Addressing Dementia in Tribal Communities

Emerging Models of Care
Opportunities and Resources

Bruce Finke, MD – Indian Health Service
Teresa Martin – Northern Valley Indian Health
John Keller – Indian Health Council, Inc

Objectives

After this session, attendees will be able to:

- Assess their systems of care for the capacity to provide high quality care for people living with dementia and their caregivers.
- Describe approaches to comprehensive dementia care emerging from the IHS Alzheimer's Program Grantees for relevance and applicability to their Tribal/Urban Indian healthcare program.
- Identify training and education resources available to build workforce capability in care for the elderly and those living with dementia and their caregivers in their Tribal/Urban healthcare program.

- Dementia – what it is, why it matters
- The Alzheimer’s Grant Program – and models of dementia care emerging from Tribal and Urban health programs
- Northern Valley Indian Health
- Indian Health Council, Inc.
- Opportunities and resources to help you address dementia in your Tribe or community

Nana's Story

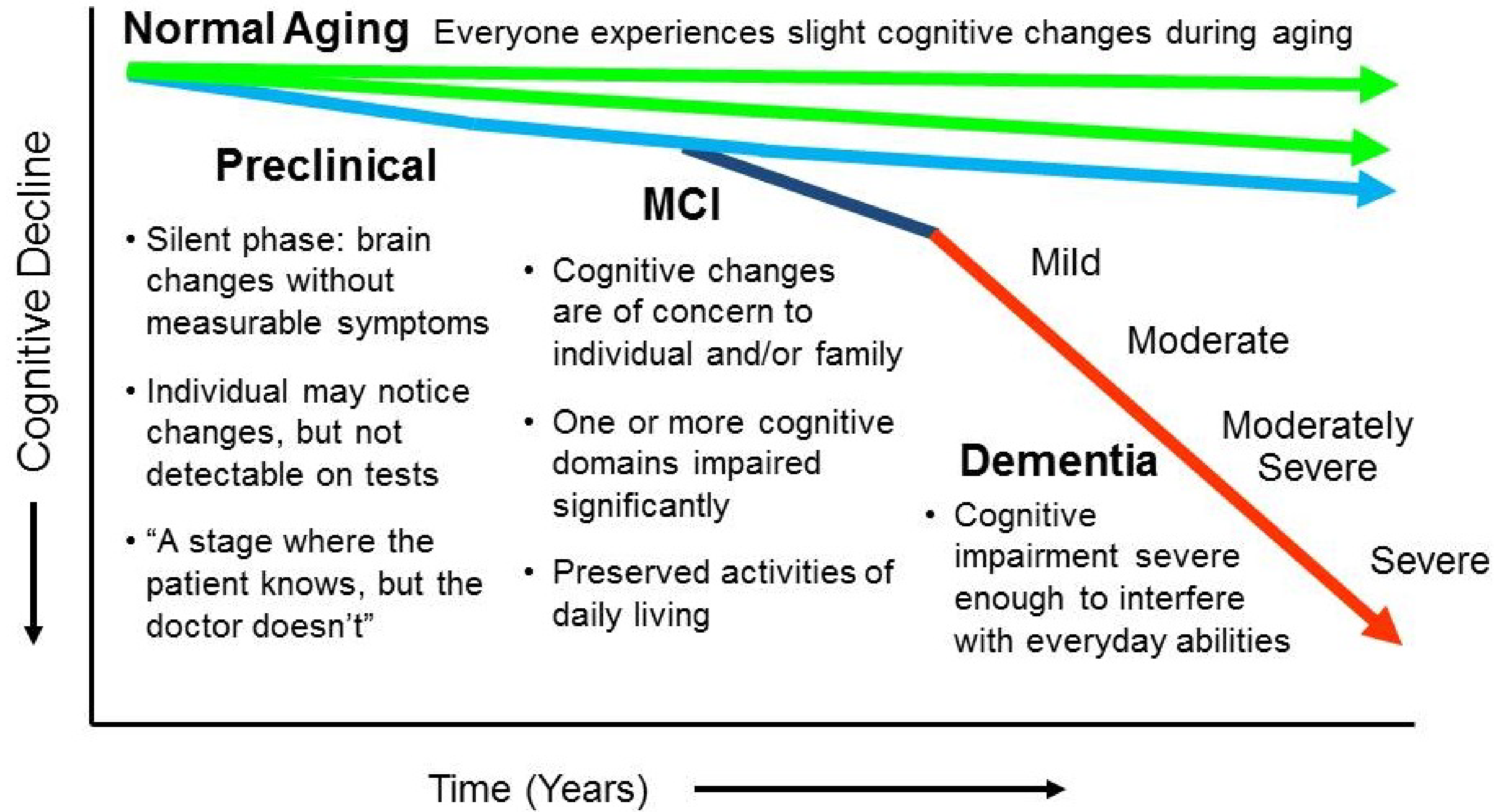
"Now, at times, she thinks that Dad is out fishing and will be home soon. In some ways, this is good, because she does not always have to know that he is gone, and continuously have to suffer the pain that loss can bring after a lifetime like theirs together.

But there are many times that she is totally lucent and knows that he is not with her, but is waiting for her to be with him when her time comes too. We have as a family kept Nana in her home, in the surroundings most familiar to her.

There, every day she is close to all of her family who love her and accept her, wherever she may be mentally. She knows that she is home, and that she is safe and loved, despite her confusion."

Marquart K. **Nana**. *The IHS Primary Care Provider*. Vol 29 No. 5. May 2004.

Cognitive Changes Continuum



Citation: UCI Mind. https://mind.uci.edu/dementia/mild-cognitive-impairment/

Mild Neurocognitive Disorder (DSM V) or Mild Cognitive Impairment - MCI

- Cognitive complaint (self-reported or informant)
- Objective cognitive impairment
- No impairment of function
- Absence of delirium

Progression to dementia

- About 10% in one year and 15% over 2 years (age 65 and older).
- Typically over 2-3 years but as long as 8 years.
- Cumulative incidence 33%

Pre-clinical	MCI	Mild	Moderate	Severe NCD

Major Neurocognitive Disorder (DSM-V) or Dementia

A. Evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains
   - Learning and memory
   - Executive function
   - Complex attention
   - Perceptual-motor
   - Social cognition

B. The cognitive deficits interfere with independence in everyday activities. At a minimum, assistance should be required with complex instrumental activities of daily living, such as paying bills or managing medications.

C. The cognitive deficits do not occur exclusively in the context of a delirium.

D. The cognitive deficits are not better explained by another mental disorder (e.g. major depressive disorder, schizophrenia.

Pre-clinical — MCI — Mild — Moderate — Severe NCD

DEMENTIA

Umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life

ALZHEIMER'S 60-80%

LEWY BODY DEMENTIA 5%

FRONTOTEMPORAL DEMENTIA 3%

VASCULAR DEMENTIA 5-10%

PARKINSON'S DISEASE 4%

OTHER 3%

MIXED DEMENTIA 50%

Citation: (2023), 2023 Alzheimer's disease facts and figures. Alzheimer's Dement.,19:1598-695. https://doi.org/10.1002/alz.13016

What does this look like in your Tribes and communities?

- Matthews et al. - prevalence in identified AI/AN people in Medicare data
  - 10.5 % - comparable or higher than other populations studied
- Suchy-Dicey et al. – prevalence of MCI and dementia in Strong Heart Study population
  - 10% prevalence of dementia in age 72-95
- Moon el al. – prevalence in nationally representative sample of Medicare beneficiaries using data from the National Health and Aging Trends Study (NHAT)
  - 9% - higher than rate in non-Hispanic white (5%), similar to non-Hispanic Black, and lower than Hispanic beneficiaries.
- Mayeda, et.al – incidence in self-identified Native beneficiaries enrolled in Kaiser Permanente Northern California, 2000 - 2013
  - 22.2/1000 person/years – higher than all other populations in the sample except for African-Americans

Matthews KA, et. al. Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015-2060) in adults aged ≥65 years. Alzheimer's & Dementia, 15(1), 17–24.
Suchy-Dicey AM, et. al. Epidemiology and prevalence of dementia and Alzheimer’s disease in American Indians: Data from the Strong Heart Study. Alzheimer’s & Dementia.
Moon, H.E., Kaholokula, J.K., MacLehose, R.F., & Rote, S.M. (2023). Prevalence of Dementia in American Indians and Alaska Natives compared to white, black, and Hispanic Medicare beneficiaries: Findings from the National Health and Aging Trends Study. Journal of Racial and Ethnic Health Disparities, 10(4), 1527–1532.
Mayeda, E. R., Glymour, M. M., Quesenberry, C. P., & Whitmer, R. A. (2016). Inequalities in dementia incidence between six racial and ethnic groups over 14 years. Alzheimer's & Dementia, 12(3), 216–224.

Identify and address modifiable risk factors

Cognitive Impairment

Detection

Slow progression

Avoid anticholinergic and psychoactive medications

Control Blood Pressure
Optimize DM management
Cholinesterase Inhibitors and memantine

Exercise
Care Management
Environmental Modification
Optimize Oral Health and Nutrition

Improve function and quality of life

Supportive therapies, socialization

Support in Activities of Daily Living

Attention to safety

Care Planning

Respite care

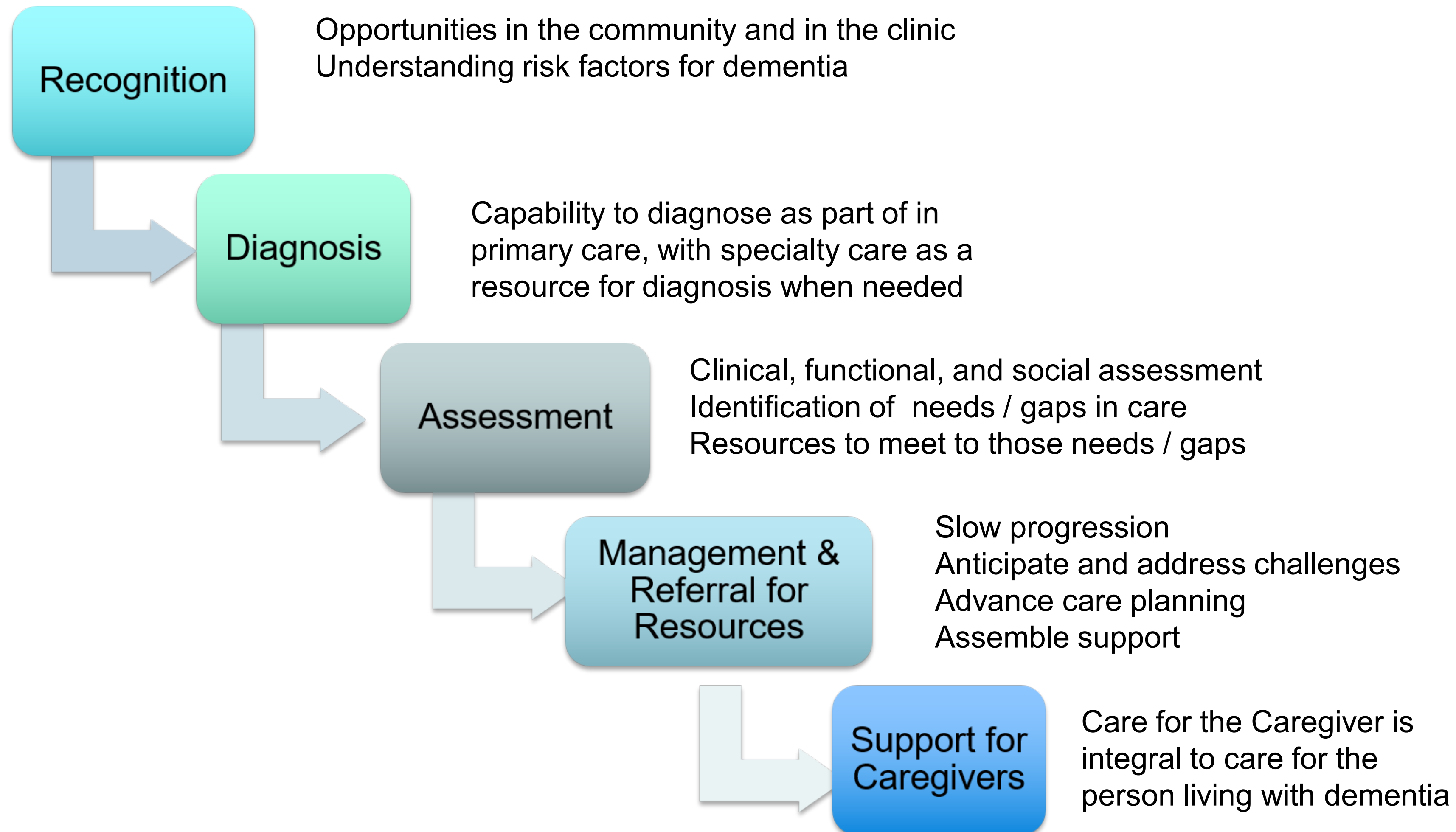
Caregiver support

Stop progression or reverse decline

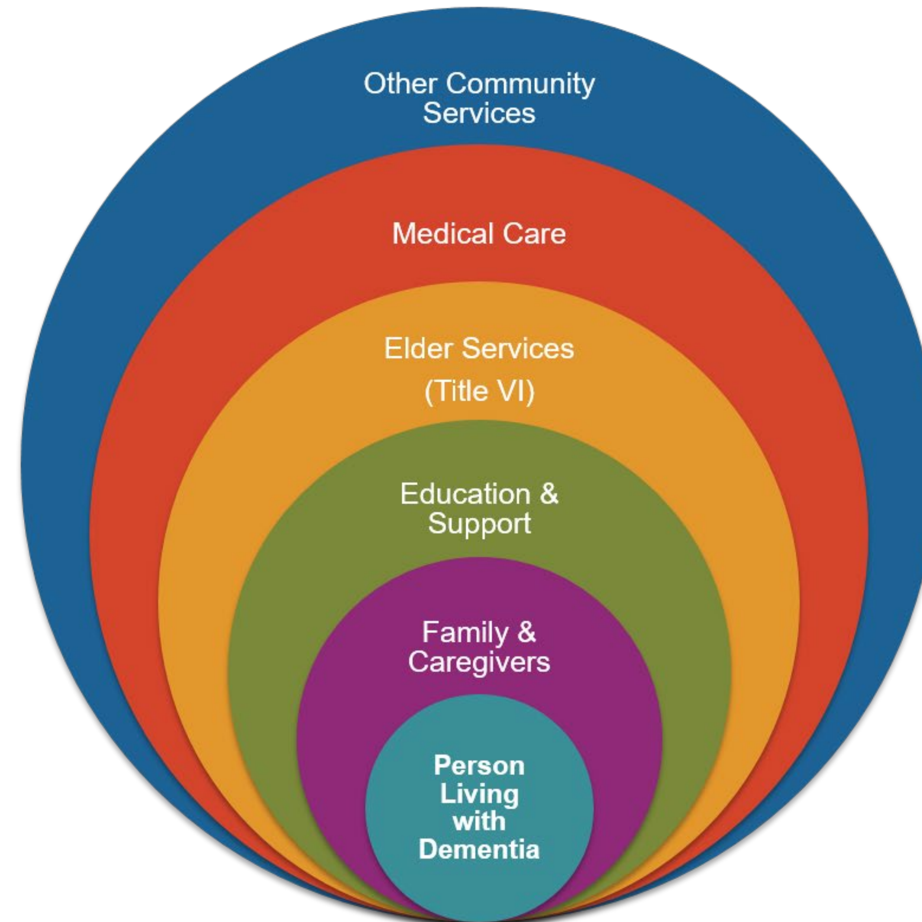
Immunotherapies??
Aducanamab
Lecanamab

In the future:
Targeted, disease-specific therapies dependent on disease-specific biomarkers, imaging and new diagnostic criteria

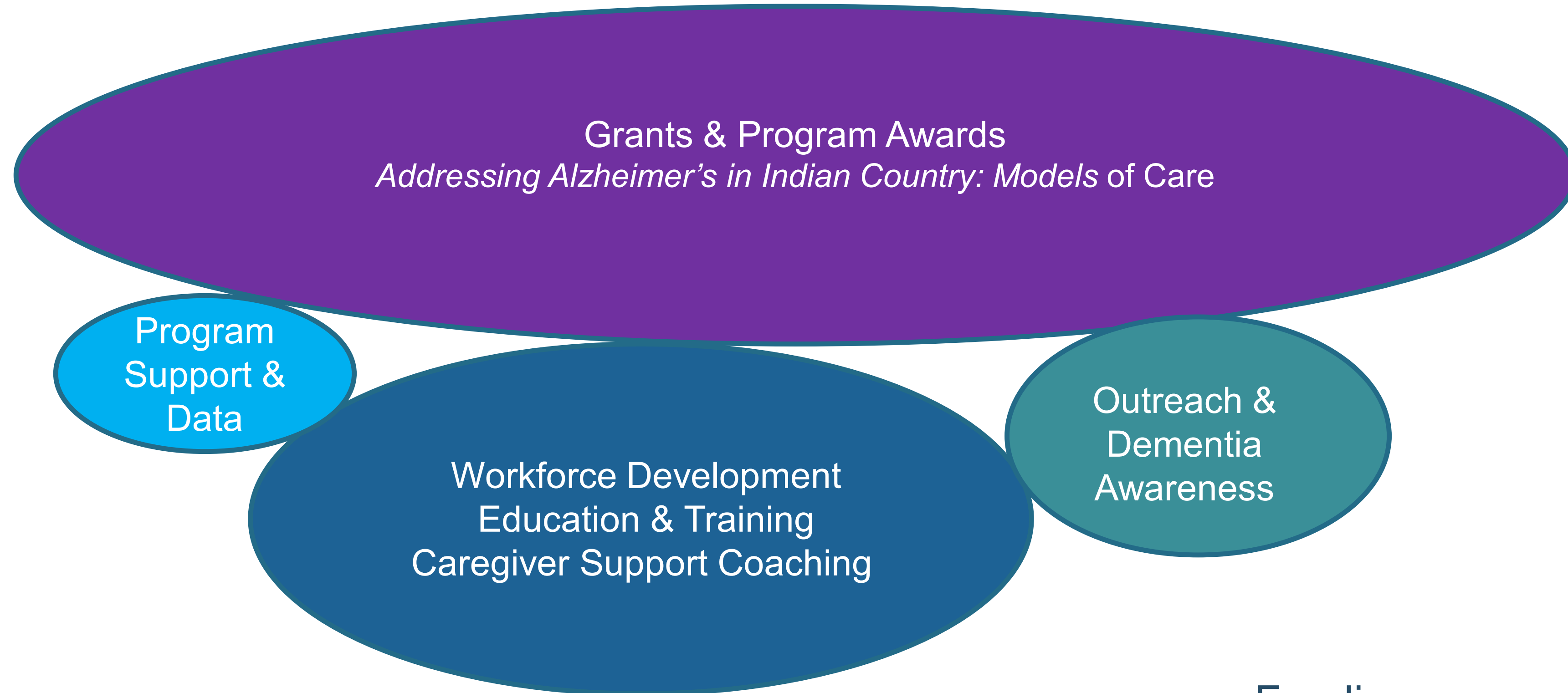
What does it take to improve the lives of people living with dementia and their families?



A comprehensive approach to addressing dementia takes partnerships and collaboration across boundaries, services, service lines, and organizations.



IHS Alzheimer's Grant Program



<u>Funding:</u>
FY 2021: $5M
FY 2022: $5.5M
FY2023: $5.5M
FY2024 $5.5M

IHS Alzheimer's Grant Program Timeline of Initiatives

2021

1st Congressional Appropriation

Tribal Consultation & Urban Confer

2022

Program support hired

4 Grants awarded

Indian Health GeriScholars Pilot 1st cohort

MOU with Alzheimer's Association

Dementia & Caregivers ECHOs

Coordination with HRSA GWEPs

2023

8 Grants awarded

Indian Health GeriScholars Pilot 2nd cohort

Dementia & Caregiver ECHOs

Coordination with HRSA GWEPs

Geriatric Emergency Department Accreditation (GEDA) initiative w/ Division of Nursing

Geriatric Nurse Fellowship pilot w/ Division of Nursing

Dental Mini-Cog screening pilot w/ Division of Oral Health

CHR Mini-Cog screening pilot recruitment w/ CHR Consultant

Communications initiative

2024

New NOFO for grants to established programs

Indian Health GeriScholars Pilot 3rd cohort

Dementia & Caregiver ECHOs

GEDA initiative w/ Nursing

Geriatric Nurse Fellowship pilot w/ Nursing 2nd cohort

Dental Mini-Cog Screening pilot expansion w/ Oral Health

CHR Mini-Cog screening pilot implementation

Communications initiative

Elder health promotion/ brain health regional events*

Dementia caregiving initiative*

Clinical Workforce Training initiative*

Dementia Training @ DCCS Conference*

Exploring CHR Risk Reduction*

*New planned activities

Grants and Program Awards Addressing Dementia in Indian Country: Models of Care

"…to support the development of models of comprehensive and sustainable dementia care and services in Tribal and Urban Indian communities that are responsive to the needs of persons living with dementia and their caregivers."

2023 – 8 Awards

- Absentee Shawnee Tribal Health System (OK)
- Cherokee Nation Health Systems (OK)
- The Cheyenne and Arapaho Tribes (OK)
- The Confederated Tribes of Grand Ronde Community of Oregon (OR)
- The Fallon Paiute-Shoshone Tribe (NV)
- The Kenaitze Tribe (AK)
- The Norton Sound Health Center (AK)
- The Seattle Indian Health Board (WA)

2022 - 4 Awardees – entering into their 2nd year

- The Indian Health Board of Minneapolis, Inc. (MN)
- The Indian Health Council, Inc. (CA)
- The Nez Perce Tribal Health Authority (ID)
- The Northern Valley Indian Health (CA)

Northern Valley Indian Health (NVIH) is a private, nonprofit tribal organization founded in 1971 by a group of Northern California American Indians seeking to reestablish health services in California.

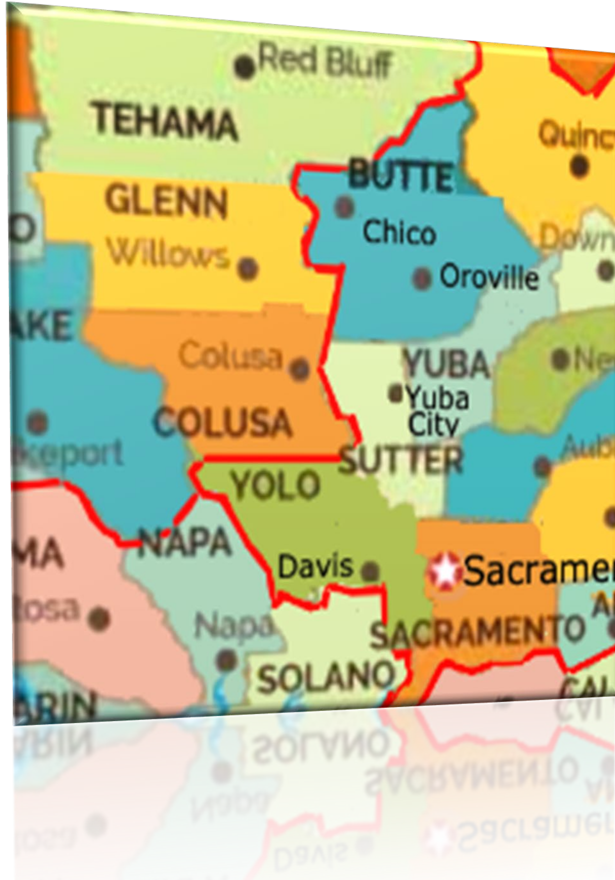
A board of Directors from the Mechoopda Indian Tribe (MIT) of Chico Rancheria, the Grindstone Indian Rancheria (GIR) of Wintun-Wailaki Indians of California, the Yocha Dehe Wintun Nation of California, and the Kletsel Dehe Band of Wintun Indians of California govern the organization.

NVIH Mission:

Excellence in healthcare services to Native Americans and all community members

Values:

Compassion
Integrity
Respect
Customer Service
Teamwork



Comprehensive and integrated medical, dental, behavioral health, women's health, nutrition and community health and outreach services are provided to over 6500 American Indians and Alaska Natives (AI/AN) who reside in the NVIH five county service area. The NVIH service area includes Glenn, Yolo, and portions of Colusa, Butte, and Tehama counties. NVIH clinics are in the cities of Chico, Willows, Red Bluff, and Woodland.

COMMUNITY HEALTH & OUTREACH

Provide services to the Native American population, including members of the Native households

CHICO: 530-899-5156 WILLOWS: 530-934-5431 WOODLAND: 530-207-5483

Terri Martens, MSN, RN
Community Health & Outreach Director

Lisa Huerta
CH Admin Asst.

Debbie Guzman
Health Continuity Specialist

Gina Quinn
Health Continuity Specialist

Tonya Tyler
RN Coordinator

Franjesca Wilson
LVN

Cynthia Garcia
CHR

Daniella Duran- Arias
CHR

Alida Allen
CHR

Amanda King
Program Coordinator

Imalda Starling
Program Coordinator

Provides services to portions of Butte and Tehama Counties within NVIH Service Area designated by IHS

Raquel Gomez
RN Coordinator

Alma Gomez
LVN

Brian Northan
CHR

Open Position
CHW/CHR

Open Position
CHW/CHR

Amanda Holley
Program Coordinator

Alisa Sinclair
Program Coordinator

Provides services to all of Glenn and parts of Colusa County within NVIH Service Area designated by IHS

Sahar Ameri
RN Coordinator

Angelita Thomas
LVN

Bambi Eagle
MA/CHR

Kiara Shuster
CHW

Joscelin Rodriguez
CHW

Jennifer Disch
CHR

Joy Jackson
MAT CHW

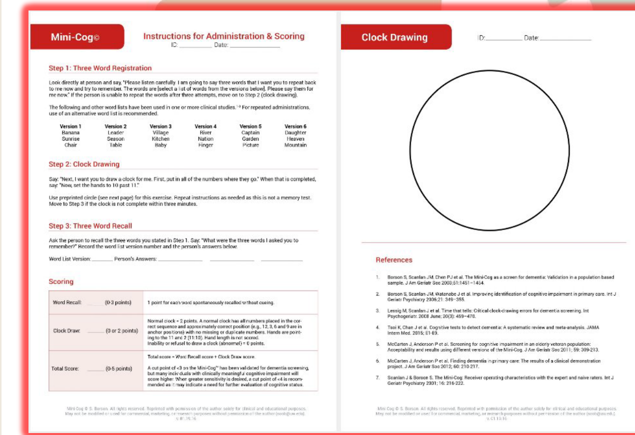
Provides services to Yolo County within NVIH Service Area designated by IHS

Community Health & Outreach Services

- **Health Promotion**
  - Preventive Screenings
  - Flu Shots
  - Cancer Screenings
  - Medication Assisted Treatment (MAT)
Narcan Distribution
  - Dementia in Indian Country
  - Family Wellness Program: ACEs
Family Spirit
- **Health Education Groups**
  - Sharing Circle
  - Health series
  - Food Smarts
- **Community Events**
  - Health Fairs
  - Cultural Groups
  - Diabetes Gathering
  - Native American Heritage Celebration
- **Diabetes Program**
  - SDPI Grant- Diabetes Registry
  - DEEP
  - Retinal Screenings
- **Injury Prevention**
  - Car seats
  - Life jackets
  - Bike Helmets
  - Smoke Detectors
  - Medication Lock Boxes
  - Cable Gun Locks
- **Fall Prevention**
  - TIPCAP
  - Home Safety Assessments
  - A Matter of Balance
  - Home Modification Equipment
  - Tai Chi/ Yoga
Bingocize
Healthy Steps
- **Care Management**
  - Elders
  - Diabetes Registry
  - Referrals
  - Health Continuity Specialist
  - GPRA
  - HEDIS
  - CalAIM
Enhanced Care Management

Goals

1. Raise Awareness of Dementia
    - a. Training:
        1. CH/OR Team attended Dementia Care Aware
        2. Community Education Sessions
            - a) Alzheimer’s Association
            - b) Agency on Aging: Passages
        3. Medical Providers and Support Team
            - a) Training for Primary Care’s role - Dr. Finke
2. Selecting Screening Tool
    - a. Mini-cog/AD-8
    - b. CH/OR staff training in administration of screening tools
3. Identified Target Populations
    - a. Age 55+, risk factors that increase incidence of cognitive decline
    - b. Assigned screening with CH/OR intake
    - c. Patients referred for a home safety assessment
    - d. Patients verbalizing a change in their health status



Mini-Cog© Instructions for Administration & Scoring

ID: __________ Date: ______________

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.[1-3] For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: ______ Person's Answers: ____________ ____________ ____________

Scoring

Word Recall: ______ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: ______ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: ______ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

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Clock Drawing

ID: __________ Date: ______________

References

1. Borson S, Scanlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validation in a population based sample. J Am Geriatr Soc 2003;51:1451–1454.
2. Borson S, Scanlan JM, Watanabe J et al. Improving identification of cognitive impairment in primary care. Int J Geriatr Psychiatry 2006;21: 349–355.
3. Lessig M, Scanlan J et al. Time that tells: Critical clock-drawing errors for dementia screening. Int Psychogeriatr. 2008 June; 20(3): 459–470.
4. Tsoi K, Chan J et al. Cognitive tests to detect dementia: A systematic review and meta-analysis. JAMA Intern Med. 2015; E1-E9.
5. McCarten J, Anderson P et al. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. J Am Geriatr Soc 2011; 59: 309-213.
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7. Scanlan J & Borson S. The Mini-Cog: Receiver operating characteristics with the expert and naive raters. Int J Geriatr Psychiatry 2001; 16: 216-222.

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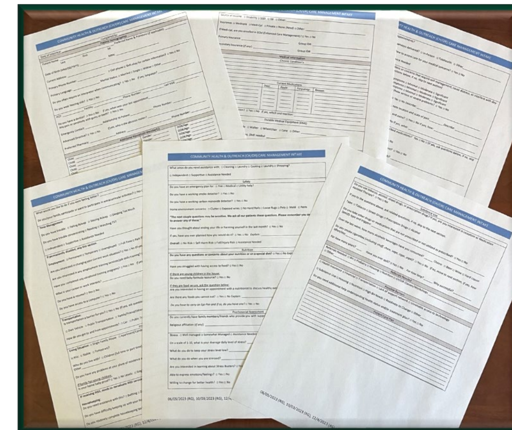


CARE MANAGEMENT

Comprehensive Assessment is key to patient-centered care plan

Visit type: Home/Clinic/Community

Intake includes immediate functional needs questions

- Stay Independent – assess fall risk, Sit and Stand as second assessment
- Home Safety Assessment
  - Home modifying equipment
- Mini-cog
  - Caregiver training
- Adverse Childhood Experiences (ACEs)
  - Stress Busters
- PHQ2
  - Potential referral to Behavioral Health
- Substance Use
  - Potential referral to PCP, Addiction Specialist

SELF MANAGEMENT GOAL WORKSHEET

A SELF-MANAGEMENT PLAN IS AN ACTION YOU CHOOSE TO IMPROVE YOUR HEALTH

You are being treated for: ______________________

What action would you like to set a goal for?

Scale: 1 = Impossible 2 = Not Very Sure 3 = Pretty Sure 4 = Very Sure 5 = Absolutely Sure

What will you do?	When will you do it? How often?	How important is this to you? How confident are you that you can work on this goal?
Self monitoring Blood glucose Blood pressure Take medications	_____ times a day _____ times per week _____ as prescribed	1 2 3 4 5 1 2 3 4 5
Make appointments Primary care Specialist Dentist Vision	With whom? __________ By When? __________	1 2 3 4 5 1 2 3 4 5
Nutrition – Increase Vegetables Fruit Protein Water Other	______ per day or _____per week ______ per day or _____per week	1 2 3 4 5 1 2 3 4 5
Nutrition – Decrease Carbohydrates Fats Sweets Salt Caffeine Soda Alcohol Eating out	______ per day or _____per week ______ per day or _____per week	1 2 3 4 5 1 2 3 4 5
Exercise Walk Run Bike Swim Other	________minutes a day ________days a week	1 2 3 4 5 1 2 3 4 5
Tobacco Use Cessation method: ______________	Cut back to __________ Quit Date __________	1 2 3 4 5 1 2 3 4 5
Stress Management Ideas include: Breathing, Yoga, Meditation, reading, art, assessing priorities & commitments	What? ______________ ______ per day or _____per week	1 2 3 4 5 1 2 3 4 5

Things that could make it difficult for you to reach your goal: ______________________

My plan for overcoming these difficulties: ______________________

Our plan to follow-up with you is: ______________________

Name: ______________________ **Date:** ______________________

PATHWAY OF CARE

Indian Health Council, INC.
A 501 (c) (3) non-profit Tribal Health Care Organization, With AAAHC accreditation.

- Consists of Nine Tribes, and associated AI/AN populations, in San Diego’s north county.
- Served by, and participate in, the *IHC Healthcare Consortium*:
  - La Jolla Band of Luiseño Mission Indians
  - Los Coyotes Band of Cahuilla & Cupeño Indians
  - Pala Band of Mission Indians
  - Pauma Band of Luiseño Indians
  - Mesa Grande Band of Mission Indians
  - Rincon Band of Luiseño Indians
  - San Pasqual Band of Mission Indians
  - Iipay Nation of Santa Ysabel
  - Inaja-Cosmit Band of Indians

Geographically diverse, 2 Health centers covering 1500 SQ MI in Northern San Diego County.

IHC Santa Ysabel Health Center

IHC Rincon Health Center

A whole new world for me!
Just an Old, 20 years in a County ER, kind of Nurse

- **FAMILIAR WITH**
- Meth abuse, and Bi-Polar disease.
- The Schizophrenic who decided that they don’t really need their meds anymore.
- Emergence Delirium after Anesthesia.
- The Septic little old lady with a UTI, that’s confused.

- **NOT SO MUCH**
- My exposure to, and knowledge of, the DX & TX of patients with Alzheimer’s disease, or other forms of Dementia was really very limited, even less so, caring for, and supporting family members.
- Our answer in the ED was;
- Call the MSW, send them to BH, F/U with PCP, D/C to family.

- **Now suddenly I’m the Case Manager RN.**
- **We had no existing program at our clinic, already starting year 2, of a two-year grant from IHS.**

My Initial Approach, Try to learn what I can about;

- Alzheimer’s disease
- Cerebrovascular disease
- Frontotemporal degeneration
- Lewy body disease
- Mixed pathologies
- Parkinson's disease
- Mild cognitive impairment

- Referrals
- Case Management
- Testing
- National organization’s
- Native culture
- Local resources
- Medications

- **It appears to be a constantly evolving, and ongoing journey**.

The next goal was: “Data extraction”

- We currently use NextGen as our EHR

  (moving to OCHIN Epic in November)

- We also use I2I TRACKS (Population Health Analytics tool) to generate reports of Patients already diagnosed with AD / MCI / Other Dementias.
- Additionally, we use I2I to tell us **who doesn’t** have that DX, but they have an appointment today, and would be a good candidate to screen IE: HX of DM,HTN,CVD,CAD, age >60

*(we write the search logic based on what were looking for, it extracts it from NextGen, **IF** platform exists)*

Attempting to understand the current level of Dementia disease burden, proved very difficult, due to a lack of data entered in the EHR, some of the reasons are:

1. No formal DX of Dementia or MCI, despite a low Mini-Cog or SLUMS screening score in the chart.
2. Perhaps some provider hesitation to label a PT, with a Dementia DX.
3. Misdiagnoses/Under Diagnosed IE: DX as Amnesia, Forgetfulness, or waiting for Neuro to make DX.
4. Failure to date the onset of a DX if one was given, thus making it difficult to understand the year over year, increase in cases.
5. Lack of patient compliance with coming into the clinic for annual PE, or Medicare Wellness exams.

Our current focus

Screenings:

- SLUMS testing, often during Medi-Care Wellness exams @ age 65:

112 performed from Jan-Dec2023

43 performed through April 2024

- MINI-COG screenings:

89 performed Aug to Dec 2023

34 performed through April 2024

- Tabling @ Outreach events.
- Participation in ECHO sessions.
- Completion of the Geriatric Nurse Fellowship program.

Providing resources for Families:

Educational information & resource recommendations from:

- The Alzheimer's association (print).
- International Association for Indigenous Aging (IA2) (print).

Providing a copy of The 36 Hour Day book, from Johns Hopkins press.

Discussing patients during weekly case management meetings as needed.

CHR visits to the home.

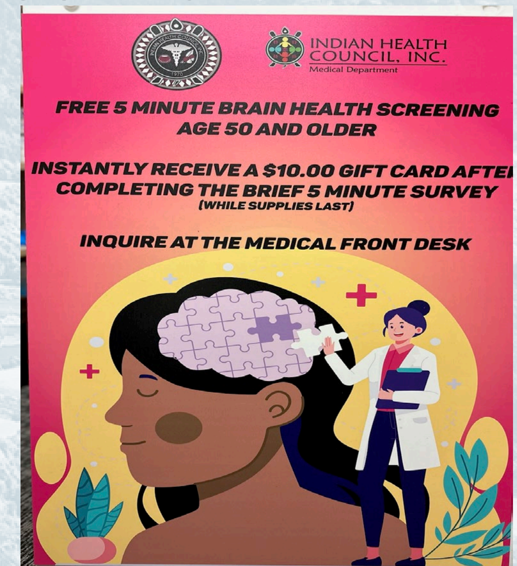
Travel with DM Team, great segway!

MSW involvement for family guidance with Advance Directives, Financial considerations, additional support services in the community.

Obstacles / Workarounds

- Current EHR capabilities.
- Lack of Neurology providers in our area.
- Short staffing in our clinic.
- Patient Compliance.
- Geography of our 9 Reservations.
- Stigma associated with Dementia.
- No designation of healthcare representative in chart.

- Manual tracking of screenings.
- Use of Neurology E-consults.
- PCP management in house.
- PT Incentives for screening.



Where we're headed in the future

If we can't get the Patient to the clinic, we will take the Clinic to the Patient. Our mobile clinic is currently on the production line.

We're partnering with our Dental Providers, to do Mini-Cog's in the Dental Clinic.

We will continue to do Co-Visits with our Diabetes team, a great door opener.

Collaborating with our Health Promotions Department, and our Elder Navigator at community outreach events.

Attendance at Tribal Council and Elder meetings.

Strengthening relationships with;

- IHS
- Alzheimer's association
- Veterans Department
- Alzheimer's San Diego.

Thank You

John Keller RN-CEN
Cognitive Health & Wellness Nurse
Indian Health Council, Inc.
Valley Center, CA 92082

Opportunities and Resources

Indian Health Geriatric Scholars

- Primary care physicians, NPs, and PAs who want to deepen their skills and expertise in care of the elderly
  - Week-long intensive training – Board Review course in geriatrics
  - Apply learning to improve care locally
  - Mentoring
  - Be part of a community of primary care champions for elder care
- 3rd cohort recruitment this summer

Geriatric Nurse Fellowship in partnership with IHS Division of Nursing

- APRNs, RNs, and LPNs
- Training options for nurses in a variety of roles
- Complete local projects of importance to your elders and your facility
  - Addressing: medication safety, education, and compliance; palliative care and advanced directives, cognitive screenings, falls prevention, STIs, aging well

Opportunities and Resources

Indian Country Dementia ECHOs – provided by the Northwest Portland Area Indian Health Board

- **Clinically Focused ECHO**
  - Didactic and case-based learning to strengthen knowledge and confidence in detection, diagnosis and care for those living with dementia and their families

  https://www.indiancountryecho.org/program/dementia-echo-program/

- **Caregiver Support ECHO**
  - Didactic and case-based learning and mentoring for those who support family and caregivers

  https://www.indiancountryecho.org/program/dementia-caregiver-support-echo/

- Monthly with archives for viewing
- 526 participants from 27 states and all 12 IHS regions in since launch in May 2023

Other Opportunities

Dental Clinic Early Dementia Detection Initiative

- Partnership with IHS Division of Oral Health
- 2nd round of 5 IHS and Tribal facilities
  - Support to integrate cognitive assessment and referrals into dental care

Community Health Representatives (CHR) Dementia Detection Initiative

Partnership with IHS CHR program

- 6 Tribal sites from 6 IHS areas selected and funded to train CHRs to integrate detection of cognitive impairment into their usual workflow
  - Training in use of tools to detect (e.g. mini-cog)
  - Follow-up referrals and support services
  - Partner with Oklahoma University Dementia Care Network (GWEP) for dementia training

Geriatric Emergency Department Accreditation (GEDA) Initiative Continues

- Partnerships with IHS Division of Nursing
- Currently 9 IHS and Tribal sites with Bronze accreditation
- New cohort recruited - 4 sites engaged
  - New (Bronze) and advancing (Silver)

Grants and Program Awards Addressing Dementia in Indian Country: Models of Care

"…to support the development of models of comprehensive and sustainable dementia care and services in Tribal and Urban Indian communities that are responsive to the needs of persons living with dementia and their caregivers."

2024 – Anticipated Notice of Funding Opportunity (Forecast)

- Targeted toward programs with established efforts to address dementia
- 3 years additional funding support
- Further development of the models of care
- Sustainability

For More Info

The IHS Alzheimer's Grant Program

- www.ihs.gov/alzheimers/

2024 Alzheimer's Grant Program funding opportunities

- https://www.ihs.gov/alzheimers/fundingopps/2024fundingopp/

Education and training resources and opportunities

- www.ihs.gov/alzheimers/alztraining/

Dementia information and links

- www.ihs.gov/alzheimers/informationresources/alzdementiaresources/

Stay Connected and join the IHS Elder Care Listserv at www.ihs.gov/alzheimers/

The IHS Alzheimer's Grant Program

Division of Clinical and Community Services
Office of Clinical and Preventive Services
Indian Health Service

Jolie Crowder, PhD, MSN, RN, CCM
Jolie.Crowder@ihs.gov

Valerie Jones, MPA, MA
Valerie.Jones@ihs.gov

Jamie Olsen
Jamie.Olsen@ihs.gov

Bruce Finke, MD
bruce.finke@ihs.gov

Nicole Cottier- Branch Chief