

DEMENTIA & HEALTH EQUITY

*WHY HEALTH EQUITY MUST BE A FOCUS
OF BRAIN HEALTH INITIATIVES*

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Nearly
7 million Americans
are living with
Alzheimer's.

Over 11 million Americans provide **unpaid** care for people with Alzheimer's or other dementias. These caregivers provided more than **18 billion** hours valued at over **\$347 billion.**



ALZ IN NC

210,500

people living with Alzheimer's in
North Carolina

373,000

North Carolinians are providing
unpaid care

\$1.3 Billion

Medicaid cost of caring for people
living with Alzheimer's (2020)

147%

increase in Alzheimer's deaths 2000-
2021

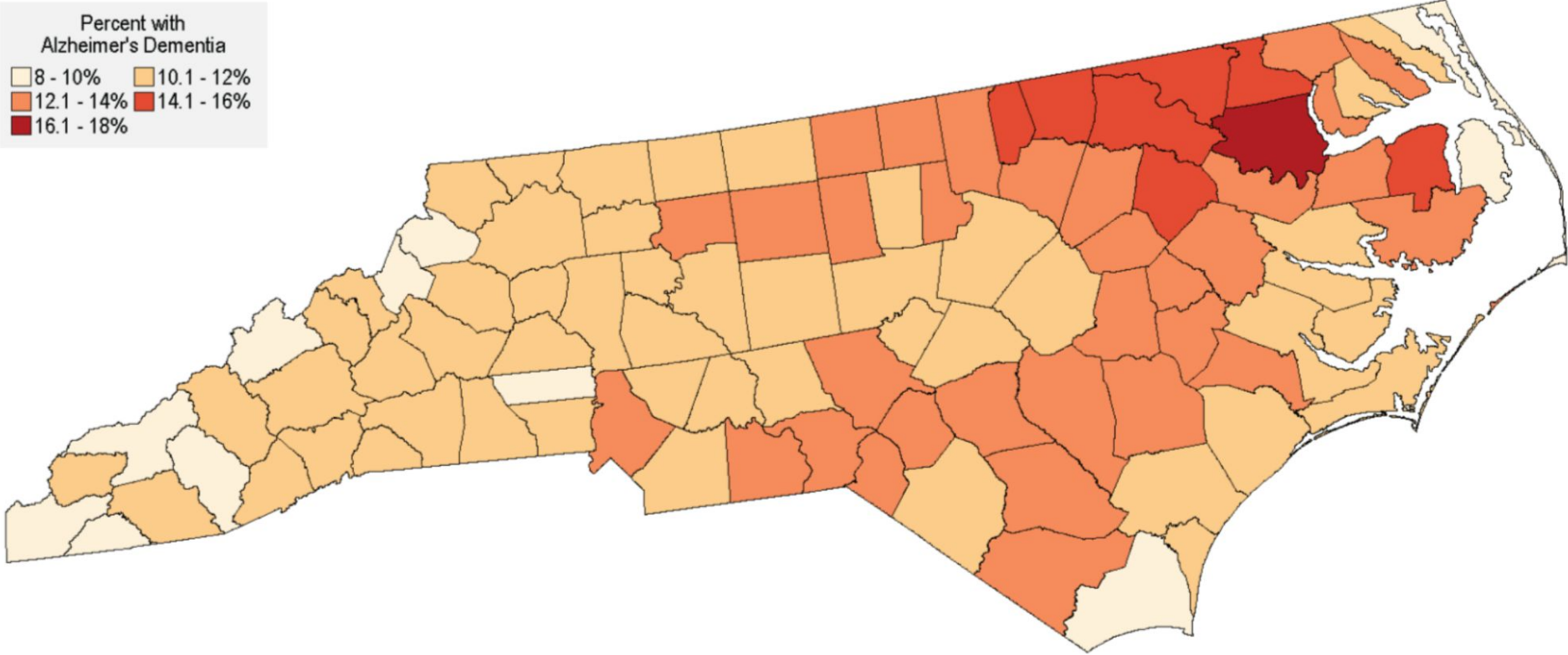
17%

in hospice with a primary diagnosis of
dementia

238.6%

increase of geriatricians in North
Carolina needed to meet the demand
in 2050

County-level prevalence data can inform & drive public health





Black Americans and Alzheimer's Disease



Black Americans are about **2 times** as likely as White Americans to have Alzheimer's and other dementias, but they are less likely to receive a diagnosis.



1/2 say that they have experienced discrimination while seeking care for a person living with Alzheimer's.



Nearly 2/3 believe medical research is biased against people of color.



Only 48% of Black Americans report being confident they can access culturally competent care.



55% of Black Americans **think that significant loss of cognitive abilities or memory is a natural part of aging** rather than a disease.

Only 35% of Black Americans say that they are **concerned** about Alzheimer's or dementia.



Only 53% of Black Americans **believe that a cure for Alzheimer's will be distributed fairly**, without regard to race, color or ethnicity.



Women and Alzheimer's Disease



In the U.S., more than **10 million** women are either living with Alzheimer's or caring for someone who has it.



Over **60%** of Alzheimer's and dementia caregivers are women.



Almost **2/3** of Americans living with Alzheimer's are women.

Hispanic Americans and Alzheimer's Disease

Hispanic Americans are about **1.5 times** as likely as White Americans to have Alzheimer's and other dementias.



57% believe that a significant loss of memory or cognitive abilities is a “normal part of aging.”



1 in 3 report that they have experienced discrimination when seeking health care.





Asian Americans and Pacific Islanders and Alzheimer's Disease



46% of Asian Americans say that they are concerned about developing Alzheimer's or dementia.



56% believe that significant loss of memory or cognitive abilities is a "normal part of aging."



45% believe medical research is biased against people of color.



Hispanic, Black, and Asian American dementia caregivers indicate:



Greater care demands



Less use of outside help



Greater depression

compared to White American caregivers.

Native Americans and Alzheimer's Disease

By 2060, the number of American Indian/Alaska Native individuals 65 and older living with dementia is projected to increase by **4 times**.



As many as **1 in 3** will develop Alzheimer's or another dementia.



61% say that affordability of care is a barrier.

Source: Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015–2060) in adults aged ≥65 years, "Alzheimer's & Dementia": The Journal of the Alzheimer's Association

LGBTQ+ Americans and Alzheimer's Disease

LGBTQ+ older adults living with dementia are significantly more likely to live alone, not be partnered or married, not have children, and not have a caregiver.



They face unique challenges in accessing support:



40% report that their support networks have become smaller over time.



Up to **30%** experience lower rates of access to care.



DISCRIMINATION

is a barrier to
Alzheimer's and
dementia care.

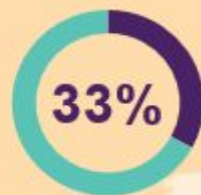
These populations
reported
discrimination when
seeking health care:



of **Black**
Americans



of **Native**
Americans



of **Hispanic**
Americans



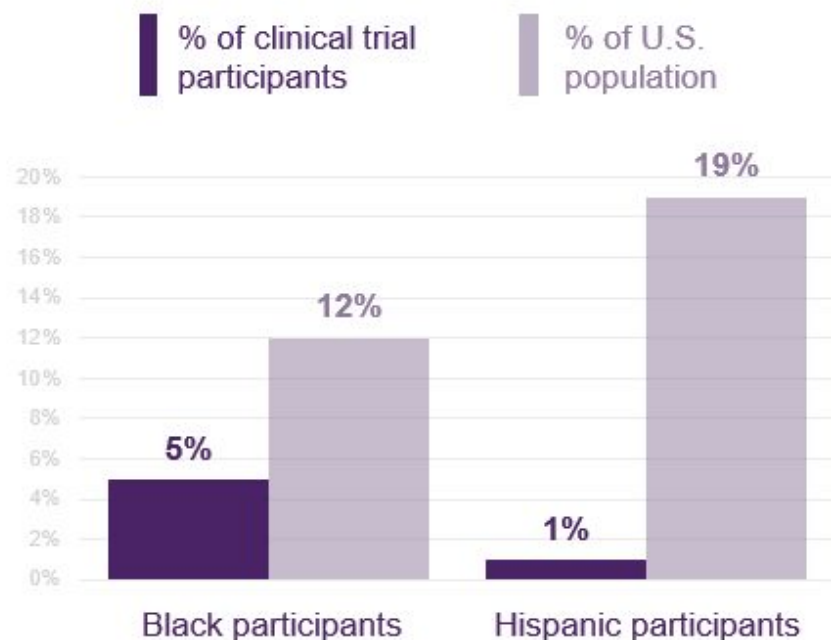
of **Asian**
Americans

***INTEGRATING HEALTH
EQUITY INTO DEMENTIA
CONVERSATIONS &
PRIORITIES***

Social Determinants of Health



Underrepresentation in Clinical Trials



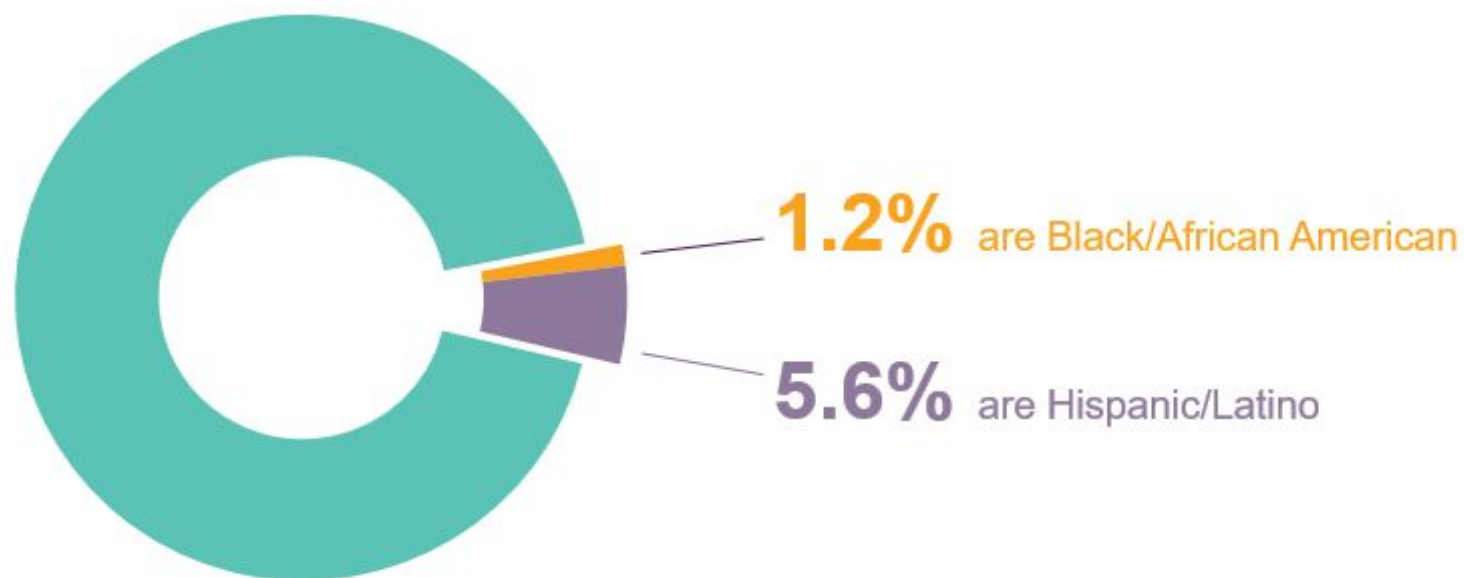
Racial and ethnic minorities are underrepresented in clinical trials.

This limits knowledge of how a treatment or diagnostic may affect these populations.

Sources: *Dialogues on Diversifying Clinical Trials: Successful Strategies for Engaging Women and Minorities in Clinical Trials*. Washington, DC: The Society for Women's Health Research and US FDA Office of Women's Health. September 22-23, 2011.

Jaewook S, Doraiswamy PM. Underrepresentation of African-Americans in Alzheimer's Trials: A Call for Affirmative Action. *Front Aging Neurosci*. 2016;8:123.

Greater representation is needed in clinical trials for Alzheimer's disease drugs



Sources: Diversity in Alzheimer's disease drug trials: The importance of eligibility criteria. *Alzheimer's & Dementia®: The Journal of the Alzheimer's Association*. 2022;18:4.

THERE'S NO TIME TO WASTE:

***WHY IS BRAIN HEALTH MESSAGING
AND AWARENESS IS AN URGENT
NEED ACROSS NORTH CAROLINA***

What we need in NC

- Increase brain health campaigns with a health equity focus in our state
- Integration of our understanding of healthy equity and risk factors into policy decisions
- Collaboration with people and organizations invested in this issue

Early Detection

- **Early Detection and Diagnosis in Alzheimer's**

Early detection is a cornerstone strategy to managing dementia. An early diagnosis of Alzheimer's and other dementias can elevate the care and quality of life for individuals, potentially lessening the financial and emotional burden of the disease.

An early and accurate diagnosis is essential to accessing new treatments.

- **Educating the Public on Cognitive Health**

The public must understand the early warning signs of cognitive impairment and that changes in memory or thinking should be discussed with a health care provider. Public health efforts can:

- Raise cognitive health awareness through public awareness campaigns & community education
- Normalize cognitive health discussions in regular health care
- Highlight the benefits of an early diagnosis
- Combat myths about Alzheimer's

Risk Reduction

Cardiovascular Health | Diabetes and Obesity | Diet and Nutrition | Exercise | Sleep
Social Engagement | Traumatic Brain Injury (TBI) | Tobacco and Alcohol
Sensory Impairments | Physical Activity | Tobacco Use: Choices Make a Difference

Vascular Risks: What's Good for the Heart is Good for the Brain

alz.org/riskreduction

NCCOA & DEMENTIA: WHAT'S NEXT?

- The BIPOC Committee has been discussing ways to share dementia information with the community
 - The goal is to start with a high-level introduction to the disease, warning signs, and prevalence information for communities disproportionately impacted by Alzheimer's
 - This will culminate in a 1-pager that can be shared within NCCOA's networks

NCCOA & DEMENTIA: WHAT'S NEXT?

- Social media graphics that can be shared
- Other ideas to come in the future as we build the BIPOC & dementia subcommittee

If you want to get involved in this efforts, please email lagolden@alz.org

Resources for more information

- Association's Alzheimer's Disease Facts and Figures special report on [*Race, Ethnicity and Alzheimer's in America*](#)
- [Now is the Best Time to Talk about Alzheimer's Together](#)
- [10 Early Signs and Symptoms of Alzheimer's and Dementia](#)

Questions?

Connect with Lindsey lagolden@alz.org

#ENDALZ

