

*This document represents the progress to create the next version of the Healthy Brain Initiative Road Map for Indian Country — to be renamed the Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples — as of May 2024.*

In fall 2023, the Alzheimer’s Association® and the Centers for Disease Control and Prevention (CDC) initiated the development of the second Healthy Brain Initiative (HBI) Road Map for Indian Country. The first-ever HBI Road Map for Indian Country was published in May 2019, to serve as a public health guide for American Indian and Alaska Native leaders to learn about dementia and start discussions throughout their communities. This second edition will be titled *Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples* and will follow the format of the fourth edition of the HBI Road Map for State and Local Public Health.

This new publication will build on the progress and momentum to date and guide professionals working with American Indian and Alaska Native peoples to advance the vision that everyone deserves a life with the healthiest brain possible. This progress update summarizes the Road Map development process and reflects changes that have been made since the conclusion of the open input period (described below) and the in-person meeting of the Leadership Committee.

## BROAD ENGAGEMENT

A key feature of the HBI Road Map Series development process is to engage multiple sectors and groups that will utilize the Road Map to identify priorities, inform strategy and support sustainable implementation and impact. Two methods are being used to engage, elicit input and foster collaboration from tribal leaders and communities.

**1. Leadership Committee Convenings.** In October 2023, the Alzheimer’s Association and CDC invited 19 experts and tribal leaders to join the Road Map for Indian Country Leadership Committee. The committee convened virtually in November to inform the open input period (see below) and again in-person in March 2024 to review the feedback and provide input on draft actions for the Road Map. The meetings provided an opportunity to share actions being taken to address brain health in tribal and urban communities and opportunities for the future. Committee members discussed a broad spectrum of significant dementia concerns and the role of public health in addressing these concerns. In-depth topics included national efforts that shape health care and data access, the role of caregivers and community members, workforce training needs and the importance and significance of the graphics and images used in the Road Map.

The Leadership Committee will provide guidance and direction throughout the development process. A final Leadership Committee meeting will occur in summer 2024. A list of the Leadership Committee members is provided at the end of this document.

**2. Listening Sessions and Open Input Period.** The Alzheimer’s Association invited feedback on the existing HBI Road Map for Indian Country from tribal and non-tribal public health organizations and individuals to inform the development of the second edition. The Association received input from 207 individuals through an online feedback form and virtual listening sessions hosted by Leadership Committee members.

## ESSENTIAL ELEMENTS OF THE ROAD MAP

During the in-person meeting, the Leadership Committee discussed essential elements of the Road Map, including actions for tribes and urban Indian health programs, national actions, the importance of a strength-based approach to this work, supplementary resources and terminology.

The HBI Road Map Series is organized in domains informed by the Essential Public Health Services. Leadership Committee members agreed that this Road Map will take the same approach with slightly changed domain names to reflect more appropriate terminology for tribal and urban communities:

1. Engage and Share Knowledge
2. Build a Diverse and Skilled Workforce
3. Measure, Evaluate and Use Data
4. Strengthen Policies and Relationships

They also determined that it is important for the document to have both actions for tribes and urban Indian health programs to take, as well as suggested national actions. Some actions may require little to no funding or staff; others may be more complex or ambitious actions for organizations with greater resources. Special effort will be made to use graphics and terminology that are relevant for American Indian and Alaska Native peoples.

The actions will consider [primary, secondary and tertiary prevention strategies](#) based on definitions used by CDC:

- » *Primary Prevention:* Intervening before health effects occur, through measures such as altering risky behaviors (e.g., poor eating habits, physical inactivity) and banning substances known to be associated with a disease or health condition.
- » *Secondary Prevention:* Detecting diseases in the earliest stages, before the onset of more severe symptoms.
- » *Tertiary Prevention:* Managing disease post diagnosis to minimize negative health and quality of life effects.

## STRENGTH-BASED APPROACH

The input period and the Leadership Committee emphasized the importance of using a strength-based approach for brain health among tribal and urban communities.

“Strength-based approaches to health and wellness in tribal communities are not new, but are embedded in diverse tribal best practices, established by systematic observation over centuries, that have been passed down orally from generation to generation.”

[-American Indian and Alaska Native Mental Health Research](#)

This document will strive to serve as an example of how data, success stories, actions and challenges can be framed from a strength-based perspective.

## SUPPLEMENTARY RESOURCES

As with the current HBI Road Map for Indian Country, examples of ways to implement actions will be included in the next edition. Success stories will also be shared to highlight real-world examples of how tribal and urban Indian uphealth organizations and communities are taking action on brain health.

## GLOSSARY

The Leadership Committee determined that the updated HBI Road Map should use the terminology of American Indian and Alaska Native peoples when referring broadly to tribal and urban populations because of the federal nature of the document and the significance of the relationship between tribes and the U.S. federal government. In addition, whenever possible, the HBI Road Map will refer to specific tribes to acknowledge the diversity and sovereignty of each tribe. The glossary will define these and other key terms critical to understanding and engaging in public health action to address brain health, dementia and caregiving.

## LEADERSHIP COMMITTEE

- » **Co-Chair: Carl V. Hill**, Ph.D., MPH, Chief Diversity, Equity & Inclusion Officer, Alzheimer's Association
- » **Co-Chair: Lisa C. McGuire**, Ph.D., Senior Health Scientist, Centers for Disease Control and Prevention
- » **Collette Adamsen**, Ph.D., MPA, (Turtle Mountain Band of Chippewa), Research Assistant Professor, Director of the National Resource Center on Native American Aging, University of North Dakota
- » **Ronny Bell**, Ph.D., M.S., (Lumbee), Fred Eshelman Distinguished Professor, Chair of Division of Pharmaceutical Outcomes and Policy, University of North Carolina at Chapel Hill
- » **Bill Benson**, President and Executive Director, International Association of Indigenous Aging
- » **Catherine Carrico**, Ph.D., Clinical Associate Professor, Associate Director, University of Wyoming Center on Aging
- » **Ryan Eagle** (Mandan, Hidatsa and Arikara Nation), Public Health Research Project Manager, American Indian Public Health Resource Center
- » **Abigail Echo-Hawk**, M.A., (Pawnee), Director of the Urban Indian Health Institute, Executive Vice President, Seattle Indian Health Board
- » **Bruce Finke**, M.D., Elder Health Consultant, Indian Health Service
- » **Will Funmaker**, MBA, MLT (ASCP)CM, (Ho-Chunk Nation), Director, Great Lakes Inter-Tribal Epidemiology Center
- » **R. Turner Goins**, Ph.D., Ambassador Jeanette Hyde Distinguished Professor, Western Carolina University
- » **R. Kim Hartwig**, M.D., (Nez Perce/Diné/Cowichan), Medical Director, Nimiipuu Health
- » **J. Neil Henderson**, Ph.D., (Choctaw), Professor Emeritus, University of Minnesota Medical School
- » **Cynthia LaCounte** (Turtle Mountain Band of Chippewa), Director of the Office of American Indian, Alaska Native and Native Hawaiian Programs, Administration for Community Living
- » **LaRita Laktonen-Ward**, MPH, (Alutiiq), Project Director for Good Health and Wellness in Indian Country Coordinating Center, Senior Program Manager, Alaska Native Tribal Health Consortium
- » **Jessica Lewandowski**, MBA, (Cherokee Nation), Patient Experience Manager, Cherokee Nation Health Services
- » **Jordan P. Lewis**, Ph.D., MSW, (Aleut, Native Village of Naknek), Associate Director of the Memory Keepers Medical Discovery Team, Professor, University of Minnesota
- » **Twila Martin Kekahbah**, M.Ed, (Turtle Mountain Band of Chippewa), TMK Independent Contractor
- » **Julianna Reece**, M.D., MPH, MBA, (Diné/Navajo), Director of the Healthy Tribes Program, Centers for Disease Control and Prevention
- » **Billie Tohee** (Otoe-Missouria), Executive Director, National Indian Council on Aging
- » **Chandra Wilson**, MSW, (Modoc/Klamath/Yahooskin), Project Director, Northwest Portland Area Indian Health Board

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