



ADVANCING EARLY DETECTION AND DIAGNOSIS

A HEALTHY BRAIN INITIATIVE ISSUE MAP

The *Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples* is a guide focused on addressing dementia in American Indian and Alaska Native (AI/AN) communities.

Find the HBI Road Map for AI/AN Peoples and additional tools, resources and data at: alz.org/HBIRoadMapAIAN

PUBLIC HEALTH AND EARLY DETECTION AND DIAGNOSIS

A strong public health response in secondary prevention focuses on reducing barriers to early detection and diagnosis. Secondary prevention is detecting diseases in the earliest stages before the onset of more severe symptoms. This includes early detection and diagnosis of mild cognitive impairment and dementia.

Early detection and diagnosis may slow the disease process by providing opportunities to access available treatments or clinical trials, or to engage in healthier behaviors. Early detection of cognitive issues also allows clinicians to identify potentially reversible or treatable causes, including vitamin deficiencies and medication side effects. Early detection and diagnosis can also reduce the financial and emotional impact by giving families more time to prepare, which can help protect the family and Elder from fraud, financial exploitation and abuse.^{1,2,3}

An example of public health action is providing tools and training to prepare families and caregivers to recognize and talk about the early signs of memory loss and thinking difficulties so they can seek diagnosis and resources earlier. This can allow family members experiencing memory and thinking problems to be supported and continue to live and thrive in their communities. It also involves training health care providers to support culturally centered, appropriate conversations about brain health and dementia, and accurately assess cognitive impairment. When detection and diagnosis happen earlier, there is more time to plan for the future with more opportunities for treatment or participation in clinical trials.

Compelling Data

- A study on dementia diagnostic rate estimates found that 14% of AI/AN Indian Health Service (IHS) patients with a dementia diagnosis had younger onset dementia (between the ages of 45 and 64) during the study period from 2016 through 2020. Globally, fewer than 10% of dementia cases are younger-onset.^{4,5}
- Data from the National Resource Center on Native American Aging give insight into urban Native Elders' views on their brain health:
 - » 13.9% of urban Native Elders survey respondents reported that confusion is getting worse or happening more often, and 20.5% reported memory loss is getting worse or happening more often.⁶
 - » However, very few urban Native Elders survey respondents said that they have been diagnosed with Alzheimer's disease (0.9%), dementia (1.3%), or other problems with memory or thinking (7.5%).⁶
- About two-thirds (65%) of AI/AN adults say that they know someone with Alzheimer's.⁷
- One in four (25%) AI/AN adults say that they are worried about developing Alzheimer's disease.⁷
- More than half (53%) of AI/AN adults believe that significant memory or cognitive losses are a normal part of aging.⁷
- AI/AN adults are twice as likely as White adults (9% compared with 4%) to say they would not see a doctor if experiencing thinking or memory problems.⁷

References

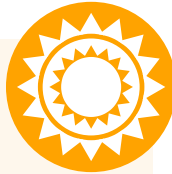
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EARLY DETECTION AND DIAGNOSIS ACTION AGENDA

The *Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples* offers actions to improve brain health throughout life. It promotes health equity by using a strength-based approach that honors the diverse AI/AN cultures and incorporates the indigenous determinants of health. Actions within each domain help tribes, nations, pueblos, bands, villages and urban Indian organizations advance early detection and diagnosis.



E DOMAIN: ENGAGE COMMUNITIES AND SHARE KNOWLEDGE



- E-II Work with local school systems to add brain health and dementia awareness content to learning plans.
- E-III Provide information on how to recognize signs of dementia and increase awareness of services, care, and social support for people living with dementia and their caregivers.



W DOMAIN: BUILD A REPRESENTATIVE AND SKILLED WORKFORCE



- W-I Provide ongoing training to health care providers to support culturally centered and appropriate conversations about brain health and dementia.
- W-II Provide training to community health and direct service workers who work in AI/AN communities about brain health and the ways dementia disproportionately impacts those they serve.



M DOMAIN: MEASURE, EVALUATE AND USE DATA



- M-I Support data sovereignty through local data collection to help plan, implement and evaluate programs and approaches for dementia and caregiving in AI/AN communities.
- M-II Encourage health care providers to assess for mild cognitive impairment and dementia, document in medical records and discuss findings with their patients.
- M-III Put data into action by sharing findings with AI/AN leaders, community members and organizations to help inform awareness efforts, resource needs, programs and policies.



P DOMAIN: STRENGTHEN POLICIES AND RELATIONSHIPS



- P-I Build relationships within and outside of the health and public health sectors to strengthen sustained commitments to brain health and its physical, mental, emotional and spiritual impacts across the life course.
- P-II Engage AI/AN leaders to increase awareness about the indigenous and social determinants of health associated with brain health, dementia and caregiving.
- P-III Equip AI/AN leaders with policy options to improve brain health across the life course and reduce stigma about dementia.

COMMUNITY IN ACTION: PUBLIC HEALTH ADVANCING EARLY DETECTION AND DIAGNOSIS

Northern Valley Indian Health, California

Northern Valley Indian Health (NVIH), a non-profit tribal organization serving five northern California counties, is dedicated to early dementia detection and diagnosis. As a grantee for the Indian Health Service's Community Health Representative Dementia Screening Special Initiative Pilot, NVIH initially launched an internal competition to encourage providers to assess Elders' cognitive function using the Mini-Cog® tool. While the competition has ended, their dementia awareness program coordinator continues to visit clinics weekly, engaging with providers to reinforce screening protocols, answer questions, and promote regular cognitive assessments.

Beyond workforce support, NVIH prioritizes patient-centered care. When a patient undergoes screening, they receive immediate feedback on their results. If cognitive decline is detected, NVIH ensures continuity of care by coordinating follow-up appointments, assisting with transportation services, and even accompanying patients

to medical visits to enhance understanding and adherence to treatment plans. The organization also assists patients and caregivers with financial planning and navigating available resources.

To further dementia awareness and education, NVIH developed the Brain Health Adventure Class, a four-week program designed to reduce stigma and inform the community. The class covers different types of dementia and risk reduction strategies, such as cooking healthy and traditional foods. NVIH also features culturally relevant materials, including the International Association for Indigenous Aging's Healthy Brain Rack Card.

Through these efforts, NVIH fosters early intervention, patient empowerment, and community education, ensuring that individuals affected by dementia receive the care and support they need while strengthening cultural connections to brain health.

In the *HBI: Road Map for AI/AN Peoples*, the image of a family by a river is used to illustrate prevention strategies at work in an AI/AN community. The story focuses on a woman moving through different phases of life. She begins healthy but then starts to show early signs of dementia and is ultimately diagnosed with Alzheimer's disease. Throughout her journey, she is supported by her family, community and culture.

In the second image, the woman is a grandmother, passing down stories to her grandchildren. She and her family have noticed changes in her memory and behavior and have talked about these changes with each other and with her doctor. While the family has found some of these conversations difficult and stressful, they are sure that being honest and proactive is the best way to support her and help her take advantage of available diagnostic and treatment services.

