



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

A Virtual Learning Session *Tribal Consultation and Urban Confer Implementation Priorities*

April 7, 2021



NOTE

- External, non-IHS links included in this presentation do not constitute official government endorsement on behalf of the Indian Health Service (IHS). The IHS makes no representations regarding the quality, content, completeness, suitability, adequacy, sequence, accuracy or timeliness of such information and disclaims any responsibility for errors.
- All webinars are recorded for on-demand viewing. Recordings will be posted to [Tribal Consultation and Urban Confer | Division of Clinical and Community Services \(ihs.gov\)](#)



Overview

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



An Overview of the Problem

Alzheimer's Disease and 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 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

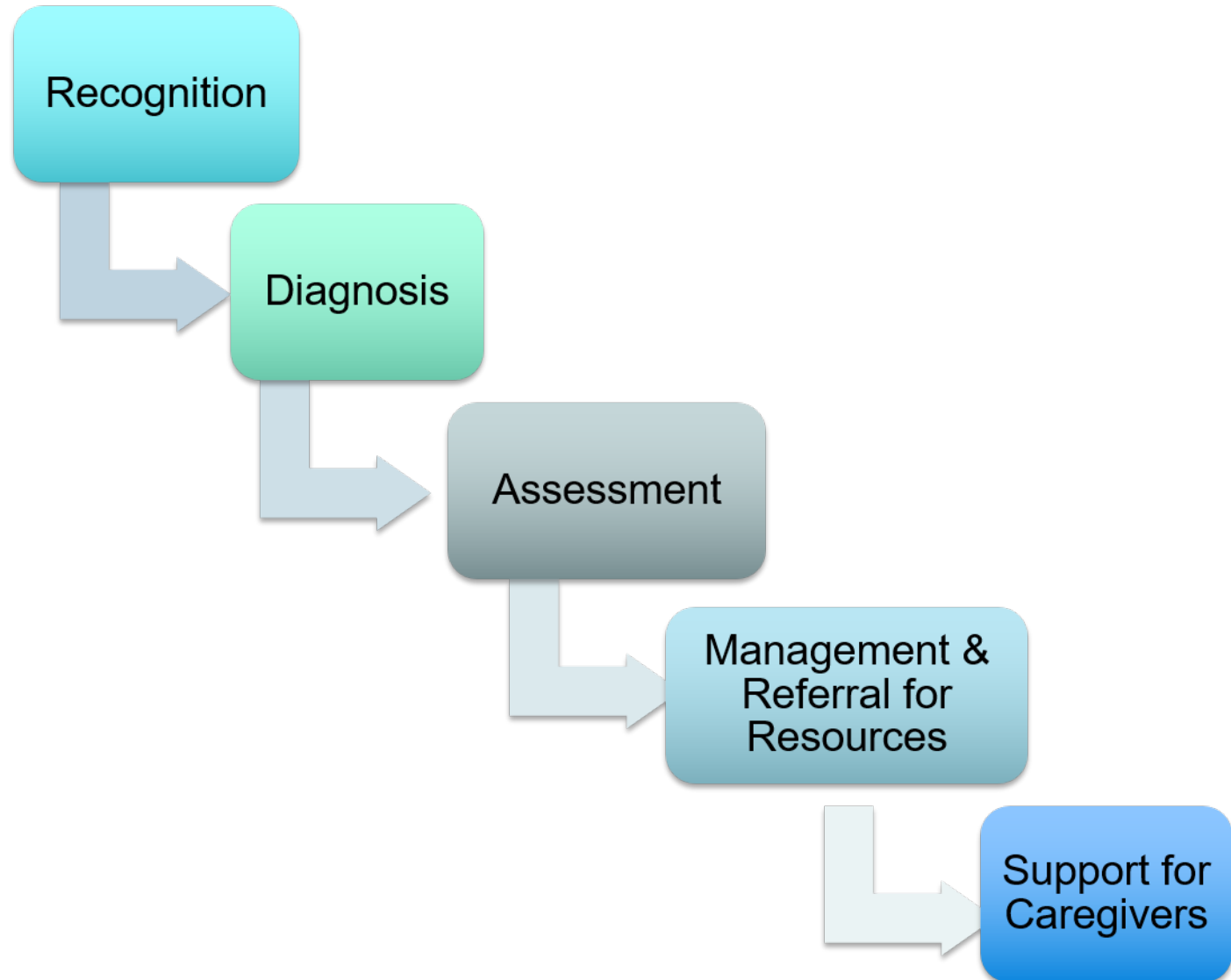
And we know that....

- 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?



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





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

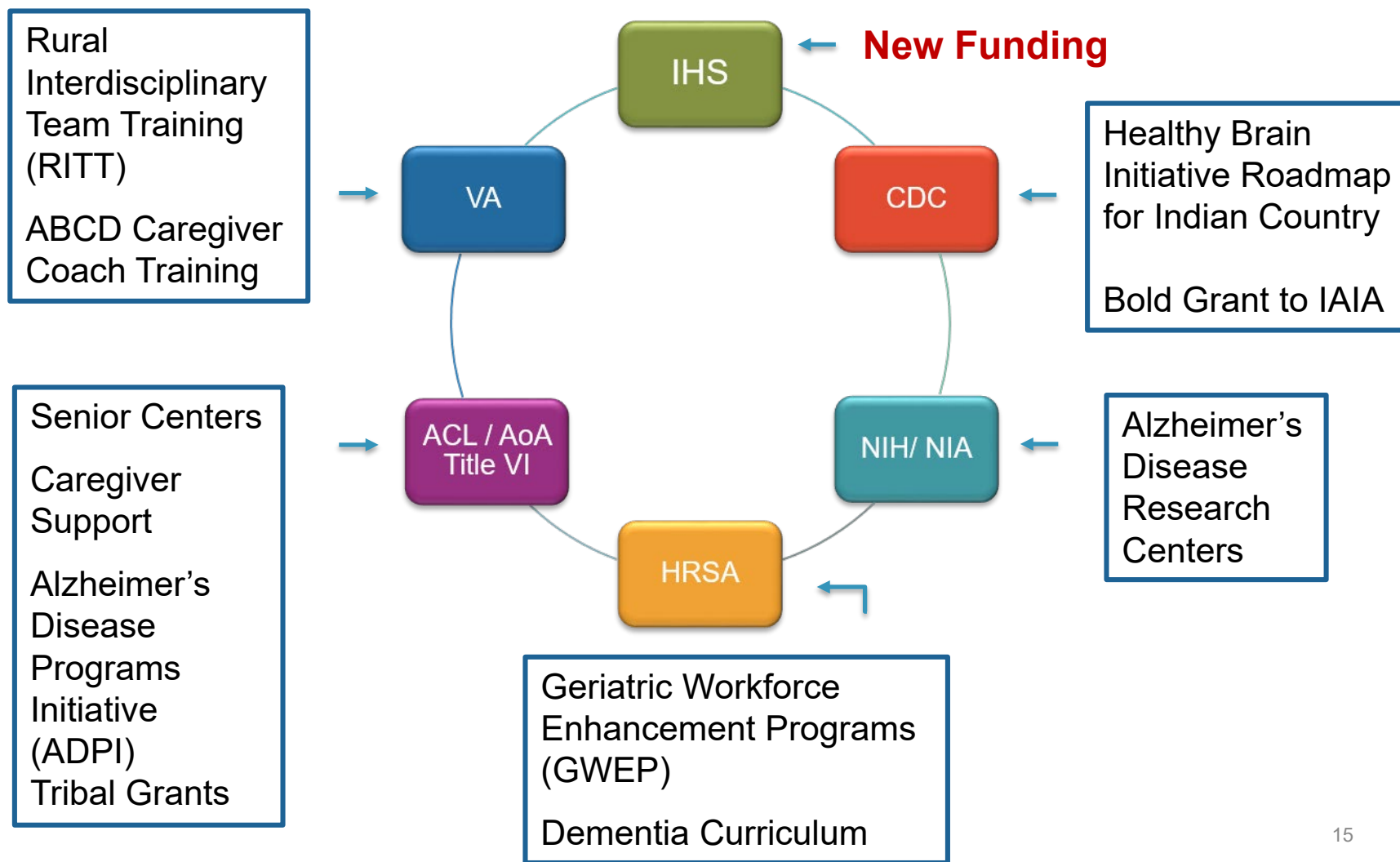
- Director's Initiative Long Term Services & Supports Tribal Grants 2002-2012
- Tribal Conferences (with CMS, ACL/AoA) to share LTSS best practices & address policy: 2000, 2002, 2007, 2010, 2011, 2016
- Trainings at annual National Title VI (Senior Center) Directors Meetings
- NICOA Biennial Conference 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



Priorities

- Increase Recognition of Dementia in the Community
 - Earlier diagnosis
 - Education & supportive services
 - Earlier access to treatment that can change the course of the disease, when it is available
- Improve Diagnosis, Assessment & Management by IHS, Tribal, & Urban Indian Health Programs
 - Including care for the caregiver
- Tribal Models of Comprehensive Care for Persons with Dementia
 - Tribes will build innovative & responsive models of care that address: Recognition, Diagnosis, Assessment, Management & Referral, & Support for the Caregiver
- Data: Understand the Impact of Dementia & the Effectiveness of Care

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





Ending the HIV & HCV Epidemic: *New Funding & New Opportunities*

A Virtual Learning Session *Tribal Consultation & Urban Confer Implementation Priorities*

April 7, 2021



Overview

- Program Overview
 - *HIV in Indian Country*
 - *What is Ending the HIV Epidemic: A Plan for America?*
- Tribal Listening Sessions & Engagement
- Implementation Priorities
- Q&A Session



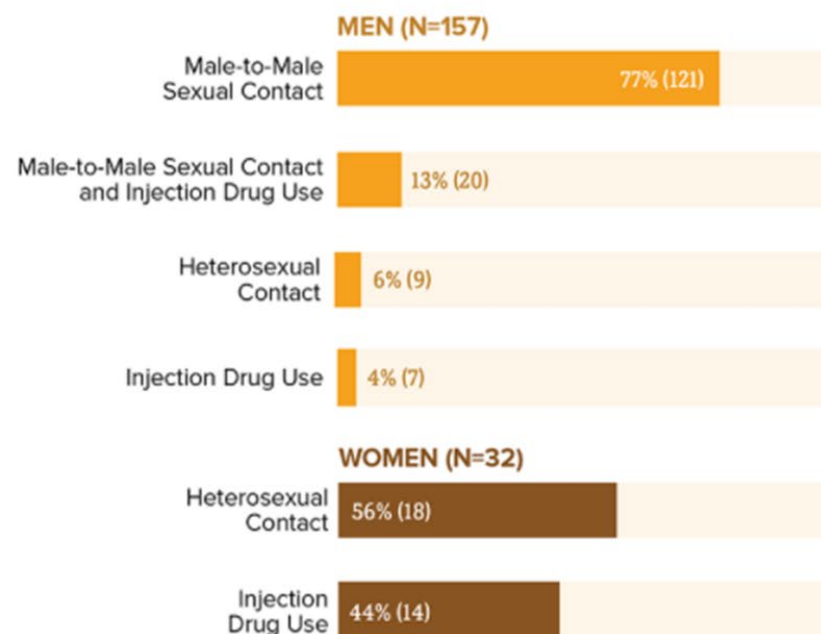
Program Overview

HIV and HCV in Indian Country

HIV in Indian Country

New HIV Diagnoses Among AI/AN in the US and Dependent Areas by Transmission Category and Sex, 2018^d

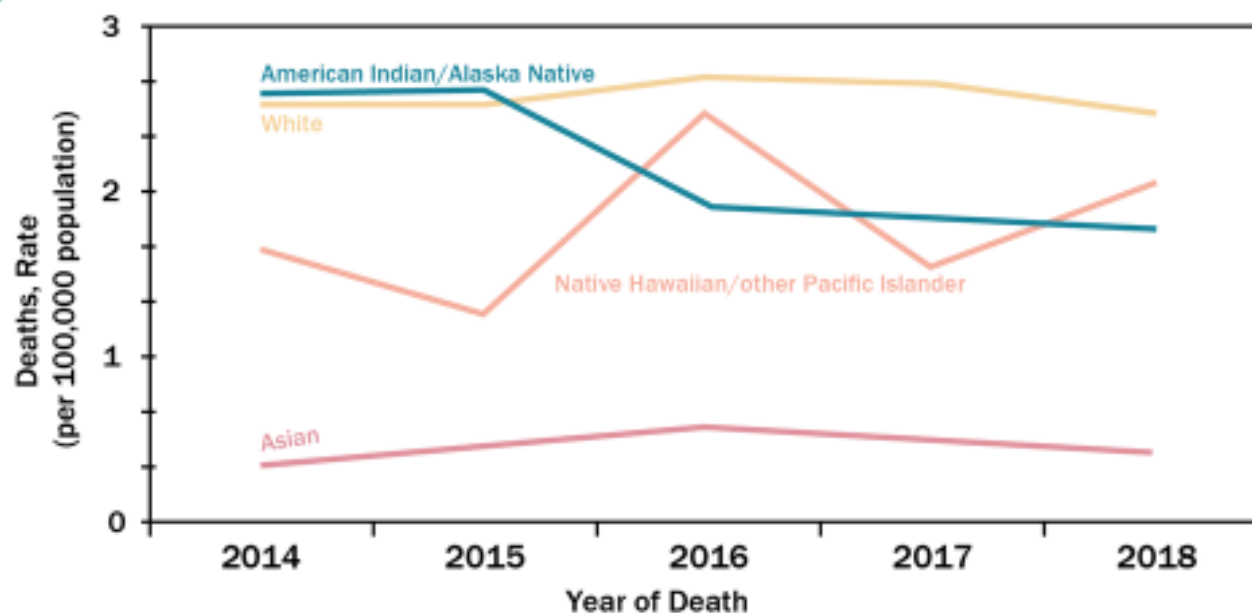
Most new HIV diagnoses were among AI/AN gay and bisexual men.



Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2018 \(Preliminary\)](#). [PDF - 10 MB]. *HIV Surveillance Report* 2019;30.

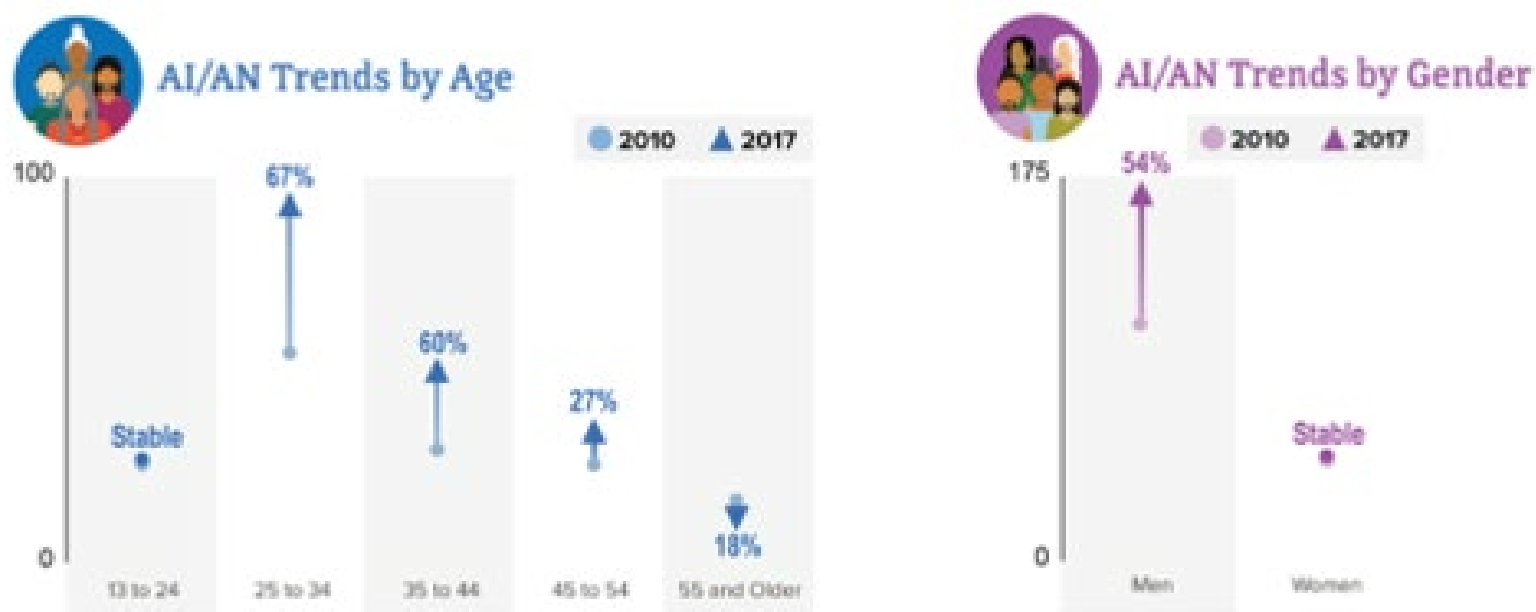
U.S. RATES OF DEATH (AI/AN)

For Persons with Diagnosed HIV Infection, by Race/Ethnicity, 2014-2018



HIV in Indian Country

HIV Diagnoses Among AI/AN in the 50 States and the District of Columbia, 2010-2017*



*Changes in populations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

Source: CDC. [NCHHSTP AtlasPlus](#). Accessed April 27, 2020.

Ending the HIV Epidemic (EHE)



“

We have a once-in-a-generation opportunity to end the HIV epidemic in the United States. Now is the time.

”

Ending the HIV Epidemic

GOAL:

75%

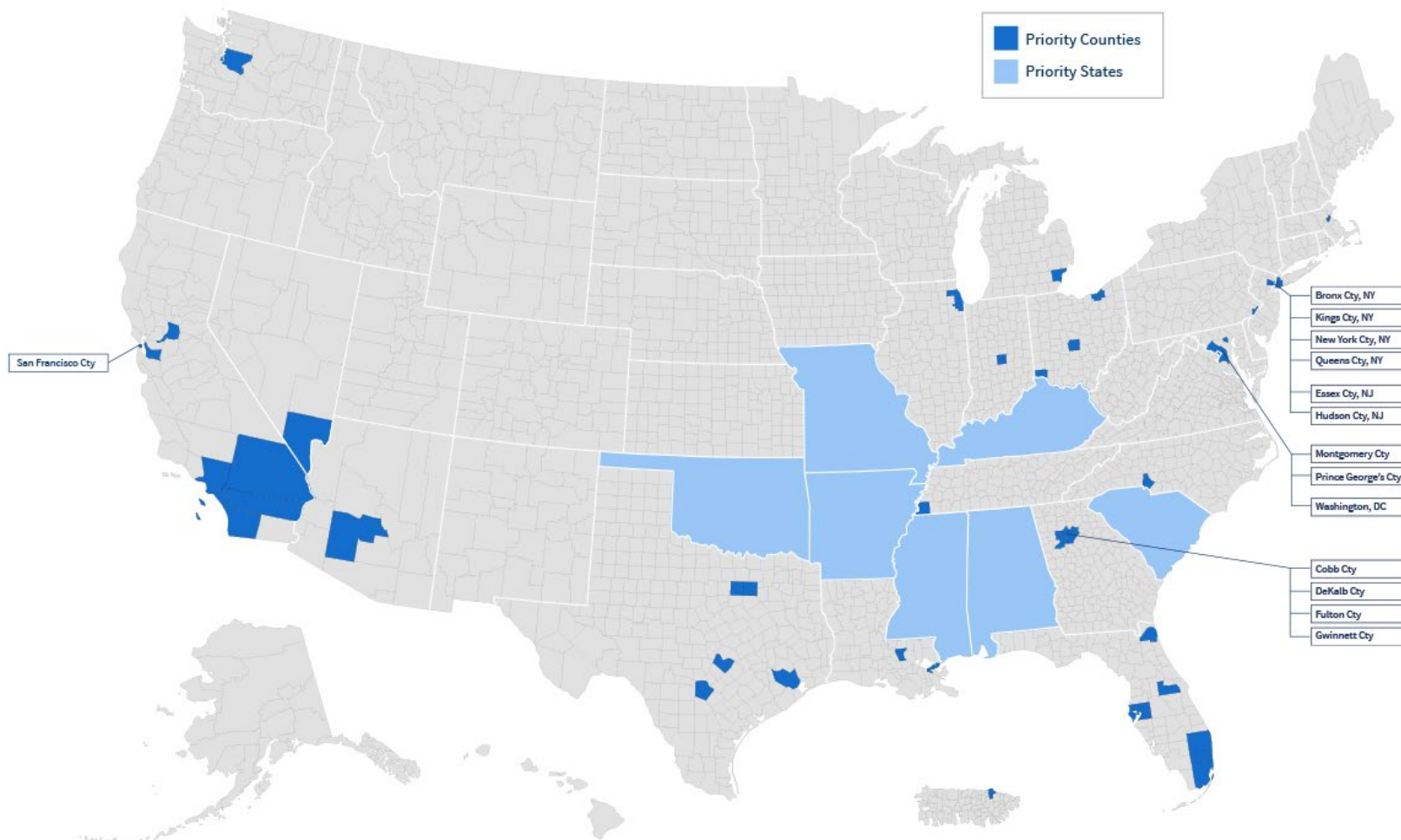
reduction in new
HIV infections
in 5 years

and at least

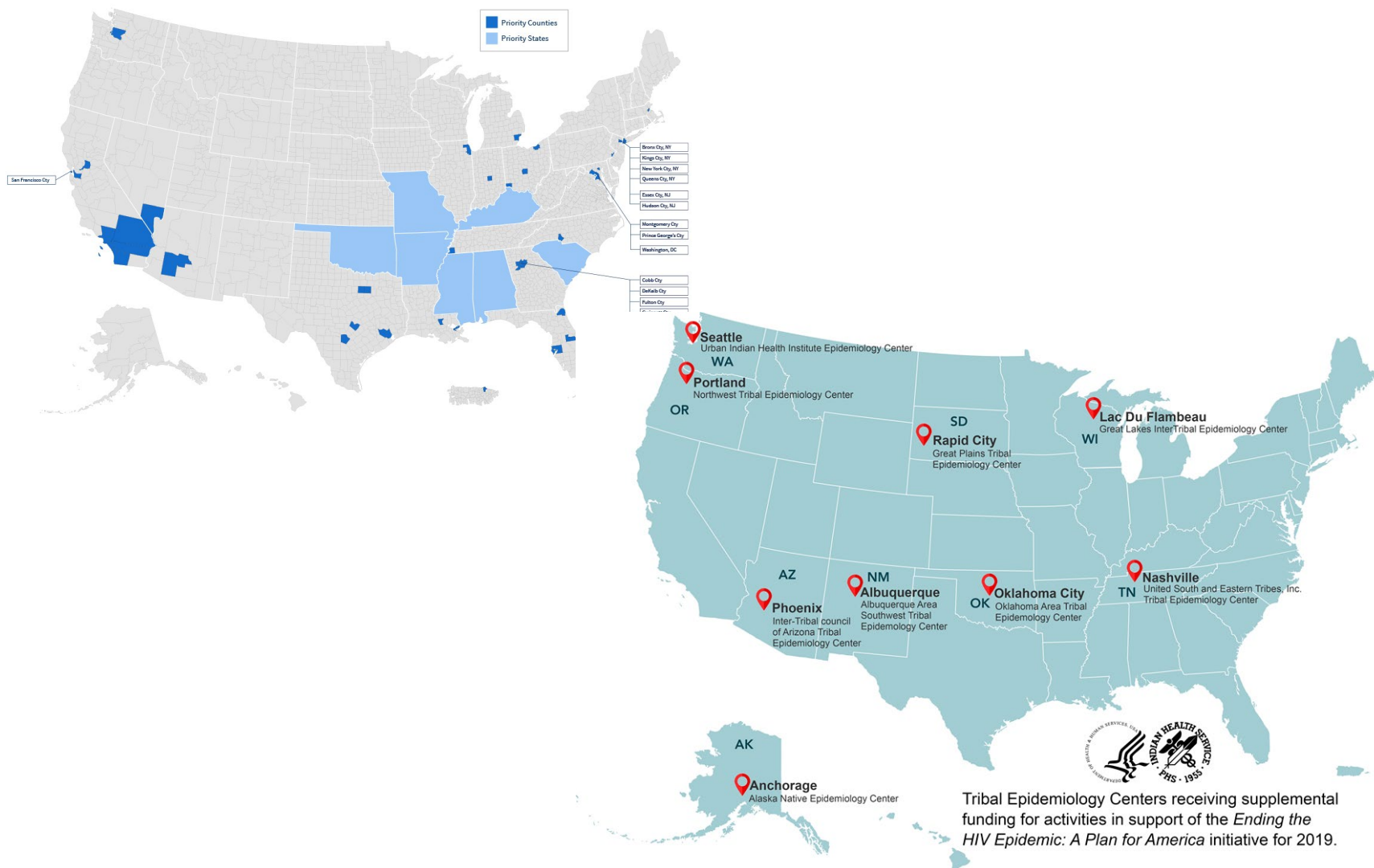
90%

reduction
in 10 years.

Priority Geographical Areas: Phase I



Priority Geographical Areas & Tribal Epi Centers



Challenges & Opportunities



Inequality

Impact of undiagnosed and untreated HIV

Stigma

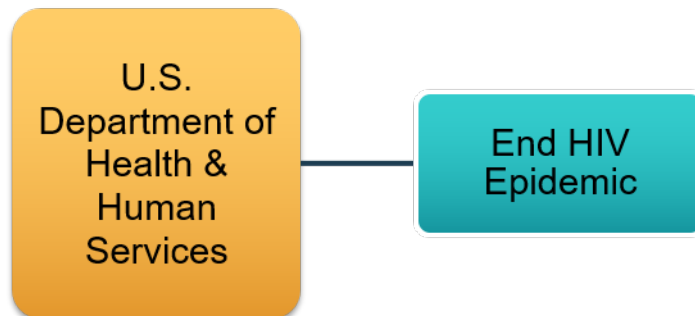
Progress has plateaued

Powerful HIV prevention and treatment tools are now available

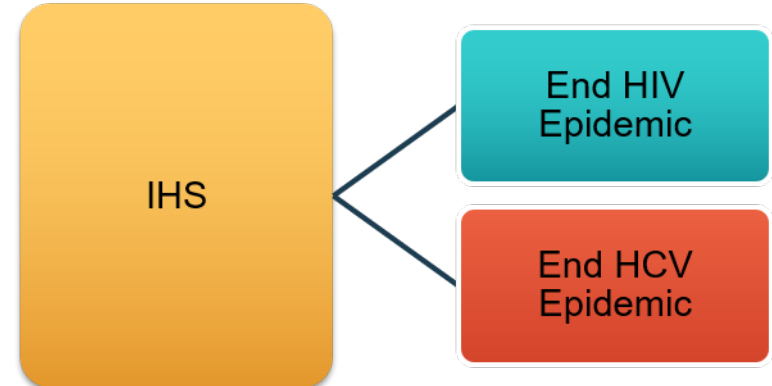
We can end HIV

National EHE & Indian Country EHE

National EHE



Indian Country EHE



EHE Structure



EHE & Social Determinants of Health



Key Strategies of the Plan



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

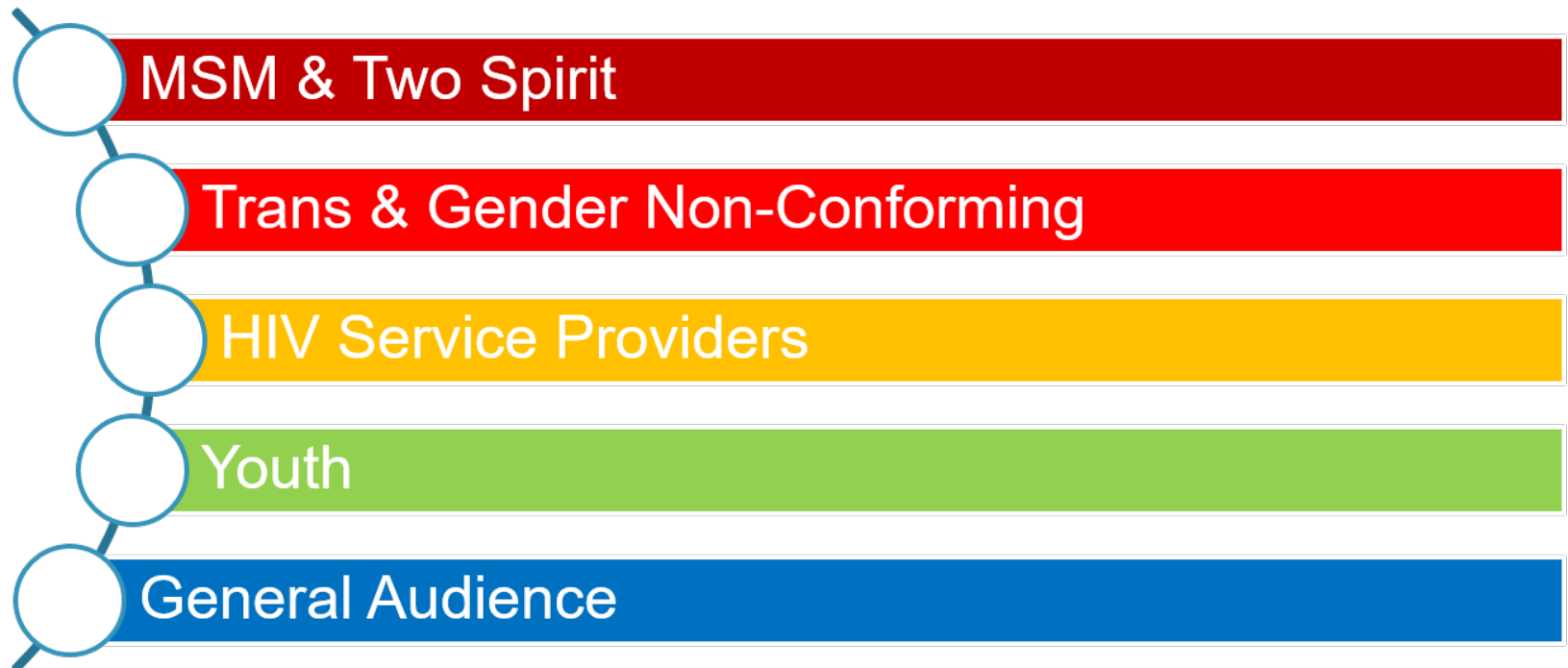




Tribal Listening Sessions & Engagement

Engaging Tribes HIV in Indian Country

EHE & Tribal Consultation: Winter/Spring 2020



General Themes & Recommendations

Stigma

Remains a driver of the epidemic in Indian Country

Need for Competent Services

Must create a safe space for all

Increased & Focused Training

Increase the knowledge & competence of personnel

Standardize Efforts & Policies

Testing Sexual History, SOGI, PrEP, Risk



Priorities

- Exploring how the IHS might use available funding to support IHS, Tribal, and Urban Indian health programs to achieve the Ending the HIV Epidemic goal of a 75% reduction in new HIV infections by 2025 and at least a 90% reduction by 2030; and
- Key strategies for implementing the Ending the HIV Epidemic include: (1) diagnosing all people with HIV and HCV as early as possible; (2) treating people with HIV or HCV rapidly and effectively to reach sustained viral suppression; (3) preventing new HIV and HCV transmissions by using proven interventions, including pre-exposure prophylaxis and syringe service programs; and (4) responding quickly to HIV and HCV outbreaks to get prevention and treatment services to people who need them.



Question & Answer

Questions may be entered into the chat or via phone. Please state your name, IHS Area, and Tribe for the record.

SAVE THE DATE:

Tribal Consultation & Urban Confer

| Date | Time | Length | Title | Link |
|--------------------------------------|-----------|------------|---|---|
| Tuesday, April 13 th | 1 p.m. ET | 90 minutes | Alzheimer's Disease Tribal Consultation Virtual Session | https://ihs.cosocloud.com/ihsdccc/ Dial-in Number: (877) 801-1365 Participant Code: 6488559 Room Passcode: ihs123 |
| Thursday, April 15 th | 1 p.m. ET | 90 minutes | Ending the HIV Epidemic Tribal Consultation Virtual Session | https://ihs.cosocloud.com/ihsdccc/ Dial-in Number: (877) 801-1365 Participant Code: 6488559 Room Passcode: ihs123 |
| Tuesday, April 20 th | 1 p.m. ET | 90 minutes | Alzheimer's Disease Urban Confer Virtual Session | https://ihs.cosocloud.com/ihsdccc/ Dial-in Number: (877) 801-1365 Participant Code: 6488559 Room Passcode: ihs123 |
| Wednesday, April 21 st | 1 p.m. ET | 90 minutes | Ending the HIV Epidemic Urban Confer Virtual Session | https://ihs.cosocloud.com/ihsdccc/ Dial-in Number: (877) 801-1365 Participant Code: 6488559 Room Passcode: ihs123 |



Tribal Consultation

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

- Email consultation@ihs.gov or urbanconfer@ihs.gov
Subject Line: Alzheimer's Disease Initiative Funding

OR

- Email consultation@ihs.gov or urbanconfer@ihs.gov
Subject Line: Ending HIV Epidemic Initiative Funding



General Program Questions

National Elder Care Program

E-mail: IHSDCCS@ihs.gov

Web: www.ihs.gov/eldercare/

National HIV/HCV Program

E-mail: richard.haverkate@ihs.gov

Web: www.ihs.gov/hivaids/ and www.ihs.gov/dccs/hcv/