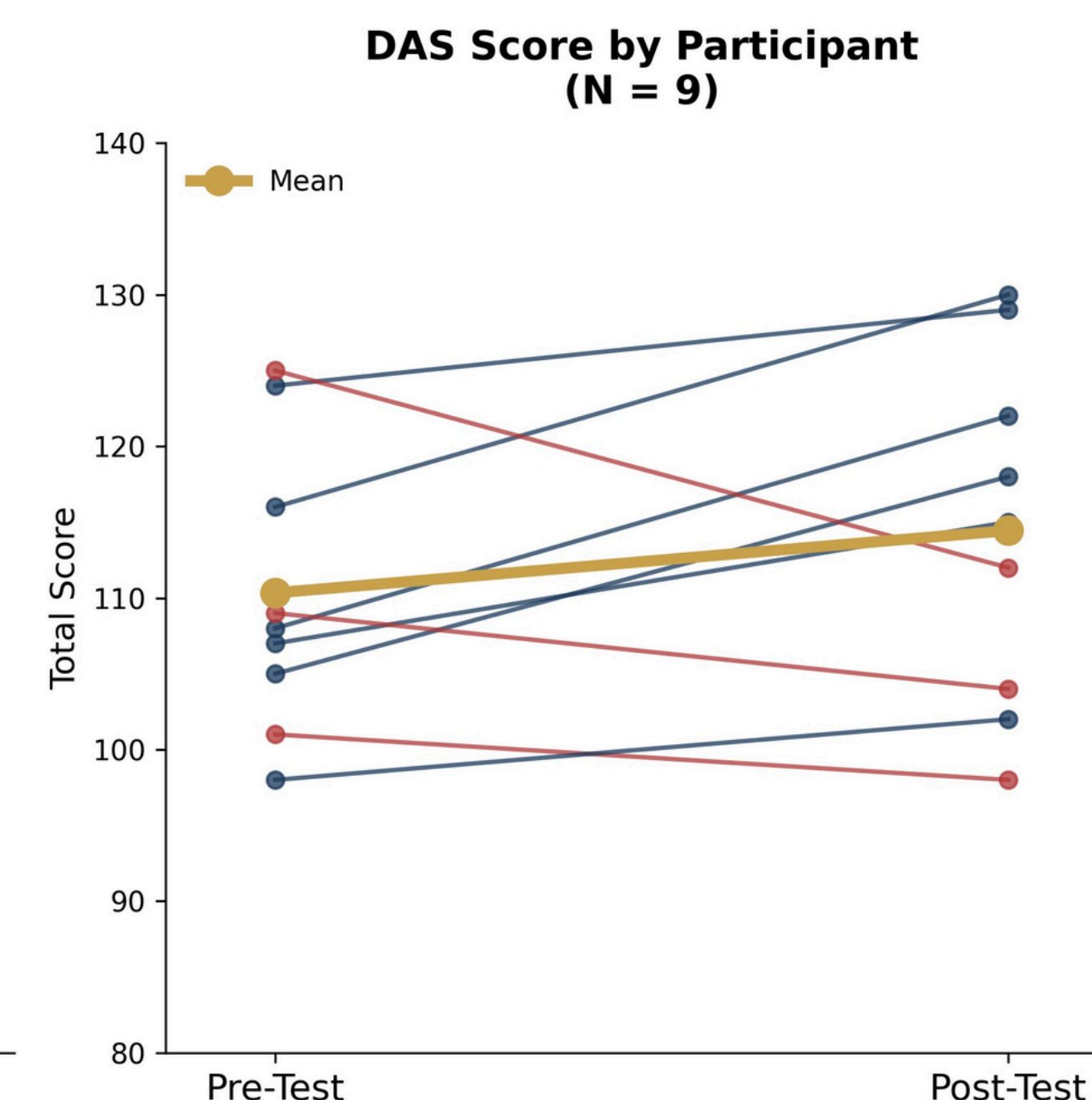
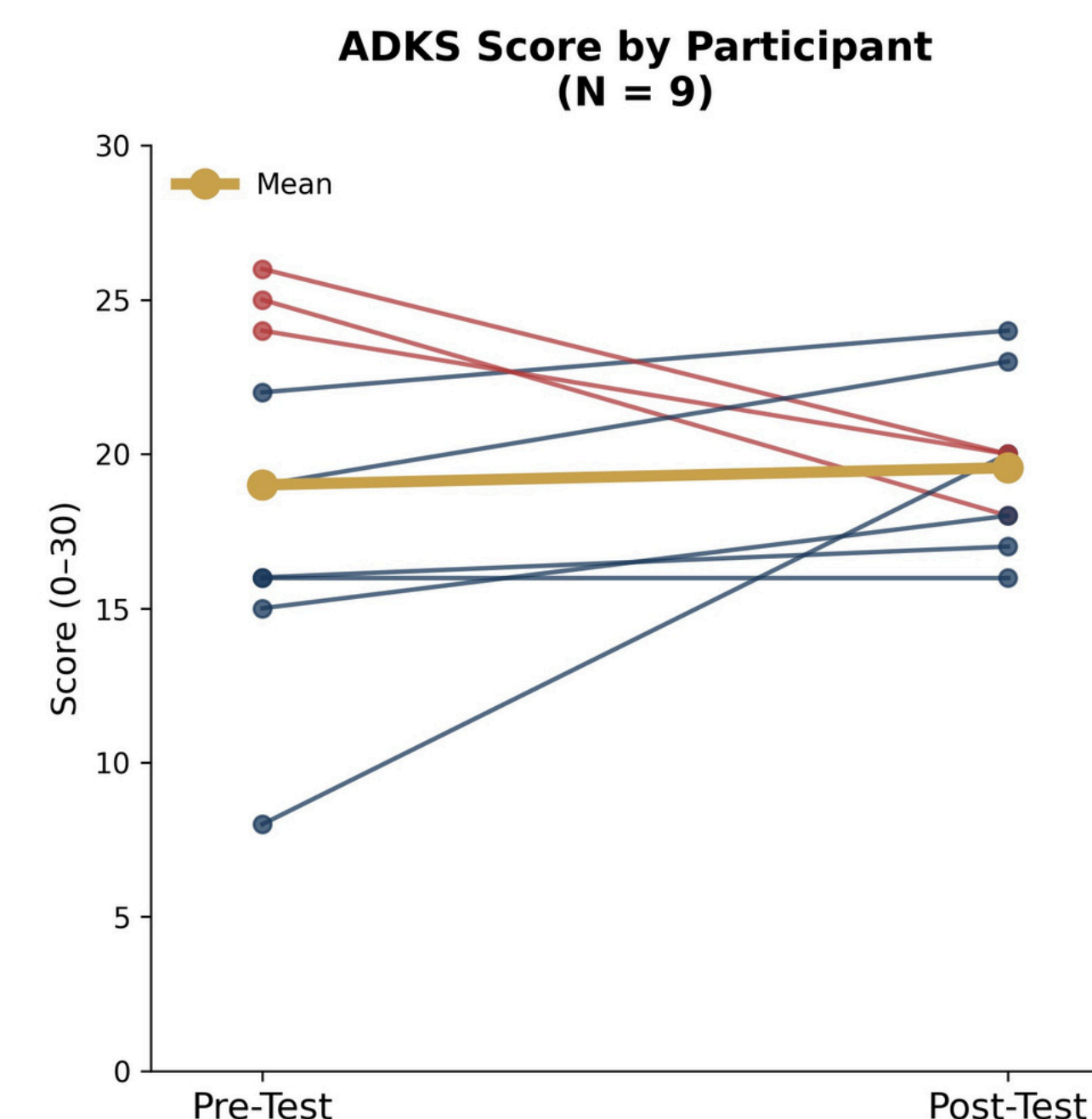
“We attributed it to witchcraft before..., but today we are able to take preventive measures. This education helps us understand what is happening.”



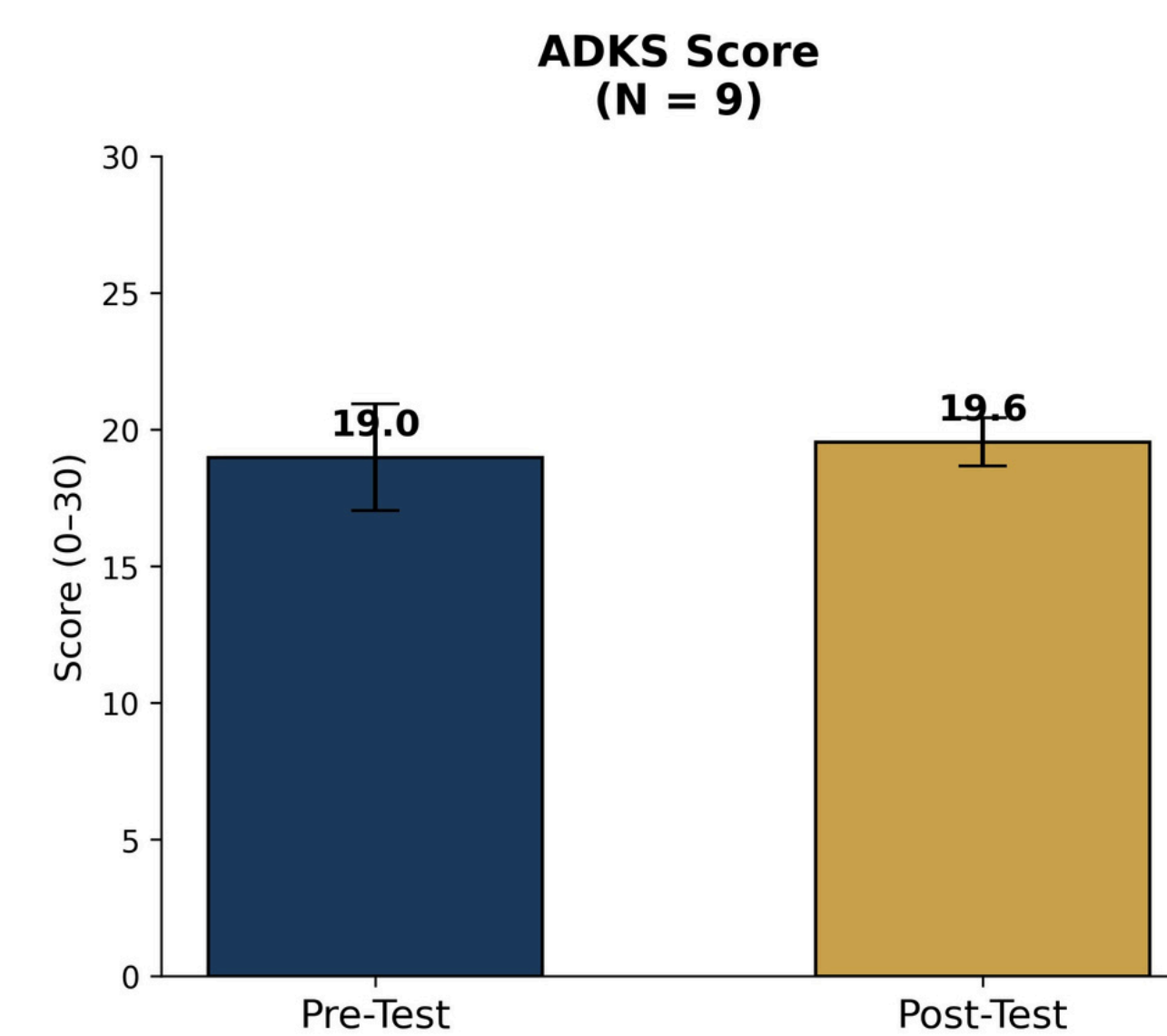
Results

Knowledge & Awareness

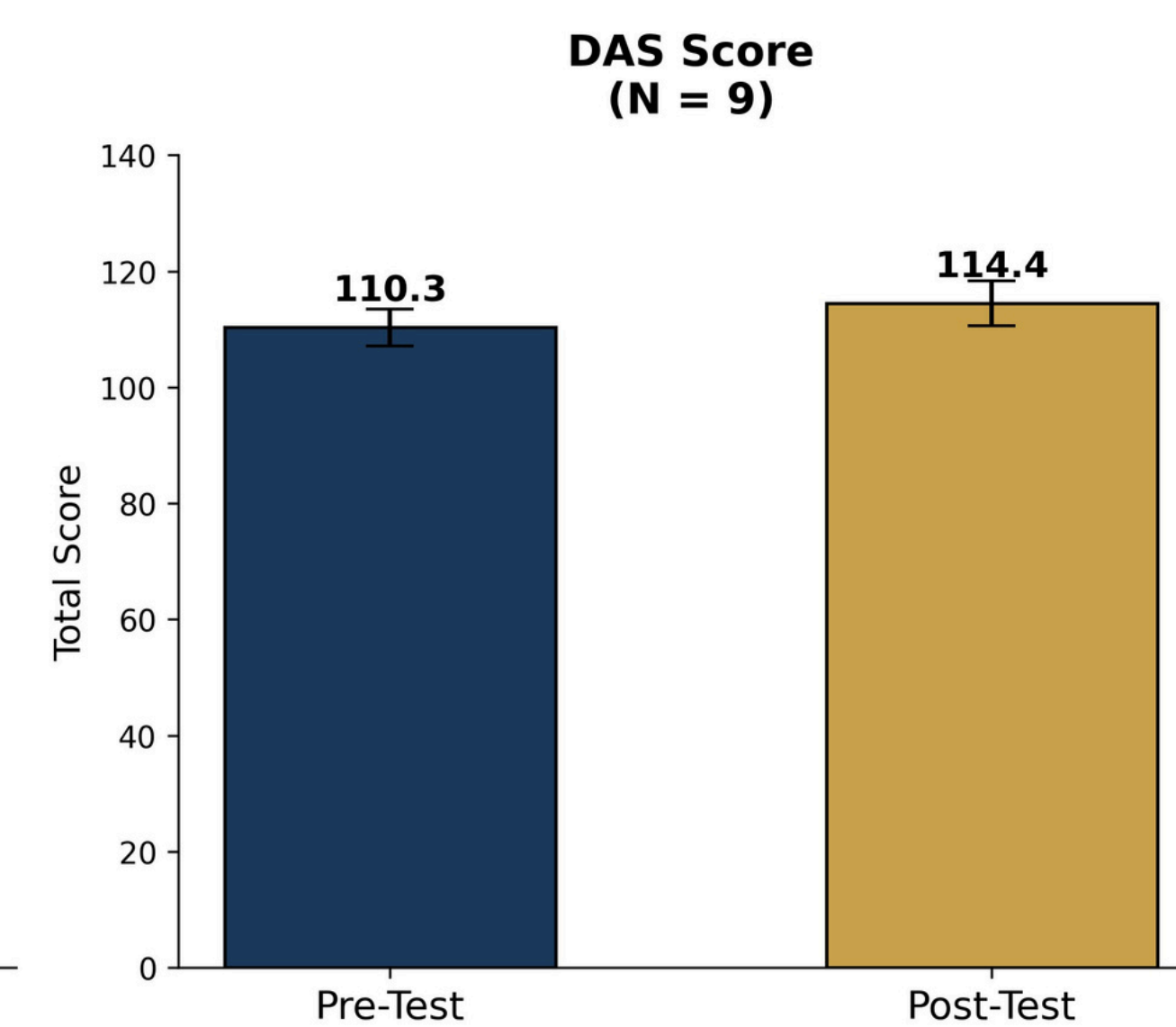
Individual Participant Trajectories, Pre- to Post-Test



Change in Dementia Knowledge and Attitudes From Pre- to Post-Test



$t(8) = 0.29, p = .782, d = 0.10$



$t(8) = 1.30, p = .229, d = 0.43$

Note. ADKS = Alzheimer's Disease Knowledge Scale (range 0–30)

DAS = Dementia Attitudes Scale

One participant was excluded due to incomplete survey responses.

Discussion

- We found a small-to-moderate improvement in dementia attitudes (DAS, $d = 0.43$) and minimal change in dementia knowledge (ADKS, $d = 0.10$) among faith leaders ($N = 9$), consistent with the broader initiative's qualitative reports of shifting understanding.
- Flat knowledge scores may reflect that a single-day format is sufficient to shift attitudes and framing. attitudes and knowledge may respond on different timescales to the same content

Limitation:

- Self-selected research subsample (10 of 18 volunteered), which may not represent the full range of attendees.

Future Directions:

- This workshop model could be implemented using the youth Sunday school curriculum (ages 5–16), delivered to congregations with larger youth populations, thereby extending the model's reach across generations within the same faith communities.
- Engaging political figures due to the strong interplay between religion and politics in Ghana