Knowledge and awareness among the public health workforce in the UK about the prevention of dementia

A UK Health Forum report

Date of report: March 2014
About the UK Health Forum

The UK Health Forum (UKHF) is a leading charitable alliance of 70 national organisations working to reduce the risk of linked conditions such as coronary heart disease, stroke, type 2 diabetes, chronic kidney disease, dementia and some cancers. UKHF is both a UK forum and an international centre for chronic disease prevention. Our purpose is to co-ordinate public health policy development and advocacy among members drawn from professional representative bodies, consumer groups, voluntary and public sector organisations. Government departments have observer status. The views expressed here do not necessarily reflect the opinions of all individual members of the forum.

Please note: The UK Health Forum is formerly the National Heart Forum. Our new name reflects the wider focus of our work today, both within the UK and internationally. The National Heart Forum was established in the 1980s to coordinate national action to prevent coronary heart disease. Since then, our membership and activities have grown and developed, and now also encompass the prevention of stroke, type 2 diabetes, obesity, cancer, respiratory diseases and vascular dementia.
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Summary

The UK Health Forum undertook an online survey of the public health workforce between December 2013 and January 2014. The survey was conducted with the support of Public Health England. The survey’s objectives were to assess awareness and knowledge of the prevention of dementia; to identify workforce support requirements on dementia prevention; and to inform further research and action on dementia prevention. The full survey questions and responses are available in Appendix A.

The findings from the survey were presented and discussed at a high-level meeting on dementia prevention which was attended by 60 experts on dementia and non-communicable diseases on 30 January. The meeting was organised by the UK Health Forum with support from Public Health England. This document summarises the key findings from the survey and relevant discussion points and interpretation from the expert dementia meeting.

Findings of the survey and discussion from the Expert Dementia Meeting

- Nearly 300 participants responded to the survey between December 2013 and January 2014.
- Half of respondents thought their colleagues were not aware that dementia is preventable.
- The respondents reported self-awareness of the risk factors for dementia was highest for the non-modifiable risk factors of age (99%) and heredity (88%).
- Reported awareness of behavioural risk factors of physical inactivity, tobacco, alcohol and poor diet was also high (78-88%). However, awareness was lower for the related intermediate risk factors such as hypertension, obesity, diabetes (29 - 39%).
- There was low awareness of non-vascular and protective factors for dementia. 63% of respondents were not aware that education level associated with dementia. 40% were not aware of the association with depression and social networks.
- The majority of respondents (68%) do not currently include dementia prevention in health improvement or promotion activities.
- A wide variety of information sources on dementia prevention are used, ranging from google and official government websites to journals and third sector sources.
- Evidence (85%), national guidance (65%) and training and support (>50%) were reported to be most useful for supporting future work in the area of dementia prevention.
- Barriers to dementia prevention include lack of evidence and official advice, lack of official strategic priority and resources, and public opinion and fear of stigmatising patients.

Recommendations

- Clear communications should be developed for health care, public health and social care professionals and policy makers on the evidence about dementia risk factors such as poor diet, physical inactivity, tobacco, alcohol and depression, protective factors such as education and social networks and preventive actions to address these.
• Dementia prevention should be incorporated within professional education, training and development programmes for the health care and public health workforce, and policy makers.

• Focus groups and further in-depth research should be undertaken with different segments of the workforce as well as training, education and professional organisations. The research should identify and help to address concerns, challenges and opportunities to integrating dementia prevention across the public health, health care and social care services.

Related documents

The following documents from the dementia project provide further background and context on the evidence for dementia risk reduction and current policy, as well as the discussions and consensus based recommendations for action which emerged from the expert meeting:

• A science and policy discussion document prepared for the meeting on 30 January 2014.
• Blackfriars Consensus Statement on promoting brain health: Reducing risks for dementia in the population.

The documents are available from http://www.ukhealthforum.org.uk/who-we-are/our-work/policy/dementia/
Background
In the UK there are currently around 800,000 people living with dementia. This costs society £23 billion and is forecast to rise to £27 billion by 2018 (Alzheimer’s Society 2012). One in three adults over 65 will get dementia, with prevalence forecast to rise with increasing life expectancy. The Prime Minister recognised dementia as one of the biggest challenges facing the UK (Department of Health 2012a). So far the dementia agenda has been focused on diagnosis and provision of appropriate social and medical care.

Alzheimer’s disease is the most common form of dementia, accounting for 50-75% of cases. It results from the formation of amyloid plaques and neurofibrillary tangles in the brain. Vascular dementia is also very common, and accounts for 40% of dementias. It results from a series of mini-strokes in the brain which lead to damage. Most people with dementia have a combination of Alzheimer’s disease and vascular disease (Hachinski and Sposato 2013).

Approximately half of dementia cases might be attributable to known modifiable protective and risk factors (Smith and Yaffe 2014). The protective factors include the factors that determine brain development in early life such as maternal nutrition and health, and nutrition and cognitive development in early years. Education and lifelong learning also protect against dementia as does involvement in social networks. The risk of dementia is raised by substance abuse in adolescents and young people, head injuries and depression. Dementia also shares important risk factors with the major non-communicable diseases (NCDs) including cardiovascular disease, diabetes, cancers. These are the behavioural risk factors of physical inactivity, smoking, alcohol and poor diet, and the linked intermediate risk factors such as high blood pressure, raised cholesterol and obesity.

Clustering of risk factors is a significant challenge in England. Around 70% of people over 16 have two or more of the leading behavioural and intermediate risk factors (Department of Health 2012b). This has led the Chief Medical Officer for England to call for the integration of services to take into account the co-occurrence of major risk factors (Department of Health 2012b).

The workforce survey
UK Health Forum and Public Health England initiated a project to systematically explore and inform the development of action on dementia prevention in the areas of research, policy and practice. Anecdotal reports suggested low levels of awareness of dementia prevention within the health workforce. But no survey had previously looked into this area. The aim of this survey was therefore to undertake a rapid assessment of awareness about the prevention of dementia in the workforce.

Objectives
The specific objectives of the survey were:

1. To assess knowledge and awareness about the prevention of dementia within the public health workforce
2. To identify support required to integrate prevention of dementia within existing preventive action on non-communicable diseases
3. To help inform further research and action on dementia prevention.
Methods
An advisory group including representatives from the UK Health Forum and Public Health England was set up to draft the questions to the survey. Once finalised, the survey was uploaded online using SurveyMonkey software which was used to collate responses. The online survey was disseminated to a number of organisations and networks including Public Health England, the Association of Directors of Public Health and the National Association of Primary Care (see Appendix B for full dissemination list). It was also posted on the UKHF website, on social media and emailed to users of the UKHF websites and information resources. The survey was cascaded by inviting recipients to share it with their networks and colleagues. It went live on 5 December 2013 and the responses were collected for analysis on 13 January 2014.

The results of the survey were presented at a high level meeting on dementia prevention which took place on 30 January. The findings reported in this survey and the implications for the workforce have been triangulated with the discussions which took place at the dementia prevention meeting. The meeting was attended by 60 experts and stakeholders working in dementia and non-communicable diseases. A further 80 experts who were unable to attend the meeting were invited to send contributions by email prior to the meeting, and through comments and contributions to the Blackfriars Consensus statement which emerged from the meeting. Participants and contributors comprised representatives from academia, national government, local government, government agencies, charities and NGOs.

Findings and discussion

This section will cover the survey findings which have been expanded and triangulated with relevant discussions that took place at the dementia prevention expert meeting on 30 January 2014. See Appendix A for survey questions and survey data.

Survey respondents and perceptions of dementia preventability

Two hundred and ninety responses were received from individuals in a variety of roles and sectors in the UK including local government (40%), the National Health Service (27%), national government (12%) and third sector (12%) and academia (9%). The overlap of the survey with the Christmas period may have had an impact on the number of responses received; however, the responses nevertheless provide some indication of the current status of dementia prevention as perceived by the workforce.

The study found that the public health workforce is split in their perceptions of their colleague’s understanding of whether or not dementia is preventable (Figure 1). Around half of respondents think their colleagues have no or very limited awareness that dementia is preventable, while the other half believes their colleagues have some awareness or are very aware.
Awareness of the behavioural and vascular risk factors for dementia

Reported awareness of dementia risk factors is illustrated in Figure 2. Awareness levels were highest for the non-modifiable risk factors age (99%) and heredity (88%). Awareness levels for the behavioural risk factors of diet, physical activity, tobacco, alcohol was also high with 77-87% of respondents reporting awareness. However, interestingly, there was much lower awareness of intermediate risk factors such as hypertension, obesity, diabetes which arise from the behavioural risk factors, with 29-39% of respondents being unaware that these were risk factors. An interpretation given at the Expert Dementia Meeting is that this may be underpinned by a gap in the evidence on known mechanisms which lead to the development of dementia.
Awareness of non-vascular and protective factors for dementia

Some 63% of respondents were not aware that education level – a proxy indicator of cognitive impairment – was a risk factor for dementia (Figure 2). While 40% were not aware that depression is a risk factor for dementia. 30% of respondents were not aware that head injuries are a risk factor for dementia.

Experts invited to the dementia meeting on 30 January discussed the protective factors for dementia such as education and cognitive development in early years and lifelong learning. These are augmented by factors across the life course including the determinants of early brain growth and development such as good maternal health and parenting skills and nutrition in childhood; alcohol and substance abuse, especially in adolescence and young adulthood; depression, relationships and social networks throughout life. A variety of social, economic and environmental determinants underpin the factors above, including poverty, debt, stress, working conditions, employment status, housing, and access to mental health services (Whalley et al 2006; Komro et al 2011).

Views on the potential for integration of dementia prevention with other NCDs

Cardiovascular disease and diabetes were viewed as having “a great deal” of potential for integration with dementia prevention among 63% and 46% of respondents respectively. This may be due to the shared vascular pathways of some of these conditions. Over 40% of respondents felt that “to some extent” there was potential to integrate dementia with the prevention of cancer, liver disease and respiratory disease.

Current practice on dementia prevention

The majority of respondents (68%) do not currently include dementia prevention in health improvement or promotion activities. Sources of information on dementia prevention used by respondents are illustrated in Figure 3. While the top sources were Google (65%), NICE (63%) and government websites and reports (61%), on the whole, respondents report using a wide variety of information types and sources.
Barriers to dementia prevention

A number of barriers to dementia prevention were identified in qualitative responses to the survey and in discussions at the expert meeting. Lack of strategic priority for dementia prevention within government and other health bodies, and lack of funding and resources to support work in this area were identified as key impediments to dementia prevention. Related to these was a lack of clear advice from official, recognised sources on what behaviours and other factors may reduce risk of dementia.

A significant barrier was the widely held view that dementia is something you cannot do anything about. This view is reflected in public opinion and within the wider health workforce such as general practitioners and is a challenge that needs to be tackled. It was felt that a key focus of communications should be ‘Dementia is preventable and is not an inevitable part of ageing’.

Stigma and fear of making patients feel it was their fault was considered to be a particular challenge for professionals working in dementia and other conditions related to mental health, compared to physical health issues. “We have to be careful about how we frame our messages. People can feel it’s their fault, we shouldn’t blame the victims.” The concerns around stigma highlighted a particular need for training and empowering practitioners to ensure they have the confidence to skilfully approach this new and sensitive area of prevention.

Emphasis was made on the need to communicate and address the role of the wider environmental, social and economic determinants of the risk factors and protective factors for dementia and other NCDs. Interventions to address determinants such as poverty, unemployment, working conditions, cohesive and supportive communities and access to public transport and green spaces, would have a bigger impact on dementia prevention than targeting individuals. Participants at the expert meeting were warned by one participant that “There is a potential to increase stigma if we put emphasis on life-style changes.” Another added “Downstream’ prevention interventions targeting individuals consistently achieve a smaller public health impact than ‘upstream’ policies, such as regulation or taxes [of unhealthy products].”

Tools and resources that would support work on dementia prevention

Figure 4 illustrates a range of tools and resources that would support the integration of dementia prevention within existing health improvement and promotion work on prevention. All scored highly. Over 80% of respondents stated that evidence around preventability would be critical to helping act on dementia prevention.

Better national guidance was identified as a priority by 65% of respondents. Reflecting the gap between the evidence and guidance on dementia prevention, one respondent remarked “the current guidance ignores many sources of information that are known to a few researchers.”
Over 50% of respondents felt that training support on dementia prevention would help to support action in this area. Other tools and resources that would helpful included access to expertise, modelling tools and funding.

Recognising the shared behavioural risk factors between dementia and other non-communicable diseases, there was consensus that in the area of prevention, “it would make more sense to concentrate on healthy [behaviours] than to target each individual disease.”

**Figure 4: Tools and resources that would support dementia prevention (%)**

<table>
<thead>
<tr>
<th>National frameworks and incentives</th>
<th>National guidance</th>
<th>Regular news updates</th>
<th>Access to expertise</th>
<th>Funding</th>
<th>Modelling tools</th>
<th>Training support</th>
<th>Evidence concerning preventability</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>70</td>
<td>60</td>
<td>50</td>
<td>40</td>
<td>30</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

**Recommendations**

This rapid survey provides a snapshot of the public health workforce’s current awareness and knowledge of dementia prevention. The findings were presented to an expert dementia prevention meeting. The following recommendations are based on the survey findings and consensus among the invitees to the expert meeting on 30 January following a presentation of the findings:

1. It is imperative to communicate more clearly the evidence about dementia risk factors, protective factors and preventive actions to relevant health care, public health and social care professionals and policy makers.

2. Communications should seek to tackle the myths and misinformation about dementia, such as it is an inevitable part of ageing. The workforce will need to be supported to address issues of stigma, and there may be lessons from the experience of communicating the risks of other NCD’s such as cancer.

3. A key priority should be to ensure that the workforce is empowered and supported to carefully frame messages to avoid the impression that people who develop dementia are at fault.

4. Communications should also include a focus on living well with dementia to help people realise that the chances of dying with dementia will increase with life expectancy. Understanding the implications will help people to factor dementia into their forward planning for old age.

5. Policies and programmes to address the behavioural risk factors of diet, physical inactivity, alcohol and tobacco use and associated intermediate vascular risk factors lend themselves to integrating action on dementia and NCDs.
6. Dementia prevention should also be integrated with actions to improve protective factors and their determinants. These should include promoting brain health and mental health programmes across all stages the life course, from maternal health and pre-conception to old age.

7. Focus groups and further in-depth research should be undertaken with different segments of the workforce as well as training, education and professional organisations in order to identify and help to address concerns, challenges and opportunities to integrating dementia prevention across the public health, health and social care services.

References


Department of Health (2012a) Prime Minister’s Challenge on Dementia – delivering major improvements in dementia care and research. Department of Health


Related documents
The following documents from the dementia prevention project provide further background and context on the evidence for dementia prevention and current policy, as well as the discussions and consensus based recommendations for action which emerged from the expert meeting:

- A dementia prevention science and policy review prepared for the meeting on 30 January 2014.
- Blackfriars consensus on promoting brain health: Preventing and delaying dementia.

The documents are available from http://www.ukhealthforum.org.uk/who-we-are/our-work/policy/dementia/
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# Appendix A Survey questions and results

The results are presented below with key findings drawn out and the full results given in figures.

Forty per cent (n=112) of respondents work in Local government, 27% (n=74) work in the NHS (Figure 1).

<table>
<thead>
<tr>
<th>Sector</th>
<th>Response Count</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS</td>
<td>74</td>
<td>26.7%</td>
</tr>
<tr>
<td>Local government</td>
<td>112</td>
<td>40.4%</td>
</tr>
<tr>
<td>National government and its agencies (e.g. NHSE, PHE)</td>
<td>34</td>
<td>12.3%</td>
</tr>
<tr>
<td>Healthwatch</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>NGO/charity/VCS</td>
<td>33</td>
<td>11.9%</td>
</tr>
<tr>
<td>Commercial organisation</td>
<td>10</td>
<td>3.6%</td>
</tr>
<tr>
<td>Academia</td>
<td>25</td>
<td>9.0%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 1 Sector**
The job title Health Improvement/Health Promotion was the most frequently chosen title, with 29% (n=68) of responses. The survey received no responses from individuals with the job title Director of Adult Services, and only 1 response from a Director of Children’s Services (Figure 2).

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Public Health</td>
<td>4.6%</td>
<td>11</td>
</tr>
<tr>
<td>Director of Adult Services</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Health Improvement/Health Promotion</td>
<td>29.6%</td>
<td>68</td>
</tr>
<tr>
<td>Public Health Consultant</td>
<td>11.8%</td>
<td>28</td>
</tr>
<tr>
<td>Public Health Analyst</td>
<td>4.2%</td>
<td>10</td>
</tr>
<tr>
<td>Director of Children's Services</td>
<td>0.4%</td>
<td>1</td>
</tr>
<tr>
<td>Commissioning Lead</td>
<td>3.4%</td>
<td>8</td>
</tr>
<tr>
<td>Researcher</td>
<td>8.8%</td>
<td>21</td>
</tr>
<tr>
<td>Primary Care Professional</td>
<td>12.2%</td>
<td>29</td>
</tr>
<tr>
<td>Secondary Care Professional</td>
<td>4.6%</td>
<td>11</td>
</tr>
<tr>
<td>Local Government Employee</td>
<td>4.2%</td>
<td>10</td>
</tr>
<tr>
<td>Policy Lead</td>
<td>4.2%</td>
<td>10</td>
</tr>
<tr>
<td>Programme or Project Manager</td>
<td>13.0%</td>
<td>31</td>
</tr>
</tbody>
</table>

Other (please specify) 56

answered question 238
skipped question 52

Figure 2 Job title
Sixty-two per cent (n=172) of respondents work with stakeholders, and 60% (n=166) work with the local community at large (Figure 3).

There were 14 ‘Other’ responses to this question, of which one was discarded as unreadable.

<table>
<thead>
<tr>
<th>Other (please specify)</th>
<th>Answered question</th>
<th>Skipped question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients with Learning Disabilities</td>
<td>170</td>
<td>14</td>
</tr>
<tr>
<td>Commissioners &amp; providers</td>
<td>175</td>
<td>14</td>
</tr>
<tr>
<td>Local authorities</td>
<td>179</td>
<td>14</td>
</tr>
<tr>
<td>National population</td>
<td>182</td>
<td>14</td>
</tr>
<tr>
<td>National survey data</td>
<td>185</td>
<td>14</td>
</tr>
<tr>
<td>Population professionals, public</td>
<td>188</td>
<td>14</td>
</tr>
<tr>
<td>Public health intervention commissioners and providers</td>
<td>191</td>
<td>14</td>
</tr>
<tr>
<td>Research Colleagues</td>
<td>194</td>
<td>14</td>
</tr>
<tr>
<td>Schools &amp; Older people</td>
<td>197</td>
<td>14</td>
</tr>
<tr>
<td>Students</td>
<td>200</td>
<td>14</td>
</tr>
<tr>
<td>Voluntary organisations</td>
<td>203</td>
<td>14</td>
</tr>
<tr>
<td>Workforce as workforce health lead</td>
<td>206</td>
<td>14</td>
</tr>
</tbody>
</table>
Sixty-three per cent (n=148) of respondents stated that they were not aware that education level is a risk factor for the development of dementia (Figure 4). Forty per cent (n=99) were not aware that depression is a risk factor for dementia, followed by 39% (n=96) who were not aware that type II diabetes is a risk factor for dementia. Risk factors where awareness of the link to development of dementia is highest were ageing (99.2%, n=258), alcohol (86.8%, n=223), nutrition (85.2%, n=218) and physical activity (80.9%, n=207).

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Aware (%)</th>
<th>Not Aware (%)</th>
<th>Rating Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td>80.9% (207)</td>
<td>19.1% (49)</td>
<td>256</td>
</tr>
<tr>
<td>Smoking</td>
<td>77.0% (198)</td>
<td>23.0% (59)</td>
<td>257</td>
</tr>
<tr>
<td>Nutrition</td>
<td>95.2% (218)</td>
<td>14.8% (38)</td>
<td>256</td>
</tr>
<tr>
<td>Alcohol</td>
<td>86.8% (223)</td>
<td>13.2% (34)</td>
<td>267</td>
</tr>
<tr>
<td>Hypertension</td>
<td>71.3% (174)</td>
<td>29.0% (71)</td>
<td>245</td>
</tr>
<tr>
<td>Obesity</td>
<td>62.9% (156)</td>
<td>37.1% (92)</td>
<td>246</td>
</tr>
<tr>
<td>Diabetes (type II)</td>
<td>60.7% (148)</td>
<td>39.3% (96)</td>
<td>244</td>
</tr>
<tr>
<td>Head injuries</td>
<td>70.0% (175)</td>
<td>30.0% (75)</td>
<td>250</td>
</tr>
<tr>
<td>Depression</td>
<td>89.9% (148)</td>
<td>10.1% (19)</td>
<td>247</td>
</tr>
<tr>
<td>Education level</td>
<td>37.3% (68)</td>
<td>62.7% (148)</td>
<td>296</td>
</tr>
<tr>
<td>Ageing</td>
<td>99.2% (258)</td>
<td>0.8% (2)</td>
<td>260</td>
</tr>
<tr>
<td>Heredity</td>
<td>88.4% (222)</td>
<td>11.6% (25)</td>
<td>261</td>
</tr>
</tbody>
</table>

Figure 4 Risk factors
Forty-six per cent (n=122) of respondents thought that their colleagues had some awareness of the preventability of dementia (Figure 5). Forty percent (n=107) thought that their colleagues had very limited awareness of the preventability of dementia.

Respondents were questioned about the potential for linking the prevention of a series of chronic diseases and the prevention of dementia (Figure 6). Just over 40% of respondents thought that prevention of cancer (40.6%, n=104), respiratory disease (42.8%, n=110) and liver disease (43.6, n=112) had the potential to be linked to dementia prevention to some extent.
Sixty five per cent (n=165) of respondents stated that use Google and other search engines to find information about dementia and its prevention (Figure 7). Sixty-three per cent (n=160) use NICE, 61% (n=156) use government websites and reports.

<table>
<thead>
<tr>
<th>Information source</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government websites/reports</td>
<td>61.4%</td>
<td>156</td>
</tr>
<tr>
<td>NICE</td>
<td>63.0%</td>
<td>150</td>
</tr>
<tr>
<td>NHS Evidence Search</td>
<td>42.9%</td>
<td>109</td>
</tr>
<tr>
<td>Public Health England</td>
<td>37.0%</td>
<td>94</td>
</tr>
<tr>
<td>Third sector organisations</td>
<td>42.5%</td>
<td>101</td>
</tr>
<tr>
<td>Information service within my organisation</td>
<td>22.4%</td>
<td>57</td>
</tr>
<tr>
<td>Journals</td>
<td>49.2%</td>
<td>125</td>
</tr>
<tr>
<td>Colleagues</td>
<td>37.0%</td>
<td>94</td>
</tr>
<tr>
<td>Google/search engines</td>
<td>65.8%</td>
<td>165</td>
</tr>
</tbody>
</table>

Other sources of information that were mentioned in the qualitative responses to this question were:

“Also a range of online information services that occasionally include this information alongside a range of other news items”

“Alzheimers Society; local support groups” [4 respondents specifically mentioned the Alzheimers Society as a source of information].

“Conference attendances. I have a special interest in B Vitamins, Homocysteine Reduction and dementia prevention”

“Dementia prevalence calculator”

“media friend/family/direct experience”

“NHS choices”

“Our Commissioning Support Unit currently unable to give me numbers of people on GP practice registers for dementia and other LTCs!”
Sixty eight per cent (n=175) stated that they are not currently including the prevention of dementia in their health improvement or health promotion work (Figure 8).

![Figure 8 Prevention of dementia in own work](image-url)
Eighty one per cent (n=196) of respondents stated that evidence concerning the preventability of dementia would help them to incorporate dementia prevention into their work (Figure 9). Sixty two percent (n=151) would like national guidance and 51% (n= 123) would like training support.

<table>
<thead>
<tr>
<th>Resources needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence concerning preventability</td>
</tr>
<tr>
<td>Training support</td>
</tr>
<tr>
<td>Modelling tools (e.g. show costs and/or disease burdens)</td>
</tr>
<tr>
<td>Funding</td>
</tr>
<tr>
<td>Access to expertise</td>
</tr>
<tr>
<td>Regular news updates</td>
</tr>
<tr>
<td>National guidance</td>
</tr>
<tr>
<td>National frameworks and incentives (e.g. health premiums)</td>
</tr>
<tr>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

**Figure 9 Resources needed**

Several individuals commented on the need to link dementia with other preventable diseases and risk factors:

“**clear links with stopping smoking, to make it relevant to our target audience**”

“**Clear targeted messages that link tobacco control activity with the prevention of dementia**”

“**It would make more sense to concentrate on healthy lifestyles than to target each individual disease**”

“**Leaflets showing link with smoking (main area of work)**”

“**Materials that show the links and research around how to move and motivate different target audiences around dementia prevention**”

There were also suggestions for greater national guidance and prominence on dementia prevention to be given by the government:
“Better national guidance. The current guidance ignores many sources of information that are known to a few researchers”

“More prominence from central government i.e. PH England on driving the agenda.”

“National Campaigns”
Appendix B Survey dissemination list

Please note that the dissemination of the survey was encouraged so this list is the known dissemination list to the UK Health Forum and is likely to have been broader.

| Local Government Association                  |
| Knowledge Hubs (local government) blog entry |
| Knowledge Hubs Healthy Communities group     |
| Knowledge Hubs Health & Wellbeing group       |
| LinkedIn                                      |
| Twitter                                       |
| UK Health Forum website, networks, members, Trustees |
| ncdlinks.org                                  |
| Faculty of Public Health                      |
| Public Health England                         |
| Association of Directors of Public Health     |
| Strategic Partners Programme                  |
| UKHF membership, Trustees etc.                |
| UK Health Forum newsletters                   |
| Association of Directors of Children’s Services Ltd |
| Association of Directors of Adult Social Services |
| Association of Directors of Adult Social Services |
| Health Watch                                  |
| Kings Fund                                    |
| Mental Health Strategic Partnership           |
| PHORCaST                                     |
| DementiaUK                                    |
| Alzheimers Society                           |
| Innovations in Dementia                      |
| Dementia Action Alliance                      |
| Alzheimers Research UK                       |