



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

*Virtual Tribal Consultation
Session on
Implementation Priorities*

April 13, 2021



NOTE

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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



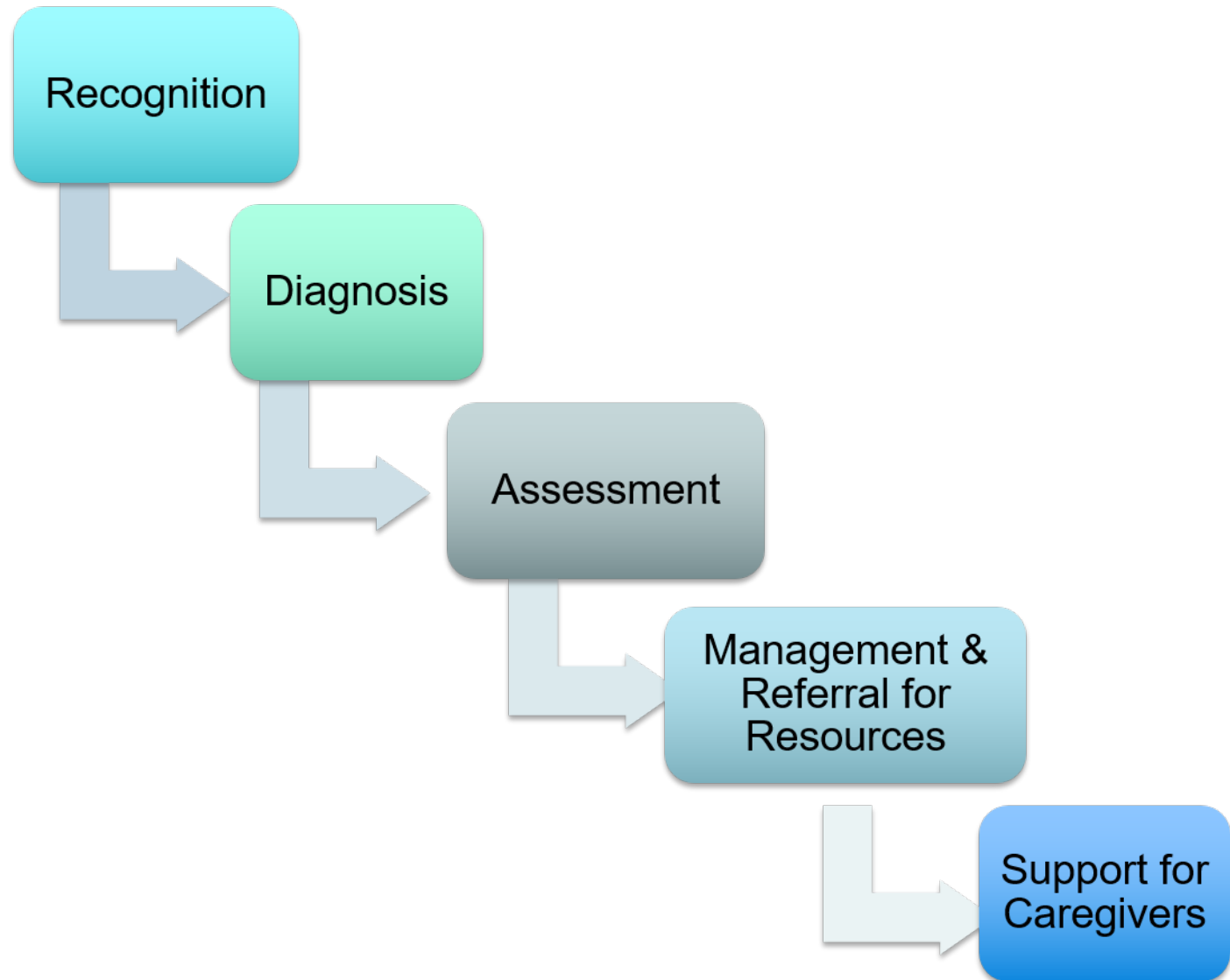
And we know that....

- 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 AI/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

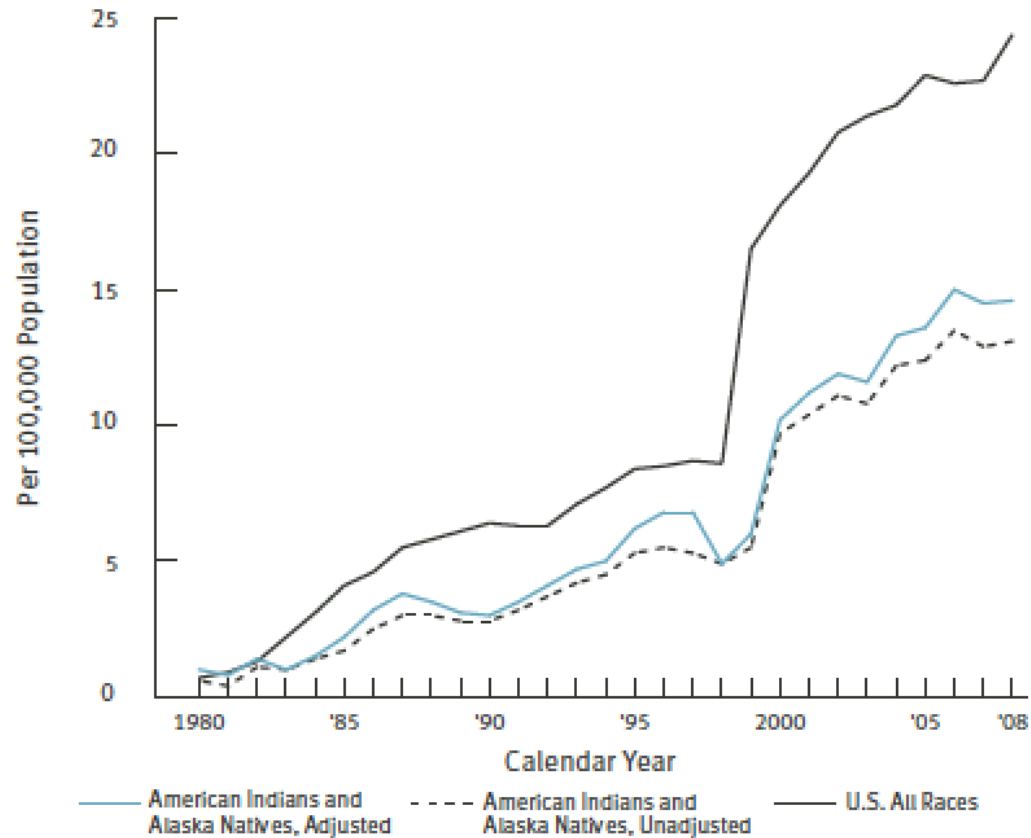
- Aggregate Data from Alberta Health & Wellness
- Physician-treated Dementia
- Age-adjusted Prevalence

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

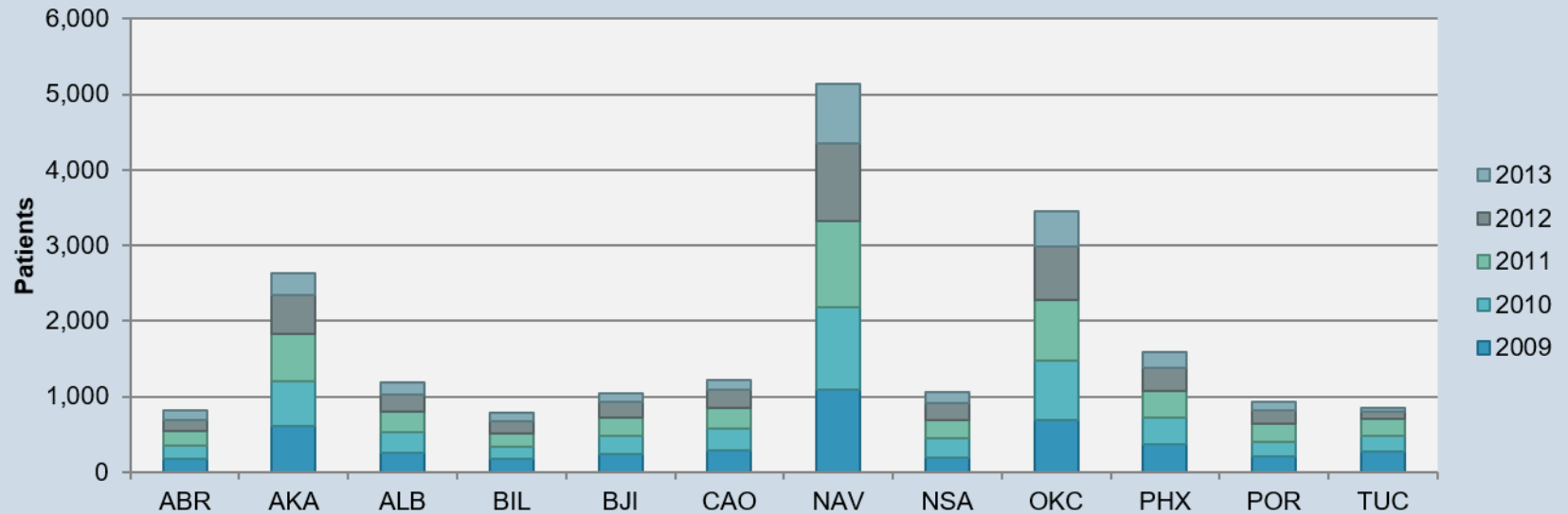
	Ratio: AI/AN to U.S. All Races
Diabetes	2.5
Unintentional Injury	2.5
Nephritis, Nephrotic Syndrome	1.5
Chronic Liver Disease & Cirrhosis	4.8
Cerebrovascular Diseases (stroke)	1.0
Hypertensive Disease	1.0
Alzheimer's Disease	0.7


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

In Every Region of IHS There Are Persons with Dementia Diagnoses

IHS Annual Unduplicated Dementia Patients for Calendar Years 2009 through 2013-to-Date

Data Refreshed as of August 3rd, 2013

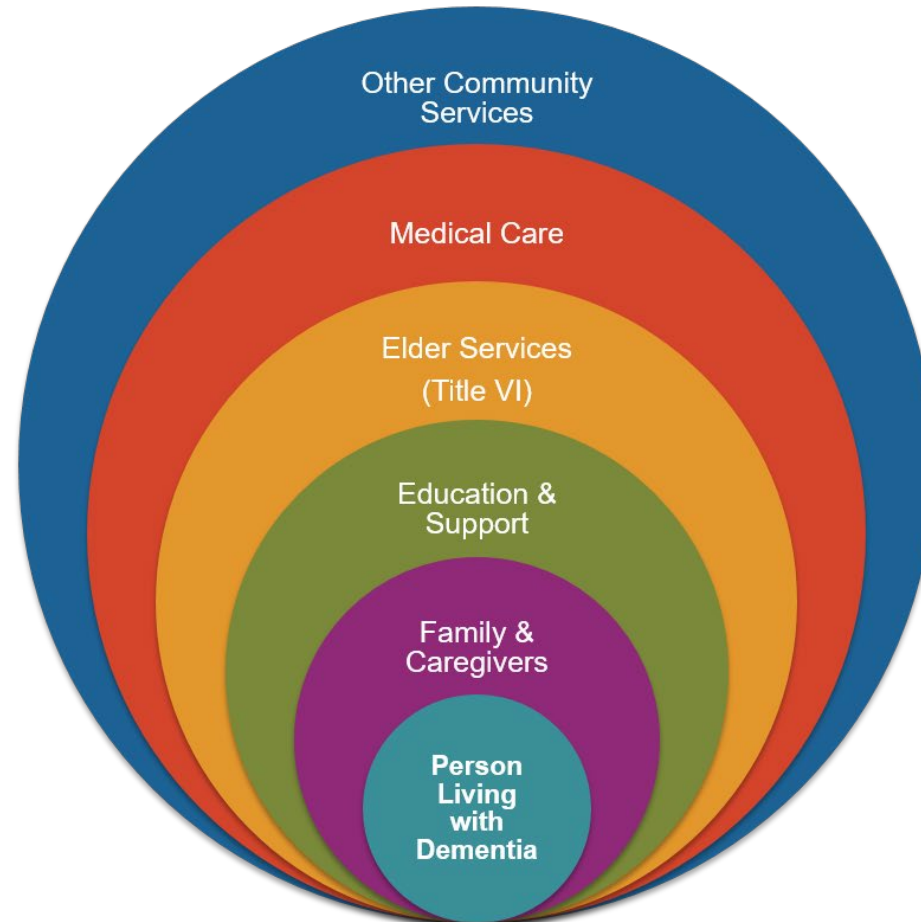




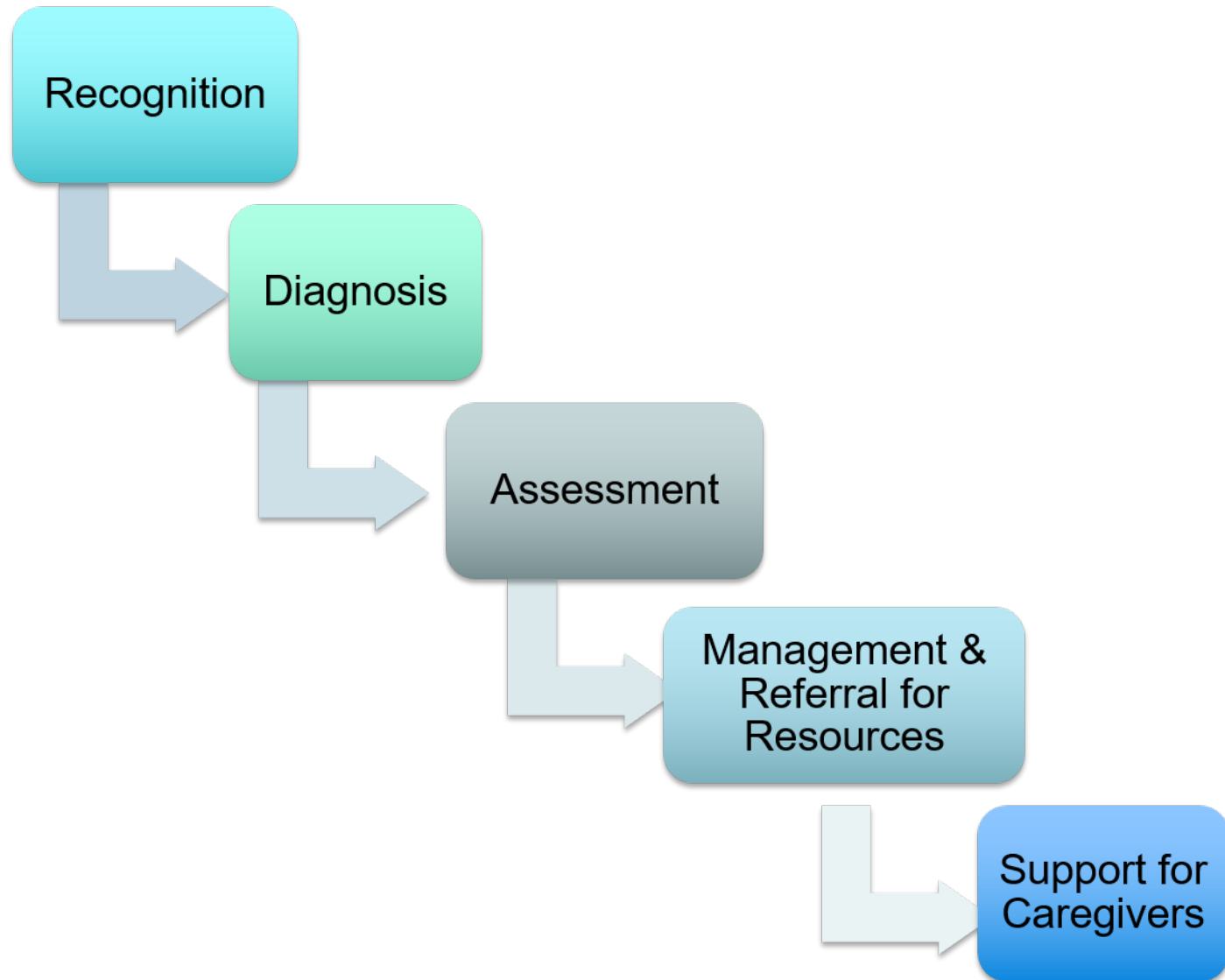
“While reliable prevalence or incidence data on Alzheimer’s disease or other types of dementia in the American Indian and Alaska Native population are not currently available, we do know that in every Tribal community there are individuals with dementia and caregivers struggling to support them.”

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](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



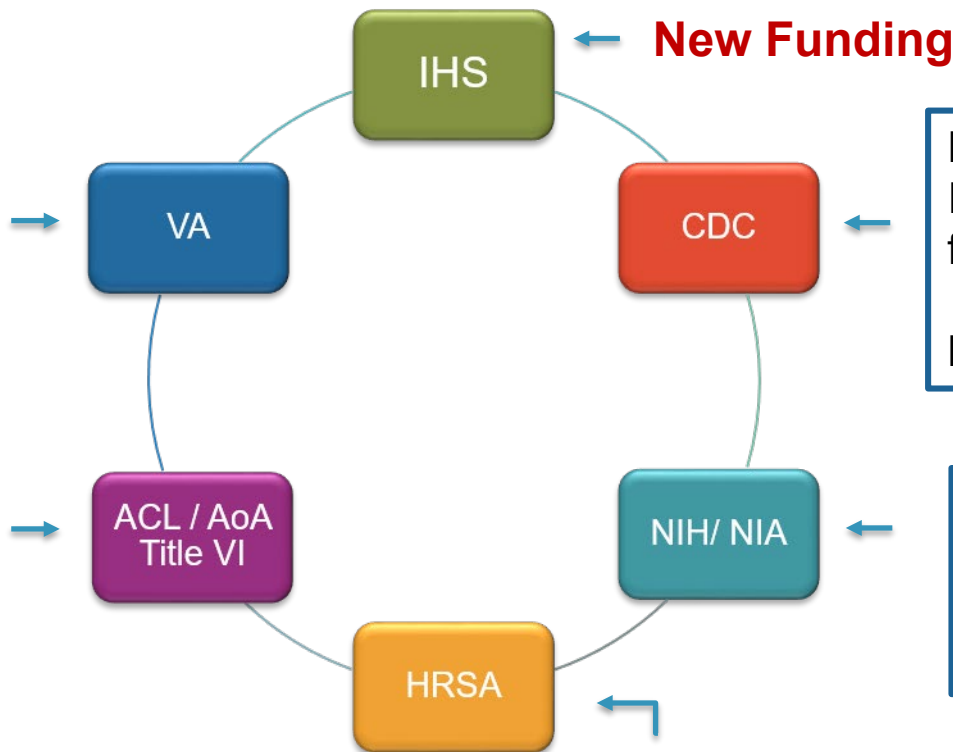
IHS Federal & Non-governmental Organization Partnerships

- 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

Rural Interdisciplinary Team Training (RITT)
 ABCD Caregiver Coach Training

Senior Centers
 Caregiver Support
 Alzheimer's Disease Programs Initiative (ADPI)
 Tribal Grants



Healthy Brain Initiative Roadmap for Indian Country
 Bold Grant to IAIA

Alzheimer's Disease Research Centers

Geriatric Workforce Enhancement Programs (GWEP)
 Dementia Curriculum



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?



SAVE THE DATE: Tribal Consultation & Urban Confer

Date	Time	Length	Title	Link
Tuesday, April 20 th	1 p.m. ET	90 minutes	Alzheimer's Disease Urban Confer Virtual Session	https://ihs.cosocloud.com/ihsdccs/ 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

Subject Line: Alzheimer's Disease Initiative Funding



General Program Questions

National Elder Care Program

E-mail: IHSDCCS@ihs.gov

Web: www.ihs.gov/eldercare/