



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

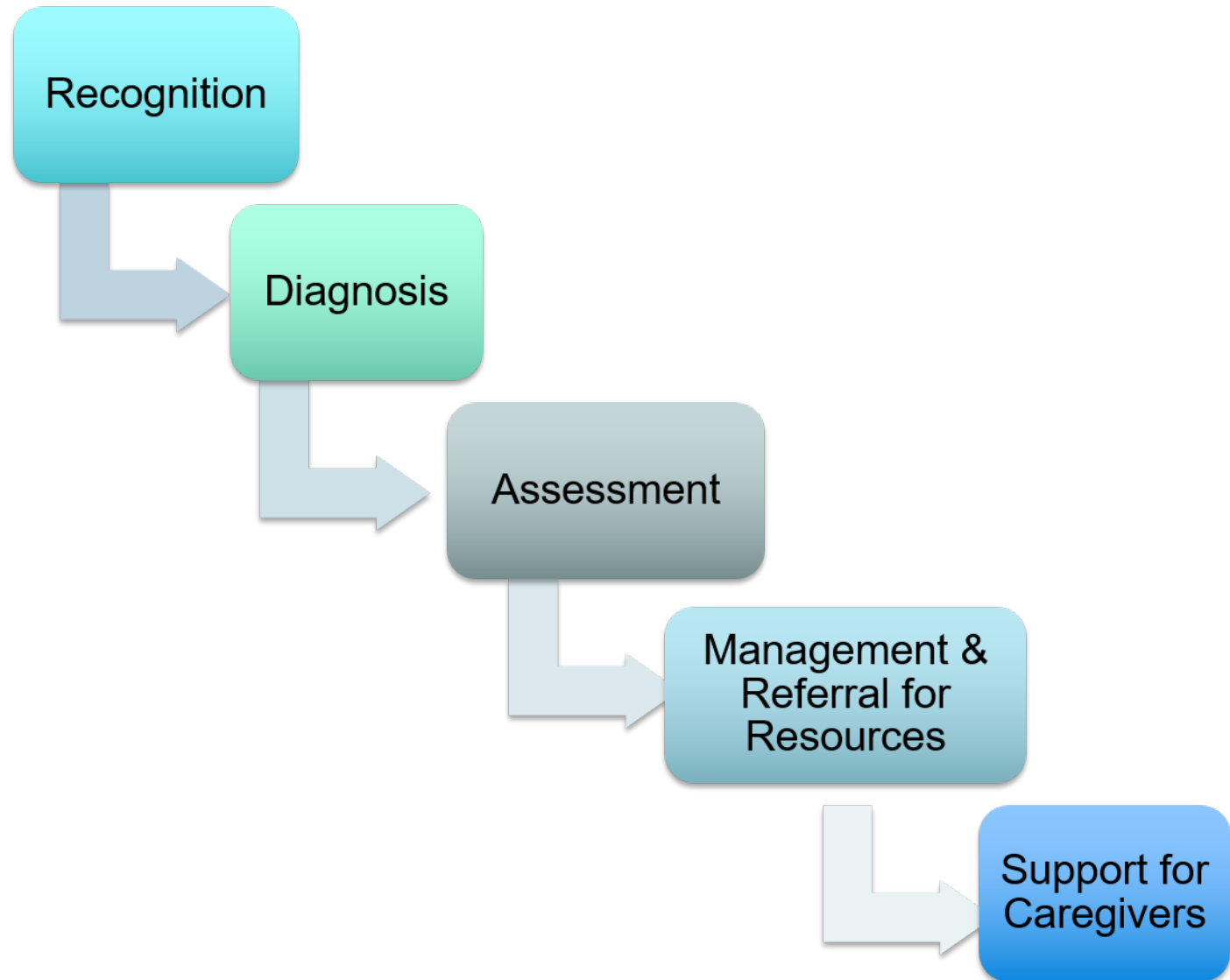
And we know that....

- 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

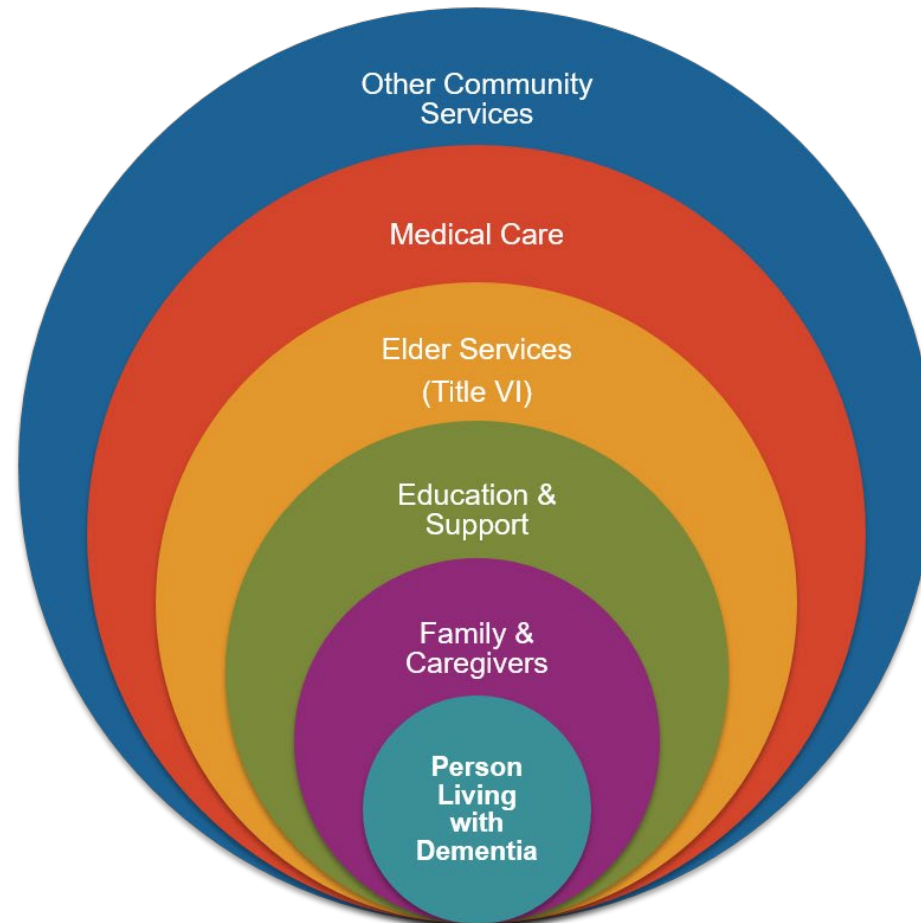
Brain Health = Heart Health

- **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



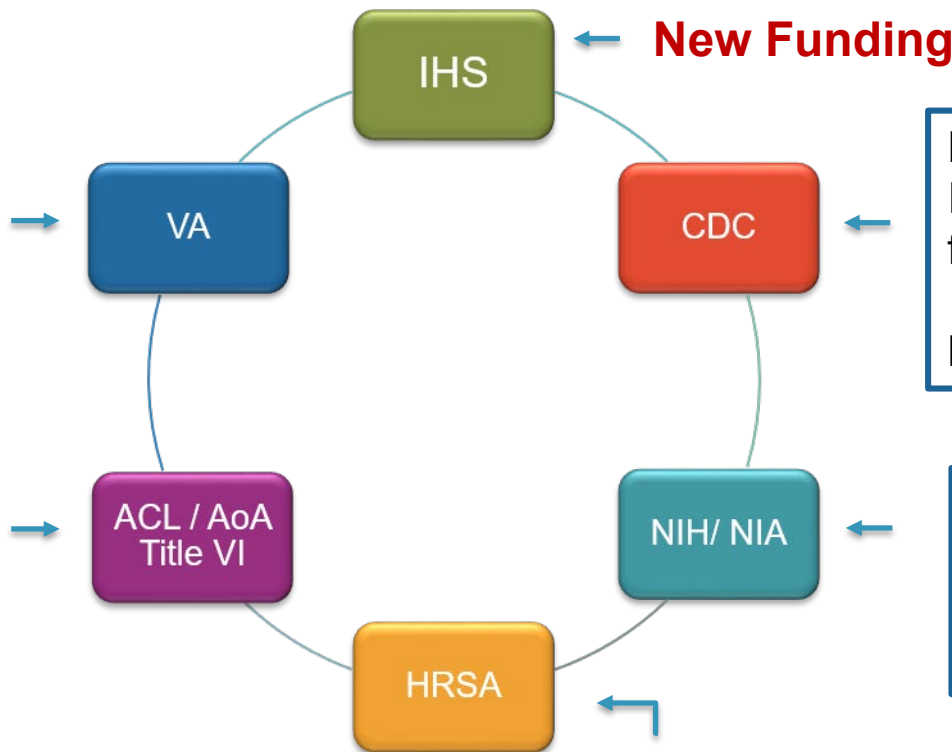
Priorities

- 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*



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



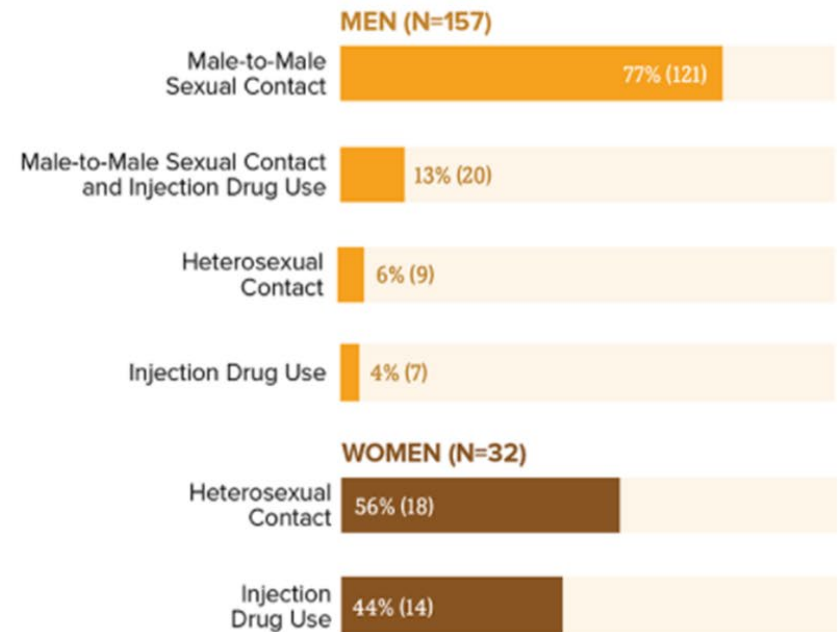
Program Overview

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

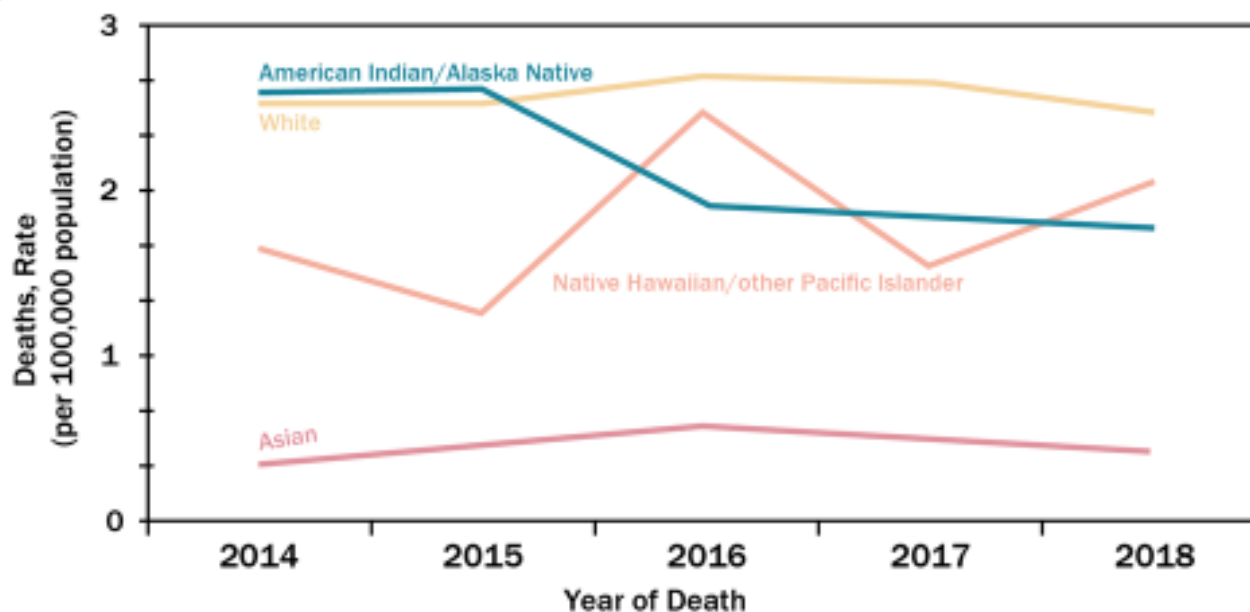
Most new HIV diagnoses were among AI/AN gay and bisexual men.



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

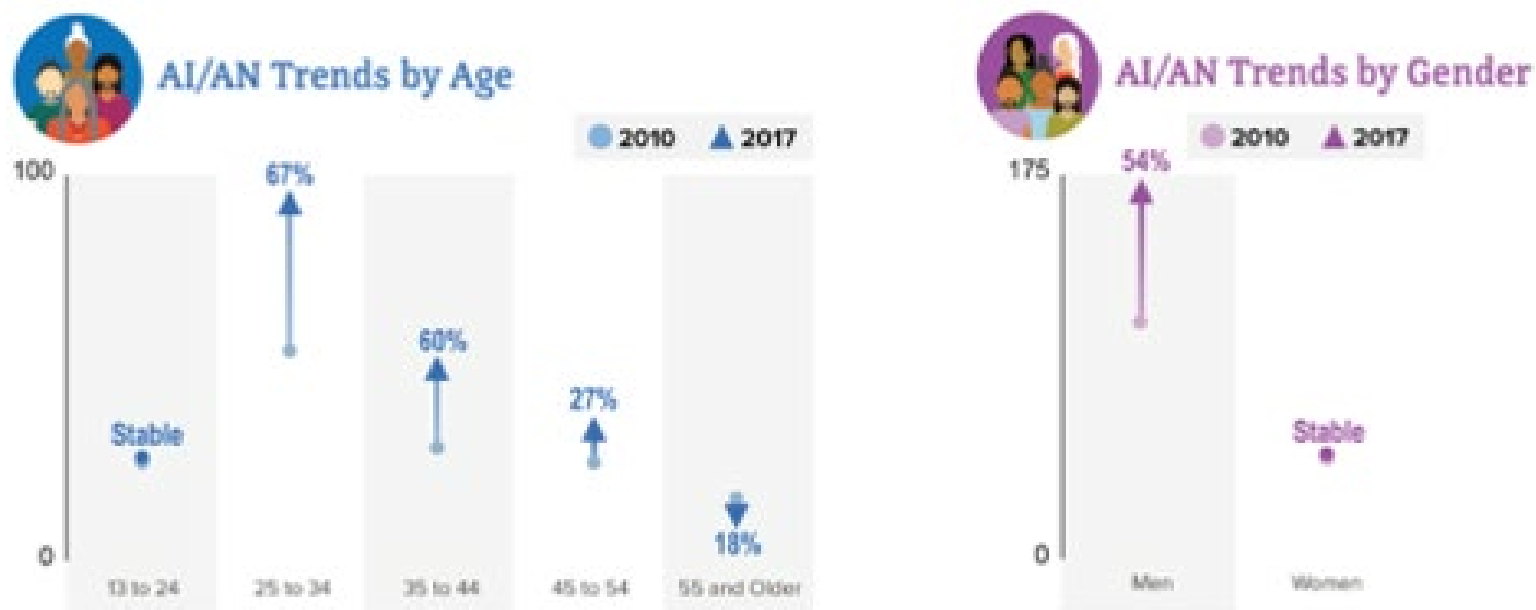
U.S. RATES OF DEATH (AI/AN)

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.

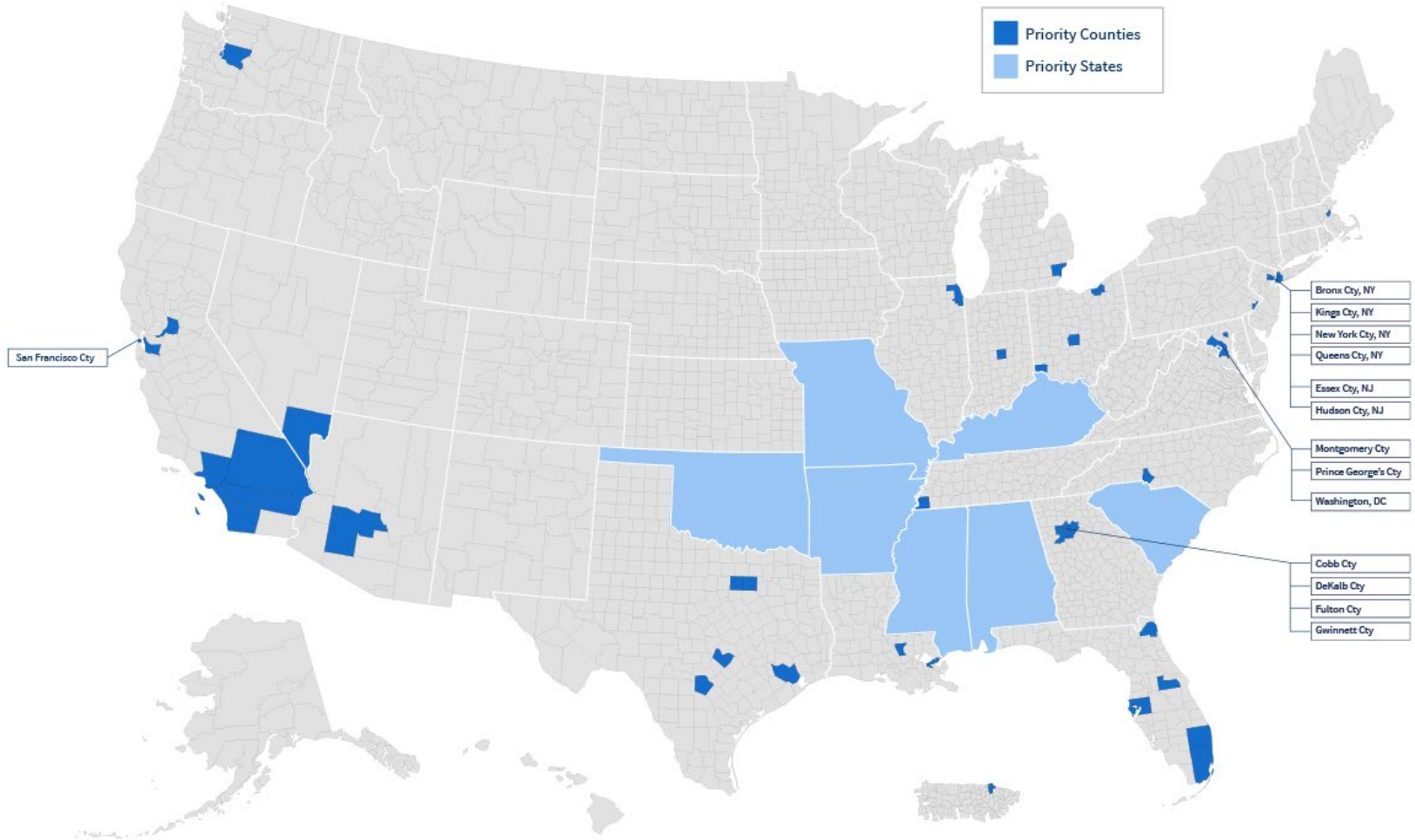
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Ending the HIV Epidemic

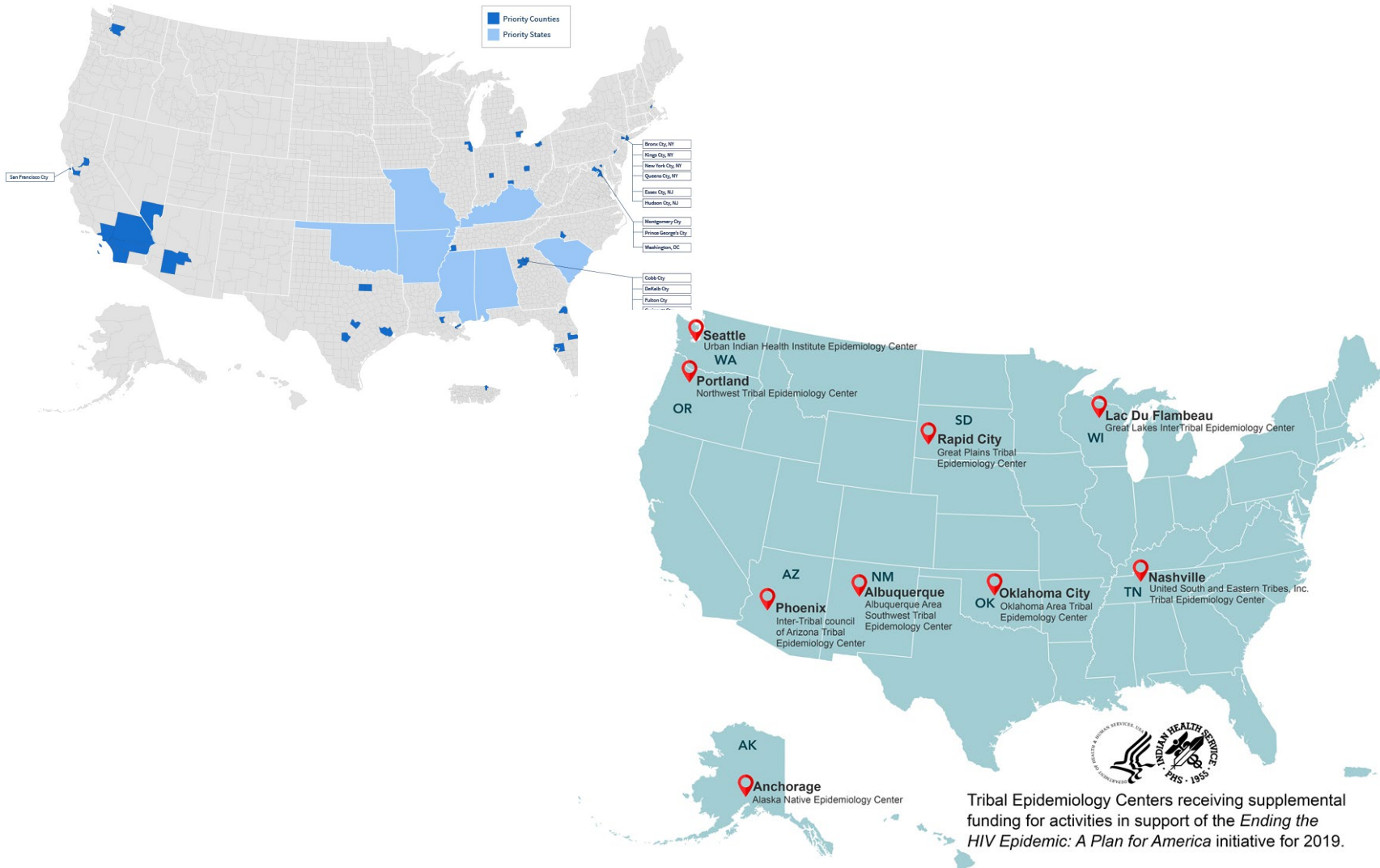
GOAL:

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

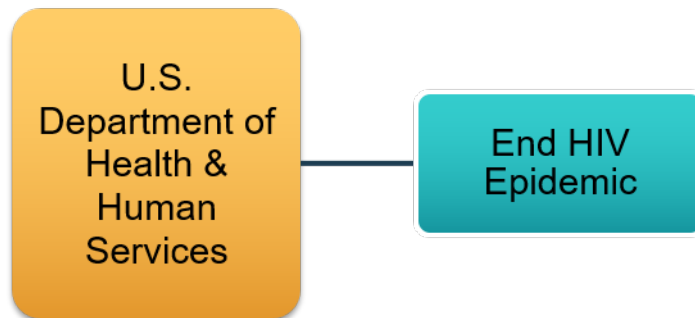
Progress has plateaued

Powerful HIV prevention and treatment tools are now available

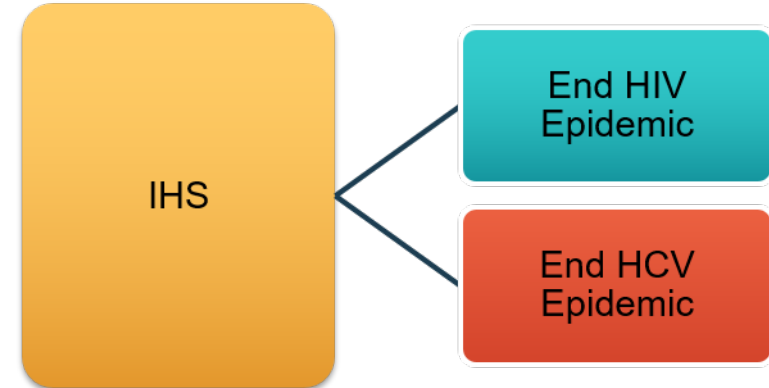
We can end HIV

National EHE & Indian Country EHE

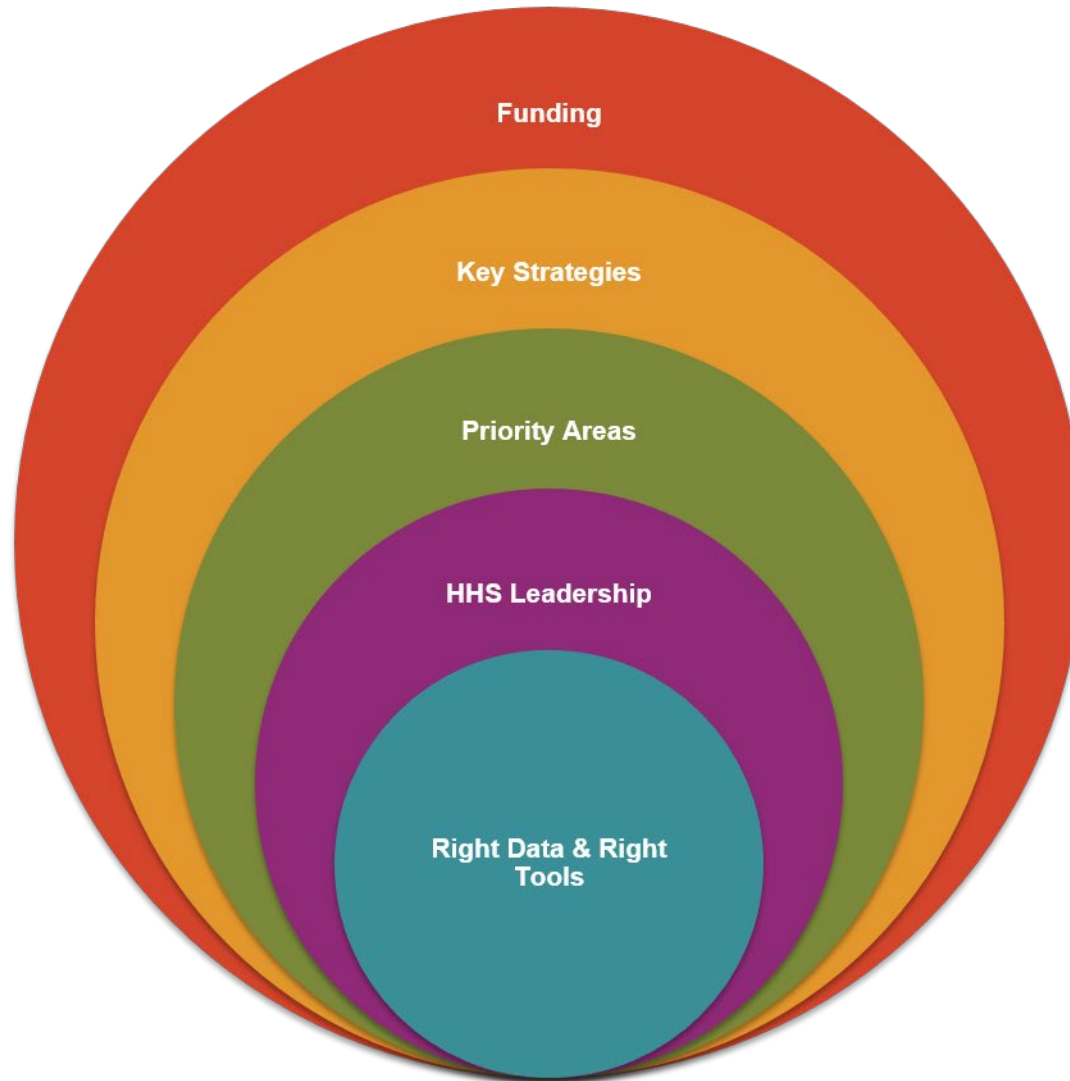
National EHE



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.

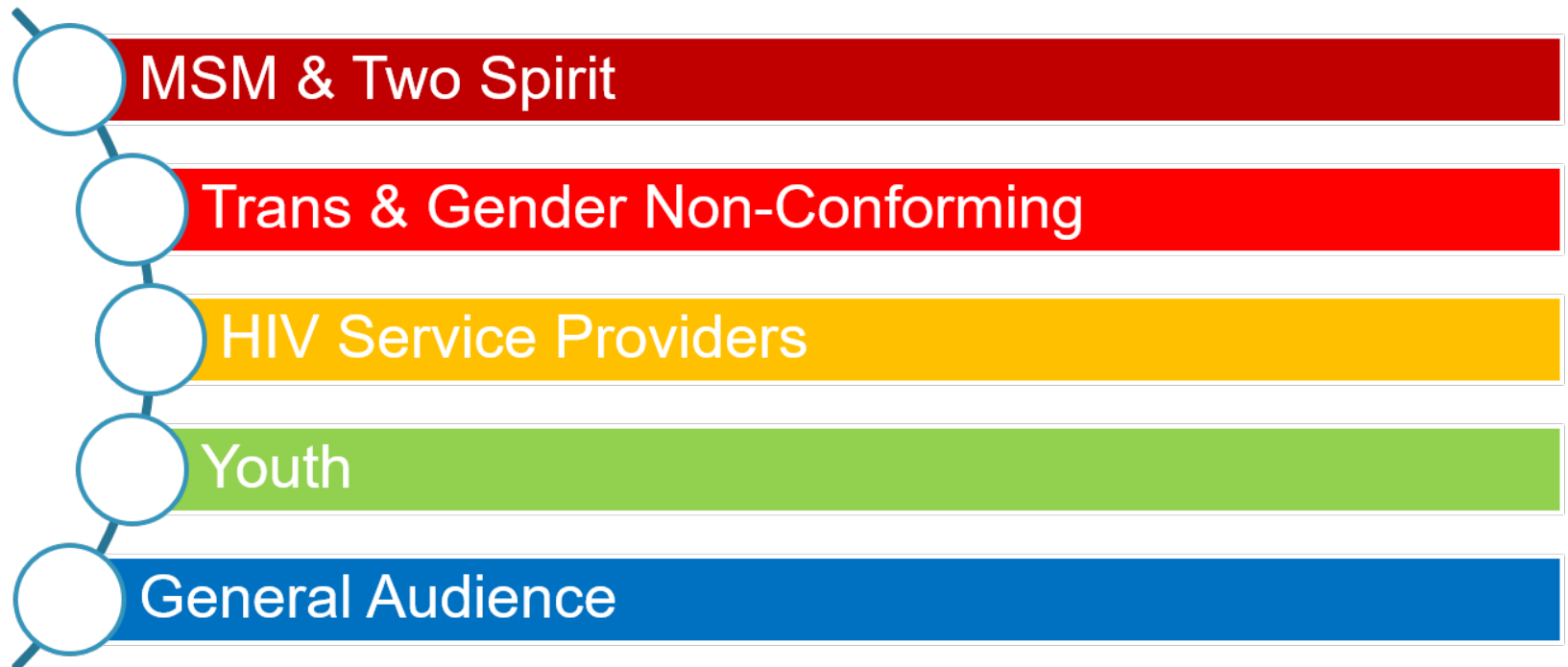




Tribal Listening Sessions & Engagement

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 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/