



ADVANCING HEALTH EQUITY

A HEALTHY BRAIN INITIATIVE ISSUE MAP

The *Healthy Brain Initiative: State and Local Road Map for Public Health, 2023–2027* is a guidebook for state and local public health practitioners to address brain health and caregiving in their communities, advance health equity, and fully integrate cognitive health into public health practice.

Find the HBI Road Map and additional tools, resources and data at:
alz.org/HBIRoadMap and cdc.gov/aging



PUBLIC HEALTH AND AND HEALTH EQUITY

Health equity is defined as the attainment of the highest level of health for all people.^{1,2} Public health departments are increasingly focusing on equity and partnering across sectors to address systemic injustices. Health inequities persist with Alzheimer's disease and other dementias — including in the prevalence, diagnosis and treatment of the disease along with access to community-based support services — as well as in caregiving.

When public health addresses health inequities and the impact of dementia, it is critical to note the role of intersectionality — multiple overlapping factors such as race, class, income, education, age, disability status, sexual orientation, immigration status, ethnicity, indigeneity and geography.³ For example, someone who identifies as Black and a woman may experience different health inequities than someone who identifies as a Black man or a White woman. All dimensions of people and their communities must be considered.

Social determinants of health contribute to inequities. In addition to increasing the risk of health conditions, some of which may be risk factors for dementia, exposure to some social determinants of health is associated with an increased risk of dementia and may affect the health and well-being of people living with dementia and their caregivers.

COMPELLING DATA

Race and Ethnicity

- » More than one-third of people who identify as Black (36%), and nearly one-fifth of people who identify as Hispanic (18%) or Asian (19%), believe discrimination would be a barrier to receiving Alzheimer's care.⁴
- » Forty-nine percent of people who are American Indian/Alaska Native say that they have access to culturally competent providers.⁵ Discrimination affects access to care and support services, trust in providers and the health care system, and participation in clinical trials and research.⁵

- » Exposure to interpersonal and structural racism for Black adults is associated with lower memory scores.⁶ Experiences of racial micro-macroaggressions are associated with depression, anxiety and poorer sleep quality, all of which have been associated with cognitive decline.^{7,8}

Sexual Orientation and Gender Identity

- » LGBTQ+ (lesbian, gay, bisexual, transgender, queer) older adults are disproportionately affected by stigma as they age, exacerbating existing challenges in accessing aging and support services and upholding barriers to receiving care for Alzheimer's or other dementias.⁹
- » One in four LGBTQ+ adults aged 60 and older reported subjective cognitive decline, which may be associated with developing dementia. Having depressive symptoms, functional impairment and identifying as a racial/ethnic minority were also associated with subjective cognitive decline among this group of LGBTQ+ people.¹⁰

Intellectual and Developmental Disability

- » Adults with Down syndrome, an intellectual disability, develop Alzheimer's at a greater rate and at an earlier age than other adults.^{4,11,12} Adults with Down syndrome age prematurely and generally experience onset of dementia symptoms at an average age of 53.¹³
- » Delay in the diagnosis of Alzheimer's disease among people with intellectual disabilities often results in delayed treatment, resulting in a reduced therapeutic window for effective intervention.¹¹

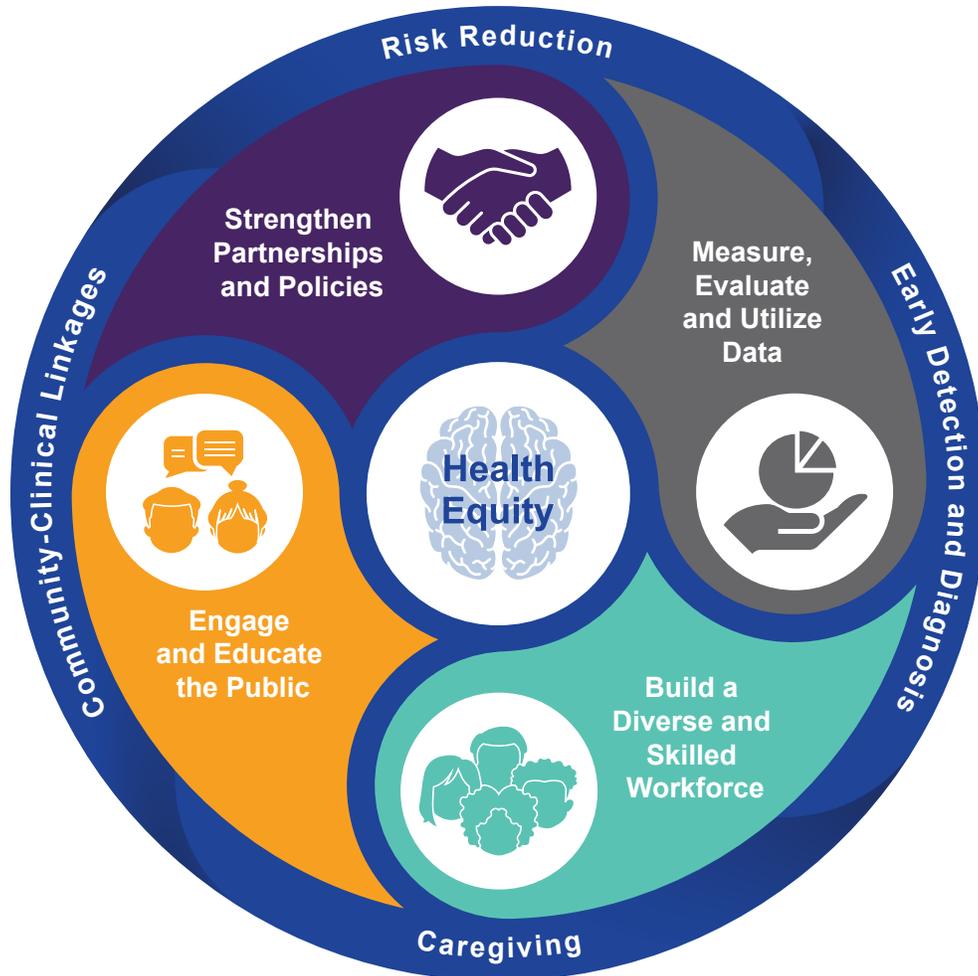
References

1. Alzheimer's Association. Alzheimer's Association Inclusive Language and References Lexicon Guide. Chicago, IL: Alzheimer's Association; 2022. https://www.alz.org/media/Documents/AA-Language-Guide_August-2023.pdf
2. Centers for Disease Control and Prevention. CDC's Health Equity Guiding Principles for Inclusive Communication. 2021. Available from: https://www.cdc.gov/healthcommunication/Health_Equity.html
3. Alzheimer's Association. 2023 Alzheimer's disease facts and figures. *Alzheimers Dement*.2023;19(4):1109–1695. doi:10.1002/alz.13016
4. Alzheimer's Association. 2021 Alzheimer's disease facts and figures. *Alzheimers Dement*.2021;17(3):327–406. doi:10.1002/alz.12328
5. Alzheimer's Association. Native Americans and Alzheimer's. 2022. Available from: <https://alz.org/help-support/resources/native-americans>
6. Coogan P, Schon Ka, Li S, et al. Experiences of racism and subjective cognitive function in African American women. *Alzheimers Dement (Amst)*. 2020;12(1):e12067. doi:10.1002/dad2.12067
7. Berger M, Sarnyai Z. "More than skin deep": Stress neurobiology and mental health consequences of racial discrimination. *Stress*. 2015;18(1):1–10. doi:10.3109/10253890.2014.989204
8. Bethea TN, Zhou ES, Schernhammer ES, et al. Perceived racial discrimination and risk of insomnia among middle-aged and elderly Black women. *Sleep*. 2020;43(1):zsz208. doi:10.1093/sleep/zsz208
9. Alzheimer's Association and SAGE. Issues Brief: LGBT and Dementia. 2018. <https://www.alz.org/media/documents/lgbt-dementia-issues-brief.pdf>
10. Flatt JD, Johnson JK, Karpiaq SE, et al. Correlates of subjective cognitive decline in lesbian, gay, bisexual, and transgender older adults. *J Alzheimers Dis*. 2018;64(1):91–102. doi:10.3233/JAD-171061
11. Gordon K, McGinn-Shapiro M, Gould E, et al. IDD and Dementia: Report. Washington, DC: RTI International; 2015. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/55391/IDDandDementia.pdf
12. Ball SL, Holland AJ, Treppner P, et al. Executive dysfunction and its association with personality and behaviour changes in the development of Alzheimer's disease in adults with Down syndrome and mild to moderate learning disabilities. *Br J Clin Psychol*. 2008;47(1):1–9. doi:10.1348/014466507X230967
13. Fortea J, Vilaplana E, Carmona-Iragui M, et al. Further understanding the connection between Alzheimer's disease and Down syndrome. *Lancet*. 2020;395(10242):1988–1997

HEALTH EQUITY ACTION AGENDA

The framework of the Healthy Brain Initiative (HBI) Road Map, built on the 10 Essential Public Health Services (EPHS) and Public Health 3.0, consists of four domains that encompass one or more of the essential services. As demonstrated by the EPHS, health equity must remain a central component to achieving success in these domains — thus its prominent place at the framework’s core and its integration into all actions across the four domains.

Conceptual Framework for the Healthy Brain Initiative Road Map



PUBLIC HEALTH EXPERTISE TO ADVANCE EQUITY

The [Healthy Brain Initiative \(HBI\) Collaborative](#) is a multi-component approach that aims to fully integrate cognitive health into public health practice, reducing the risk and impact of Alzheimer’s and other dementias. Membership includes the Centers for Disease Control and Prevention and organizations funded to implement the national HBI strategy and BOLD Public Health Centers of Excellence. Each issue map features different HBI Collaborative members.

National Healthy Brain Initiative Awardees — Component B

International Association for Indigenous Aging (IA²)

IA² serves as a national hub for Alzheimer’s disease and related dementias



(ADRD) information and resources serving Indian country. IA² provides training, technical assistance and resources for tribes, tribal leadership, health care and public health staff, Urban Indian Health Centers and

organizations, and tribal elder services advocates across the country. Activities are designed to advance community engagement and help build capacity among tribes and tribal member-serving organizations, promote healthy cognitive aging strategies across the lifespan, and foster dementia-capable tribal communities.

IA²’s project addresses two strategies and eight action items from the Road Map for Indian Country, taking a multidisciplinary public health approach. It identifies and

features culturally relevant activities to address Native disparities in the burden of ADRD. IA² offers a website housing various brain health materials and a growing brain health resource library as well as a monthly newsletter and printing stipends for organizations serving American Indian and Alaska Native communities.

Website: iasquared.org
Email: Admin@iasquared.org

UsAgainstAlzheimer's

The Center for Brain Health Equity leverages UsAgainstAlzheimer's



(UsA2) deep expertise around issues of equity and national network of community partners to work collaboratively to improve our nation's ability to respond to the growing prevalence of dementia among African American and Latino who, by 2030, will make up 40% of those with Alzheimer's in the United States.

Given the increased risk due to shifting age and population demographics, it is critical to develop and enhance strategies to expand awareness of the importance of protecting one's cognitive health. Key to this strategy is finding better ways to engage and mobilize these highly impacted communities — and the organizations and providers that serve them — by developing and disseminating accessible, culturally-tailored and scientifically-based information on Alzheimer's disease and related dementias, especially around prevention and risk modification, early detection, and medical intervention. To do this, the Center focuses on minority-identified and minority-serving health providers and systems, with a special focus on certified nurses and nurse professionals; and on Latino and African American people aged 30 to 75 years.

Serving as a hub for the development, assessment, dissemination and coordination of tailored brain health messages, education and scientifically-based resources, the Center leverages the voices and experience of trusted community health care providers and ambassadors through its recently created [Brain Health Equity Nurse Fellowship](#) and coordination with the [UsA2 Brain Health](#)

[Academy](#)[™]. You can find many of the Center's tailored resources on their [website](#).

Website: usagainstalzheimer.org
Email: SMonroe@UsAgainstAlzheimer.org

University of Illinois Chicago

The University of Illinois Chicago's Healthy Brain Initiative for People with Intellectual and Developmental Disabilities supports people with intellectual and developmental disability (IDD) who have a high burden of Alzheimer's disease and related dementias (ARD). Through a partnership with the 1) [HealthMatters™ Program](#), 2) [National Task Group on Intellectual Disabilities and Dementia Practices \(NTG\)](#), and 3) [ENGAGE-IL](#), we provide training, education, and dissemination of brain health resources. Dissemination includes people with IDD and their supports, along with health care and public health professionals. Cross-cutting efforts with companion Component B projects and BOLD Centers of Excellence bridge disability, aging and health justice within the agenda as well as products within the National HBI network.



HBI activities aim to 1) educate and empower people with IDD (with and without dementia) and their supports (paid and unpaid caregivers) about brain health; 2) mobilize partnerships to implement the Road Map and increase number of people reached; and 3) embed evaluation into training and support programs to determine program accessibility, affordability, effectiveness, and impact.

HBI resources provide opportunities to improve health care and health outcomes for individuals with IDD where they live, work, learn and play. Also available are universally designed community living options for people with IDD, including those with and without dementia; resources, articles and presentations/posters; and assistance in producing public health educational materials supporting people with IDD.

Website: healthmattersprogram.org/healthybrain
Email: bmmarks1@uic.edu

Stigma is a negative social attitude and social disapproval that can lead unfairly to discrimination against an identifiable group of people, a place or a nation. It is associated with a lack of knowledge, a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths.

Systemic inequities are systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences.