

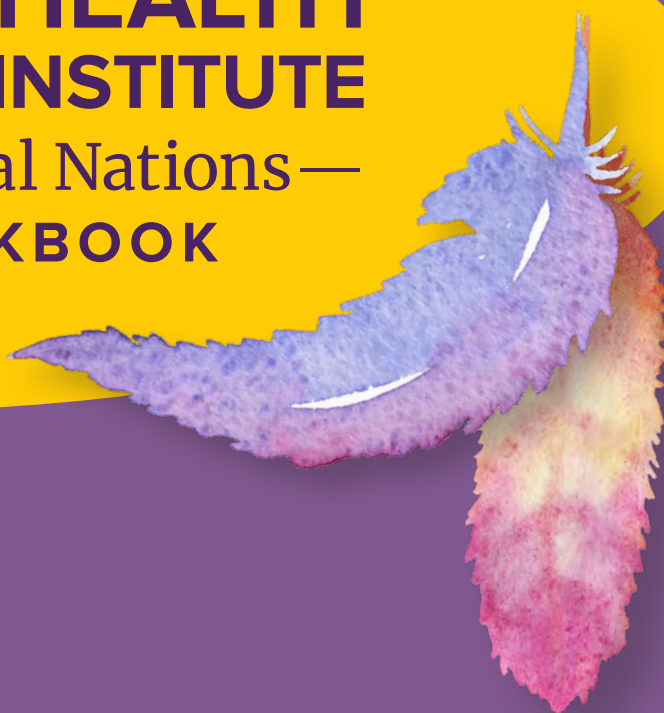
National Indian
Health Board



BRAIN HEALTH ACTION INSTITUTE —for Tribal Nations— WORKBOOK



**BRAIN HEALTH
ACTION INSTITUTE**
—*for Tribal Nations*—
WORKBOOK



Contents

| | |
|---|-----------|
| Introduction..... | 2 |
| Unit 1: | |
| What is Brain Health in Indian Country?..... | 4 |
| Unit 2: | |
| The Road Map for Indian Country..... | 16 |
| Unit 3: | |
| Cultural Considerations in Brain Health for Indian Country | 30 |
| Unit 4: | |
| Prioritization of Brain Health in Indian Country | 38 |
| Unit 5: | |
| Planning for Action – Initial Steps | 54 |
| Closing..... | 64 |
| Resources | 65 |
| Appendices | 66 |
| Appendix 1 — 2-Day BHA I Sample Agenda..... | 67 |
| Appendix 2 — 2-Day BHA I Sample Evaluation | 70 |
| Appendix 3 — Knowledge Check Answers | 77 |
| Appendix 4 — Unit 2 Facilitator Guide | 79 |
| Appendix 5 — Unit 3 Facilitator Guide | 80 |
| Appendix 6 — Unit 4 Facilitator Guide | 82 |
| Appendix 7 — Unit 5 Facilitator Guide | 87 |
| Notes..... | 88 |



Introduction

BACKGROUND ON THE NATIONAL INDIAN HEALTH BOARD

The National Indian Health Board, or NIHB, is a national non-profit organization based in Washington, DC and was established by Tribal Nations over 45 years ago. NIHB serves all 574 federally-recognized American Indian and Alaska Native Tribes on matters of health and public health.

NIHB Mission Statement: Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

Learn more about the National Indian Health Board at www.nihb.org

PURPOSE OF THE WORKBOOK

This workbook is intended for individuals who are already or aspire to be champions of brain health within their communities. This includes, but is not limited to Tribal leaders, health directors, clinicians, Tribal program staff and motivated community members. This workbook can be used individually for self-study or as a resource to replicate a Brain Health Action Institute for Tribal Nations (BHAi) in their community.

By the end of the workbook, participants can expect to:

- Clearly understand the impact of dementia on a community;
- Understand the possible risk factors for dementia;
- Assess their existing Tribal community efforts for Alzheimer's disease and related dementias;
- Prioritize the Healthy Brain Initiative Road Map in Indian Country actions that would have the greatest impact and feasibility in their community;
- Use this opportunity to integrate actions for including dementia, including Alzheimer's disease, as well as caregivers of those with dementia in existing Tribal-wide plans and activities;
- Feel a commitment to and excitement for moving forward with actions that can be taken in your communities.

In addition to this workbook, the following resources available at <https://nihb.org/brain-health/resources/> can be used to support brain health actions in your community:

- Road Map for Indian Country
- Talking Points for sharing with Elders and Families
- Talking Points for sharing with Healthcare Providers and Public Health Professionals
- Talking Points for sharing with Tribal Leaders
- Brain Health Action Institute for Tribal Nations Online Training Module

This workbook is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$100,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

INSTRUCTIONS FOR USING THE WORKBOOK

This workbook can be used individually for self-study or with a group. There are various activities throughout the workbook, each will contain the following:

- Instructions for individual self-study worksheets
- Instructions for group facilitation, including
 - Participant worksheets
 - Facilitator guides (available in the appendix)
- Materials needed to complete each activity
- Materials needed for group facilitation

If you are hosting your own Brain Health Action Institute with a group, it is recommended to invite local subject matter experts or others to help facilitate the activities.

Refer to **appendix 1** for a sample agenda and **appendix 2** for a sample evaluation for a 2-Day BHA in your community.

Throughout the workbook and in various activities you will be asked to refer to the Healthy Brain Initiative Road Map for Indian Country (RMIC). The RMIC is available at <https://www.cdc.gov/aging/healthybrain/pdf/HBI-Road-Map-for-Indian-Country-508.pdf>.

BRAIN HEALTH ACTION INSTITUTE FOR TRIBAL NATIONS

The Brain Health Action Institute for Tribal Nations (BHA) took place virtually September 16-17, 2020. The goal of the BHA was for participants to feel a commitment to and excitement for moving forward with actions that can be taken in their own community. It was designed to support Tribes and Tribal organizations

in using the Healthy Brain Initiative Road Map for Indian Country (RMIC) to start conversations, as well as develop and plan strategies for improving brain health in their own communities.

The National Indian Health Board extends their sincerest thanks to the following individuals for helping ensure the September 16-17, 2020 Brain Health Action Institute for Tribal Nations was a success:

PRESENTERS

Dr. Blythe Winchester, (Eastern Band of Cherokee Indians), Cherokee Indian Hospital
Dr. Linda Bane Frizzell, (Eastern Band of Cherokee Indians/Lakota), University of Minnesota
Heidi Holt, Centers for Disease Control and Prevention
Nia Reed, ORISE Fellow, Centers for Disease Control and Prevention

FACILITATORS

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Heidi Holt, Centers for Disease Control and Prevention
Nia Reed, ORISE Fellow, Centers for Disease Control and Prevention
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Benjamin Olivari, Centers for Disease Control and Prevention
Mike Splaine, Splaine Consulting
Karrie Joseph, National Indian Health Board
Yasmin Zuch, (Navajo Nation), National Indian Health Board
Nina Martin, National Indian Health Board
Jessica Dean, National Indian Health Board

Unit 1:

WHAT IS BRAIN HEALTH IN INDIAN COUNTRY?

INTRODUCTION

Unit 1 will take approximately
45 minutes to complete

This unit contains information on brain health and effective strategies for the treatment and prevention or delay of Alzheimer's disease and other dementias. This unit contains a slide deck presentation by Dr. Blythe Winchester, MD, MPH, CMD.

Dr. Winchester is a board certified geriatrician and enrolled member of the Eastern Band of Cherokee Indians in Cherokee, North Carolina. She practices at Cherokee Indian Hospital and is the Certified Medical Director at the Tsali Care Center. She received her MD and MPH at UNC Chapel Hill and did a family medicine residency in Greenville, South Carolina. Her geriatrics fellowship was completed through the Mountain Area Health Education Center in Asheville, North Carolina. She is a mentor for the Jones-Bowman Leadership Award Program and is a current participant in the Right Path Adult Leadership Program through the Ray Kinsland Leadership Institute.

Materials needed for What is Brain Health in Indian Country:

- Self-study
 - Slide deck (following)
- Group facilitation
 - Slide deck (following)

SLIDE DECK



Dr. Blythe Winchester, MD, MPH, CMD

(ENROLLED MEMBER, EASTERN BAND OF CHEROKEE INDIANS)
CERTIFIED MEDICAL DIRECTOR, TSALI CARE CENTER; GERIATRICIAN,
CHEROKEE INDIAN HOSPITAL; AND CHIEF CLINICAL CONSULTANT,
GERIATRICS AND PALLIATIVE CARE, INDIAN HEALTH SERVICE

OBJECTIVES

Upon completion of this unit, participants will be able to describe:

- The current scientific understanding of Alzheimer's disease and other dementia syndromes
- Actions you can take to promote brain health and prevent or delay onset of Alzheimer's disease and related dementias
- Current understanding of effective treatments for Alzheimer's disease and other dementia syndromes

Disclaimer: This information is presented from a healthcare provider and may include technical terminology.

DEMOGRAPHICS

- The AI/AN population in the U.S. is growing rapidly. More than 5.2 million people in the U.S. identify as either American Indian or Alaska Native (AI/AN). From 2000 to 2010, the AI/AN population grew 27%, increasing nearly three times faster than the total U.S. population
- American Indians and Alaska Natives are living longer. An AI/AN child born in 2010 can expect to live 73.7 years. This is nearly 30 years longer than an AI/AN child born in 1969
- The number of older adults is increasing. An estimated 569,000 AI/ANs are 65 years or older. This number is expected to triple over the next three decades. The oldest cohort of adults, ages 85 and older, is projected to increase more than seven-fold by 2050

Norris T, Vines P, Hoeffel E. (2012). The American Indian and Alaska Native Population: 2010. 2010 Census Briefs, Washington, DC: US Census Bureau.

Goins R, Schure M, Crowder J, Baldridge D, Benson W, Aldrich N. (2015). Lifelong disparities among older American Indians and Alaska natives. Research Report 2015-08. Washington, DC: AARP Public Policy Institute.

Johnson L. (1968). The Forgotten American: The President's message to the Congress on goals and programs for American Indians. Indian Record 1-14.

Indian Health Service. (2018). Indian health disparities.

Centers for Disease Control and Prevention. (2018). Deaths: Final Data for 2016. National Vital Statistics Report (67)5, 1-76.

SCOPE

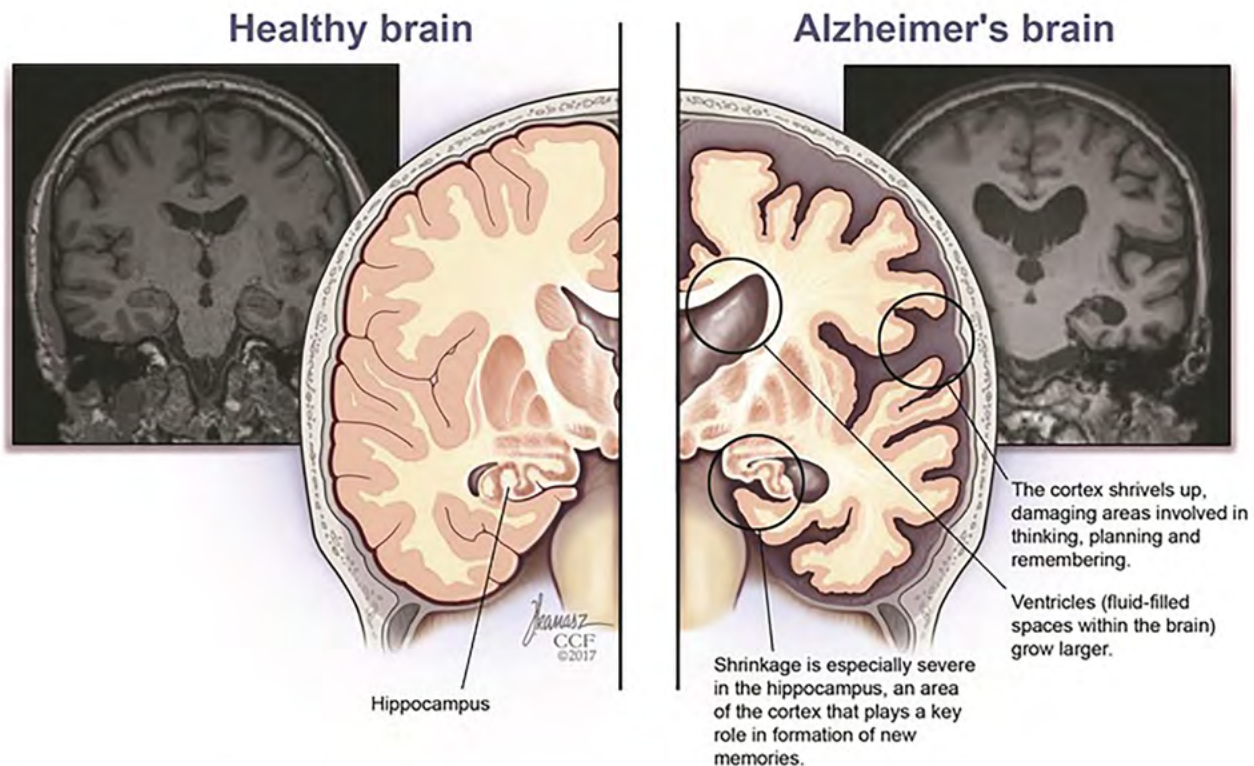
- Between 2014–2060, the number of AI/ANs aged 65 and older living with dementia is projected to grow over five times
- In 2015–2017, one in six AI/ANs aged 45 and older reported subjective cognitive decline (SCD) — that is, self-reported difficulties in memory or thinking
- Nearly two-thirds of those with SCD had to give up some day-to-day activities because of these cognitive problems

Matthews K, Xu W, Gaglioti A, Holt J, Croft J, Mack D, McGuire L. (2019). Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015–2060) in adults aged ≥ 65 years. *Alzheimer's Dement.* 15(1),17–24.

Centers for Disease Control and Prevention. (2018). Healthy aging data portal, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

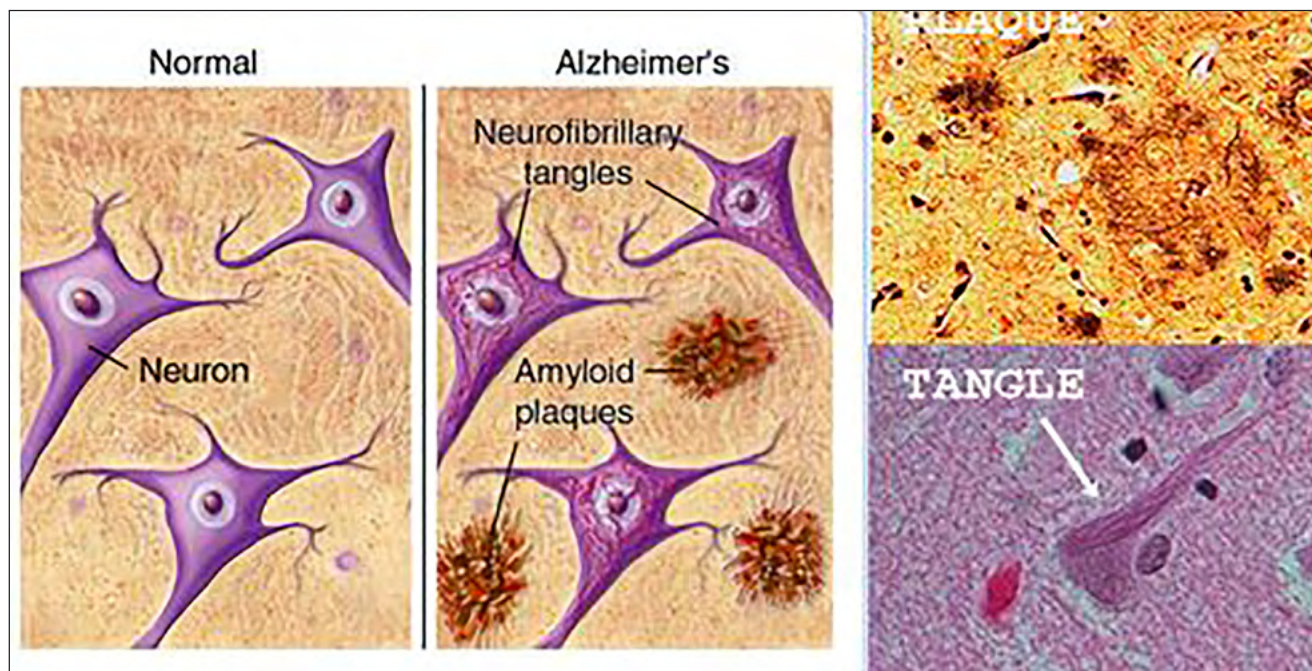
ALZHEIMER'S ASSOCIATION

Brain Tour: https://www.alz.org/alzheimers-dementia/what-is-alzheimers/brain_tour



MRI scans (gray) and illustrations (color) show the differences between a brain affected by Alzheimer's disease and a normal brain.

Source: www.keepmemoryalive.org



<https://www.scientificarchives.com/article/Alzheimers-Disease-A-Brief-Review>

Above Graphic:

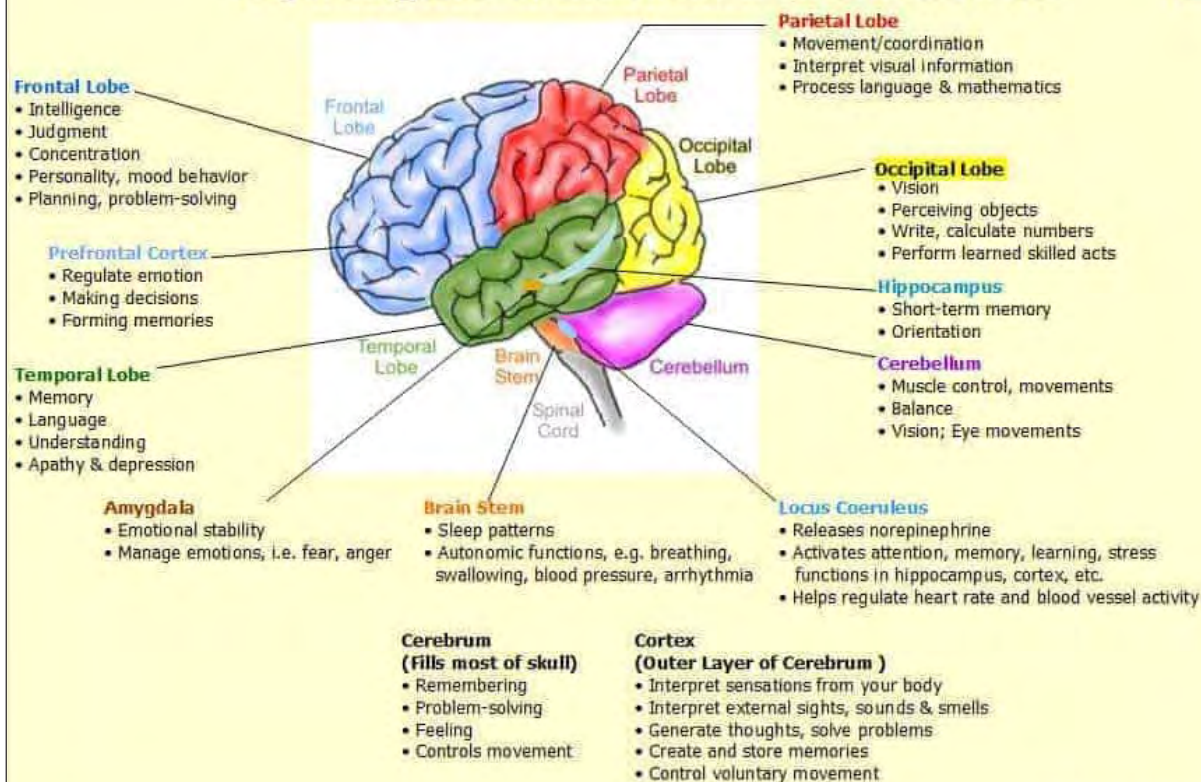
Left: Illustration of neurons in a healthy brain

Center: Illustration of neurons in an Alzheimer's brain. Neurofibrillary tangles are apparent within the neuron and there are amyloid plaques surrounding the neurons

Right top: Histological slide under a microscope of amyloid beta-protein deposits labeled "plaque"

Right bottom: Histological slide of neurofibrillary tangle under a microscope

Major Regions of the Brain & Their Functions



www.deathtodisabetes.com

The different kinds of dementia

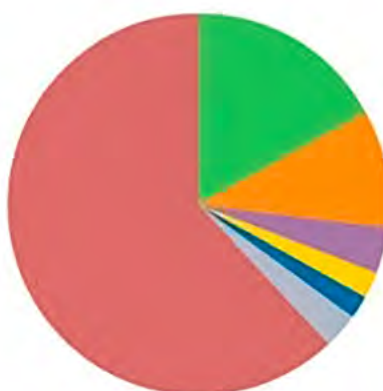
Dementia is not one thing. There are several routes to similar symptoms

ALZHEIMER'S 62%
Causes problems with memory, language and reasoning. 5% of cases start before age 65

VASCULAR DEMENTIA 17%
Impaired judgement, difficulty with motor skills and balance. Heart disease and strokes increase its likelihood

MIXED DEMENTIA 10%
Several types of dementia contribute to symptoms. Most common in people over 85

SOURCE: ALZHEIMERS.ORG.UK



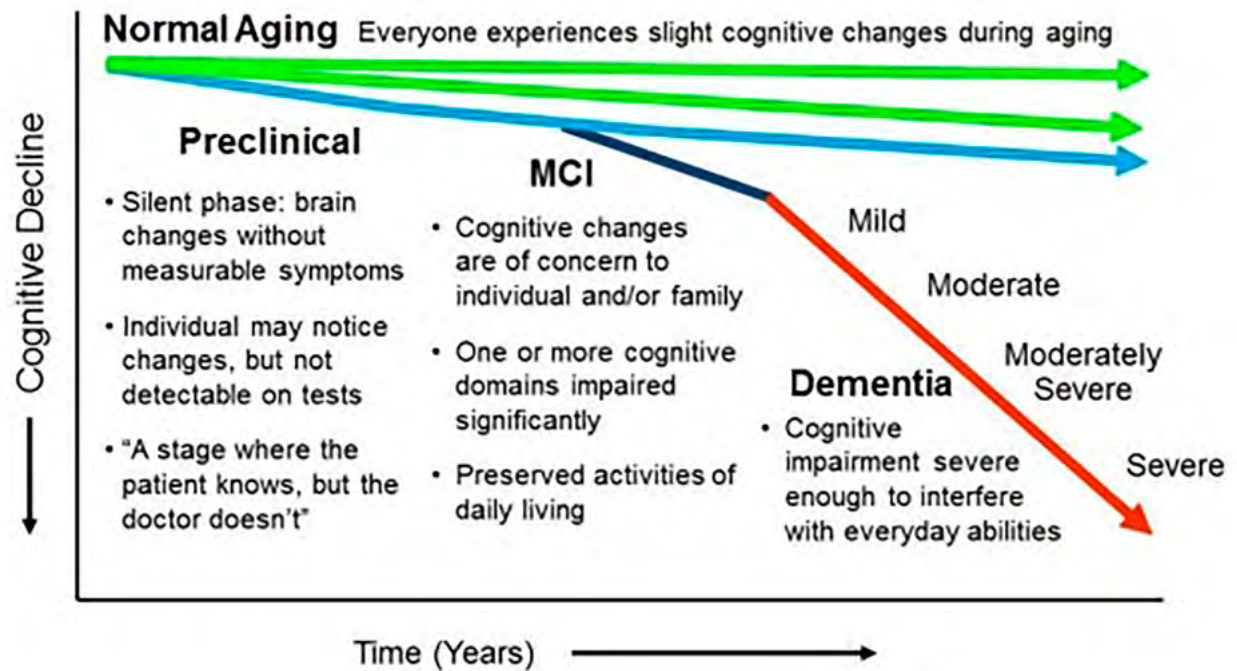
DEMENTIA WITH LEWY BODIES 4%
Caused by Lewy body proteins. Symptoms can include hallucinations, disordered sleep

FRONTOTEMPORAL DEMENTIA 2%
Personality changes and language problems. Most common onset between the ages of 45 and 60

OTHER 3%
Conditions such as Creutzfeldt-Jacob disease; depression; multiple sclerosis

PARKINSON'S DISEASE 2%
Can give rise to dementia symptoms as the condition progresses

Source: <https://guidetolongtermcare.wordpress.com/2017/04/26/dementia-isnt-just-one-thing/>



Source: UC Mind: <https://www.mind.uci.edu/about/>

MILD COGNITIVE IMPAIRMENT

- Have noticeable problems that DON'T interfere with daily life
- May show up on testing
- Some progress to dementia, some don't
- Excellent time to talk about risk factors, encourage exercise, quit smoking, brain health
- Monitor progression

DIABETES AND THINKING/COGNITION

- Decreased insulin concentrations = deficits in cognition, memory, learning abilities
- Well known negative association with poor glycemic control and cognitive function
- Diabetes exacerbates age-related impairments in several cognitive functions- attention- processing speed, episodic memory, visuospatial abilities
- People with diabetes = nearly twice risk of developing Neurocognitive Disorders
- Additional risk: advanced complication, long duration, take insulin

PATHOPHYSIOLOGY

Insulin enters the central nervous system (CNS) through the blood-brain barrier by receptor-mediated transport to regulate food intake

- Overproduced amylin, peptide hormone
- Impaired brain insulin signal, vascular damage
- Elevated il6, crp, 1 antichymotrypsin
- Oxidative stress
- Insulin signal gets impaired, deposition of amyloid plaques, mitochondrial dysfunction, inflammatory stress in peripheral tissue

Mittal, Khyati, Ruchi Jakhmola Mani, and Deepshikha Pande Katare. "Type 3 diabetes: cross talk between differentially regulated proteins of type 2 diabetes mellitus and Alzheimer's disease." Scientific reports 6 (2016): 25589.

DIABETES AND DEMENTIA

- Infarcts / tissue death due to inadequate blood supply
- Non-infarct ischemic lesions that affect white matter
- Chronic hypoperfusion (reduced amount of blood flow)
- Hemorrhage /blood loss
- Inflammation

Association of type 2 diabetes with brain atrophy and cognitive impairment. Rosebud O. Roberts, David S. Knopman, Scott A. Przybelski, Michelle M. Mielke, Kejal Kantarci, Gregory M. Preboske, Matthew L. Senjem, Vernon S. Pankratz, Yonas E. Geda, Bradley F. Boeve, Robert J. Ivnik, Walter A. Rocca, Ronald C. Petersen, Clifford R. Jack Neurology Apr 2

Biesself GJ, Stackenbroug S, Brunner E, Brayne C, Scheltens P. Risk of dementia in diabetes mellitus : a systematic review. Lancet Neurology. 2006; 5(1) 64-74.

HEALTHY HEART, HEALTHY BRAIN

- ASTHO, CDC, IA2
- <http://www.astho.org/Healthy-Aging/Healthy-Heart-Healthy-Brain/>

Healthy Heart, Healthy Brain...

The River of Life Flows
Through the Heart,
Protecting the Mind and Body



5.7 Million

Americans have
Alzheimer's disease



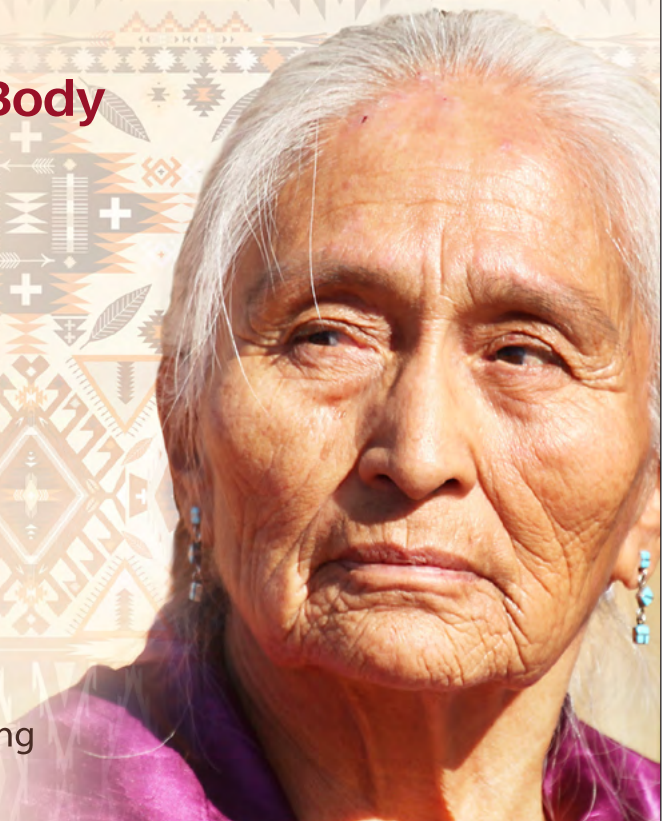
1 in 10

People age 65 and older
has Alzheimer's



1 in 3

American Indians over 65
develops dementia, including
Alzheimer's



EXERCISE

- Muscle mass and strength decline with age
- People who have had diabetes longer or have higher a1c have lower strength per unit of muscle mass than age and Body Mass Index (BMI) matched people without diabetes and people who have better control and diabetes of shorter duration
- EVEN LIGHT ACTIVITY = psychosocial well-being and higher self-rated health

International Diabetes Federation (2013b) Global Guideline for Managing Older People with Type 2 Diabetes. IDF, Brussels. Available at: <http://bit.ly/1izxDlj>

Kirkman, M Sue et al. Diabetes in older adults. Diabetes Care 2012 Dec; 35(12): 2650-2664.
<https://doi.org/10.2337/dc12-1801>

BRAIN HEALTH

- Mental health conditions are undiagnosed
- Challenge your brain by obtaining new skills
- Eat for your body
- Lower heart disease risk
- Socialize and help elders not be isolated
- Protect your noggin – wear a helmet!
- Sleep well and treat issues
- No smoking

RISK FACTORS-MODIFIABLE

- Traumatic brain injury in mid-life
- Exposure to air pollution in later life
- Excessive alcohol use (>than 14 drinks a week)
- Less education, hearing loss, hypertension, obesity, smoking, depression, social isolation, lack of physical activity, and diabetes

Livingston G, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30367-6/fulltext#seccestitle30](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30367-6/fulltext#seccestitle30)

MEDICATIONS

- Donepezil and Galantamine-prevent acetylcholine breakdown, helps nerve cells communicate
- Common side effects: nausea, vomiting, diarrhea
- Take with food
- Interruption of meds = start back at lowest dose
- Vivid dreams: take in am
- Bradycardia (slow heart rate)

AD2000 Collaborative Group, Lancet 2004;363

MEDICATIONS

- Likely no disease modifying effects – modest cognitive improvement
- Delay progression 6 mo - 1 yr
- Guidelines: “Base the decision to initiate therapy on individualized assessment”
- Insufficient evidence regarding head-to-head comparisons; choose medication based on side effects and dosing
- Be wary of decrease/stop

OTHER MEDICATIONS

- Memantine (Namenda)
 - Commonly used as an anesthetic
 - Glutamate stimulates N-Methyl-D-aspartic acid or N-Methyl-D-aspartate (NMDA) receptor
 - Overstimulation results in neuronal damage
- Pooled estimate from 3 trials (vs. placebo)
 - Statistically significant improvements on Alzheimer's Disease Assessment Scale (ADAS) – cognitive scale but modest clinical improvement
- Memantine combined with other acetylcholinesterase inhibitors (ACHEI)

Qaseem A, et al. Ann Intern Med, 2008;148

BEER'S CRITERIA

Potentially inappropriate medications

| Drug or drug class | Rational |
|---|--|
| First-generation antihistamines | Highly anticholinergic; greater risk of confusion, dry mouth, and other anticholinergic adverse events |
| Nitrofurantoin | Pulmonary toxicity may occur; lack of efficacy data in those with a CrCl < 60 mL/min |
| Alpha-1 blockers | May cause orthostatic hypotension; do not use as an antihypertensive |
| Alpha agonists (e.g., clonidine, guanabenz, methyldopa) | High risk for central nervous system adverse events |
| ANTICHOLINERGIC: INHIBITS ACTION OF ACETYLCHOLINE | |

ANTIHISTAMINES

- **Agents:** diphenhydramine, chlorpheniramine, brompheniramine
- **Dosing:** multiple times a day (every 4 - 6 hours)
- **Side effects:** Central nervous system depression (sedation, impaired cognition, impaired coordination), CNS excitation (anxiety, hallucinations, stimulation), anticholinergic effects (dryness of mouth, nose and eyes; blurred vision; constipation urinary retention)

BEER'S CRITERIA

| Drug or drug class | Rational |
|--|--|
| Digoxin > 0.125 mg/d | Higher doses do not result in additional benefit and risk of toxicity high especially in those with reduced renal function |
| Antipsychotics, both first and second generation | Increased risk of stroke and mortality in those with dementia |
| Barbiturates | High rate of physical dependence; overdose a concern |
| Benzodiazepines | Older adults more sensitive to effects; increases risk of cognitive impairment, delirium, falls, and fractures |
| Nonbenzodiazepine hypnotics (e.g., zolpidem) | Adverse events similar to those observed with benzodiazepines |
| Estrogens | Evidence of carcinogenic potential and lack of cardiovascular or cognitive benefits |
| Sliding scale insulin | Higher risk of hypoglycemia without improving hyperglycemia |
| Non-COX selective oral Nonsteroidal anti-inflammatory drugs (NSAIDS) | Increased risk of gastrointestinal bleed and peptic ulcer disease in high-risk groups |
| Skeletal muscle relaxants | Poorly tolerated because of anticholinergic effects |

SOCIAL CAPITAL AND DEMENTIA

- Cognitive reserve, social capital accrued in early and midlife may reduce effects of psychological stress on cognitive functioning in old age
- Fostering structural aspects of social capital in a community is a potential dementia prevention strategy
- Social capital is associated with better health, lower risks for dementia, disability, and mortality

Murayama, H., Miyamae, F., Ura, C., Sakuma, N., Sugiyama, M., Inagaki, H., ... & Awata, S. (2019). Does community social capital buffer the relationship between educational disadvantage and cognitive impairment? A multilevel analysis in Japan. *BMC Public Health*, 19(1), 1-12.

Ihle, A., Oris, M., Sauter, J., Rimmele, U., & Kliegel, M. (2018). Cognitive reserve and social capital accrued in early and midlife moderate the relation of psychological stress to cognitive performance in old age. *Dementia and geriatric cognitive disorders*, 45(3-4), 190-197.

Kuiper JS, Zuidersma M, Oude Voshaar RC, et al. Social relationships and risk of dementia: a systematic review and meta-analysis of longitudinal cohort studies. *Ageing Resr Rev.* 2015;22:39-57.

Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med.* 2010;7:1-20.

Make sure to tell people they're valued, they have a purpose and responsibility. Engage people and keep them involved - THAT is social capital.

- traditional art programs
- adopt an elder
- language immersion programs led by elders

UNIT 1 KNOWLEDGE CHECK

1. True or False?
The following are all routes to dementia systems: Alzheimer's disease, vascular dementia, frontotemporal dementia, and Parkinson's disease.
 - a. True
 - b. False
2. Pick One:
Which of the following is NOT a risk factor for Alzheimer's disease?
 - a. Diabetes
 - b. Social isolation
 - c. Obesity
 - d. Excessive alcohol use
 - e. More education
3. True or False?
Medications for Alzheimer's disease and related dementias have shown to delay progression 2 - 3 years.
 - a. True
 - b. False

Please find the correct answers for the knowledge check in appendix 3.



Unit 2:

THE ROAD MAP FOR INDIAN COUNTRY

INTRODUCTION

Unit 2 will take approximately
30 minutes to complete

This unit contains information on the Healthy Brain Initiative Road Map for Indian Country (RMIC), including how it was developed, RMIC themes, strategies and practical applications. Within this unit is a slide deck presentation by Heidi Holt, as well as a visioning activity to help imagine what your community would look like if brain health was a focus or priority.

Heidi Holt is a Public Health Advisor in CDC's Alzheimer's Disease and Healthy Aging program where she has responsibility for strategic planning, program development and cross-sector collaboration. Ms. Holt holds a Masters of Public Administration from the University of Southern California, and a Certificate in Gerontology from the University of Georgia and had an integral part in the creation of the Road Map.

Materials needed for Unit 2:

- Self-study:
 - Slide deck (following)
 - Visioning activity worksheet (following)
 - Writing utensil
- Group facilitation:
 - Slide deck (following)
 - Visioning activity facilitator guide ([appendix 4](#))
 - Visioning activity worksheet (following)
 - Writing utensil

SLIDE DECK



Heidi Holt

CENTERS FOR DISEASE CONTROL AND PREVENTION
ALZHEIMER'S DISEASE AND HEALTHY AGING PROGRAM

hholt@cdc.gov



HEALTHY BRAIN INITIATIVE

Developing The Road Map for Indian Country

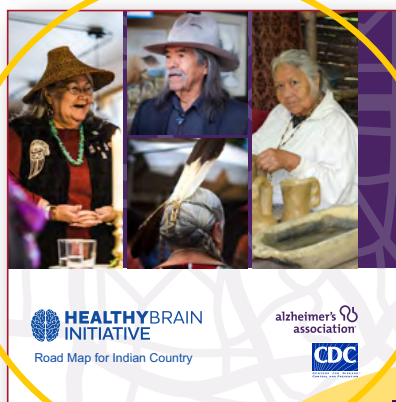
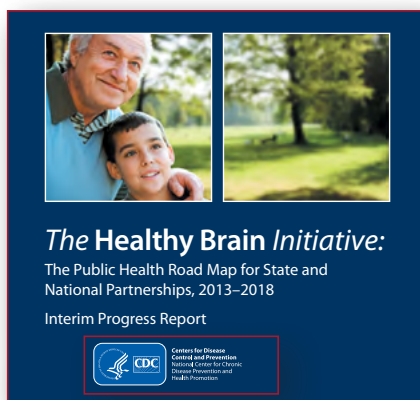
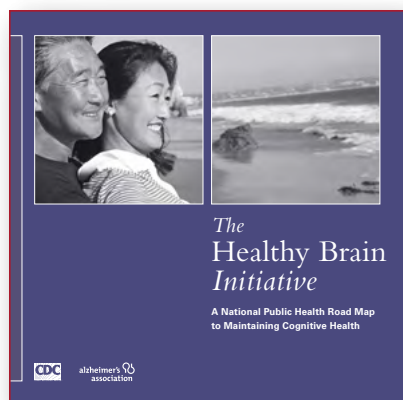
Heidi Holt

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



Public health strategies to promote brain health, address dementia and help support caregivers

The Healthy Brain Initiative Road Map series. The initiative creates and supports partnerships, collects and reports data, increases awareness of brain health, and supports populations with a high burden of Alzheimer's disease and related dementias.



www.cdc.gov/aging

ROAD MAP INTENT

- Conversation starter
- Prompt local planning
- Encourage
 - Public health strategies
 - Work across and between generations for the good of all

THE HEALTHY BRAIN INITIATIVE
ROAD MAP
for Indian Country

ADVICE & EXPERTISE & COLLABORATION

- Indian Health Service
- National Indian Health Board
- International Association for Indigenous Aging
- Administration for Community Living
- Alzheimer's Association
- Association of State and Territorial Health Officials
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Healthy Brain Research Network
- National Institute on Aging
- And many more.....Thank You!

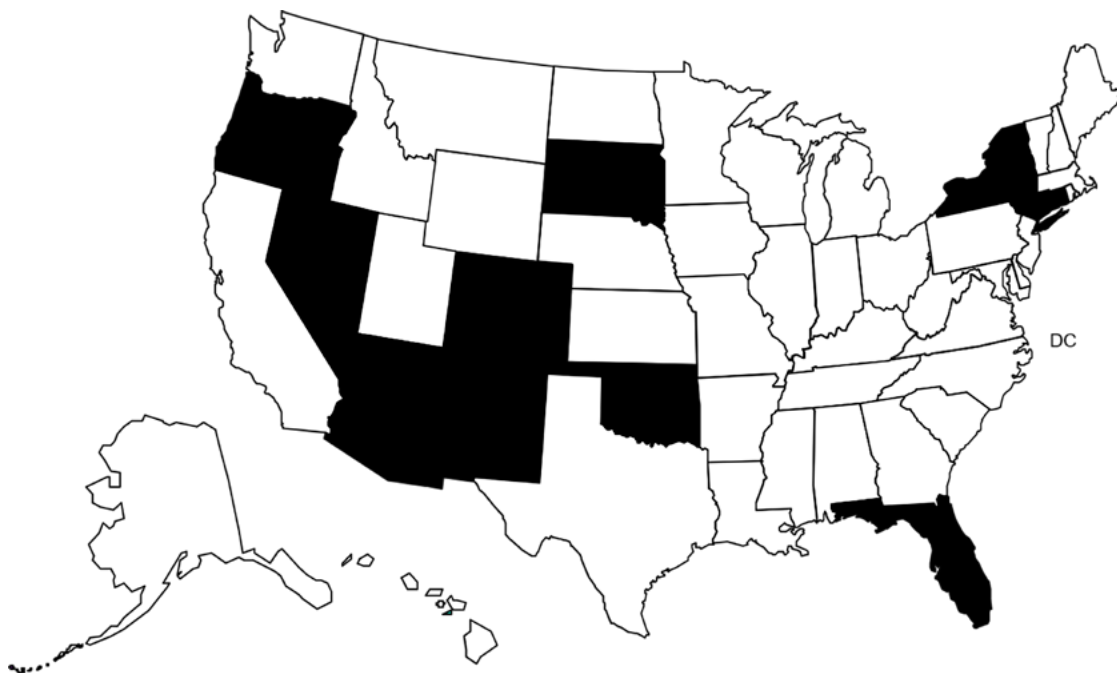
LISTENING AND LEARNING

2 virtual listening sessions

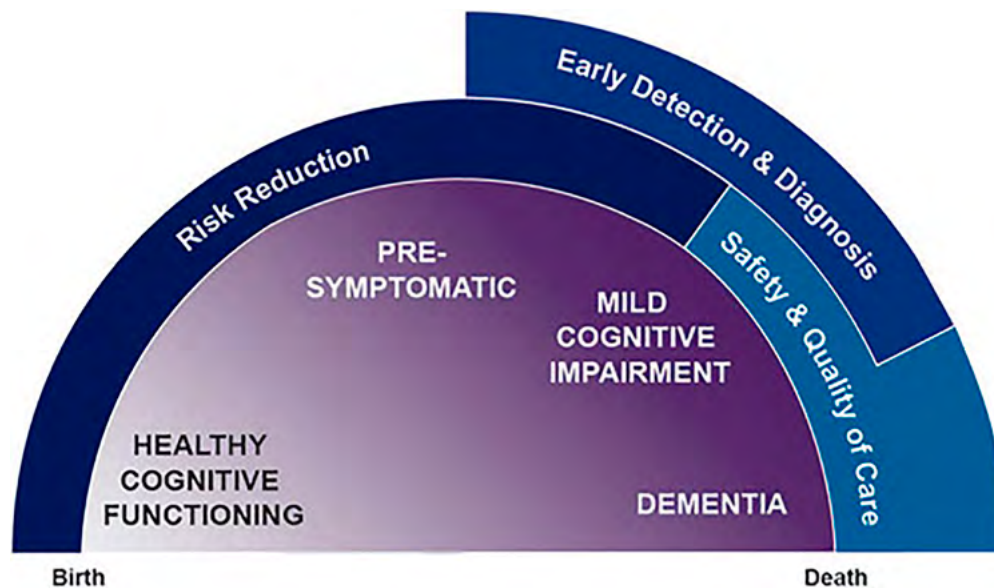
- Tribal Health Directors
 - 12 regions, 500+ invitations
- Tribal Senior Program (Title VI Directors)
 - Invitations through Administration for Community Living

40+ Tribal leaders and experts offered written suggestions and comments partnering with AI/AN Communities

PARTNERING WITH AI/AN COMMUNITIES CHAPTER INNOVATION GROUP



DEMENTIA LIFE-COURSE PERSPECTIVE AND PUBLIC HEALTH ROLES



THEMES

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

Recommendations

- Local leaders know the best ways to reach and serve their members
- Build upon community strengths & existing public health systems

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 AND 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

Refer to page 20-21 of the RMIC for more information

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)

Refer to page 22 of the RMIC for more information

COLLECT & USE DATA

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

Refer to page 20-21 of the RMIC for more information

RESOURCES TO ACCOMPANY ROAD MAP FOR INDIAN COUNTRY

The collage displays several key resources from the Healthy Brain Initiative Road Map for Indian Country. These include:

- Learn, Plan, Respond to Dementia:** A brochure explaining the impact of dementia on individuals and families, and providing guidance on how to respond.
- Dissemination Guide:** A guide for community members on how to spread the message about dementia and caregiving.
- 10 Warning Signs of Alzheimer's:** A poster listing the early signs and symptoms of Alzheimer's disease.
- Starting Conversations About Alzheimer's:** A brochure providing tips and strategies for initiating discussions about dementia with family and friends.
- Indian Country Public Health Programs:** A brochure highlighting various public health programs available in Indian Country.
- Executive Summary:** A summary of the key findings and recommendations from the Road Map.

Each resource is branded with the Healthy Brain Initiative logo and the CDC logo, indicating their official status and support.

- Executive Summary
- Dissemination Guide
- 10 Warning Signs
- Starting Conversations
- Other Public Health Programs

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

PODCAST SERIES

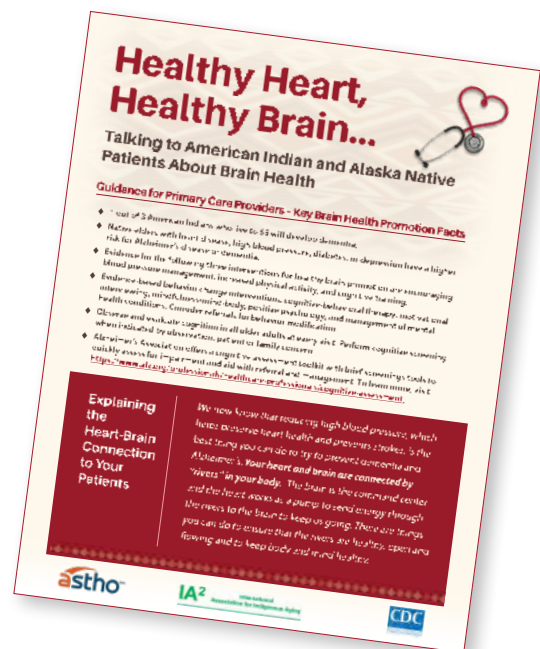
- [What About the Caregivers?](#)
- [Health Risks of Loneliness and Social Isolation in Older Adults](#)
- [Healthy Body, Healthier Brain](#)
- [Cuerpo sano, cerebro sano](#)

<https://tools.cdc.gov/medialibrary/index.aspx#/podcastseries/id/302101>

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: WISDOM KEEPERS CAMPAIGN

Healthy Heart, Healthy Brain...
Help the wisdom keepers keep their wisdom

Elders with heart disease, high blood pressure, or diabetes have a much higher risk of developing Alzheimer's disease or other dementias.

Make an appointment at your local Urban Indian Organization to talk about how to keep your mind and heart healthy.

| | | |
|---|--|---|
| 1 in 10 people age 65 and older have Alzheimer's disease. | 1 in 3 American Indians over 65 develop dementia, including Alzheimer's disease. | 5.7 million Americans have Alzheimer's disease. |
|---|--|---|

Watch the video and learn more at ncuih.org/wisdomkeeper

This publication was supported by grant number N01AG000028-02-01 funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the U.S. Department of Health and Human Services (HHS). The mark "CDC" is owned by HHS and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

Early Detection Matters.

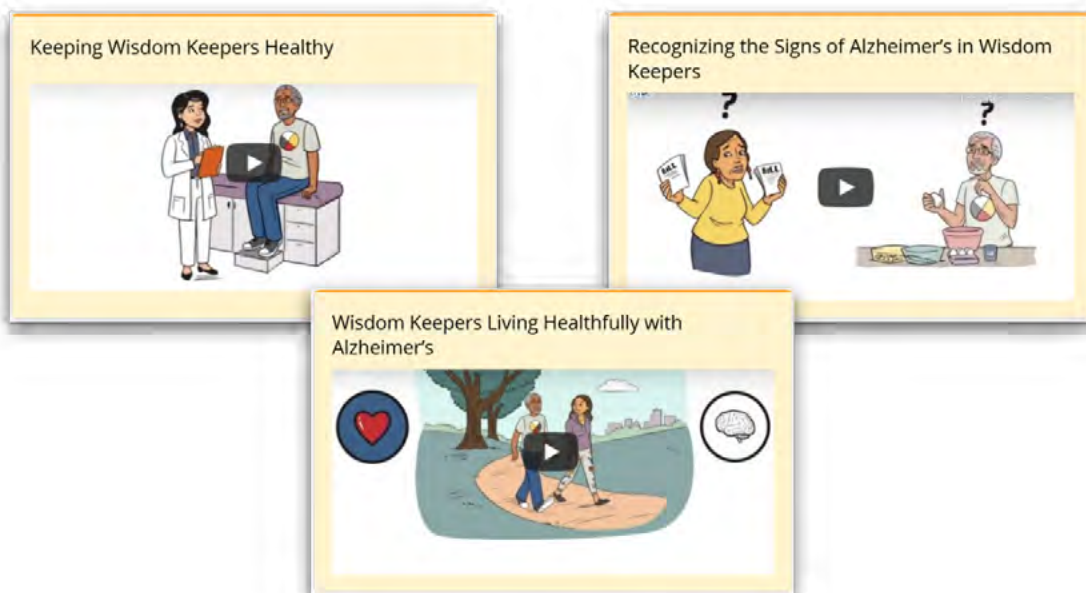
Learn how to recognize the signs of Alzheimer's and other forms of dementia in loved ones and schedule an appointment with your local Urban Indian Health facility.

Watch the video and learn more at ncuih.org/wisdomkeeper

This publication was supported by grant number N01AG000028-02-01 funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the U.S. Department of Health and Human Services (HHS). The mark "CDC" is owned by HHS and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

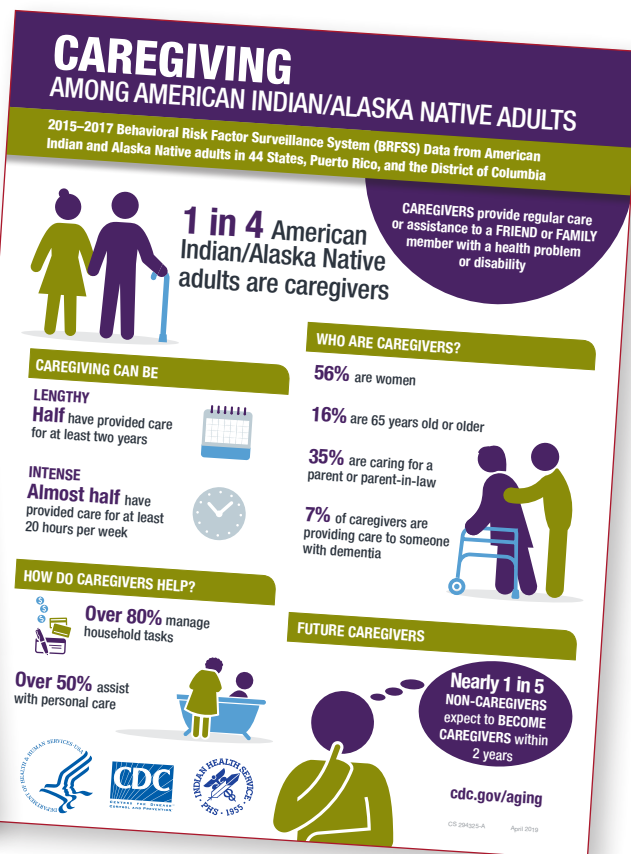
<https://www.cdc.gov/aging/healthybrain/videos/index.html>

NEW: HEALTHY BRAIN VIDEOS FOR WISDOM KEEPERS



<https://www.cdc.gov/aging/healthybrain/videos/index.html>

DATA FOR ACTION



Infographics in English and Spanish: <https://www.cdc.gov/aging/data/infographic/index.html>

CUSTOMIZED NATIONAL AND STATE LEVEL REPORTS



The Alzheimer's Disease and Healthy Aging Data Portal provides easy access to national and state level CDC data on a range of key indicators of health and well-being for older adults, including:

- Caregiving
- Subjective Cognitive Decline
- Screenings and vaccinations
- Mental health

These indicators provide a snapshot of currently available surveillance information, and can be useful for prioritization and evaluation of public health interventions.



Explore Alzheimer's Disease and Healthy Aging Data By Location

Explore Alzheimer's Disease and Healthy Aging Data for all indicators for one location: the U.S., a region, or a state.

Location



Explore Alzheimer's Disease and Healthy Aging Data By Indicator

Explore Alzheimer's Disease and Healthy Aging Data for one indicator for all available locations.

Category

Create Custom Reports and Visualizations

Go to the Alzheimer's Disease and Healthy Aging Data Portal to create a custom report, customize visualizations, download data, and more.


[Alzheimer's Disease and Healthy Aging Data Portal](#)

Alzheimer's Disease and Healthy Aging Data Publications

[State of Aging and Health in America: Data Briefs](#)
[Healthy Brain Initiative Road Map](#)

<https://www.cdc.gov/aging/agingdata/index>.


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Alzheimer's Disease and Healthy Aging

COVID-19: Guidance for Older Adults




Alzheimer's Disease Public Health Curriculum




Healthy Brain Initiative 2023 Road Map

What's New


- Podcasts, Health Risks of Social Isolation and Loneliness Before and During COVID-19
- Social Determinants of Health and Alzheimer's Disease
- Study Shows Baby Boomer Caregivers in Poor Health
- Help for Caregivers




What is Alzheimer's disease?




Caregiving




Healthy Brain Road Maps




What's New?




Healthy Brain Initiative




Data and Statistics




Communications Center




Alzheimer's Disease and Healthy Aging Data Portal



Training for Health Professionals



Resources & Publications



Partner Resources

Newsletter Subscription: <https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx>

More information and materials available at: www.cdc.gov/aging



**HEALTHYBRAIN
INITIATIVE**

Advance brain health as a central part of public health practice
(Nationally)



BOLD is designed to create a strong public health infrastructure for dementia and dementia caregiving

Component A

The Alzheimer's Association

Component B

International Association for Indigenous Aging
University of Illinois at Chicago
UsAgainstAlzheimer's

BOLD PUBLIC HEALTH CENTERS OF EXCELLENCE

Building Our Largest Dementia Infrastructure
(BOLD) — *Public Health Centers of Excellence to
Address Alzheimer's Disease and Related Dementias*
(CDC-RFA-DP20-2005)

**Public Health Center of Excellence in Dementia
Caregiving**

University of Minnesota

**Public Health Center of Excellence in Dementia
Risk Reduction**

Alzheimer's Association

**Public Health Center of Excellence in Early Detection
of Dementia**

NYU School of Medicine

BOLD PUBLIC HEALTH PROGRAMS

Enhanced (Implementation)

| | |
|--------------|-----------|
| Georgia | Minnesota |
| Rhode Island | Virginia |
| Wisconsin | |

Core Capacity (Planning)

| | |
|---|--------------------|
| Northwest Portland Area Indian Health Board | |
| Colorado | Hawaii |
| Iowa | Los Angeles County |
| Maine | Mississippi |
| Nevada | North Carolina |
| Oklahoma | Vermont |

UNIT 2 ACTIVITY: VISIONING ACTIVITY

Use the worksheets below to help envision a community where brain health is prioritized. Write down your answers in the space provided. There is no right or wrong answer.

ACTIVITY OBJECTIVE:

- Participants will be able to describe what an “ideal” community might look like if brain health was fully addressed and prioritized

Materials Needed for Unit 2 Activity:

- Self-study:
 - Visioning activity worksheet
 - Writing utensil
- Group facilitation:
 - Visioning activity facilitator guide ([appendix 4](#))
 - Visioning activity worksheet
 - Writing utensil

WORKSHEET #1

Brain Health Visioning Activity

*In a community where **brain health** is prioritized:*

Community Members would...

VISION:

***Caregivers** would...

National Indian
Health Board



*A caregiver is a family member or paid helper who regularly helps someone who needs assistance with daily living, such as a child, someone with an illness or the elderly.

Tribal Leaders would...

VISION:



Data would be used to...

VISION:



National Indian
Health Board



Healthcare Services would...

VISION:



What Else?

VISION:



National Indian
Health Board



UNIT 2 KNOWLEDGE CHECK

1. Pick Many:
Input from which of the following entities were used to inform the Road Map for Indian Country?
 - a. Tribal Leaders
 - b. Tribal Health Directors
 - c. Tribal Title VI Directors
 - d. Tribal Elders
2. Pick Many:
Which of the following are Road Map for Indian Country Strategies?
 - a. Collect and use data
 - b. Strengthen the workforce
 - c. Educate and empower community members
 - d. Develop policies and mobilize partnerships
3. True or False?
Mild cognitive impairment always progresses into dementia.
 - a. True
 - b. False

Please find the correct answers for the knowledge check in appendix 3.



Unit 3:

CULTURAL CONSIDERATIONS IN BRAIN HEALTH FOR INDIAN COUNTRY

INTRODUCTION

Unit 3 will take approximately
35 minutes to complete

This unit contains information on cultural considerations, including the importance of communication and practicing cultural humility, the impact of cultural understanding, sensitivities, appropriateness and humiliation when providing health services to American Indians and Alaska Natives. This slide deck contains a presentation by Dr. Linda Bane Frizzell.

Dr. Frizzell, (Eastern Band of Cherokee Indians/Lakota) has extensive experience and practice as a provider and administrator with Indian health systems. She has a doctorate in Physiology, Education Administration, and Gerontology and a postdoc in epidemiology. She has been honored to be a Tribal technical advisor for health care and services policy and legislation for over 26 years. Dr. Frizzell has extensive experience in working with countless Tribes across the nation to enhance their infrastructures and assist in their quest for self-determination. She is currently a faculty member of the University of Minnesota where she teaches American Indian health and wellness and provides presentations on Tribal public health and wellness.

Materials needed for Cultural Considerations in Brain health for Indian Country:

- Self-study:
 - Slide deck (following)
 - Cultural considerations for Tribal brain health worksheets (following)
 - Writing utensil
- Group facilitation:
 - Slide deck (following)
 - Cultural considerations for Tribal brain health facilitator guide ([appendix 5](#))
 - Cultural considerations for Tribal brain health worksheets (following)
 - Writing utensil

SLIDE DECK

CULTURAL CONSIDERATIONS FOR PROVIDING HEALTH SERVICES WITH AMERICAN INDIANS AND ALASKA NATIVES: HOW IMPORTANT IS COMMUNICATION AND THE PRACTICE OF CULTURAL HUMILITY



Dr. Linda Bane Frizzell, Ph.D., M.S.

UNIVERSITY OF MINNESOTA
SCHOOL OF PUBLIC HEALTH

WHAT IS CULTURE?

- Is it race?
- Is it ethnicity?
- Is it geographical?
- Does it relate to spirituality/religion?
- Does it have familial ties/history?
- Are there different levels of culture?
- Is it possible to be multicultural?
- Can culture be open or closed? Both?
- Is there more than one culture that governs/guides an individual? e.g. “sub-cultures”

WHY IS CULTURE IMPORTANT FOR PATIENT SERVICES?

- How do you communicate with Patients or Clients?
 - Verbal
 - Visual
 - Body language
 - Face to Face
 - Gestures
 - Physical contact (e.g. shaking hands, holding hand...)
 - How do you listen? What importance is “**listening**”?
 - Does **YOUR** culture have any effect on communication?
 - Do you believe that **EVERY** patient/client has their own unique culture?

HOW DO YOU BECOME CULTURALLY SENSITIVE/ATTUNED?

- Cultural sensitivity is a lifelong pursuit
- Cultures are continuously changing - by way of their own acceptable guides to **SURVIVE**
- Members of cultural groups have a responsibility to be gate keepers, change agents, mentors, and willing to evolve to protect their cultural practices
- Individuals can learn to be culturally sensitive by first being respectful of their own cultures, and be humbled in other cultures (**NOT** condescending)
- It is important to never assume facts (may be myths) or assume to understand the actions of other cultures
- When in doubt ask for advice

GENERAL CULTURAL HUMILITY

- Are there “general” processes/education for health service providers?
 - Importance?
- What are the current expectations of U.S. citizens in regard to respect/considerations of “culturally appropriate” health services?
 - Can this be generalized?
- Suggested “culturally competent” definition:

Culturally competent services can ONLY be determined by the Patient or Client

WHY IS IT IMPORTANT TO HAVE CULTURAL HUMILITY?

- Does culture affect the quality and effectiveness of services?
- Does culture affect understanding of signs and symptoms?
- Are there some questions/topics that are not part of various cultures?
- Are there some questions/topics that cultural customs prohibit from being asked?
- Should there be traditions that culture protects?
- Can one become culturally aware, sensitive, respectful?
- Can one become culturally competent?

WHAT ARE WE TRYING TO DO UNDER THE CULTURAL HUMILITY UMBRELLA?

- Enlighten health service providers?
 - Should health providers also help Patients/Clients to understand how the health services system operates? Or do they even know?
- Are there “prerequisites for culture humility”?
- Are there tools that can be used, e.g. education, mentors?
- The “keepers” of the culture? Who are they?
- How will you know if you practice cultural humility?

CULTURAL CONSIDERATIONS

- Consider historical issues of “trust” of health services providers
- Consider the individual’s perceptions of “normal aging” (e.g. it is NOT “normal to lose memory”)
- Does the individual’s culture have “stigma” in regard to memory loss? “A” word = terminal; dementia vs “demented”
- What is the individual’s choice of family involvement?
 - What are the cultural expectations?
 - What are the family’s responsibility to care for individual?
 - Does/will the family experience “shame” from others?
- Are there cultural impacts for choices of ethical issues, artificial nutrition, life support, autopsies?



COMMUNICATION CONSIDERATIONS

- Perceptual barriers – we all see the world differently
- Emotional barriers – withholding thoughts and feelings
- Cultural barriers – misunderstandings, group behaviors
- Age barriers, generational, historical
- Language barriers – not everyone is familiar with all languages or jargon (e.g. subs, hoagies, grinders)
- Learned expectations – often referred to as stereotyping
- Learned dependence – high rate of AI/ANs
- Misinterpretations – misjudgment – dangerous and quickly noted by patients

OTHER CULTURAL CONSIDERATIONS

- Consider linguistic, economic and social experiences of the individual:
 - What is the choice of communication (self, or family member, advocate)?
 - Are there barriers to access services (including access to culturally sensitive providers)?
 - Do not place all of the family in a single culture or ethnic group.
 - Respect individual choice of:
 - Physical distance
 - Physical contact
 - Tone of voice
 - Eye contact

METHODS FOR INCREASING CULTURAL HUMILITY

- Grow your Own - empower local residents, to be the foundation of a culturally attuned and grounded professional health service workforce
- Mentoring – offer opportunities for professionals to learn from each other – embrace building “cultural capital”
- Two way mentoring – can help reduce culture shock of moving from a rural or village life to urban areas (e.g. college student pairing with high school students)
- Learning – all levels of life
- Job-based learning (work a sub-culture? – within a culture)
- Determine who are the “keepers” of traditions and solicit advice from them

SO WHAT ABOUT DIRECT SERVICE PROVISION FOR MENTALLY IMPAIRED INDIVIDUAL?

- What is your first step as a health service provider?
- How important is the patient/client history?
- Are there records available to provide history?
- How cognizant is the patient/client?
 - Remembering that individuals generally are aware if they are experiencing memory or cognitive issues
 - Individuals that have the ability to realize they are having memory issues are quite crafty at “hiding” their impairment
- Is the patient/client’s family available for consultation (if the patient/client agrees) for cultural, medical and behavioral health history?
- Understand the high likelihood that AI/ANs will have had a history of health services that were not sensitive to their culture

CULTURAL CONSIDERATIONS FOR AI/ANS WITH MEMORY IMPAIRMENTS

- Consider each person as an individual:
 - Member of a family
 - A dual citizen
 - With tribal affiliation (if willing to share)
 - Choice of spirituality (Western or Traditional or both)
 - Language preference
 - Historical trauma (100% of all AI/ANs have a history)
- Understand that some elders have histories of horrific racial experiences:
 - Genocide (bounty on dead Indians)
 - Forced assimilation (boarding schools, harsh punishments of using Native language, clothing)

OUTCOME POSSIBILITIES OF A SUCCESSFUL HEALTH AND WELLNESS ENCOUNTER

- Health and wellness service providers will:
 - Learn the history about the community you serve
 - Practice and serve with cultural humility
 - Have abilities to respect individuals and with permission, collaborate with families in “holistic” approaches that have been used for centuries by indigenous peoples
 - Do not assume all members of a family have the same cultural beliefs or same values of traditions
 - Provide the highest quality and effective services possible
- These “fundamentals” are a critical basis for improved understanding of cultural diversity and cultural traditions to reduce unknowing cultural oppression, subconscious racism, gender inequities, and forced historical dominant culture practices and policies

UNIT 3 ACTIVITY: CULTURAL CONSIDERATIONS WORKSHEET

This unit contained information on the impact of cultural understanding, sensitivities, appropriateness, and humility when providing health services. Please use the following questions to think about your own community and identify areas worth considering when improving you and your team's cultural competency. Use the space below each question to jot down your notes. Remember, having and showing cultural competency is a lifelong pursuit and evolves alongside the cultures themselves. The key to having cultural competency is to start with no assumptions. By showing empathy and humility when (humbly) approaching a cultural community, you can be most receptive to what you can learn from that culture.

ACTIVITY OBJECTIVE:

- Participants will discuss cultural considerations and strategies for how community voices can be incorporated in brain health services, policies and programming.

Materials needed for Unit 3 Activity:

- Self-study:
 - Cultural considerations worksheets
 - Writing utensil
 - An additional considerations deeper dive (optional) with questions is available in the cultural considerations facilitator guide ([appendix 5](#))
- Group facilitation:
 - Cultural considerations facilitator guide ([appendix 5](#))
 - Cultural considerations worksheets
 - Writing utensil
 - An additional considerations deeper dive (optional) with questions is available in the cultural considerations facilitator guide ([appendix 5](#))

CULTURAL CONSIDERATIONS WORKSHEET

1. What stood out from Dr. Frizzell's presentation? Do any of those considerations ring true in your community?
2. What experiences have your elders or family members had with brain health?
3. How is memory or cognition discussed in your Tribe or community? Are there words, phrases or topics of discussion to be avoided? Are there any traditions that relate to taking care of cognition?
4. Who is best to lead brain health discussions in your community?
5. What are the ways the Tribe(s) and/or community can be involved in brain health programs?
6. How can healthcare staff and program staff be more culturally competent when it comes to brain health in your community?
7. Are there traditions that could help support prevention of cognitive decline or the care of those who may have cognitive impairment?

UNIT 3 KNOWLEDGE CHECK

1. True or False?

Cultural sensitivity is a lifelong pursuit.

- a. True
- b. False

2. Pick Many:

How can you increase cultural humility, according to Dr. Frizzell's presentation? Please select all that apply.

- a. Grow your own (empower local residents to be the foundation of a culturally attuned and grounded professional health service workforce)
- b. Determine who are the "keepers" of traditions and solicit advice from them
- c. Job-based learning
- d. Learning
- e. Mentoring

3. Pick Many:

Dr. Frizzell's presentation included several cultural considerations for American Indians and Alaska Natives with memory impairments, which considerations did she share? Please select all that apply.

- a. Consider each person with choice of spirituality (Western or Traditional or both)
- b. Consider each person as an individual
- c. Consider each person with historical trauma (100% of AI/ANs have a history)
- d. Understand that some elders have histories of horrific racial experiences

Please find the correct answers for the knowledge check in appendix 3.



Unit 4:

PRIORITIZATION OF BRAIN HEALTH IN INDIAN COUNTRY

INTRODUCTION

Unit 4 will take approximately
65 minutes to complete

This unit contains the public health strategies outlined in the Road Map for Indian Country. Please have the Road Map for Indian Country available as a resource.

Materials needed for Prioritization of Brain Health in Indian Country:

- I Self-study:
 - a. Slide deck (following)
 - b. Prioritizing Strategies from the Road Map for Indian Country worksheets (following)
 - c. Road Map for Indian Country (pages 20 – 22)
 - d. Writing utensil
- II Group facilitation:
 - a. Slide deck (following)
 - b. Prioritizing Strategies from the Road Map for Indian Country facilitator guide ([appendix 6](#))
 - c. Prioritizing Strategies from the Road Map for Indian Country worksheets (following)
 - d. Road Map for Indian Country (pages 20 – 22)
 - e. Writing utensil

SLIDE DECK

PRIORITIZATION OF BRAIN HEALTH IN INDIAN COUNTRY



OPPORTUNITIES FOR COMMUNITY ACTION



Eight broad public health strategies are suggested here as ways to respond to the life-course challenges of Alzheimer's and other dementias. With deep respect for tribal tradition and autonomy, these actions are offered as a starting point for discussion, deliberation, and cross-sector collaboration among AI/AN communities, regional tribal health boards, and other public health partners such as state and local health departments. Some actions may be more relevant for a particular AI/AN community than others. Collectively, the strategies aim to improve health and well-being in Indian Country, address cognitive impairment, and help support AI/AN dementia caregivers.

Many of the eight strategies are suitable to cross-sector collaborations. These partnerships across healthcare, public health, and other aspects of community life are increasingly viewed as an essential component of any strategy for improving population health and well-being. Potential partners could include: senior centers; Native American Caregiver Support Program (Title VI C); Indian Health Service, Tribal and urban Indian health programs; Medicaid; the Veterans Health Administration; disease management and wellness programs; and groups of public health nurses and community health representatives (CHRs).

The strategies — grouped in three categories — are written broadly, so that each AI/AN community can tailor implementation to its unique priorities and capacities. (See page 20 for considerations to guide planning efforts.)

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

EDUCATE AND EMPOWER COMMUNITY MEMBERS



1. Strategy 1: Work with community members to understand brain health, early warning signs of dementia, and benefits of early detection and diagnosis for persons with dementia and their caregivers.
2. Strategy 2: Encourage community members to use effective interventions, best practices, and traditional wellness practices to protect brain health, address cognitive impairment, and support persons with dementia and their caregivers.
3. Strategy 3: Provide information and tools to help older adults with dementia and their caregivers anticipate and respond to challenges that typically arise during the course of dementia.
4. Strategy 4: Promote engagement among tribal leaders in dementia issues by offering information and education on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health approaches in addressing this priority problem.

COLLECT AND USE DATA

5. Strategy 5: Support collection and use of local data on dementia and caregiving in AI/AN communities to plan programs and approaches.
6. Strategy 6: Promote the inclusion of healthcare quality measures that address both cognitive assessments and the delivery of care to AI/ANs with dementia.

STRENGTHEN THE WORKFORCE

7. Strategy 7: Educate healthcare and aging services professionals in Indian Country about the signs and symptoms of dementia and about caregiving for persons with dementia.
8. Strategy 8: Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia.

<https://www.cdc.gov/aging/healthybrain/Indian-country-roadmap.htm>, page 19

UNIT 4 ACTIVITY: PRIORITIZING STRATEGIES FROM THE ROAD MAP FOR INDIAN COUNTRY ACTIVITY

This unit contained Road Map for Indian Country strategies to support prioritizing in your community. Use the worksheets below to take notes on what prioritizing each Road Map for Indian Country strategy looks like in your community. Think of innovative ways to incorporate these activities into your community. Think of challenges to incorporating these activities into your community. Is it something that can be easily accomplished in your community, why or why not? Use the things to consider questions to guide your thinking.

After thinking through each strategy, assess your community's readiness and capacity to advance brain health through that strategy. You'll be assessing three things:

- How **important** is this strategy for the community/region/state? (**Priority**)
- How **difficult** would it be to implement this strategy, thinking about time, resources, workforce, etc.? (**Difficulty**)
- How does this strategy align with the other activities your community/organization have planned? (**Alignment**)

ACTIVITY OBJECTIVE:

- Participants will be able to learn more about the 8 public health strategies, consider which ones are realistic and feasible for their community brain health initiatives and assess their community's readiness to act on each strategy.

Materials needed for Unit 4 Activity:

- Self-study:
 - Prioritizing and Assessing Strategies from the Road Map for Indian Country worksheets
 - Road Map for Indian Country (pages 20 – 22)
 - Writing utensil
- Group facilitation:
 - Prioritizing and Assessing Strategies from the Road Map for Indian Country facilitator guide ([appendix 6](#))
 - Prioritizing Strategies from the Road Map for Indian Country worksheets
 - Road Map for Indian Country (pages 20 – 22)
 - Writing utensil



EXAMPLE - Prioritizing and Assessing Strategies from the Road Map for Indian Country

Tribe X has decided they want to increase support for dementia screening, education, and caregiving services over the next five years. These goals are included in their recent 5 year community health plan.

Their clinic currently offers dementia screening as part of annual visits, but follow up shows limited utilization of referrals for neurology and supportive services. When asked, patients and their families have shared that the programs feel overbearing and do not understand the role elders play in the community.

Assess Strategy #8 for Community X

Strategy #8: Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia.

Things to consider (take notes in the space provided):

1. What support from healthcare and aging service professionals do families and caregivers of older adults with dementia need?
 - Understand how dementia impacts the healthy and daily living of older adults with dementia and how to care for their changing needs
 - Potential health risks dementia may cause
 - Cultural-appropriate tools and resources
2. What education materials would healthcare and aging service professionals need?
 - How to be a culturally competent healthcare provider
 - Orientation to the norms of the community
3. What resources would you need to implement this strategy in your community?
 - Funding
 - Staff training
 - Materials
 - Training materials
 - Time
 - Time to develop trainings and orientations
 - People
 - Tribal leaders
 - Board of health/healthcare board
 - Elders
 - Families / caregivers
 - Clinicians

| | | | |
|--|------------------------|---------------------------|-------------------------|
| Priority <i>How important is this strategy for the community/Tribe?</i> | Low 1 point | Medium 2 points | High 3 points |
| Difficulty <i>How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.?</i> | Low 3 points | Medium 2 points | High 1 point |
| Alignment <i>How does this strategy align with the other activities your community/organization have planned?</i> | Low 1 point | Medium 2 points | High 3 points |
| Strategy 8 Total Points*: | | | 8 points |

EDUCATE AND EMPOWER

Strategy 1:

Work with community members to understand brain health, early warning signs of dementia, and benefits of early detection and diagnosis for persons with dementia and their caregivers.

Things to consider (take notes in the space provided):

1. Who needs to be educated on this in your community?
2. What facilitators currently exist in your community to achieve this?
3. What barriers currently exist in your community that might pose a challenge?
4. What resources would you need to implement this strategy in your community?
 - Funding:
 - Materials:
 - Time:
 - People:

ASSESSING STRATEGY 1:

Instructions: Circle the appropriate response based on the priority, difficulty, and alignment for your community. Add the points up to determine your community's readiness to act on this strategy. You'll input the score into a table at the end of this activity and refer to them in Unit 5's activity.

| | | | |
|---|------------------------|---------------------------|-------------------------|
| Priority How important is this strategy for the community/Tribe? | Low 1 point | Medium 2 points | High 3 points |
| Difficulty How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.? | Low 3 points | Medium 2 points | High 1 point |
| Alignment How does this strategy align with the other activities your community/organization have planned? | Low 1 point | Medium 2 points | High 3 points |
| Strategy 1 Total Points*: | | | |

*Minimum = 3 points Maximum = 9 points

Strategy 2:

Encourage community members to use effective interventions, best practices, and traditional wellness practices to protect brain health, address cognitive impairment, and support persons with dementia and their caregivers.

Things to consider (take notes in the space provided):

1. Who do you think needs encouragement to practice protective behaviors?
2. What is the best way to provide this encouragement? For example, community group meetings, posters in shared spaces, radio messages, etc.
3. What resources would you need to implement this strategy in your community?
 - Funding:
 - Materials:
 - Time:
 - People:

ASSESSING STRATEGY 2:

Instructions: Circle the appropriate response based on the priority, difficulty, and alignment for your community. Add the points up to determine your community's readiness to act on this strategy. You'll input the score into a table at the end of this activity and refer to them in Unit 5's activity.

| | | | |
|---|------------------------|---------------------------|-------------------------|
| Priority How important is this strategy for the community/Tribe? | Low 1 point | Medium 2 points | High 3 points |
| Difficulty How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.? | Low 3 points | Medium 2 points | High 1 point |
| Alignment How does this strategy align with the other activities your community/organization have planned? | Low 1 point | Medium 2 points | High 3 points |
| Strategy 2 Total Points*: | | | |

*Minimum = 3 points Maximum = 9 points

Strategy 3:

Provide information and tools to help older adults with dementia and their caregivers anticipate and respond to challenges that typically arise during the course of dementia.

Things to consider (take notes in the space provided):

1. What information about brain health and dementia do older adults and their caregivers need?
2. What are good ways to get information to older adults and their caregivers?
3. What resources would you need to implement this strategy in your community?
 - Funding:
 - Materials:
 - Time:
 - People:

ASSESSING STRATEGY 3:

Instructions: Circle the appropriate response based on the priority, difficulty, and alignment for your community. Add the points up to determine your community's readiness to act on this strategy. You'll input the score into a table at the end of this activity and refer to them in Unit 5's activity.

| | | | |
|---|------------------------|---------------------------|-------------------------|
| Priority How important is this strategy for the community/Tribe? | Low 1 point | Medium 2 points | High 3 points |
| Difficulty How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.? | Low 3 points | Medium 2 points | High 1 point |
| Alignment How does this strategy align with the other activities your community/organization have planned? | Low 1 point | Medium 2 points | High 3 points |
| Strategy 3 Total Points*: | | | |

*Minimum = 3 points Maximum = 9 points

Strategy 4:

Promote engagement among Tribal leaders in dementia issues by offering information and education on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health approaches in addressing this priority problem.

Things to consider (take notes in the space provided):

1. What do Tribal leaders need to know about brain health and dementia?
2. What are some ways to engage Tribal leaders in health issues, and especially brain health?
3. What resources would you need to implement this strategy in your community?
 - Funding:
 - Materials:
 - Time:
 - People:

ASSESSING STRATEGY 4:

Instructions: Circle the appropriate response based on the priority, difficulty, and alignment for your community. Add the points up to determine your community's readiness to act on this strategy. You'll input the score into a table at the end of this activity and refer to them in Unit 5's activity.

| | | | |
|---|------------------------|---------------------------|-------------------------|
| Priority How important is this strategy for the community/Tribe? | Low 1 point | Medium 2 points | High 3 points |
| Difficulty How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.? | Low 3 points | Medium 2 points | High 1 point |
| Alignment How does this strategy align with the other activities your community/organization have planned? | Low 1 point | Medium 2 points | High 3 points |
| Strategy 4 Total Points*: | | | |

*Minimum = 3 points Maximum = 9 points



COLLECT AND USE DATA

Strategy 5:

Support collection and use of local data on dementia and caregiving in AI/AN communities to plan programs and approaches.

Things to consider (take notes in the space provided):

1. What data is already being collected on dementia and caregiving?
2. How can local data on dementia and/or caregiving be collected?
3. Who plans programs for your elders? How could they benefit from local data?
4. What resources would you need to implement this strategy in your community?
 - Funding:
 - Materials:
 - Time:
 - People:

ASSESSING STRATEGY 5:

Instructions: Circle the appropriate response based on the priority, difficulty, and alignment for your community. Add the points up to determine your community's readiness to act on this strategy. You'll input the score into a table at the end of this activity and refer to them in Unit 5's activity.

| Priority How important is this strategy for the community/Tribe? | Low 1 point | Medium 2 points | High 3 points |
|---|------------------------|---------------------------|-------------------------|
| Difficulty How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.? | Low 3 points | Medium 2 points | High 1 point |
| Alignment How does this strategy align with the other activities your community/organization have planned? | Low 1 point | Medium 2 points | High 3 points |
| Strategy 5 Total Points*: | | | |

*Minimum = 3 points Maximum = 9 points

Strategy 6:

Promote the inclusion of healthcare quality measures that address both cognitive assessments and the delivery of care to AI/ANs with dementia.

Things to consider (take notes in the space provided):

1. What quality measures for cognitive assessments and delivery of care to AI/ANs with dementia exist?
2. How can healthcare systems incorporate quality measures for cognitive assessment and care delivery to AI/ANs with dementia?
3. What resources would you need to implement this strategy in your community?
 - Funding:
 - Materials:
 - Time:
 - People:

ASSESSING STRATEGY 6:

Instructions: Circle the appropriate response based on the priority, difficulty, and alignment for your community. Add the points up to determine your community's readiness to act on this strategy. You'll input the score into a table at the end of this activity and refer to them in Unit 5's activity.

| Priority | Low | Medium | High |
|--|----------|----------|----------|
| How important is this strategy for the community/Tribe? | 1 point | 2 points | 3 points |
| Difficulty | Low | Medium | High |
| How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.? | 3 points | 2 points | 1 point |
| Alignment | Low | Medium | High |
| How does this strategy align with the other activities your community/organization have planned? | 1 point | 2 points | 3 points |
| Strategy 6 Total Points*: | | | |

*Minimum = 3 points Maximum = 9 points

STRENGTHEN THE WORKFORCE

Strategy 7:

Educate healthcare and aging services professionals in Indian Country about the signs and symptoms of dementia and about caregiving for persons with dementia.

Things to consider (take notes in the space provided):

1. What is the status of brain health and dementia knowledge among healthcare and aging professionals in your community?
2. Are there existing trainings and resources that could be easily accessed? If no, what would you need to access trainings and resources?
3. What resources would you need to implement this strategy in your community?
 - Funding:
 - Materials:
 - Time:
 - People:

ASSESSING STRATEGY 7:

Instructions: Circle the appropriate response based on the priority, difficulty, and alignment for your community. Add the points up to determine your community's readiness to act on this strategy. You'll input the score into a table at the end of this activity and refer to them in Unit 5's activity.

| Priority | Low | Medium | High |
|--|----------|----------|----------|
| How important is this strategy for the community/Tribe? | 1 point | 2 points | 3 points |
| Difficulty | Low | Medium | High |
| How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.? | 3 points | 2 points | 1 point |
| Alignment | Low | Medium | High |
| How does this strategy align with the other activities your community/organization have planned? | 1 point | 2 points | 3 points |
| Strategy 7 Total Points*: | | | |

*Minimum = 3 points Maximum = 9 points

Strategy 8:

Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia.

Things to consider (take notes in the space provided):

1. What support from healthcare and aging service professionals do families and caregivers of older adults with dementia need?
2. What education materials would healthcare and aging service professionals need?
3. What resources would you need to implement this strategy in your community?
 - Funding:
 - Materials:
 - Time:
 - People:

ASSESSING STRATEGY 8:

Instructions: Circle the appropriate response based on the priority, difficulty, and alignment for your community. Add the points up to determine your community's readiness to act on this strategy. You'll input the score into a table at the end of this activity and refer to them in Unit 5's activity.

| Priority | Low | Medium | High |
|--|----------|----------|----------|
| How important is this strategy for the community/Tribe? | 1 point | 2 points | 3 points |
| Difficulty | Low | Medium | High |
| How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.? | 3 points | 2 points | 1 point |
| Alignment | Low | Medium | High |
| How does this strategy align with the other activities your community/organization have planned? | 1 point | 2 points | 3 points |
| Strategy 8 Total Points*: | | | |

*Minimum = 3 points Maximum = 9 points

Total Points from All Strategies – Fill out the table below to identify the highest scores. You'll refer back to this table to develop your action plan in Unit 5.

| Strategy | Total Points from Assessment minimum = 3 points maximum = 9 points |
|--|--|
| Strategy #1: Work with community members to understand brain health, early warning signs of dementia, and benefits of early detection and diagnosis for persons with dementia and their caregivers. | |
| Strategy #2: Encourage community members to use effective interventions, best practices, and traditional wellness practices to protect brain health, address cognitive impairment, and support persons with dementia and their caregivers. | |
| Strategy #3: Provide information and tools to help older adults with dementia and their caregivers anticipate and respond to challenges that typically arise during the course of dementia. | |
| Strategy #4: Promote engagement among tribal leaders in dementia issues by offering information and education on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health approaches in addressing this priority problem. | |
| Strategy #5: Support collection and use of local data on dementia and caregiving in AI/AN communities to plan programs and approaches. | |
| Strategy #6: Promote the inclusion of healthcare quality measures that address both cognitive assessments and the delivery of care to AI/ANs with dementia. | |
| Strategy #7: Educate healthcare and aging services professionals in Indian Country about the signs and symptoms of dementia and about caregiving for persons with dementia. | |
| Strategy #8: Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia. | |

UNIT 4 KNOWLEDGE CHECK

1. Match:
- Place the following activities in the appropriate box next to each Road Map for Indian Country strategy:
- Educate and empower
 - Collect and use data
 - Strengthen the workforce

| | |
|--|--|
| Work with community members to understand brain health, early warning signs of dementia, and benefits of early detection and diagnosis for persons with dementia and their caregivers. | |
| Support collection and use of local data on dementia and caregiving in AI/AN communities to plan programs and approaches. | |
| Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia. | |

2. Pick Many:
- Which of the following should you consider when planning for action, according to the presentation? Please select all that apply.
- a. The difficulty to implement.
 - b. Alignment with other services.
 - c. The importance of community.

Please find the correct answers for the knowledge check in appendix 3.



Unit 5

PLANNING FOR ACTION – INITIAL STEPS

INTRODUCTION

Unit 5 will take approximately 20 minutes to complete

This unit contains information for how to map out a detailed action plan for addressing the Road Map for Indian Country strategies in your community. Please have the Road Map for Indian Country available as a resource.

Materials needed for Planning for Action – Initial Steps

1. Self-study:
 - a. Slide deck (following)
 - b. Planning for Action – Initial Steps worksheets (following)
 - c. Road Map for Indian Country
 - d. Writing utensil
2. Group facilitation:
 - a. Slide deck (following)
 - b. Planning for Action – Initial Steps facilitator guide (appendix 7)
 - c. Planning for Action – Initial Steps worksheets (following)
 - d. Road Map for Indian Country
 - e. Writing utensil

SLIDE DECK

PLANNING FOR ACTION – INITIAL STEPS

WHAT IS AN ACTION PLAN?

An action plan is an organized description of the way your group will use selected strategies to meet its objectives. An action plan consists of a number of concrete steps or changes that will help your community achieve its vision.

Things to consider in your Action Plan:

- How will you measure success of this action?
- What inputs will you need (funding, materials, personnel) to achieve these actions?
- What are potential barriers to achieving this action?
- Who on your staff will be involved?
- Who are your partners and stakeholders that will be involved?
- What are concrete next steps you can take to achieve this action?

Each action step or change to be sought should include the following information:

- **What** actions or changes will occur?
- **Who** will carry out these changes?
- **By when** they will take place, and for how long?
- **What resources** (i.e., money, staff) are needed to carry out these changes?
- **Communication** (who should know what?)

What are the criteria for a good action plan?

The action plan for your initiative should meet several criteria.

Is the action plan:

- **Complete?** Does it list all the action steps or changes to be sought in all relevant parts of the community (e.g., schools, business, government, faith community)?
- **Clear?** Is it apparent who will do what by when?
- **Current?** Does the action plan reflect the current work? Does it anticipate newly emerging opportunities and barriers?

PLANNING FOR ACTION – CONSIDERATIONS FOR SELECTING A STRATEGY

- How **important** is this strategy for the community/region/state? (**Priority**)
- How **difficult** would it be to implement this strategy, thinking about time, resources, workforce, etc.? (**Difficulty**)
- How does this strategy align with the other activities your community/organization have planned? (**Alignment**)
- How will **success be measured**?
- What **inputs** are needed?
- What are some **potential barriers**?
- What are the **roles and responsibilities** of:
 - Staff?
 - Partners and stakeholders?
- What are the **next steps** in being successful?



UNIT 5 ACTIVITY: PLANNING FOR ACTION – INITIAL STEPS

This unit contained information and considerations for how to map out a detailed action plan for addressing the Road Map for Indian Country strategies. Use the worksheets, below to apply the Road Map for Indian Country strategies to brain health programming in your community. Refer to page 52 to select the three strategies with the highest point totals based on priority, difficulty and alignment to develop your action plan. An action plan is an organized description of the way your group will use its strategies to meet its objectives. An action plan consists of a number of concrete steps or changes that will help your community achieve its vision.

Things to consider in your Action Plan:

- How will you measure success of this action?
- What inputs will you need (funding, materials, personnel) to achieve these actions?
- What are potential barriers to achieving this action?
- Who on your staff will be involved?
- Who are your partners and stakeholders that will be involved?
- What are concrete next steps you can take to achieve this action?

Additionally, ask yourself, is the action plan:

- **Complete?** Does it list all the action steps or changes to be sought in all relevant parts of the community (e.g., schools, business, government, faith community)?
- **Clear?** Is it apparent who will do what by when?
- **Current?** Does the action plan reflect the current work? Does it anticipate newly emerging opportunities and barriers?

ACTIVITY OBJECTIVES:

- Participants will be able to map out a detailed action plan for at least one RMIC strategy using a template.
- Participants will set realistic goals, actionable steps, a timetable, identify contacts and resources needed.

Materials needed for Unit 5 Activity

- Self-study:
 - Planning for Action – Initial Steps worksheets
 - Road Map for Indian Country
 - Writing utensil
- Group facilitation:
 - Planning for Action – Initial Steps facilitator guide ([appendix 7](#))
 - Planning for Action – Initial Steps worksheets
 - Road Map for Indian Country
 - Writing utensil



EXAMPLE – Planning for Action

Tribe X has decided they want to increase support for dementia screening, education, and caregiving services over the next five years. These goals are included in their recent 5 year community health plan.

Their clinic currently offers dementia screening as part of annual visits, but follow up shows limited utilization of referrals for neurology and supportive services. When asked, patients and their families have shared that the programs feel overbearing and do not understand the role elders play in the community.

Example from Unit 4 – Prioritizing and Assessing Strategies from the Road Map for Indian Country

Tribe X has decided they want to increase support for dementia screening, education, and caregiving services over the next five years. These goals are included in their recent 5 year community health plan.

Their clinic currently offers dementia screening as part of annual visits, but follow up shows limited utilization of referrals for neurology and supportive services. When asked, patients and their families have shared that the programs feel overbearing and do not understand the role elders play in the community.

Assess Strategy #8 for Community X

Strategy #8: Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia.

Things to consider (take notes in the space provided):

- 1. What support from healthcare and aging service professionals do families and caregivers of older adults with dementia need?*
 - Understand how dementia impacts the healthy and daily living of older adults with dementia and how to care for their changing needs*
 - Potential health risks dementia may cause*
 - Cultural-appropriate tools and resources*
- 2. What education materials would healthcare and aging service professionals need?*
 - How to be a culturally competent healthcare provider*
 - Orientation to the norms of the community*

3. What resources would you need to implement this strategy in your community?

- Funding
 - Staff training
- Materials
 - Training materials
- Time
 - Time to develop trainings and orientations
- People
 - Tribal leaders
 - Board of health/healthcare board
 - Elders
 - Families / caregivers
 - Clinicians

| | | | |
|---|------------------------|---------------------------|-------------------------|
| Priority How important is this strategy for the community/Tribe? | Low 1 point | Medium 2 points | High 3 points |
| Difficulty How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.? | Low 3 points | Medium 2 points | High 1 point |
| Alignment How does this strategy align with the other activities your community/organization have planned? | Low 1 point | Medium 2 points | High 3 points |
| Strategy 8 Total Points*: | | | 8 points |

EXAMPLE – Planning for Action

After thinking through the “things to consider” and assessing the community’s readiness (from Unit 4 activity), Community X Health Director has chosen Strategy #8 as one of the top priorities.

ACTION PLAN

Action 1: Strategy #8: Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia.

Measure of Success: Increase in reported patient and caregiver satisfaction with referral and supportive services.

Inputs needed: Funding (for trainings and staff); leadership support; provider trainings; patient satisfaction questionnaires...

Potential barriers: Staff time, funding

Who on staff will be responsible: Elder care programs coordinators (2)

Who are your partners and stakeholders: Tribal leaders; healthcare board; elders; families; referral clinicians

What are some next steps you will take to achieve this action? Convene group of Elders and families to better understand how services can be more culturally-tailored.



| BRAIN HEALTH FOR TRIBAL NATIONS ACTION PLAN TEMPLATE |
|---|
| Action 1 (priority action from Unit 4 activity): |
| Measure(s) of Success: |
| Inputs Needed: |
| Potential Barriers: |
| Who on your staff will be responsible? |
| Who are your partners and stakeholders? |
| What are some next steps you will take to achieve this action? |
| Action 2: (priority action from Unit 4 activity): |
| Measure(s) of Success: |
| Inputs Needed: |
| Potential Barriers: |
| Who on your staff will be responsible? |
| Who are your partners and stakeholders? |
| What are some next steps you will take to achieve this action? |
| Action 3: (priority action from Unit 4 activity): |
| Measure(s) of Success: |
| Inputs Needed: |
| Potential Barriers: |
| Who on your staff will be responsible? |
| Who are your partners and stakeholders? |
| What are some next steps you plan to take to achieve this action? |

UNIT 5 KNOWLEDGE CHECK

1. True or False?

A good action plan should meet the following criteria:

- It lists all of the action steps or changes to be sought in all relevant parts of the community.
- It is apparent who will do what by when.
- It reflects the current work and anticipates emerging opportunities and barriers.

a. True

b. False

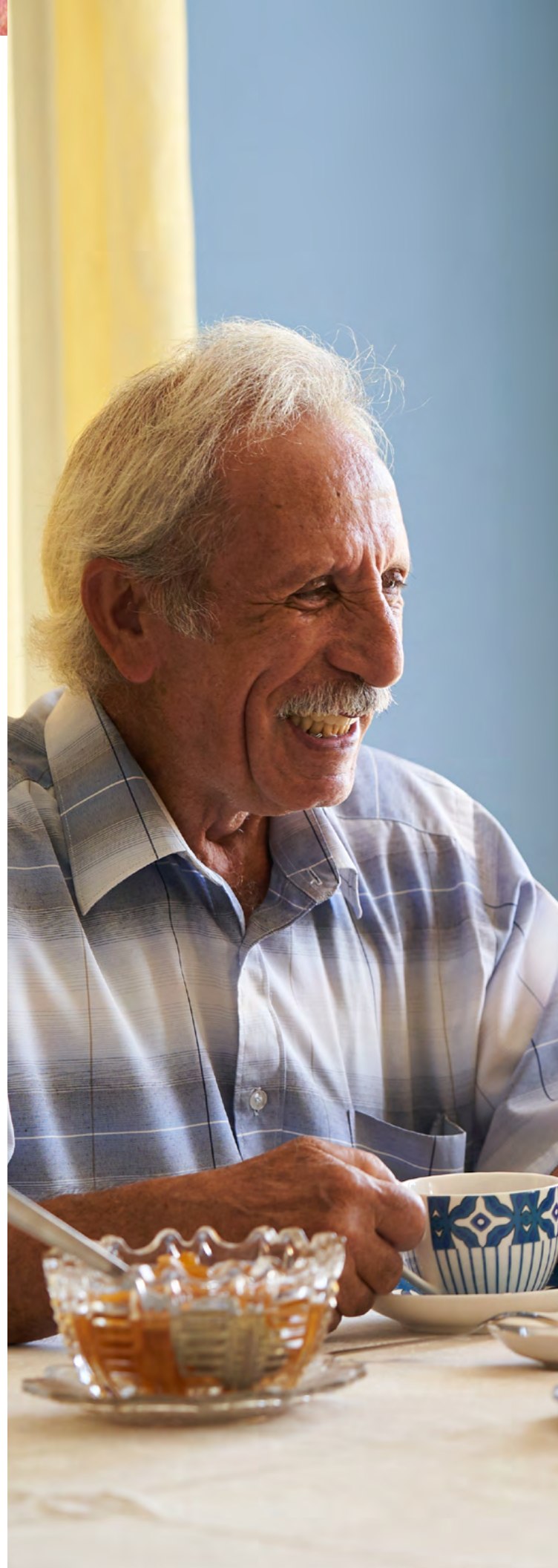
2. True or False?

It is not necessary to consider potential barriers when selecting a strategy for your community.

a. True

b. False

Please find the correct answers for the knowledge check in appendix 3.





Closing



Congratulations on completing the Brain Health Action Institute for Tribal Nations workbook. You are now well on your way to being a brain health champion in your community! With a better understanding of brain health and having completed the action plan template, you now have actionable steps to improve brain health in your community.

If you would like to receive a Certificate of Completion please contact NIHB at szdunek@nihb.org.

If you are completing this along with the online module, you can print your certificate there.

Resources

ADDITIONAL RESOURCES SPECIFIC TO BRAIN HEALTH IN INDIAN COUNTRY:

RESOURCES REFERENCED IN THIS WORKBOOK:

- National Indian Health Board
(<https://nihb.org/brain-health/resources/>)
 - Talking Points
 - Brain Health Action Institute for Tribal Nations Online Module
- Centers for Disease Control and Prevention
(<https://www.cdc.gov/aging>)
 - Road Map for Indian Country (<https://www.cdc.gov/aging/healthybrain/Indian-country-roadmap.html>)

ADDITIONAL RESOURCES:

- National Indian Health Board
(<https://nihb.org/brain-health/>)
- Centers for Disease Control and Prevention
(<https://www.cdc.gov/aging>)
- Alzheimer's Association (<https://www.alz.org/professionals/public-health/road-map/tribal-roadmap>)
- International Association for Indigenous Aging
(<http://iasquared.org/wordpress2/>)
- National Council of Urban Indian Health
(<https://www.ncuih.org/wisdomkeeper>)
- National Indian Council on Aging
(<https://www.nicoa.org/>)

Appendices



APPENDIX 1:

2-DAY BRAIN HEALTH ACTION INSTITUTE SAMPLE AGENDA

BRAIN HEALTH ACTION INSTITUTE AGENDA

Goal: Feel a commitment to and excitement for moving forward with actions that can be taken in your own community.

DAY 1: 12:00 PM - 4:15 PM

Day 1 Objectives:

- Clearly understand the impact of dementia on Indian Country
- Explore visions of what communities that prioritize brain health might look like
- Learn about the tool for a public health approach, the Road Map for Indian Country
- Consider how culture may affect how we talk about and act on brain health issues

| TIME | ACTIVITY |
|-----------------|--|
| 12:00 - 12:45pm | Welcome, Prayer, Introductions and Expectations for the Day |
| 12:45 - 1:30pm | What is Brain Health in Indian Country? Objectives: The attendee will be able to describe: <ol style="list-style-type: none">1. The current scientific understanding of Alzheimer's disease and other dementia syndromes.2. Actions they can take to promote brain health and prevent or delay onset of Alzheimer's disease and related dementias.3. Current understanding of effective treatments for Alzheimer's disease and related dementias. |
| 1:30 - 2:00pm | Road Map for Indian Country Objectives: The attendee will be able to describe: <ol style="list-style-type: none">1. How the Road Map for Indian Country was developed.2. How Native communities were consulted during the development of the Road Map for Indian Country.3. The intent and content of the Road Map for Indian Country, including the 8 public health actions. |
| 2:00 - 2:15pm | Break |

| TIME | ACTIVITY |
|---------------|---|
| 2:15 - 2:45pm | Visioning Activity (Breakout Session) Objectives: The attendee will be able to describe: <ol style="list-style-type: none"> 1. What an “ideal” community might look like if brain health was fully addressed and prioritized, <ul style="list-style-type: none"> • Community members would... • Caregivers would... • Tribal Leaders would... • Data would be used to... • The health system workforce would... |
| 2:45 - 3:00pm | Sharing out from Visioning Activity Attendees will share back select vision ideas with the wider group. |
| 3:00 - 3:30pm | Cultural Considerations for Providing Health Services with American Indians and Alaska Natives: How Important is Communication and the Practice of Cultural Humility Objectives: The attendee will be able to describe: <ol style="list-style-type: none"> 1. The impact of cultural understanding, sensitivities, appropriateness and humility when providing health services. 2. How commonly used phrases or words may be inappropriate with some cultures and how misinterpretation and misjudgments can be counterproductive or dangerous. |
| 3:30 - 3:45pm | Cultural Considerations (Breakout Session) Objective: The attendee will be able to: <ol style="list-style-type: none"> 1. Discuss cultural considerations and strategies for how community voices can be incorporated in brain health services, policies and programming. |
| 3:45 - 4:00pm | Sharing out from Cultural Considerations Breakout Session Attendees will share back their discussion on their culture and what might need to be considered in brain health programs. |
| 4:00 - 4:15pm | Reflection and Summary of Day 1 and Complete Evaluation Attendees will reflect on the day, including areas of strength and opportunities for improvement. Before closing out the day attendees are asked to complete the evaluation. |

BRAIN HEALTH ACTION INSTITUTE AGENDA

Goal: Feel a commitment to and excitement for moving forward with actions that can be taken in your own community.

DAY 2: 12:00 PM - 3:45 PM

Day 2 Objectives:

- Prioritize and planning for actions in your own settings
- Individualized TA

| Time | Activity |
|-----------------|---|
| 12:00 - 12:15pm | Recap of Day 1 and Expectations of Day 2 |
| 12:15 - 1:30pm | Prioritizing Road Map for Indian Country Strategies (Breakout Session) Objectives: The attendee will: <ol style="list-style-type: none"> 1. Develop a deeper understanding of the Road Map for Indian Country and the 8 public health actions. 2. Identify realistic and feasible actions for their community based on factors such as resources available, political will, opportunities for overlap with other priorities, etc. 3. Select 1-3 actions to prioritize in their community (via poll). |
| 1:30 - 1:55pm | Sharing Our from Prioritizing Road Map for Indian Country Strategies Breakout Session Attendees will share highlights of priorities and discuss reasons for their choices. |
| 1:55 - 2:15pm | Break |
| 2:15 - 2:50pm | Planning for Action - Initial Steps (Breakout Session) Objective: Attendees will be able to <ol style="list-style-type: none"> 1. Identify realistic goals, actionable steps, a timeline, identity contacts and resources needed. |
| 2:50 - 3:15pm | Recap Resources, Discuss Next Steps, and Complete Evaluation Attendees will review available resources and how they will accomplish their next steps to improve brain health in their community. Before adjourning attendees are asked to complete an evaluation. |
| 3:15pm | Adjourn |
| 3:15 - 3:45pm | Individualized Technical Assistance for Work Plans (optional) Facilitators are available to answer questions and provide support individually. |

APPENDIX 2:

2-DAY BRAIN HEALTH ACTION INSTITUTE SAMPLE EVALUATION

DAY 1 EVALUATION

QUESTION 1: Please answer the following questions about Day 1's CONTENT

| | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|--|-------------------|-------------------|----------------------------|----------------|----------------|
| The Action Institute's objectives were clearly stated. | | | | | |
| The Action Institute's objectives were met. | | | | | |
| The information discussed was relevant. | | | | | |
| There was sufficient time for participants to share their insights. | | | | | |
| I am better able to describe what brain health is and the implications for Indian Country than before attending this Action Institute | | | | | |
| I am better able to describe the components of the Road Map for Indian Country than before attending this Action Institute. | | | | | |
| I found the visioning activity helpful for understanding what brain health could look like in my community. | | | | | |
| I better understand the cultural considerations for brain health programs and policy in Indian Country than before attending the Action Institute. | | | | | |

QUESTION 2: Please answer the following questions about Day 1's FORMAT

| | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|--|--------------------------|--------------------------|-----------------------------------|-----------------------|-----------------------|
| The sessions were well-organized. | | | | | |
| The presenter(s) were knowledgeable on the content. | | | | | |
| The presenter(s) communicated information clearly. | | | | | |
| The presenter(s) were responsive to my questions. | | | | | |
| The presenter(s) were respectful of my cultural beliefs. | | | | | |
| The presenter(s) displayed strong facilitation skills. | | | | | |
| The Action Institute platform was adequate. | | | | | |
| Presentation methods were effective. | | | | | |

QUESTION 3: Please use the space below to share any comments about specific presenters:

QUESTION 4: Please answer the following questions about Day 1's BREAKOUT SESSIONS:

| | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|--|--------------------------|--------------------------|-----------------------------------|-----------------------|-----------------------|
| The format of the breakout sessions was easy to understand. | | | | | |
| There was sufficient time in the breakout sessions for participants to share their insights. | | | | | |
| The breakout sessions helped me learn more about brain health. | | | | | |
| The breakout sessions helped me develop concrete steps to take for brain health in my community. | | | | | |

QUESTION 5: Please rate your overall satisfaction with this Action Institute:

| Extremely Dissatisfied | Somewhat Dissatisfied | Neither Satisfied nor Dissatisfied | Somewhat Satisfied | Extremely Satisfied |
|-------------------------------|------------------------------|---|---------------------------|----------------------------|
| | | | | |

QUESTION 6: What else would like to have discussed in this session?

QUESTION 7: What things were done well in this session?

QUESTION 8: What things could be improved?

QUESTION 9: If you have any additional comments, please provide them here:

DAY 2 EVALUATION

QUESTION 1: Please answer the following questions about Day 2's CONTENT

| | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|--|--------------------------|--------------------------|-----------------------------------|-----------------------|-----------------------|
| The Action Institute's objectives were clearly stated. | | | | | |
| The Action Institute's objectives were met. | | | | | |
| The information discussed was relevant. | | | | | |
| There was sufficient time for participants to share their insights. | | | | | |
| I am better able to describe what brain health is and the implications for Indian Country than before attending this Action Institute | | | | | |
| I am better able to describe the components of the Road Map for Indian Country than before attending this Action Institute. | | | | | |
| I found the visioning activity helpful for understanding what brain health could look like in my community. | | | | | |
| I better understand the cultural considerations for brain health programs and policy in Indian Country than before attending the Action Institute. | | | | | |

QUESTION 2: Please answer the following questions about Day 2's FORMAT

| | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|--|--------------------------|--------------------------|-----------------------------------|-----------------------|-----------------------|
| The sessions were well-organized. | | | | | |
| The presenter(s) were knowledgeable on the content. | | | | | |
| The presenter(s) communicated information clearly. | | | | | |
| The presenter(s) were responsive to my questions. | | | | | |
| The presenter(s) were respectful of my cultural beliefs. | | | | | |
| The presenter(s) displayed strong facilitation skills. | | | | | |
| The Action Institute platform was adequate. | | | | | |
| Presentation methods were effective. | | | | | |

QUESTION 3: Please use the space below to share any comments about specific presenters:

| |
|--|
| |
|--|

QUESTION 4: Please answer the following questions about Day 2's BREAKOUT SESSIONS:

| | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|--|--------------------------|--------------------------|-----------------------------------|-----------------------|-----------------------|
| The format of the breakout sessions was easy to understand. | | | | | |
| There was sufficient time in the breakout sessions for participants to share their insights. | | | | | |
| The breakout sessions helped me learn more about brain health. | | | | | |
| The breakout sessions helped me develop concrete steps to take for brain health in my community. | | | | | |

QUESTION 5: Please rate your overall satisfaction with this Action Institute:

| Extremely Dissatisfied | Somewhat Dissatisfied | Neither Satisfied nor Dissatisfied | Somewhat Satisfied | Extremely Satisfied |
|-------------------------------|------------------------------|---|---------------------------|----------------------------|
| | | | | |



QUESTION 6: Which of the strategies would you like more information about? (Select all that apply)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Strategy #1: Work with community members to understand brain health, early warning signs of dementia, and benefits of early detection and diagnosis for persons with dementia and their caregivers. |
| <input type="checkbox"/> | Strategy #2: Encourage community members to use effective interventions, best practices, and traditional wellness practices to protect brain health, address cognitive impairment, and support persons with dementia and their caregivers. |
| <input type="checkbox"/> | Strategy #3: Provide information and tools to help older adults with dementia and their caregivers anticipate and respond to challenges that typically arise during the course of dementia. |
| <input type="checkbox"/> | Strategy #4: Promote engagement among tribal leaders in dementia issues by offering information and education on the basics of cognitive health and impairment, the impact of dementia on caregiver and communities, and the role of public health approaches in addressing this priority problem. |
| <input type="checkbox"/> | Strategy #5: Support collection and use of local data on dementia and caregiving in AI/AN communities to plan programs and approaches. |
| <input type="checkbox"/> | Strategy #6: Promote the inclusion of healthcare quality measures that address both cognitive assessments and the delivery of care to AI/ANs with dementia. |
| <input type="checkbox"/> | Strategy #7: Educate healthcare and aging services professionals in Indian Country about the signs and symptoms of dementia and about caregiving for persons with dementia. |
| <input type="checkbox"/> | Strategy #8: Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia. |

QUESTION 7: What else would like to have discussed in this session?

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QUESTION 8: What things were done well in this session?

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QUESTION 9: What things could be improved?

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QUESTION 10: If you have any additional comments, please provide them here:

| |
|--|
| |
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APPENDIX 3:

KNOWLEDGE CHECK ANSWERS

UNIT 1:

WHAT IS BRAIN HEALTH IN INDIAN COUNTRY?

1. True or False?

The following are all routes to dementia systems: Alzheimer's disease, vascular dementia, frontotemporal dementia, and Parkinson's disease.

- True

2. Pick One:

Which of the following is NOT a risk factor for Alzheimer's disease?

- More education

3. True or False?

Medications for Alzheimer's disease and related dementias have shown to delay progression 2 - 3 years.

- False

UNIT 2:

ROAD MAP FOR INDIAN COUNTRY

1. Pick Many:

The following Tribal entities received an invitation to join the virtual listening sessions to inform the Road Map for Indian Country.

- Tribal Leaders
- Tribal Health Directors
- Tribal Title VI Directors
- Indian Country Experts

2. Pick Many:

Which of the following are Road Map for Indian Country Strategies?

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

3. True or False?

Mild cognitive impairment always progresses into dementia.

- False

UNIT 3:

CULTURAL CONSIDERATIONS IN BRAIN HEALTH FOR INDIAN COUNTRY

1. True or False?

Cultural sensitivity is a lifelong pursuit.

- True

2. Pick Many:

How can you increase cultural humility, according to Dr. Frizzell's presentation? Please select all that apply.

- Grow your own (empower local residents to be the foundation of a culturally attuned and grounded professional health service workforce)
- Mentoring
- Learning
- Job-based learning
- Determine who are the "keepers" of traditions and solicit advice from them

3. Pick Many:

Dr. Frizzell's presentation included several cultural considerations for American Indians and Alaska Natives with memory impairments, which considerations did she share? Please select all that apply.

- Consider each person as an individual
- Consider each person with choice of spirituality (Western or Traditional or both)
- Consider each person with historical trauma (100% of AI/ANs have a history)
- Understand that some elders have histories of horrific racial experiences

UNIT 4:

PRIORITIZATION OF BRAIN HEALTH IN INDIAN COUNTRY

1. Match:

Place each activity into the appropriate Road Map for Indian Country strategy:

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

| Scenario | Strategy |
|--|--------------------------|
| Work with community members to understand brain health, early warning signs of dementia, and benefits of early detection and diagnosis for persons with dementia and their caregivers. | Educate and empower |
| Support collection and use of local data on dementia and caregiving in AI/AN communities to plan programs and approaches. | Collect and use data |
| Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia. | Strengthen the workforce |

2. Pick Many:

Which of the following should you consider when planning for action, according to the presentation? Please select all that apply.

- The difficulty to implement.
- Alignment with other services.
- The importance of community.

UNIT 5:

PLANNING FOR ACTION – INITIAL STEPS

1. True or False?

A good action plan should meet the following criteria:

- It lists all of the action steps or changes to be sought in all relevant parts of the community.
- It is apparent who will do what by when.
- It reflects the current work and anticipates emerging opportunities and barriers.
- True

2. True or False?

It is not necessary to consider potential barriers when selecting a strategy for your community.

- False

APPENDIX 4:

VISIONING ACTIVITY FOR TRIBAL BRAIN HEALTH FACILITATOR GUIDE

During this session, participants will spend time imagining what their communities would look like if brain health was a focus or prioritized. The breakout will not be recorded but facilitators will take notes and share out some thoughts when we return to the larger group.

SET UP:

Divide the group into an appropriate number of smaller groups based on the size of the larger group and the number of facilitators you have. At minimum, each group should include two participants and one facilitator.

DURATION:

45 minutes total

- Activity Breakout Session (30 minutes)
 - 5 minutes for instructions and set up
 - 25 minutes for small group breakout session
- Sharing from Activity Breakout Session (15 minutes)
 - 15 minutes for sharing with the larger group (divide 15 by the total number of smaller groups to determine how much time each group will have to share)

ACTIVITY OBJECTIVE:

- Participants will be able to describe what an “ideal” community might look like if brain health was fully addressed and prioritized.

MATERIALS:

- Visioning Activity worksheet
- Writing utensil

INSTRUCTIONS:

1. Introduce yourself to the group!
2. Set the stage for visioning. Explain that there are no right or wrong answers for this activity. Ask them to relax and get comfortable, maybe eliminate other distractions such as cell phones. They can close their eyes if they want.
3. Explain that you will read a sentence and they are to think about finishing that sentence, using their imagination. They should use their visioning worksheet to jot down their thoughts. It may be helpful to ask them to think about how they will know if brain health is prioritized.
4. Explain that after they’ve completed the activity individually, they’ll be asked to share their thoughts with the breakout group. The larger group will come back together to share, as well.
5. Utilizing the visioning activity worksheet, state each sentence and ask them to complete the sentence on their worksheet. Allow 2 minutes to jot down their thoughts for each sentence. (5 sentences so ~10 minutes).
6. Go through each sentence and invite participants to share what they wrote down. Spend another 2-3 minutes on each sentence.

FACILITATOR TIPS:

- We encourage facilitators to be mindful of best practices for supporting meaningful conversation with Tribal participants. Specifically:
- Tribal Leaders and Elders are typically invited to speak first, out of respect for their roles in the community.
- Try to balance allowing each participant enough time to share, and encouraging all members of the group to speak.
- Not everyone may choose to speak during discussions. Ask another participant in the circle to share instead.
- Leave space for silence in the conversations.

APPENDIX 5:

CULTURAL CONSIDERATIONS FOR TRIBAL BRAIN HEALTH FACILITATOR GUIDE

During this activity participants discuss their culture and what might need to be considered in brain health programs. They will also discuss strategies for including voices from their community.

SET UP:

Participants will complete the worksheet individually and share back to the larger group. Only one facilitator is needed for this activity.

DURATION: 30 MINUTES TOTAL

- 1-2 minutes for participants to think about each question
- 1-2 minutes for participants to share with the larger group

ACTIVITY OBJECTIVE:

- Participants will discuss cultural considerations and strategies for how community voices can be incorporated in brain health services, policies and programming.

MATERIALS:

- Cultural Considerations worksheet
- Writing utensil
- An additional considerations deeper dive (optional) with questions is available at the end of this facilitator guide.

INSTRUCTIONS:

1. Using the worksheet questions and optional additional considerations deeper dive discussion questions (below), ask participants to think about their own community's culture and what might need to be considered in brain health programs.
2. Ask them to consider all perspectives, such as elders, caregivers, community members and leadership.
3. Allow 1-2 minutes for participants to think through the question and jot down their responses.
4. After each question, ask 1-3 participants to share their thoughts with the larger group.
5. Optional: explain that this session will not be recorded but you'll be taking notes during it to capture what was discussed.

ADDITIONAL CONSIDERATIONS DEEPER DIVE:

1. Distrust in the healthcare field

Distrust in the healthcare field may be why some American Indians and Alaska Natives do not seek medical treatment. Is there a possibility that your own services are not reaching Tribal members for this reason? If so, what steps can be taken to increase outreach and trust-building to your community? Are there opportunities for Tribal members with the cultural knowledge to join health service roles (e.g. pipeline programs)?

2. Cultural humility in the workplace

There is no definition for cultural competency except for what is determined by the patient/client. Are there qualitative ways to measure your success in practicing cultural humility with your patients/clients, for example, whether the patient/client returns to your services? How often are discussions surrounding cultural consideration or humility held with your team? Are Tribal members with the cultural knowledge able to participate

in these discussions? How can you ensure Tribal member with the cultural knowledge are able to participate in these discussions?

3. Appropriate terminology

You should consider your community and whether or not the terms “Alzheimer’s” and “dementia” may stigmatize those with dementia-related disorders. What are some alternative terms that can be used within your community? Are these terms deficient-based language or can they be reworded?

4. Tribal / Community history and norms

You should consider your community and whether or not the terms “Alzheimer’s” and “dementia” may stigmatize those with dementia-related disorders. What are some alternative terms that can be used within your community? Are these terms deficient-based language or can they be reworded? What information is available to new workforce members who may not be familiar with the local Tribe(s)’s culture? Is there a Tribal orientation available to new employees? Is the orientation mandatory? Has the orientation been reviewed and/or approved by Tribal members? Beyond what is considered “traditional”, are there any subcultures that could be defined in your community (e.g. rodeo fans, artists, etc.)? Have differences between these subcultures been taken into consideration when building your cultural competency? How can differences between these subcultures be taken into consideration? Are there cultural norms within your Tribal community that should be kept in mind when directly interacting with a patient or client (e.g., avoiding eye contact, having both parties sitting or standing, etc.)? What topics or words are considered taboo or frowned upon when brought up in conversation or by outsiders? What is the role of showing emotion or humor when speaking to members of a culture?

5. Language

Does the concept of memory-loss in older adults or dementia exist within your Tribal community? Is there already a word in the local language that can capture this concept or does one need to be introduced? Should a translated word be introduced? Is there someone available who can serve as an interpreter or translator for Tribal members who prefer or can only speak their native language? Why might this be important for Tribal members experiencing dementia-related symptoms?

FACILITATOR TIPS:

- We encourage facilitators to be mindful of best practices for supporting meaningful conversation with Tribal participants. Specifically:
- Tribal Leaders and Elders are typically invited to speak first, out of respect for their roles in the community.
- Try to balance allowing each participant enough time to share, and encouraging all members of the group to speak.
- Not everyone may choose to speak during discussions. Ask another participant in the circle to share instead.
- Leave space for silence in the conversations.

APPENDIX 6:

PRIORITIZING STRATEGIES FROM THE ROAD MAP FOR INDIAN COUNTRY FACILITATOR GUIDE

During this session participants will rotate between five tables to discuss Road Map for Indian Country strategies and how they might incorporate them into their community. Participants are encouraged to think through challenges and ease of accomplishing the activities in their community. After thinking through each strategy, participants will assess their community's readiness and capacity to advance brain health by taking into consideration priority, difficulty, and alignment with existing programming. The facilitator of the strategy will take note of how each strategy was scored and determine the final score by calculating the average score of each strategy.

SET UP:

1. Divide the larger group into five smaller groups. The groups will rotate to each table. You will need one facilitator per group table.
2. A walkthrough of a prioritizing for action case scenario — Prioritizing Strategies from the Road Map for Indian Country slide deck (page 42)

DURATION:

- Activity Breakout Session (75 minutes)
 - 15 minutes for each table (total of 75 minutes for breakout session)
- Sharing from Activity Breakout Session (15 minutes)
 - 15 minutes for sharing with the larger group

ACTIVITY OBJECTIVE:

- Participants will be able to learn more about the 8 public health strategies, consider which ones are realistic and feasible for their community brain health initiatives and assess their community's readiness to act on each strategy.

MATERIALS:

- Prioritizing Strategies from the Road Map in Indian Country Worksheet
- Road Map for Indian Country, pages 20 - 22
- Writing utensil

INSTRUCTIONS:

1. Once in smaller groups, each facilitator will present information and lead discussion on the 1-2 Road Map for Indian Country strategies.
 - a. Introduce which strategy this round is discussing (it will be the same one every time, but new to each participant group). Some folks may have 2 related strategies to discuss.
 - b. Each strategy is covered in the RMIC, and we anticipate most of your 15 minutes will be discussion-based. No need for PowerPoints or visual aids unless they are helpful to your process.
2. Instruct participants to use the Prioritizing Road Map for Indian Country worksheet and take their own notes during the group discussion.
3. Read each strategy and ask participants to consider the planning ahead questions as they think of innovative ways to incorporate these activities into their community. Ask participants:
 - a. Are there challenges to incorporating these activities into their community.
 - b. Is it something that can be easily accomplished in their community, why or why not?

4. After discussing each strategy, ask the group to assess their community's capacity and readiness to take action on the strategy based on:
 - **Priority:** How important is this strategy for the community/region/state?
 - **Difficulty:** How difficult would it be to implement this strategy, thinking about time, resources, workforce, etc.?
 - **Alignment:** How does this strategy align with the other activities your community/organization have planned?
5. If you are responsible for leading the discussion of two strategies switch to the second strategy after 7 minutes.
6. Explain that the breakout will not be recorded but notes will be taken and thoughts may be shared out with the larger group.
7. Please take notes (or designate a note taker) to capture unique ideas from participants, common challenges you hear, or anything else that strikes you as important.
8. Encourage participants to use the Road Map for Indian Country or draw on their own resources to start conversations and explore what each strategy looks like in their community.
9. If you have extra time, dig deeper into how participants might start incorporating the strategies into their brain health planning.
10. After all groups have assessed their community's readiness of priority, difficulty, and alignment calculate the group average. This information will be used in the Unit 5 activity.

FACILITATOR TIPS:

- We encourage facilitators to be mindful of best practices for supporting meaningful conversation with Tribal participants. Specifically:
- Tribal Leaders and Elders are typically invited to speak first, out of respect for their roles in the community.
- Try to balance allowing each participant enough time to share, and encouraging all members of the group to speak.
- Not everyone may choose to speak during discussions. Ask another participant in the circle to share instead.
- Leave space for silence in the conversations.



SET UP PREP:

| TABLE | STRATEGY | FACILITATOR | NOTE TAKER |
|-------|--|-------------|------------|
| 1 | <p>Strategy #1: Work with community members to understand brain health, early warning signs of dementia, and benefits of early detection and diagnosis for persons with dementia and their caregivers.</p> <p>Strategy #2: Encourage community members to use effective interventions, best practices, and traditional wellness practices to protect brain health, address cognitive impairment, and support persons with dementia and their caregivers.</p> | | |
| 2 | <p>Strategy #3: Provide information and tools to help older adults with dementia and their caregivers anticipate and respond to challenges that typically arise during the course of dementia.</p> | | |
| 3 | <p>Strategy #4: Promote engagement among tribal leaders in dementia issues by offering information and education on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health approaches in addressing this priority problem.</p> | | |
| 4 | <p>Strategy #5: Support collection and use of local data on dementia and caregiving in AI/AN communities to plan programs and approaches.</p> <p>Strategy #6: Promote the inclusion of healthcare quality measures that address both cognitive assessments and the delivery of care to AI/ANs with dementia.</p> | | |
| 5 | <p>Strategy #7: Educate healthcare and aging services professionals in Indian Country about the signs and symptoms of dementia and about caregiving for persons with dementia.</p> <p>Strategy #8: Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia.</p> | | |



STRATEGY SCORING:

| STRATEGY | TOTAL POINTS FROM ASSESSMENT average minimum = 3 points average maximum = 9 points | | | | | | | | | | | | |
|--|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|
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| STRATEGY | TOTAL POINTS FROM ASSESSMENT average minimum = 3 points average maximum = 9 points | | | | | | | | | | | | |
|--|---|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|
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APPENDIX 7:

PLANNING FOR ACTION – INITIAL STEPS ACTIVITY FACILITATOR GUIDE

During this activity participants are asked to apply the Road Map for Indian Country strategies to brain health programming in their community. Participants will create an action plan based on strategies that would suit their community's readiness and capacity to advance brain health, which were identified in Unit 4's activity.

SET UP:

This activity is completed as a large group and is split into two sections:

1. A walkthrough of a planning case scenario Planning for Action – Initial steps slide deck (page 58)
2. A discussion of how select strategies chosen by the participants could be realized in their communities.

DURATION:

35 minutes total

ACTIVITY OBJECTIVES:

- Participants will be able to map out a detailed action plan for at least one RMIC strategy using a template.
- Participants will set realistic goals, actionable steps, a timetable, identify contacts and resources needed.

MATERIALS:

- Planning for Action – Initial Steps worksheets
- Writing utensil
- Road Map for Indian Country

INSTRUCTIONS:

1. Review how the group assessed each strategy based on priority, difficulty, and alignment from the Unit 4 activity.
2. Identify the top three actions that you'll create an action plan for.
3. Use the worksheet to discuss what elements should be included in the action plan.
4. As a group develop an action plan with three actions based on your assessment from the Unit 4 activity.
5. After completing each action, ask participants if their action plan is:
 - **Complete?** Does it list all the action steps or changes to be sought in all relevant parts of the community (e.g., schools, business, government, faith community)?
 - **Clear?** Is it apparent who will do what by when?
 - **Current?** Does the action plan reflect the current work? Does it anticipate newly emerging opportunities and barriers?



Notes

[illegible]



National Indian Health Board

