



Alzheimer's Disease and Related Dementias: New Funding and New Opportunities

Virtual Urban Confer Session on Implementation Priorities

April 20, 2021



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Overview

- An Overview of the Problem: Alzheimer's Disease
 & Related Dementias in Indian Country
- Partnerships
- Current Needs
- Q&A Session

An Overview of the Problem

Alzheimer's Disease & Related Dementias in Indian Country



Dementia is....

Memory loss and **difficulty with** some of the following:

- Naming (things, people)
- Doing (simple mechanical tasks, like buttoning a button)
- Recognizing (people, places)
- Behaving (a change in the way the elder to normally behaves)
- Thinking (problem solving)
- Calculating (numbers)
- Planning and Organizing (first this, then that...)

and it **interferes with function** (the elder's ability to do the usual things of life).



Alzheimer's Disease is....

The most common kind of dementia

Other common dementia syndromes include:

- Vascular Dementia
- Lewy Body Disease (LDB)
- Frontotemporal Dementia (FTD)
- Traumatic Brain Injury (TBI)
- Alcohol-related Dementia



We need to make a diagnosis because...

Other illnesses cause confusion and difficulties with memory

We want to recognize and treat those illnesses!

Understanding what kind of dementia helps us provide better care

- Different kinds of dementia have a different time course and set of symptoms
- Different expectations for families
- Some differences in treatment



The way we make a diagnosis is...

Always

- History (the story) from the elder and from family members or others
- Physical examination including a good neurologic examination
- Cognitive testing testing memory, calculation, problem solving, language, and the ability to do multi-step tasks
- Lab tests (blood tests) to be sure it is not something else

Often but not always

Brain scan (CT or MRI)

Sometimes but not always

 Specialized neurocognitive testing (more detailed, lengthy testing of thinking, memory, calculation, problem solving, and language)



The diagnosis of dementia is usually made by...

- Primary Care Physicians
- Geriatricians
- Nurse Practitioners
- Physician Assistants (PA)

- Sometimes with the help of
 - Neurologists
 - Psychiatrists
 - Psychologists



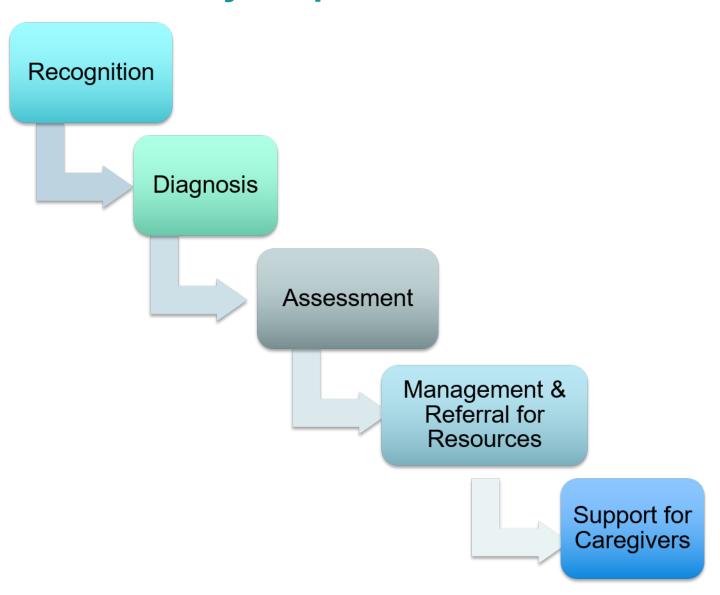
And we know that....

- The best care is team care
- Care of the individual living with dementia includes care for their caregiver(s)
- Now we can often prevent or delay the onset of Alzheimer's disease and related dementia's through avoidance of risk factors

Brain Health = Heart Health

• **Soon** (in the predictable future) there will be specific therapies that can change the course of the Alzheimer's disease

What are the Key Steps in Medical Care?





Prevalence & Incidence of Dementia in American Indians & Alaska Natives

"Reliable data on the prevalence or incidence of dementia among populations who identify themselves as American Indian or Alaska Native in the United States are nonexistent."

"...only a few researchers have attempted to study cognitive status among small samples of American Indian elders, none of which provided prevalence or incidence estimates"

- Mehta & Yeo Epub 2016

Systematic review of dementia prevalence and incidence in United States race/ethnic populations. Mehta KM, Yeo GW. Alzheimers Dement. 2017 Jan; 13(1):72-83. Epub 2016 Sep 4.



Kaiser Permanente Northern California Dementia Incidence Rates 2000-2013

- KNPC members enrolled and 60 years and older as of 1/1/96
- KNPC seniors (65 years and older) are similar to general population of seniors in Northern CA: history of chronic conditions, lifestyle factors, & patterns of racial inequality (CHIS data)
- No dementia diagnosis as of 1/1/2000
- Incident cases between 1/1/2000 & 12/31/2013

Not a population-based study Self-identified Al/AN

Inequalities in dementia incidence between six racial and ethnic groups over 14 years. Alzheimers Dement. 2016 Mar;12(3):216-24. Epub 2016 Feb 11.



Kaiser Permanente Northern California Dementia Incidence Rates 2000-2013

Incidence among self-identified American Indians & Alaska Natives is second only to incidence among African-Americans

Race / Ethnicity	Age-adjusted Incidence Rate/1000 Person-Years (95% CI)	Hazard Ratio
African-American	26.60 (25.83-27.37)	1.73 - 1.65
American Indian & Alaska Native	22.18 (20.85-23.52)	1.32 - 1.43
Latino	19.59 (18.97–20.20)	1.24 – 1.29
Pacific Islander	19.63 (14.51–24.75)	1.23 – 1.28
White	19.35 (19.16–19.54)	1.22 - 1.25
Asian-American	15.24 (14.73-15.74)	1.00 (reference)

Inequalities in dementia incidence between six racial and ethnic groups over 14 years. Alzheimers Dement. 2016 Mar;12(3):216-24. Epub 2016 Feb 11.



Prevalence of Dementia in First Nations of Alberta 1998-2009

- Aggregate Data from Alberta Health & Wellness
- Physician-treated Dementia
- Age-adjusted Prevalence

First Nations: 7.5/1000 (95% CI: 6.6-8.5)

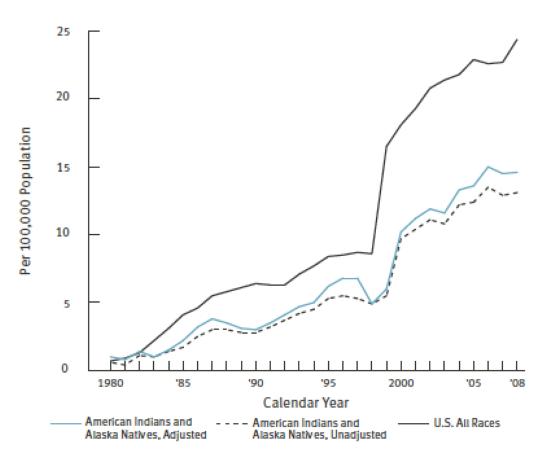
Non First Nations: 5.6/1000 (95% CI: 5.5-5.6)

Disproportionately younger & male in First Nations

The emergence of dementia as a health concern among First Nations populations in Alberta, Canada. Jacklin KM, et al. Can J Public Health. 2012 Nov 8;104(1):e39-44.

Chart 4.50

Age-Adjusted Alzheimer's Disease Death Rates



Trends in Indian Health 2014

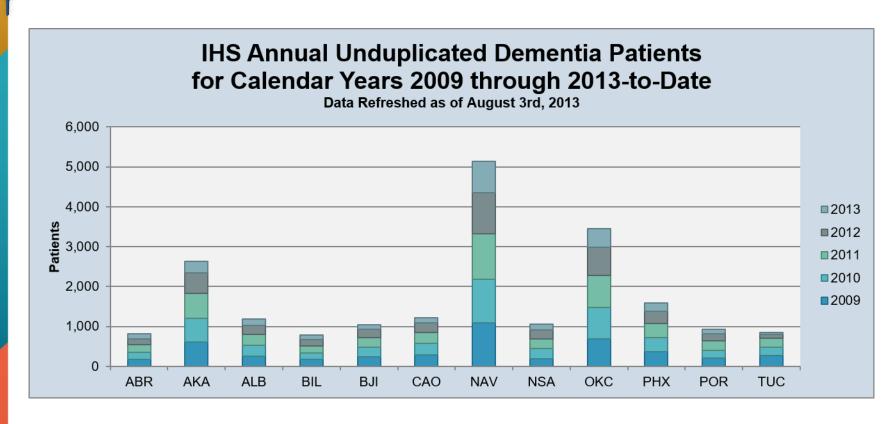
https://www.ihs.gov/dps/publications/trends2014/

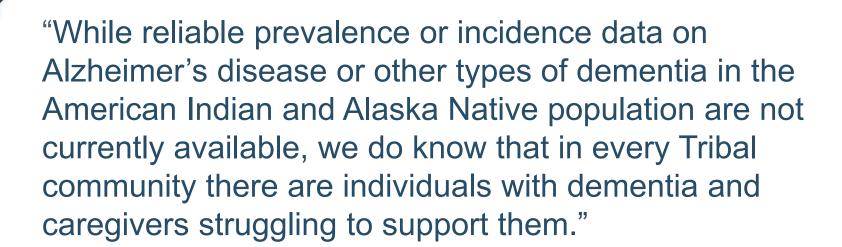
Population-based Risk Factors

	Ratio: Al/AN to U.S. All Races
Diabetes	2.5
Unintentional Injury	2.5
Nephritis, Nephrotic Syndrome	1.5
Chronic Liver Disease & Cirrhosis	4.8
Cerebrovascular Diseases (stroke)	1.0
Hypertensive Disease	1.0
Alzheimer's Disease	0.7

https://www.ihs.gov/newsroom/factsheets/disparities/







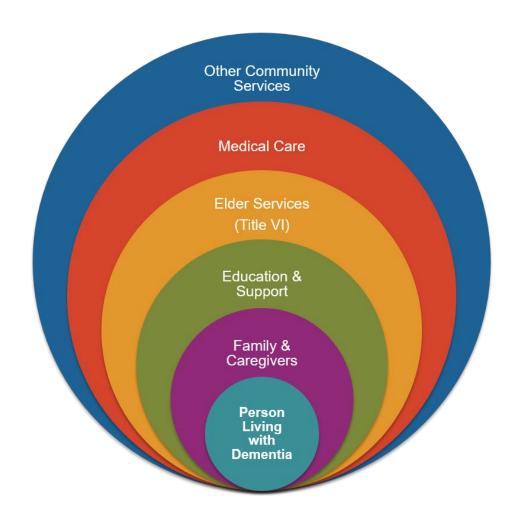
BEFORE THE SPECIAL COMMITTEE ON AGING UNITED STATES SENATE FIELD HEARING ON ALZHEIMER'S DISEASE:

A BIG SKY APPROACH TO A NATIONAL CHALLENGE BILLINGS, MT

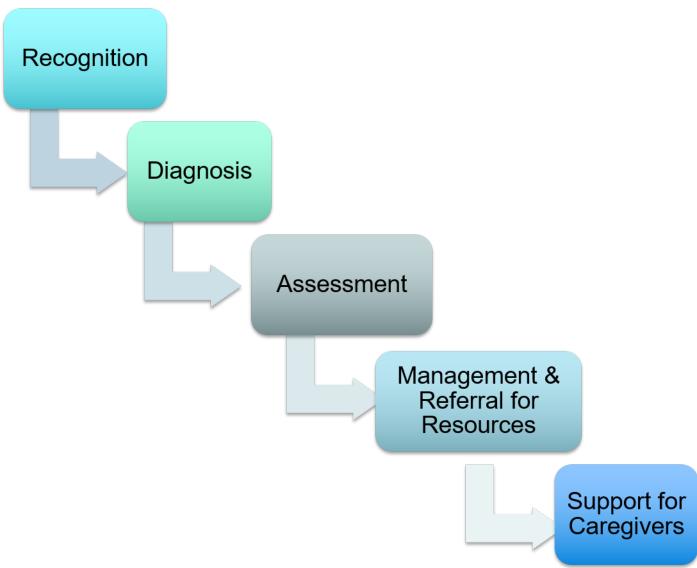
https://www.aging.senate.gov/imo/media/doc/Finke 8 13 14%20(update).pdf



What Does it Take to Care for the Individual Living with Dementia in the Community?



The Pathway Toward Care for Persons Living with Dementia & Their Family?





IHS Partnership with Tribal & Urban Programs to Improve the Care of Elders

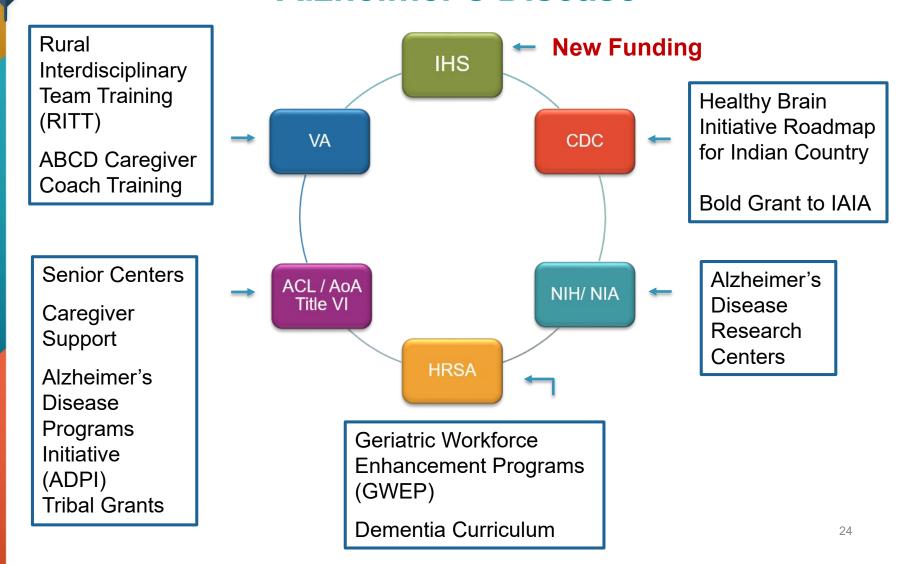
- Director's Initiative Long Term Services & Supports Tribal Grants 2002-2012
- Tribal Conferences (with CMS, ACL/AoA) to share LTSS best practices
 & address policy: 2000, 2002, 2007, 2010, 2011, 2016
- Trainings at annual National Title VI (Senior Center) Directors Meetings
- NICOA Biennial Conference Education & Listening Sessions
- Palliative Care training & support
- Fall & Injury Prevention Guidelines & support for Tribal Fall Injury Prevention programs through Tribal Injury Prevention Cooperative Agreement Program (with the CDC)
- IHS Chief Clinical Consultant in Geriatrics & Palliative Care (Dr. Winchester): Consultation, Presentations, Education & Training



IHS Federal & Non-governmental Organization Partnerships

- IHS-CMS-AoA (ACL) MOU to support Tribal LTSS technical assistance
- IHS support of the CDC Healthy Brain Initiative Roadmap for Indian Country, in partnership with the Alzheimer's Association
- IHS and VA partnership, funded by the Rx Foundation, for REACH into Indian Country training for support of caregivers for persons living with Alzheimer's disease.
- VA Rural Interdisciplinary Team Training (RITT) & Addressing Challenging Behaviors in Dementia(ABCD) programs for IHS & Tribal health programs.
- Active role in the NAPA Advisory Council on Alzheimer's Research,
 Care, and Services and on the RAISE Act Family Caregiver Council.
- MOU with the American College of Emergency Physicians (ACEP) to support improved quality of emergency department care for older patients.

Federal Resources & Partnerships to Support Tribal & Urban Health to Address Alzheimer's Disease



Question & Answer

Questions may be entered into the chat or via phone.

Please state your name, IHS Area, and Tribe for the record.



Questions for Consideration

A few questions for consideration to begin our open discussion include:

- How the IHS might use available funding to support sustainable,
 comprehensive models of care for persons living with dementia and their families through IHS, Tribal, and Urban Indian health programs?
- How the IHS might invest in an effort to improve awareness, early recognition, and diagnosis of Alzheimer's disease and related dementias, in partnership with Tribal communities?
- How the IHS might invest in competency-based training for all clinical staff to improve diagnosis, assessment, and management of Alzheimer's disease and related dementias in IHS, Tribal, and Urban Indian health programs?
- How the IHS might invest in evaluation and data to assess the impact of Alzheimer's disease and related dementias, the needs of those living with dementia and their families, and the effectiveness of efforts to address and improve management of Alzheimer's disease?



Urban Confer

IHS is accepting comment via email until June 1, 2021. To submit comment:

– Email <u>urbanconfer@ihs.gov</u>

Subject Line: Alzheimer's Disease Initiative Funding



General Program Questions

National Elder Care Program

E-mail: IHSDCCS@ihs.gov

Web: www.ihs.gov/eldercare/