



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

## **A Virtual Listening Session** *Tribal Consultation and Urban Confer on Implementation Priorities*

April 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



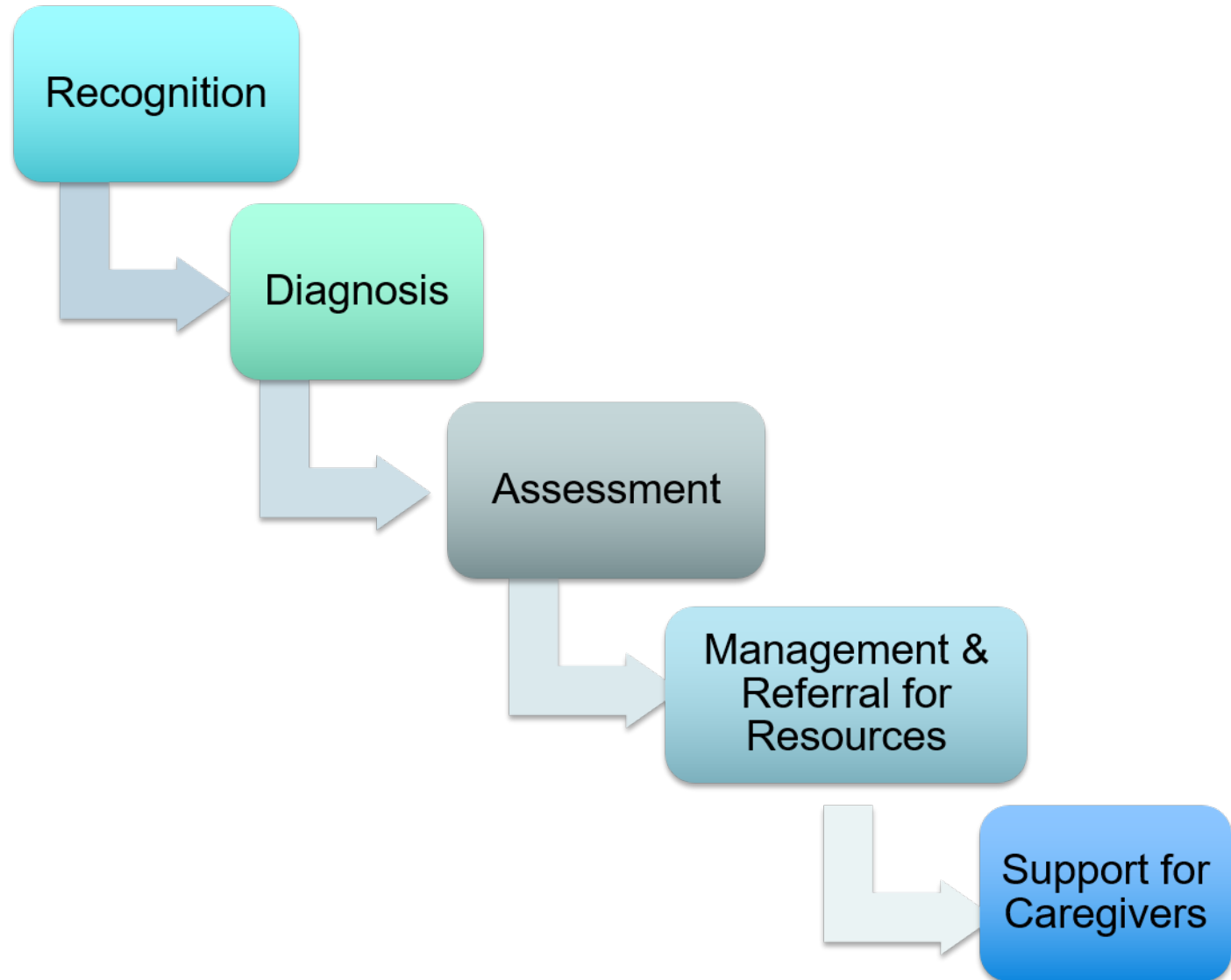
## And we know that....

- 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

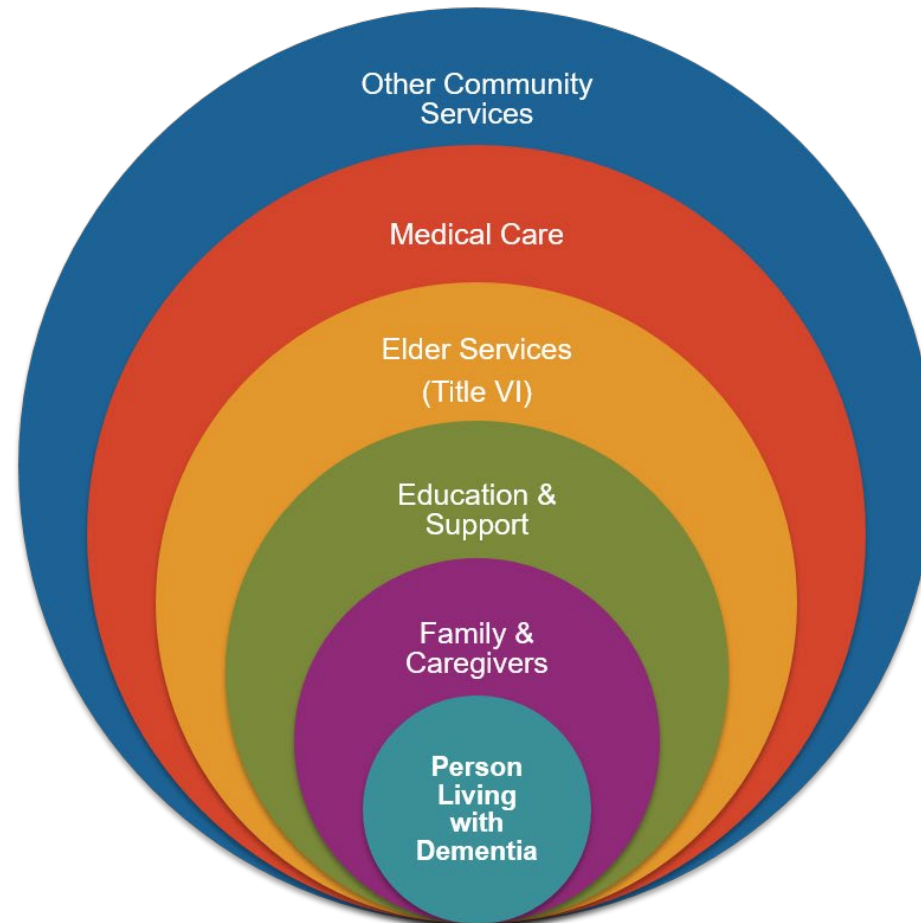
### **Brain Health = Heart Health**

- **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?



# 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



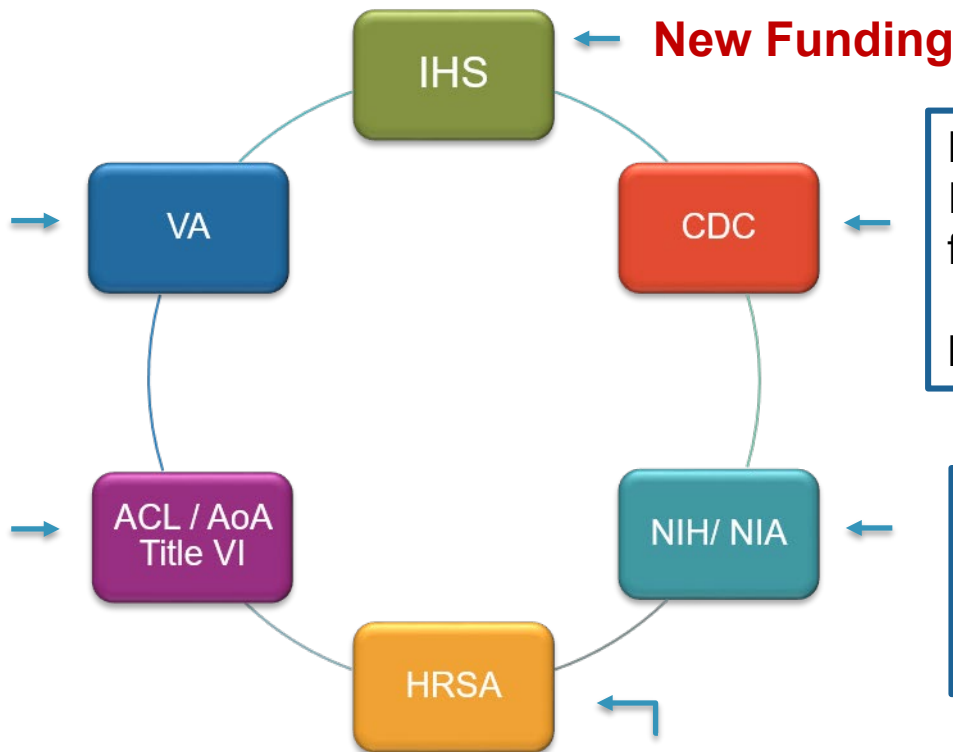
# Priorities

- 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

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



# 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



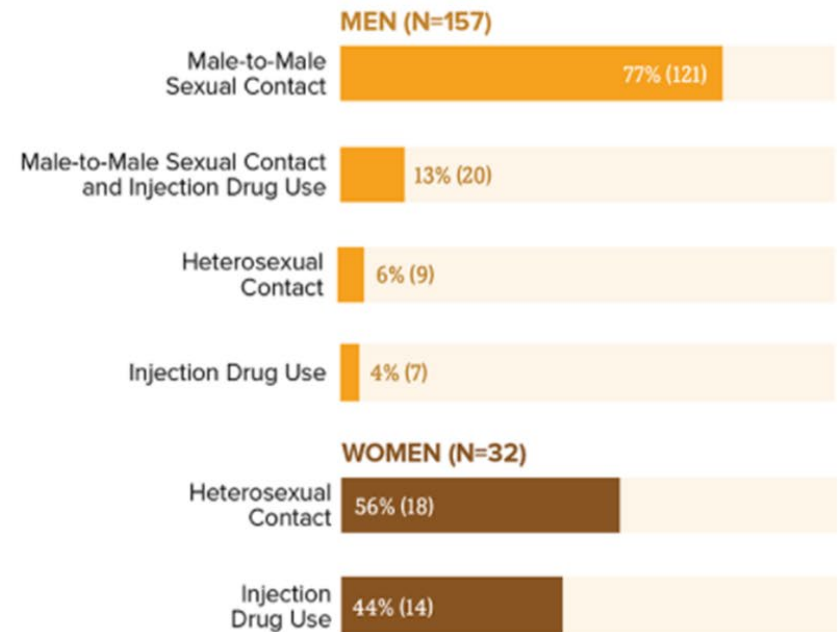
# Program Overview

*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<sup>d</sup>

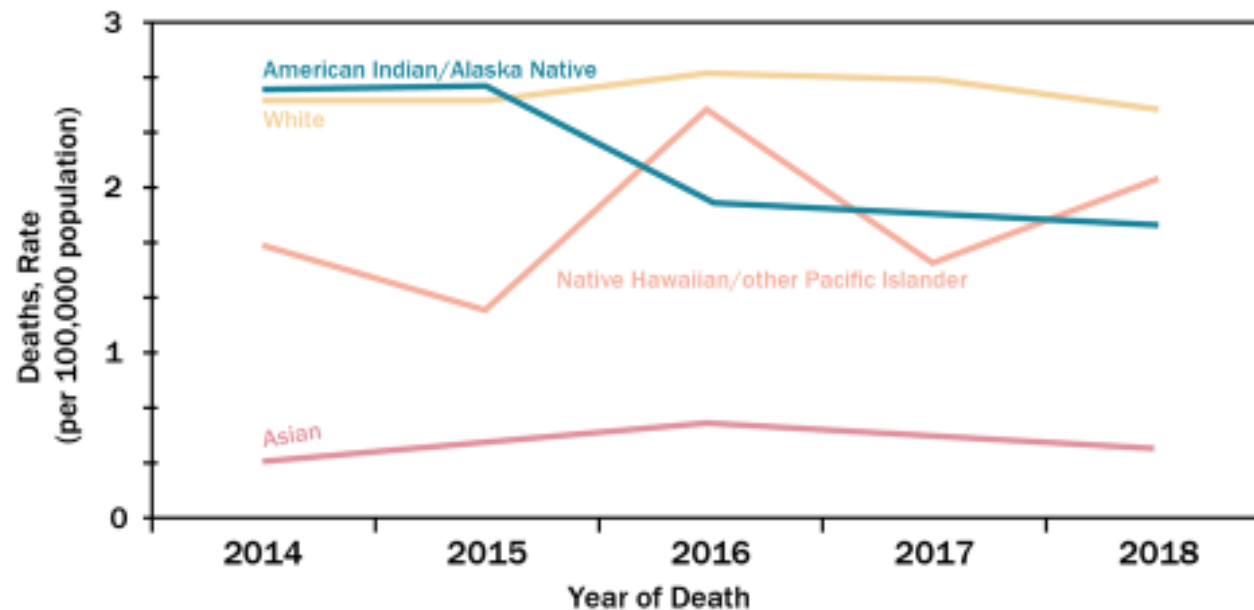
**Most new HIV diagnoses were among AI/AN gay and bisexual men.**



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

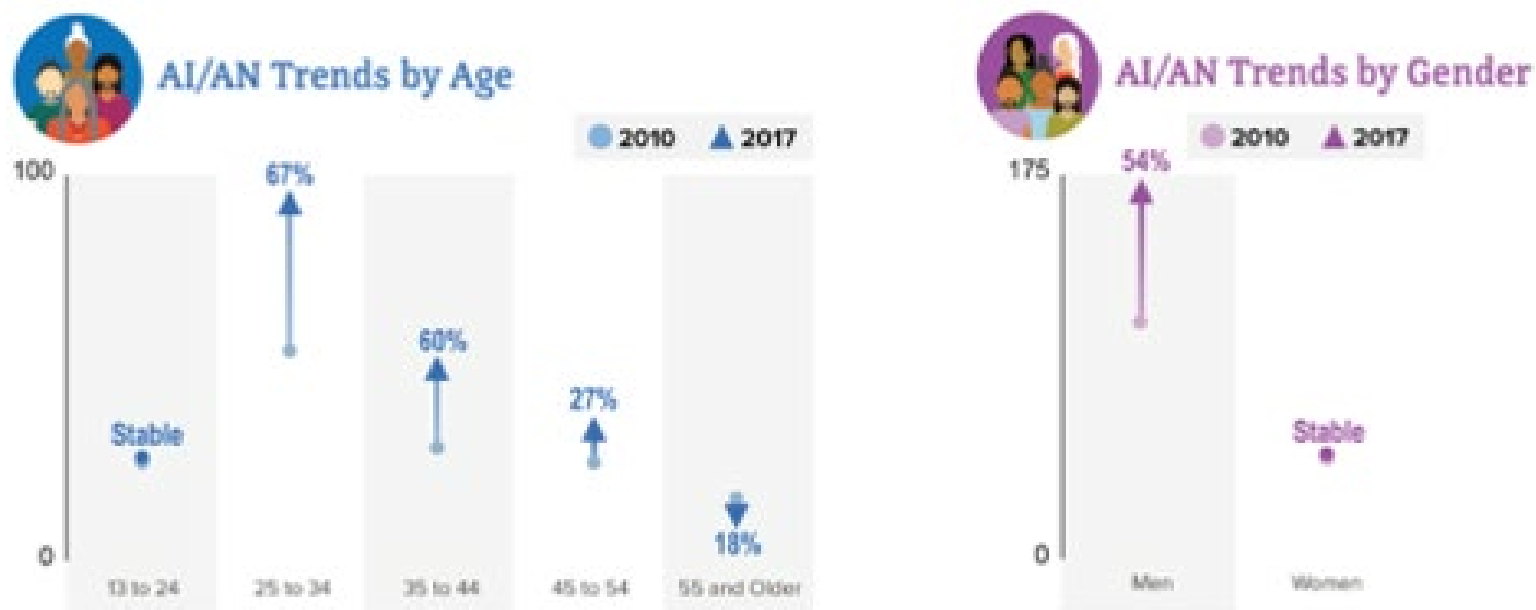
## U.S. RATES OF DEATH (AI/AN)

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.

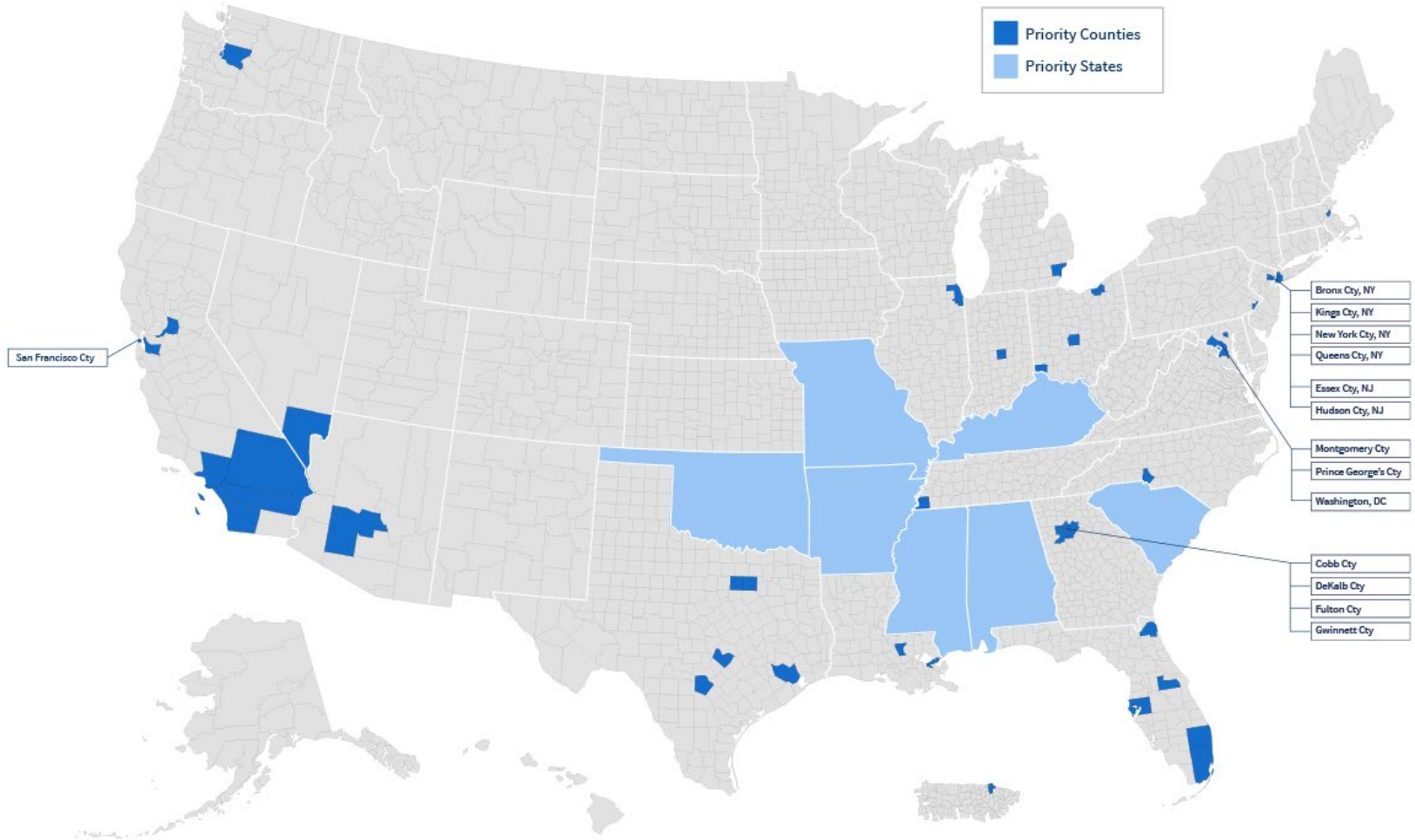
”

# Ending the HIV Epidemic

**GOAL:**

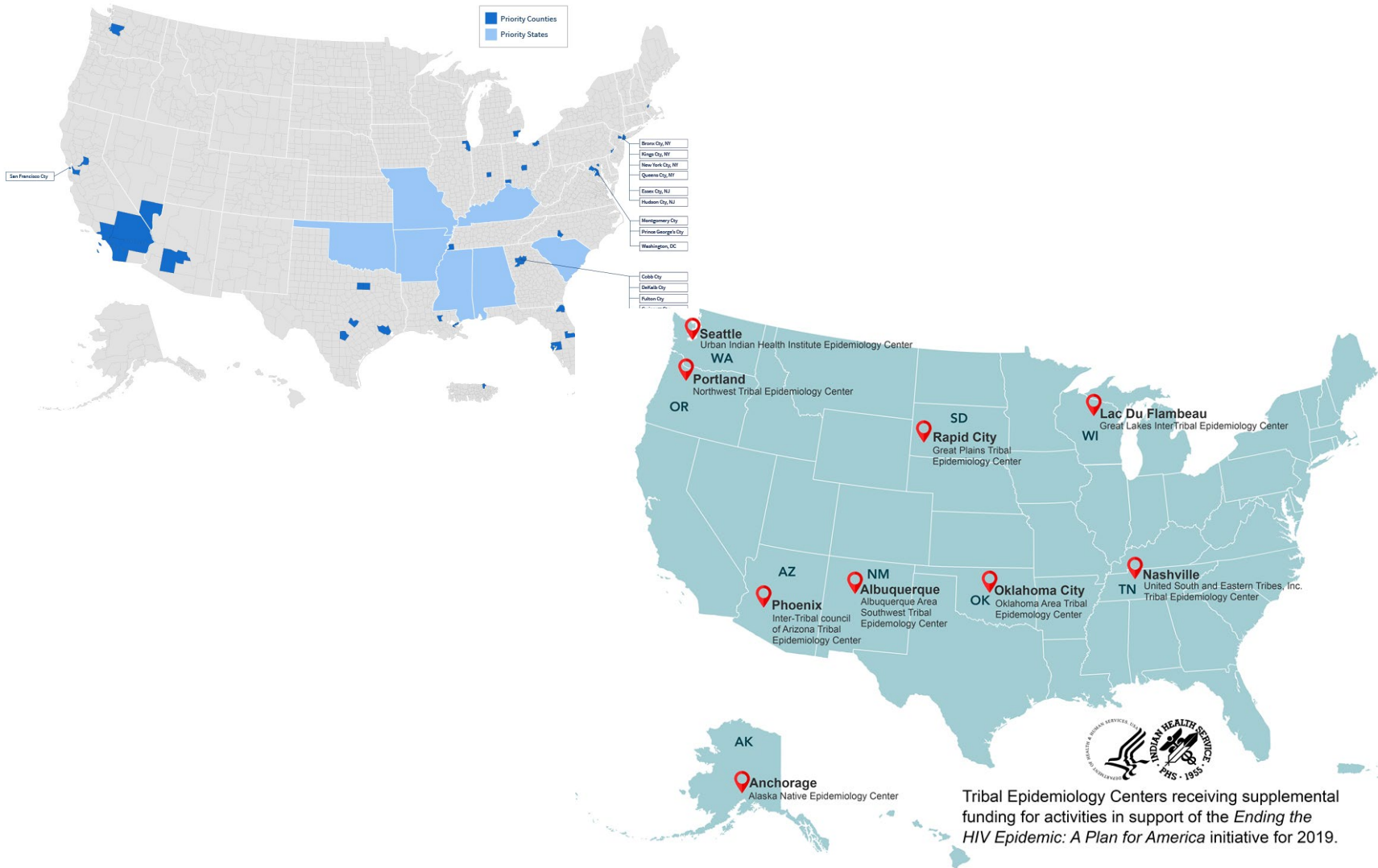
**75%**  
reduction in new  
HIV infections  
in 5 years  
and at least  
**90%**  
reduction  
in 10 years.

# Priority Geographical Areas: Phase I





# Priority Geographical Areas & Tribal Epi Centers



Tribal Epidemiology Centers receiving supplemental funding for activities in support of the *Ending the HIV Epidemic: A Plan for America* initiative for 2019.

# Challenges & Opportunities



Inequality

Impact of undiagnosed and untreated HIV

Stigma

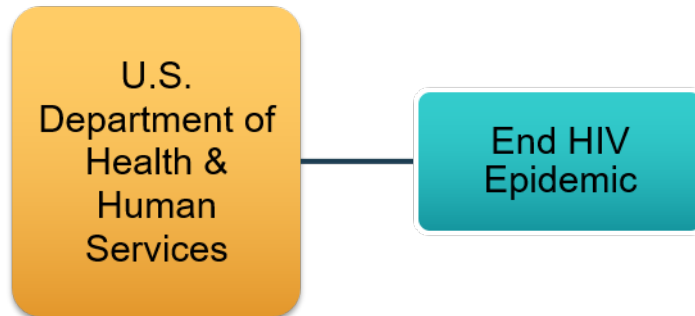
Progress has plateaued

Powerful HIV prevention and treatment tools are now available

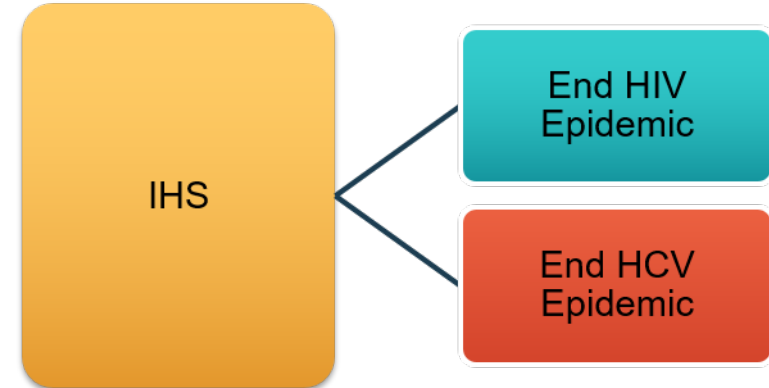
We can end HIV

# National EHE & Indian Country EHE

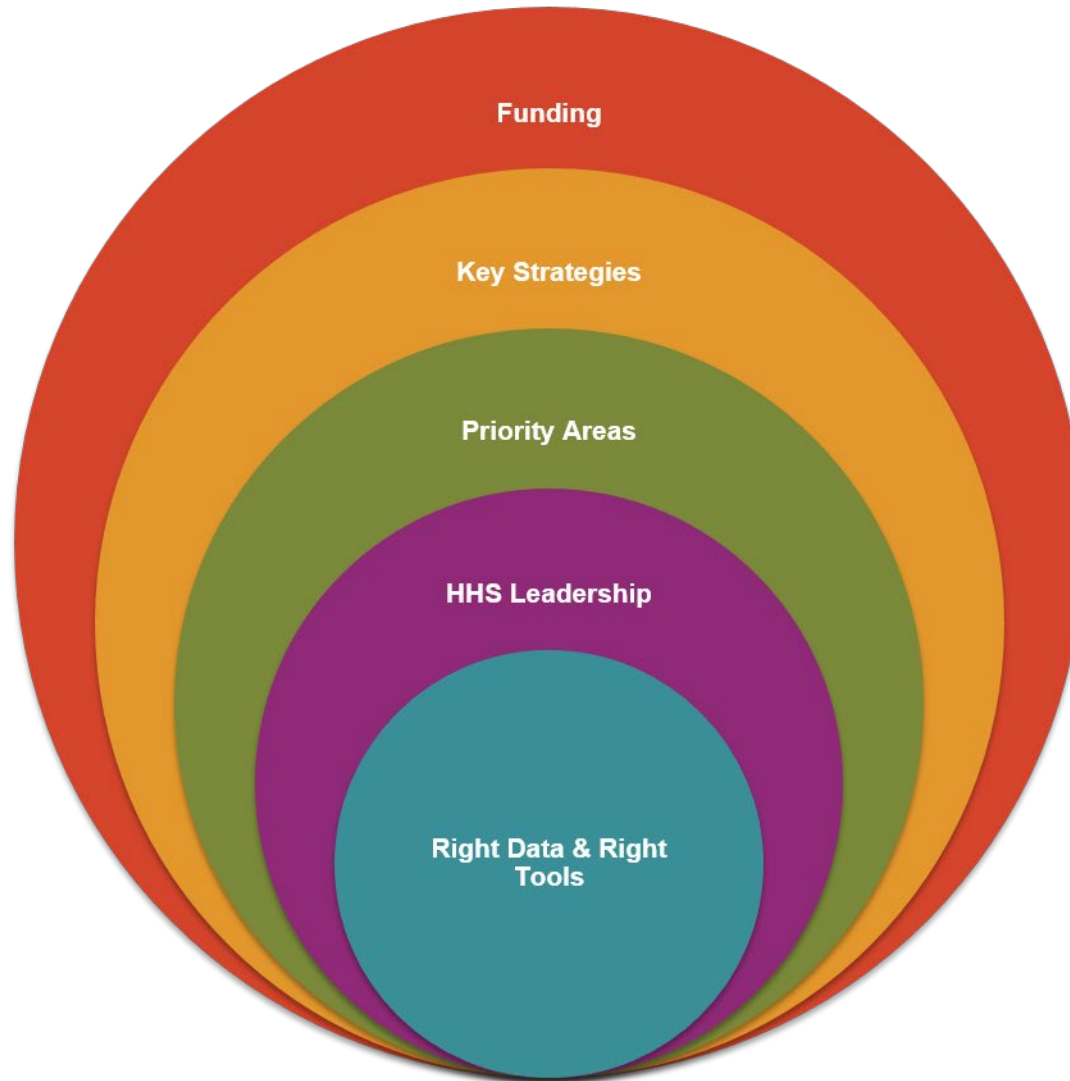
## National EHE



## 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.

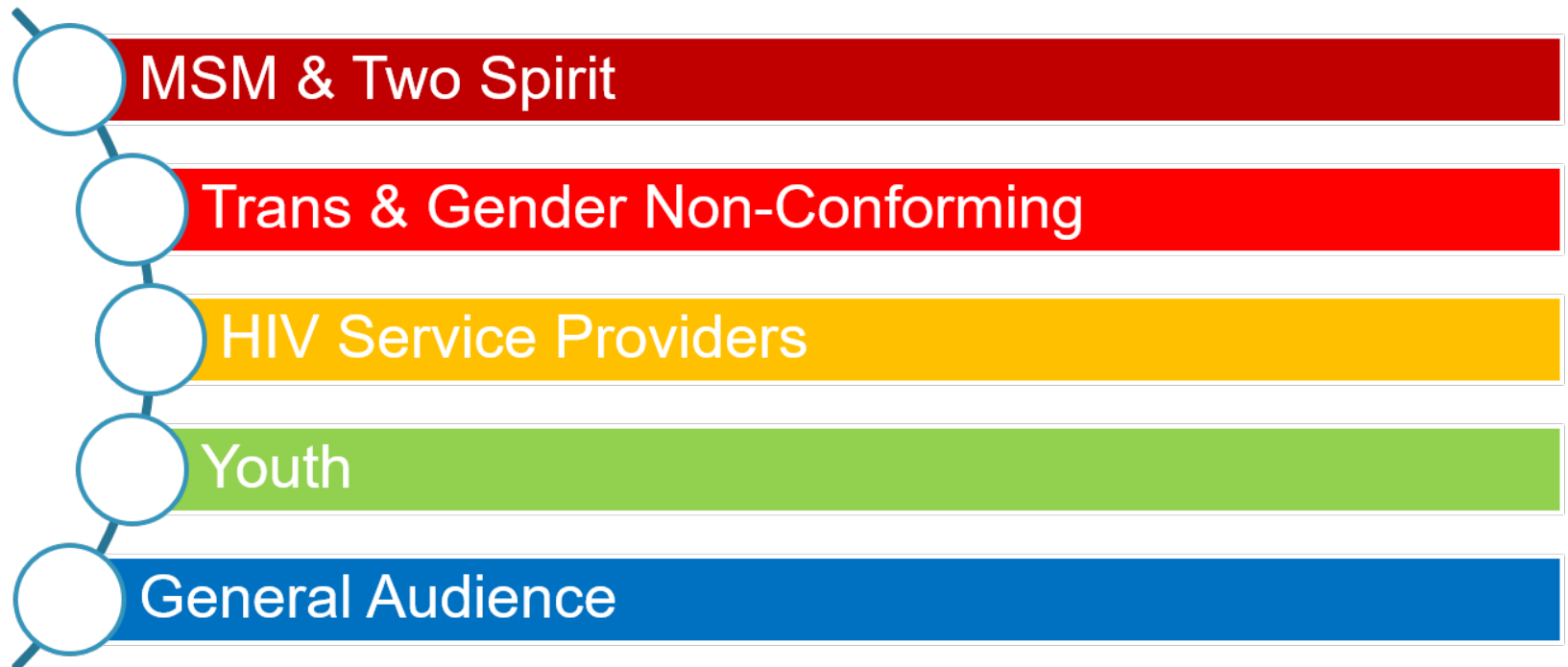




# Tribal Listening Sessions & Engagement

*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



## 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?

# Questions for Consideration

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

- 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?
  
- How should IHS focus on the key strategies for implementing the Ending the HIV and HCV Epidemic? Specifically,
  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?
  4. Responding quickly to HIV and HCV outbreaks to get prevention and treatment services to people who need them?

## Tribal Consultation & Urban Confer

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

- Email [consultation@ihs.gov](mailto:consultation@ihs.gov) or [urbanconfer@ihs.gov](mailto:urbanconfer@ihs.gov)  
Subject Line: Alzheimer's Disease Initiative Funding

OR

- Email [consultation@ihs.gov](mailto:consultation@ihs.gov) or [urbanconfer@ihs.gov](mailto:urbanconfer@ihs.gov)  
Subject Line: Ending HIV Epidemic Initiative Funding



## General Program Questions

### National Elder Care Program

E-mail: [IHSDCCS@ihs.gov](mailto:IHSDCCS@ihs.gov)

Web: [www.ihs.gov/eldercare/](http://www.ihs.gov/eldercare/)

### National HIV/HCV Program

E-mail: [richard.haverkate@ihs.gov](mailto:richard.haverkate@ihs.gov)

Web: [www.ihs.gov/hivaids/](http://www.ihs.gov/hivaids/) and [www.ihs.gov/dccs/hcv/](http://www.ihs.gov/dccs/hcv/)