



Photo courtesy MHA Nation

PROMOTING BRAIN HEALTH AND RISK REDUCTION

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, BRAIN HEALTH AND RISK REDUCTION

By supporting healthy environments that promote the indigenous determinants of health, public health primary prevention strategies can reduce the impact of chronic diseases, improve brain health in communities and support and respect the culture.

Risk reduction, also known as primary prevention, is intervening before health effects or conditions occur. Primary prevention strategies help overall health, including brain health, and reduce the risk of many conditions. A strong public health response in primary prevention focuses on supporting AI/AN community strengths to create opportunities for safe physical activity, increase access to healthy and traditional foods, and learning, practicing and teaching tribal languages.

The possible risk factors for dementia include:

- » Traumatic brain injury
- » Midlife hypertension
- » Midlife obesity
- » Diabetes
- » Physical inactivity
- » Smoking commercial cigarettes
- » Poor sleep quality
- » Poor nutrition
- » Depression
- » Hearing loss¹

Compelling Data:

- Age is the greatest risk factor for dementia.² There are nearly one million AI/AN people aged 65 and older.³ The number of AI/AN people aged 65 and older living with dementia is expected to increase from an estimated 27,000 in 2014 to a projected 156,000 in 2060.⁴
- Behavioral Risk Factor Surveillance System data show that 71.7% of AI/AN adults have at least one of five major risk factors for cognitive decline (diabetes, obesity, physical inactivity, hypertension or smoking).⁵
- The health disparities that AI/AN individuals experience are a result of numerous systemic inequities.⁶ This increases the risk that AI/AN older adults could experience signs of cognitive impairment sooner than other older adults in the U.S.⁷

Examples of successful public health programs to improve health and well-being in communities

Several public health efforts funded by Centers for Disease Control and Prevention and Indian Health Service specifically focus on the health and well-being of AI/AN communities. These programs address chronic disease and risk factors, use data and promote strengths in AI/AN communities in similar ways as the strategies proposed in the Road Map. Integrating brain health messaging into these already established programs and learning from their sustainability efforts can help accelerate the implementation of brain health programs and messaging. Here are a few examples:

- The Special Diabetes Program for Indians (SDPI)
- Racial and Ethnic Approaches to Community Health (REACH)
- Healthy Tribes:
 - » Good Health and Wellness in Indian Country
 - » Tribal Epidemiology Centers Public Health Infrastructure
 - » Tribal Practices for Wellness in Indian Country

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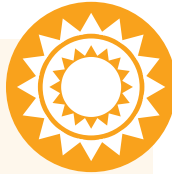
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BRAIN HEALTH AND RISK REDUCTION ACTION AGENDA

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 promote brain health and reduce the risk of cognitive decline.



E DOMAIN: ENGAGE COMMUNITIES AND SHARE KNOWLEDGE



- E-I Engage AI/AN communities to increase awareness and share knowledge about brain health across the life course.
- E-II Work with local school systems to add brain health and dementia awareness content to learning plans
- E-IV Ensure caregivers have information about their important roles and how to support their own health and well-being.



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-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.
- P-IV Build on existing AI/AN chronic disease, aging and disability programs and policies to include brain health.

COMMUNITY IN ACTION: PUBLIC HEALTH REDUCING RISK OF COGNITIVE DECLINE

Santo Domingo Pueblo, New Mexico

Efforts to address Alzheimer's disease and related dementias represent a growing area of focus for the Santo Domingo Pueblo. Community Health Representatives (CHRs) are dedicated to fostering trust within the community by providing essential resources that enhance overall health, safety, and well-being. Their outreach activities are designed to reduce harm, raise awareness, and ensure community members have access to the services necessary for improving their quality of life. This is accomplished through engaging tribal leadership, first responders and local social service organizations.

Working collaboratively, the CHRs integrate dementia risk reduction strategies into existing tribal programs, coordinating closely with the public health nurse and various tribal and community departments. This collaborative approach facilitates the implementation of activities specifically aimed at decreasing dementia risk among Elders and their families. Central to these initiatives are culturally meaningful cognitive engagement activities, such as jewelry-making and traditional crafts, which are vital for maintaining cognitive function and supporting mental wellness among Elders.

Educational sessions, developed with input from the community and, led by CHRs in collaboration with the public health nurse, provide community members with crucial information about dementia, emphasizing the biological aspects and underlying causes of cognitive decline. These interactive sessions offer practical strategies and actions community members can take to promote brain health. CHRs complement this education through personalized home visits, distributing dementia-specific materials provided by the Indian Health Service, Alzheimer's Association, and the International Association for Indigenous Aging, while offering tailored support to individuals at risk. Additionally, the public health nurse conducts training sessions designed to enhance provider and staff education and increase dementia awareness.

Through culturally relevant cognitive activities, focused educational outreach, strong support networks for families, and extensive community engagement, the Santo Domingo Pueblo's CHRs are significantly enhancing dementia awareness and effectively reducing associated risks within their community.

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 first image, the woman and her family are engaging in healthy activities while enjoying a picnic by the river. They are eating healthy traditional foods and actively teaching or learning new skills. The woman is teaching her child to fish. They are all engaged with their community, culture and nature supporting holistic health.

