



HEALTHYBRAIN INITIATIVE

The Road Map for Indian Country

Starting Conversations about Dementia in Indian Country: A Public Health Road Map

July 29, 2019

National Alzheimer's Project Act Advisory Council Meeting

Bridging
the

Biomedical Research

Public Health
CDC

Community Services

GAP



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Road Map for Indian Country

What is the Public Health Approach?



One at a time



Many at a time

“Public Health” Strategies

Work across a community for the health/well-being of **populations**

- All ages, stages of life
- Upstream: improve health & prevent disease, disability



Speakers



Blythe Winchester, MD, MPH, CMD

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**HEALTHYBRAIN
INITIATIVE** *Road Map for Indian Country*

National Alzheimer's Project Act

7/29/19

Blythe Winchester, MD, MPH, CMD

Eastern Band Cherokee

Geriatrician, Cherokee Indian Hospital

Certified Medical Director, Tsali Care Center

Chief Clinical Consultant, Geriatrics and

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Objectives

- Provide a brief snapshot of Indian Country with a focus on diversity, culture, and traditions
- Overview of dementia and caregiving in Indian Country
- Examples/case studies from my clinical experience to illustrate the issue in Indian Country



AIAN Elders

- The non-Hispanic American Indian and Native Alaskan older population was 231,482 in 2014, and is projected to grow to more than 630,000 by 2060
- Almost twice as many AI/ANs ages 50 and over are uninsured as are people of the same age in the US population
- Close to 22 percent of AI/ANs ages 50 and over receive care from the Indian Health Service (IHS)
- ***American Indians and Alaska Natives born today have a life expectancy that is 5.5 years less than the U.S. all races population (73.0 years to 78.5 years, respectively).***



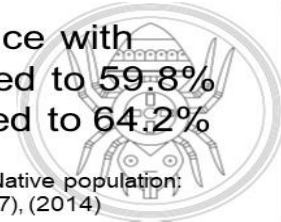
IHS updated April 2018 <https://www.ihs.gov/newsroom/factsheets/disparities/>
ACL <https://acl.gov/aging-and-disability-in-america/data-and-research/minority-aging>

Demographics/Epidemiology

- 5.2 million US residents AIAN, another 527,077 Native Hawaiian
- 2010- US Census estimated 37.1% AIAN and 26.7 % NHOPI (Native Hawaiians and other Pacific Islanders) were living alone
- 22% AIAN and NHPOI reported depressed mood much of the time in past year compared to 11.7% white elders
- Lower levels of cancer screening, esp for colorectal cancer
 - 2010 data: 49.5% AIAN were in compliance with colorectal cancer screening recs compared to 59.8% whites. 55.8% Native Hawaiians compared to 64.2%

US census bureau <https://www.census.gov/>

Patrick M. Lynch, Colorectal cancer screening in the American Indian/Alaska Native population: Progress and at least one new challenge, *Cancer*, 120, 20, (3105-3107), (2014)

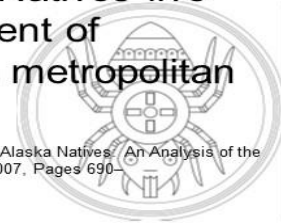


Demographics/Epidemiology

- AI/ANs have the highest prevalence of CVD of any racial or ethnic group
- AI/ANs experience high rates of disability, especially compared to Whites
- Heart disease, cancer, unintentional injuries, and diabetes are leading causes of American Indian and Alaska Native deaths (2009-2011)
- 22 percent of American Indians and Alaska Natives live on reservations or other trust lands. 60 percent of American Indians and Alaska Natives live in metropolitan areas

R. Turner Goins, Margaret Moss, Dedra Buchwald, Jack M. Guralnik; Disability Among Older American Indians and Alaska Natives: An Analysis of the 2000 Census Public Use Microdata Sample, *The Gerontologist*, Volume 47, Issue 5, 1 October 2007, Pages 690-696, <https://doi.org/10.1093/geront/47.5.690>

IHS <https://www.ihs.gov/newsroom/factsheets/disparities/>





Cultural considerations

- Language
- Historical experience: The number of Native American children in the boarding schools reached a peak in the 1970s, with an estimated enrollment of 60,000 in 1973
- Use of traditional indian medicine
- Framing and context for illness understanding



Historical experiences of elders

1900-1920	1920-1940	1940-1960	1960-1980	1980-Present
Reservations	Citizenship	World War II Service	Vietnam War	Education of Professionals
“Vanishing America”	Adoption of Indian Children by Whites	Relocation by BIA to Urban Areas	Indian Activism	Litigation
Forced Boarding Schools	Loss of Land by Allotment System	Forced Assimilation	Urbanization for Education & Jobs	Urban Pan-Indianism
Law Banned Spiritual Practices	Boarding Schools			Reservation Gaming

Source: Hendrix, L. in Yeo et al. (Eds.) 1998



Caregiving

Cultural considerations:

- Framing
- Many more caregivers involved
- Matriarchy
- Social situations at home
- Abuse





photo Leslie Lossiah

Examples

- Little people, boogers- hallucinations or tradition?
- “that’s just normal aging”- turnover and unfamiliar relationships in clinics
- Patients going to council members to seek additional assistance for dementia care



Developing the New Road Map for Indian Country

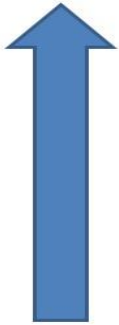
*Molly French, MS
Director of Public Health
Alzheimer's Association*



Tools?



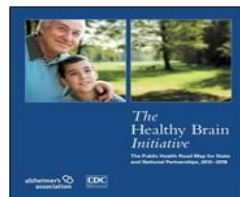
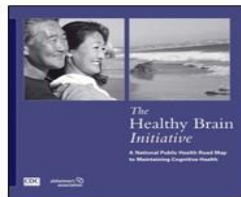
Take-Aways



1. Rising interest
2. Solutions from within
3. Strengths-based strategies

Healthy Brain Initiative (HBI) Road Maps

- Help public health leaders understand their role
- Offer public health strategies to promote brain health, address dementia, and help support caregivers



Need for 2 Road Maps

A separate, parallel document for Indian Country that:

- Embraces the unique strengths, priorities, and practices of Indian Country
- Fits with existing health and public health foundations



State and Local HBI Road Map

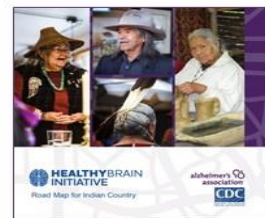


HBI Road Map for Indian Country

Building the Road Map

Input gathered from:

- Regional tribal health boards and members
- Tribal health leaders
- Tribal aging service leaders
- Tribal government officials
- Other experts



HBI Road Map for Indian Country

Advice & Expertise & Collaboration

Indian Health Service
International Association for Indigenous Aging (IA²)
National Indian Health Board (NIHB)
Alzheimer's Association
Centers for Disease Control and Prevention
Association of State and Territorial Health Officials
Healthy Brain Research Network
Administration for Community Living
Centers for Medicare & Medicaid Services
National Institute on Aging

And many more.....**Thank You!**



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INITIATIVE *Road Map for Indian Country*

Alzheimer's Association & IA² **Listening and Learning**

2 Virtual Listening Sessions

- Tribal Health Directors
 - 12 Regions, 500+ invitations
- Tribal Senior Program (Title VI) Directors
 - Invitations through Admin. for Comm. Living

**40+ tribal leaders and experts offered
written suggestions and comments**



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Themes

- Knowledge, awareness of dementia varies
- Complex, changing context



Recommendations

- Involve tribal leadership in planning
- Local leaders know best ways to reach and serve their members



St. Regis Mohawk Nation

Networking
& finding
examples

- Community support assist tribal members with dementia and their caregivers
- Alzheimer's Navigator delivers education and coordinate support groups
- Other services: respite care, transportation, caregiver training



Alzheimer's Association & NIHB
Listening and Learning

Virtual Input Session on Graphic Design

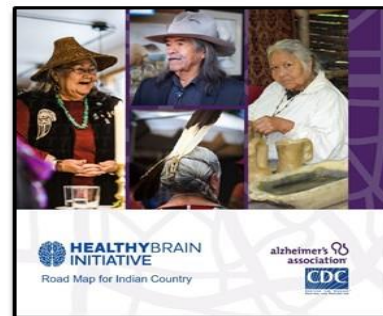
- Motifs, photos, layout, etc.

Invited written suggestions and comments

Road Map Intent

Conversation starter
Prompt local planning
Encourage:

- Public health strategies
- Work across and between generations for the good of all

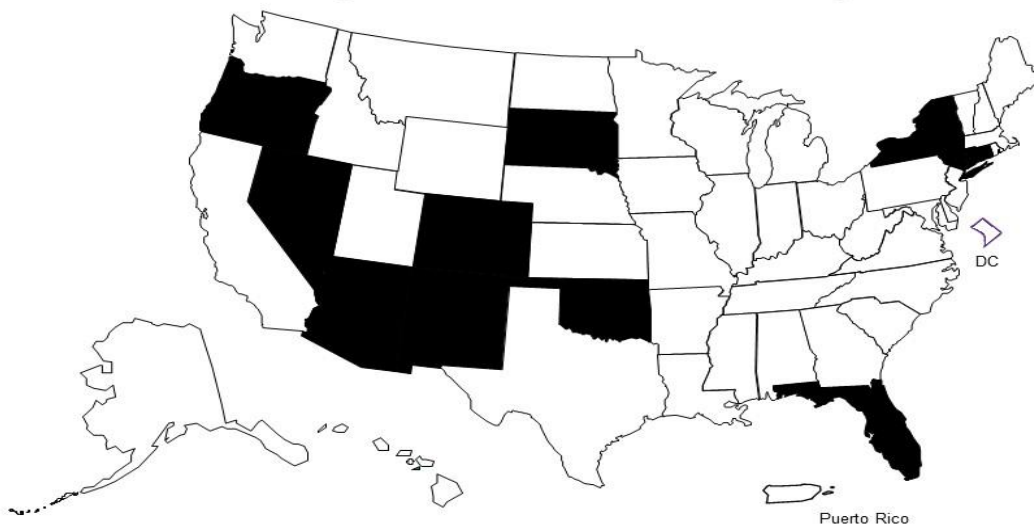


Road Map Strategies

- Educate and empower community members
- Collect and use data
- Strengthen the workforce



Partnering with AI/AN Communities Chapter Innovation Group



Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act (P.L. 115-406)



Establishes Alzheimer's Centers of Excellence



Provides funding for state, **tribal**, and local public health departments across the country



Increases data analysis and timely reporting

alz.org/PublicHealth/IndianCountry

Find:

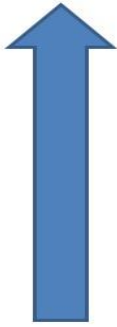
- Road Map for Indian Country
- Tools & examples to help you use it
- Data
- More info about key issues



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Conclusions



1. Rising interest
2. Solutions from within
3. Strengths-based strategies

Prevalence and Incidence of Dementia in American Indians and Alaska Natives

“Reliable data on the prevalence or incidence of dementia among populations who identify themselves as American Indian or Alaska Native in the United States are nonexistent.”

“...only a few researchers have attempted to study cognitive status among small samples of American Indian elders, none of which provided prevalence or incidence estimates”

- Mehta and Yeo Epub 2016

Systematic review of dementia prevalence and incidence in United States race/ethnic populations. Mehta KM, Yeo GW. *Alzheimers Dement.* 2017 Jan; 13(1):72-83. Epub 2016 Sep 4.

Kaiser Permanente Northern California Dementia Incidence Rates 2000-2013

- KNPC members enrolled and 60 years and older as of 1/1/96
- KNPC seniors (65 years and older) are similar to general population of seniors in Northern CA: hx chronic conditions, lifestyle factors, and patterns of racial inequality (CHIS data)
- No dementia diagnosis as of 1/1/2000
- Incident cases between 1/1/2000 and 12/31/2013.

Not a population-based study
Self-identified AI/AN

Inequalities in dementia incidence between six racial and ethnic groups over 14 years. Alzheimers Dement. 2016 Mar;12(3):216-24.. Epub 2016 Feb 11.

Kaiser Permanente Northern California Dementia Incidence Rates 2000-2013

Incidence among self-identified American Indians and Alaska Natives is second only to incidence among African-Americans

Race / Ethnicity	Age-adjusted Incidence Rate/1000 person-years (95% CI)	Hazard Ratio
African-American	26.60 (25.83-27.37)	1.73 - 1.65
American Indian / Alaska Native	22.18 (20.85-23.52)	1.32 - 1.43
Latino	19.59 (18.97-20.20)	1.24 - 1.29
Pacific Islander	19.63 (14.51-24.75)	1.23 - 1.28
White	19.35 (19.16-19.54)	1.22 - 1.25
Asian-American	15.24 (14.73-15.74)	1.00 (reference)

Inequalities in dementia incidence between six racial and ethnic groups over 14 years. Alzheimers Dement. 2016 Mar;12(3):216-24.. Epub 2016 Feb 11.

Prevalence of Dementia in First Nations of Alberta 1998-2009

- Aggregate data from Alberta Health and Wellness
- Physician-treated dementia
- Age-adjusted Prevalence

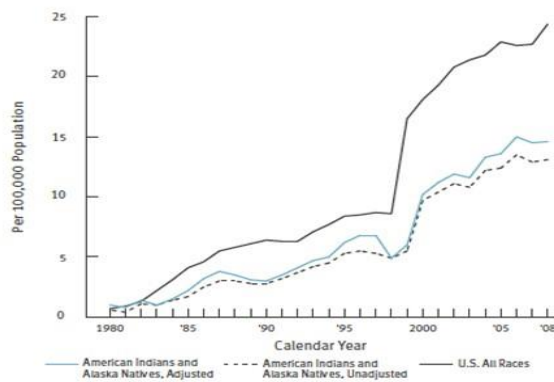
First Nations: 7.5/1000 (95% CI: 6.6-8.5)

Non First Nations: 5.6 (95% CI: 5.5-5.6)

Disproportionately younger and male in First Nations

The emergence of dementia as a health concern among First Nations populations in Alberta, Canada. Jacklin KM, et al. Can J Public Health. 2012 Nov 8;104(1):e39-44.

Chart 4.50 Age-Adjusted Alzheimer's Disease Death Rates



Trends in Indian Health 2014

<https://www.ihs.gov/dps/publications/trends2014/>

Population-based risk factors

	Ratio: AI/AN to U.S. All Races
Diabetes	2.5
Unintentional injury	2.5
Nephritis, nephrotic syndrome	1.5
Chronic liver disease and cirrhosis	4.8
Cerebrovascular Diseases (stroke)	1.0
Hypertensive disease	1.0
Alzheimer's disease	0.7

<https://www.ihs.gov/newsroom/factsheets/disparities/>

Response to ADRD - The Indian Health System NOT COMPREHENSIVE

- **Tribal Health Programs and Systems**
- **Urban Indian Health Programs**
- **Indian Health Service Direct Services**
- Tribal Epidemiology Centers (TECs)
- Regional and National Health Boards and Tribal Organizations
- Native non-profit organizations (e.g. National Indian Council on Aging)
- Non-profit sector health services and consulting organizations
- Private sector health services and consulting organizations
- University-based health services research and programs
- IHS Area Programs
- IHS Headquarters Programs
- CDC – AI/AN focused staff and programs
- CMS – Tribal and Intergovernmental Affairs
- SAHMSA – mental health and substance abuse
- HRSA – workforce development and Urban Indian Health and Tribal Health Programs (FQHCs and Health Center look-alikes)
- **AoA/ACL – linking to community-based program**

ADRD - Focus Areas for IHS

- Awareness in the community
 - Timely recognition
 - Demand for services
 - Community-based services with linkages to health services
- Workforce competency in recognition, diagnosis, management
 - Increase knowledge and confidence
 - Content includes cultural competencies
- System competence to meet the needs of individuals with dementia.
 - Evidence-based caregiver support – based in REACH
 - Targeted care management, integrated into primary care
- Reduction of risk factors for dementia
 - Management of DM, HTN, CVD, Substance Use Disorders, Injury Prevention
- Measurement to guide improvement in Care and Services
 - NAPA Plan Measurement
- Availability of LTSS

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STRENGTHENING THE PUBLIC HEALTH RESPONSE TO ALZHEIMER'S DISEASE AND DEMENTIA

LISA C. MCGUIRE, PHD



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

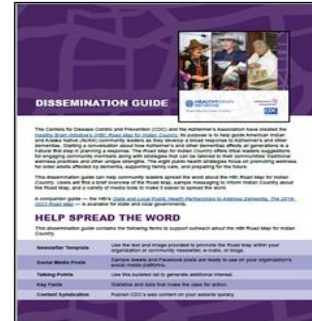


HBI Road Map for Indian Country

- Tailored for tribal health leaders
- Learn, plan, and start responding to Alzheimer's and other dementias



[Road Map for Indian Country](#)



Road Map Strategies

- Educate and empower community members
- Collect and use data
- Strengthen the workforce

<https://www.cdc.gov/aging/healthybrain/Indian-country-roadmap.html>



Educate & Empower Communities

- Educate your community about:
 - Brain health
 - Talking to a doctor about memory problems
- Increase use of programs and services that support health and wellbeing
- Help families plan for the future
- Encourage your leaders to support public health approaches to dementia



New Materials to Educate & Empower Communities

10 Warning Signs of Alzheimer's

Memory often changes as people grow older. Some people notice changes in themselves before anyone else does. For other people, friends and family are the first to see changes in memory, behavior, or abilities. Memory loss that disrupts daily life is not a typical part of aging. People with one or more of these 10 warning signs should see a doctor to find the cause. Early diagnosis gives them a chance to see treatment and plan for the future.

1. Memory loss that disrupts daily life: forgetting events, repeating yourself or relying on more aids to help you remember (like sticky notes or reminders).
2. Challenges in planning or solving problems: having trouble paying bills or cooking recipes you have used for years.
3. Difficulty completing familiar tasks at home, at work, or at leisure: having problems with cooking, driving a vehicle, using a cell phone, or shopping.
4. Confusion with time or place: having trouble recognizing an event that is happening later, or being back at work.
5. Trouble understanding visual images and spatial relations: having more difficulty with balance or judging distances, tripping over things at home, or getting lost or dropping things more often.
6. New problems with words in speaking or writing: having trouble following or joining a conversation or struggling to find a word you are looking for (saying "that thing on your wrist that tells time" instead of "watch").
7. Misplacing things and losing the ability to retrieve them: placing an item in the wrong place or not being able to recall a step in the cooking.
8. Decreased or poor judgment: being a victim of a scam, or having trouble being careful at work.
9. Withdrawal from work or social activities: not wanting to go to church or other activities as you usually do, not being able to follow football games or keep up with what's happening.
10. Changes in mood and personality: getting easily upset in common situations or being fearful or suspicious.

Disclaimer: The above "10 signs" are used by the Alzheimer's Disease and Related Disorders Association (ADDA) as a guide to help patients, care givers and family members. It is not intended to be used as a diagnostic tool. For more information, visit www.alz.org.

Starting Conversations About Alzheimer's

Listening and learning are the first steps toward developing a broad response to Alzheimer's and other dementias. The Healthy Brain Initiative's Road Map for Indian Country encourages American Indian/Alaska Native (AI/AN) leaders to start a conversation within their communities about how dementia affects all generations — individuals living with dementia, their families, other community members who help provide care, and even future generations. Alzheimer's demands the sharing of cultural traditions and heritage.

An initial community gathering to discuss dementia could begin with an invocation drawing on the community's traditions, such as a prayer or performance of a traditional song. The person leading the discussion may then, in partnership with community members, share their own experiences with dementia, their families, other community members who help provide care, and even future generations. Alzheimer's demands the sharing of cultural traditions and heritage.

The discussion leader asks the community questions, such as:

- Without identifying individuals, how have persons living with dementia fared in our community?
- What kinds of people and groups in our community are helping people living with dementia with day-to-day living or getting ahead? How are these caregivers being?
- Do we have traditions about keeping ourselves healthy that include keeping strong our memories, ability to learn, and make decisions?
- Do our diabetes or heart disease efforts help us learn about dementia and the brain?
- What kinds of information or training would help family and friends better support our older adults who need care?
- How could professionals who serve our community (like our doctors, social workers, law officers and HR) respond better support our older adults who need care?
- What groups in our community or in nearby communities could help us provide address across the lifespan, support caregivers, and enhance the safety and wellbeing of older adults with dementia?
- What might we do as a next step? By whom and by what?

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Indian Country Public Health Programs

Several public health efforts are aimed at improving the health and well-being of American Indian/Alaska Native (AI/AN) communities. These programs and services help address chronic conditions and improve the public health response throughout Indian Country. AI/AN leaders can use these efforts to incorporate into their broad response to Alzheimer's and other dementias.

- The Special Diabetes Program for Indians (SDP) aims to diagnose, control, and prevent diabetes. Established in 1997, this SDP makes annual grant program priorities funds for diabetes treatment and prevention to Indian health programs across the country. It is coordinated by the Indian Health Service (IHS) Division of Diabetes with guidance from the Tribal Leaders.
- Culturally tailored smoking cessation programs show promise at increasing smoking cessation. All Nations Breath of Life (ANBL) for American Indians is one such program. It has been successful in recruiting, engaging, and retaining American Indian smokers in a participant-centered, self-directed cessation.
- CCDC's target population to improve health among AI/AN is the Good Health and Wellbeing in Indian Country (GHWIC) program. This SDP makes relative supports prevention activities for heart disease, stroke, diabetes, smoking, nutrition, physical activity, and cancer. The program's prevention activities are organized to meet the needs and other factors. ANBL is also used to support 12 Tribal Epidemiology Centers (TECs) across the U.S. and one Network Coordinating Center. Their mission is to improve delivery of public health functions to tribes and villages in their regions.
- Tribal Practices for Wellness in Indian Country is a three-year, \$15 million program funded by CDC in 2016. It aims to strengthen cultural practices and traditions that build resilience and connections to community, family, and culture. Over time, these can reduce risk factors for dementia and many other chronic diseases. The program funds 25 tribes and 14 urban Indian organizations.
- To emphasize the connection between heart health and brain health, the Association of State and Territorial Health Officials (ASTHO) and the International Association of Indigenous Aging (IAIA) with support from CDC, jointly produced a series of self-communication materials tailored for Indian Country. These products include radio-PSAs, news articles, posters, and brochures for communitywide distribution as well as videos that can be shown in clinic settings, and a guide for healthcare providers with culturally appropriate messaging.

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Recent CDC Web Feature & DYK

Alzheimer's Disease and Healthy Aging Program Home

Minorities and Women Are at Greater Risk for Alzheimer's Disease

Are you more likely to get Alzheimer's disease? Read about who is at risk and what you can do.

Hispanic and African Americans in the United States will see the largest increases in Alzheimer's disease and related dementias between 2013 and 2050. Dementia is not a specific disease but rather a general term for the impaired ability to remember, think, or make decisions that interferes with everyday activities.

Alzheimer's disease is the most common type of dementia. Current estimates are that about 5.8 million people in the United States have Alzheimer's disease and related dementias, including 3.6 million aged 65 and older and about 200,000 under age 65 with younger-onset Alzheimer's.

By 2050, the number of Alzheimer's disease cases is projected to rise to an estimated 14 million people, with minority populations being affected the most:

- Cases among Hispanics will increase seven times over today's estimates.
- Cases among African Americans will increase four times over today's estimates.

Health conditions such as heart disease and diabetes may account for these differences, as they are more common in the Hispanic and African American populations. Lower levels of education, higher rates of poverty, and greater exposure to adversity and discrimination may also increase risk of Alzheimer's disease.

Among all races, women are nearly two times more likely to be affected by Alzheimer's disease than men.¹ The difference is due primarily to women being longer-lived.

Understanding the disparities in Alzheimer's disease and related dementias is the first step toward developing prevention strategies and targeting services to those most at risk for developing the disease.

Get Your Doctor and Family Involved

Older adults, especially women, Hispanic, and African Americans who are experiencing symptoms of memory loss should have an assessment performed by their health care provider. Doing this early can help focus efforts on timely care for patients and their caregivers. It also provides the opportunity to rule out other possible reasons for memory loss, such as medication side effects, stress, or vitamin deficiencies.

Access the Resources

You can learn more about [Alzheimer's disease](#), other [types of dementia](#), and access resources for [caregivers](#) at Alzheimer's Disease and Healthy Aging.

Reference

1. Matthews KA, Bu R, Coghill AN, et al. Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2013-2050) in adults aged 65 years. *Alzheimer's Dement*. 2015;11(7):17-24. <https://doi.org/10.1016/j.jalz.2015.06.004>

Alzheimer's Association. 2013 Alzheimer's Disease Facts and Figures. <http://www.alz.org/files/2013 Alzheimer's Disease Facts and Figures.pdf> (PDF - 1.9MB) [2]. Alzheimer's Dementia. 2015;11(5):22-87.

Provided by CDC's CENTER FOR STATE, TRIBAL, LOCAL, AND TERRITORIAL SUPPORT

Did You Know?

May 24, 2019

- One in six American Indian/Alaska Native (AI/AN) adults aged 45 years and older experiences **subjective cognitive decline**, the self-reported experience of worsening or more frequent confusion or memory loss.
- The number of AI/AN adults aged ≥ 65 years living with **dementia is projected to increase fivefold** by the year 2060.
- Public health and healthcare professionals can use the [Road Map for Indian Country](#), a comprehensive guidebook, to address dementia in AI/AN communities.

About Did You Know?

Did You Know? is a weekly feature from CDC's Center for State, Tribal, Local, and Territorial Support to inform your prevention activities. We invite you to read, share, and take action!

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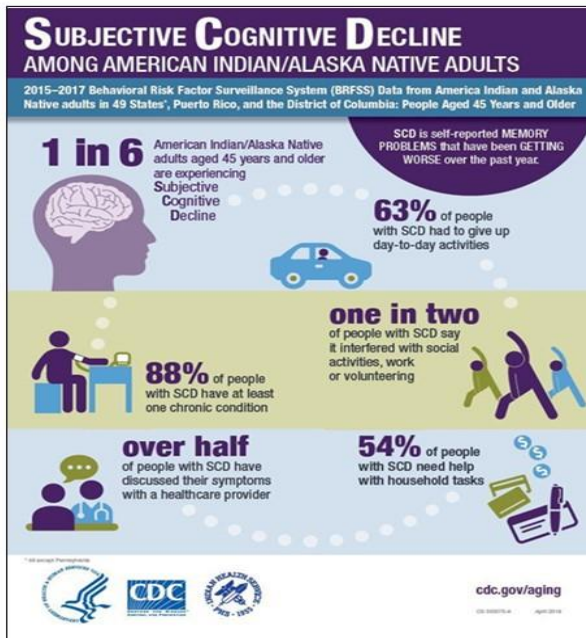


Collect & Use Data



- Get data about how dementia and caregiving affects your community
- Use quality measures to improve care for people living with dementia





Data for Action

<https://www.cdc.gov/aging/data/infographic/2017/american-indian-alaska-native-cognitive-decline.html>



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Data for Action

<https://www.cdc.gov/aging/data/infographic/2017/american-indian-adults-caregiving.html>



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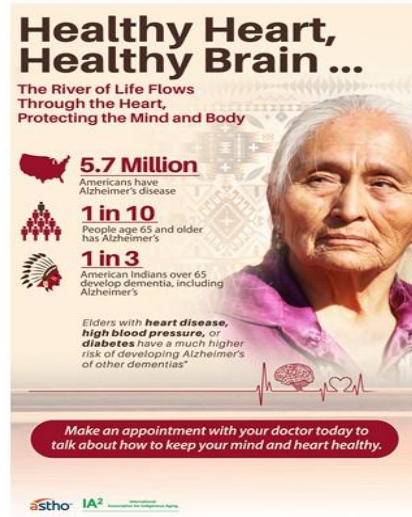
Strengthen the Workforce

- Train people who provide health care or other services about
 - Brain health
 - Alzheimer's and dementia
 - Caregiving
- Give professionals information to share with patients (or clients)



Series of Communication Materials

- Poster and flyers for clinics and health fairs
- Radio public service announcements
- Micro-videos for clinics
- Provider guide about heart and brain health
- Newspaper articles for the Indian Country Today Media Network



<http://www.astho.org/Healthy-Aging/Healthy-Heart-Healthy-Brain/>

New Continuing Education Course: Brain Health



American College of Preventive Medicine
physicians dedicated to prevention

Section 1

- Descriptions & Risk Factors

Section 2

- Risk Reduction & Management I

Section 3

- Risk Reduction & Management II

Section 4

- Resources & References

Learning Outcomes:

- Explain-review brain health terminology
- Define and describe risk factors associated with age related cognitive decline, mild cognitive impairment, and dementia
- Summarize lifestyle medicine management strategies, including hypertension management, that may decrease risk

Continuing Education:

1.0 CME/MOC education activity is available through ACPM's [learning platform](#)

Cost:

Learners can create a free login account and take the course at no cost

<https://www.acpm.org/page/brainhealthcourse>



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Road Map for Indian Country

New Brain Health Resources



American College of Preventive Medicine
physicians dedicated to prevention

For your convenience, ACPM provides this collection of resources for physicians, health care professionals, and their patient populations. Materials include those developed by ACPM, its partners, and leading advocates of brain health.

RESEARCH

- Emerging research
- Epidemiological information

PROVIDER TOOLS

- Best practices and guidelines
- Screening and diagnostic tools
- Risk factor treatment strategies
- Evidence-based community programs
- Referral strategies
- Insurance coverage
- Provider reimbursement

PATIENT MATERIALS

- Patient handouts

[Brain Health Resources](#)



**ASSURE A COMPETENT
WORKFORCE**



HEALTHYBRAIN
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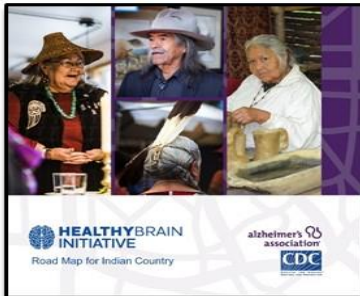
Road Map for Indian Country

Additional CDC Public Health Programs and Resources

- Good Health and Wellness in Indian Country
- Tribal Epidemiology Centers
- Tribal Practices for Wellness in Indian Country
- Healthy Heart, Healthy Brain Messaging




Next Steps....Highlights



- Continue to support States, Territories, and Tribes with data for action and to implement New Road Maps
 - Integrate brain health messaging in to chronic disease messaging
 - Action Institutes to stimulate strategic changes in policy, systems, and environments

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Alzheimer's Disease and Healthy Aging

NEW!
Healthy Brain Initiative Road Map for Indian Country



- Health Information
- Information for Health Professionals
- Communications Center
- Alzheimer's Disease and Healthy Aging Data Portal

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Thank you

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Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and



For More Information

Centers for Disease Control and Prevention (CDC)

Alzheimer's Disease and
Healthy Aging Program

cdc.gov/aging



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