



# ALZHEIMER'S DISEASE AND DEMENTIA PROGRAM



## IHS, CDC, and Alzheimer's Association: New Research

Friends and colleagues,

The Indian Health Service (IHS) recently [released a study](#) in collaboration with the Centers for Disease Control and Prevention (CDC) and the Alzheimer's Association on dementia diagnostic rate estimates among American Indian and Alaska Native populations. This is the first study of Alzheimer's disease and related dementias (ADRD) among Native populations who receive medical care at IHS, tribal, and urban Indian organization programs or through Purchased/Referred Care.

**The top-line research finding is that 14% of American Indian and Alaska Native IHS patients with a dementia diagnosis had early-onset dementia (between the ages of 45 and 64) during the study period from 2016 through 2020.**

This emphasizes the importance of discussing the signs and symptoms of dementia with patients starting in middle age, especially for clinicians who work with IHS or American Indian and Alaska Native patients.

It's important for patients to know memory loss or trouble with thinking that disrupts their daily lives is not a normal part of aging. The data provides a baseline to assess future progress for IHS efforts addressing ADRD in Native communities.

You can read more below about the actions that IHS is taking, what actions you can take with the research, and other important talking points to consider.

Discover more [findings from this newly released research here](#).

## Actions IHS is Taking

The [IHS Alzheimer's Program](#) is working in partnership with IHS, tribal, and urban Indian health programs to improve care, services, and health outcomes for people living with dementia and those who care for them. Major efforts include:

- A recently awarded multi-year contract to develop and offer **competency-based dementia training and education** for various disciplines across the Indian health system.
- **Grants to tribal and urban Indian health programs** to develop comprehensive models of care addressing dementia in their tribes and communities.
- **Workforce development** through the [Geriatric Nurse Fellowship and Indian Health GeriScholars programs](#) and tailored training and educational offerings.
- **Partnership** with IHS [Community Health Representative](#) and [Dental Health](#) programs in recognition of cognitive impairment and with the IHS Division of Nursing in support of Geriatric Emergency Department Accreditation.
- Integration of **support for caregivers** as an essential component of care for the person living with dementia.
- **Collaboration with other federal agencies and with the Alzheimer's Association** to build support for IHS, tribal and urban Indian Health programs working to improve care and services for those living with dementia and those who care for them.



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## Actions You Can Take

- Share IHS, CDC, and other social media posts about the article in your social media channels or newsletters.
- Download the [research article](#) and talk with clinical providers in your community.
- Use the findings as a talking point in your community conversations, including Tribal and Urban Indian leadership.
- Explore the CDC's [Road Map for American Indian and Alaska Native communities](#) and



the suite of community resources to help, such as a planning guide, infographics, flyers and more.

- Download and share [this flyer](#) with clinical staff and patients from the International Association for Indigenous Aging about symptoms to watch for and talk with your healthcare provider about.
- Download and share [this flyer](#) with patients and community members from the National Institute on Aging about healthy lifestyle choices they can make to reduce their risk of dementia.
- Healthcare professionals can learn more about dementia risk reduction by visiting the [Alzheimer's Association webpage](#) on this topic.

## Other Important Points from the Research

- This study uses IHS clinical and payment data to understand rates of ADRD diagnosis in American Indian and Alaska Native people using IHS-funded services. It provides a valuable baseline for measurement over time and will enable us to see trends, assess efforts to improve the recognition and diagnosis of ADRD, and will guide and inform efforts to improve care and services.
- The diagnosis rates reported in this paper are not population-level estimates of ADRD prevalence and shouldn't be used for comparison with other reported prevalence rates.
- Regional rates reported in the study are useful as a baseline for the particular region but shouldn't be used to compare between regions.
- The study finds that 14% of IHS patients diagnosed with dementia, including Alzheimer's disease, were early-onset cases (between the ages of 45 and 64). In comparison, globally, only 9% of dementia patients have an early onset of the disease. This is an important area for further exploration.
- The results highlight the need for additional research on dementia in tribal communities to improve our understanding of its impact as a growing public health issue. The findings also support an increased need for outreach and culturally appropriate education about dementia, including Alzheimer's disease, for clinicians at IHS, Tribal, and Urban Indian Health facilities.
- Age is the greatest risk factor for dementia, including Alzheimer's disease. Other risk factors for dementia disproportionately impact American Indian and Alaska Native individuals compared to people of other races and ethnicities. These risk factors include diabetes, hypertension, obesity, alcohol misuse, commercial tobacco use, and depression. Memory loss is not a normal part of aging.