The Impact of Dementia on the African American Community

7th Annual African American Caregiving and Wellness Forum

Focusing on Brain Health and Disease Management

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Malaika Singleton, Ph.D.
UCD Medical Center
California Alzheimer’s Disease Centers
Alzheimer’s Disease Program
California Department of Public Health
Outline

• Overview of Dementia, Alzheimer’s Disease, Risk Factors, and Preventive Measures

• Chronic Disease Burden in California and the African American Community

• State Initiatives and Programs to Address Chronic Disease and Dementia

• Quotes, Anecdotes, and Resources for Healthy Living and Chronic Disease Management

• Conclusion
What is dementia?

• Dementia, the loss or decline of memory and cognition (thinking and other brain functions), has various causes.

• Alzheimer’s disease accounts for 50 to 80 percent of all causes of dementia.

• Cerebrovascular disease, such as a stroke, is the second most common cause of dementia.

• Other forms of dementia can be caused by other neurological or neurodegenerative diseases, medications, or other conditions.
Causes/Types of Dementia

- Alzheimer's Disease: 55%
- Dementia with Lewy Bodies: 15%
- Stroke/Mixed Dementia: 20%
- Traumatic Brain Injury: 6%
- Other/Fronto-temporal Dementia: 4%
Alzheimer’s Disease

- Alzheimer’s disease is the most common type of dementia.

- It is a progressive and ultimately fatal brain disorder characterized by memory loss (especially of recent events), behavioral changes, and loss of other functions including language, decision-making, walking and swallowing.

- Alzheimer’s disease is characterized by brain abnormalities caused by protein deposits and malformations such as Amyloid Plaques and Neurofibrillary Tangles.

Plaques and Tangles were typically labeled and used to diagnose Alzheimer’s disease at autopsy but medical advancements have allowed for the labeling and use of these proteins as biomarkers in living individuals, and are used to study the presence, absence, or severity of disease.
Risk Factors

- Age
  - Prevalence doubles every 5 years beyond age 65
  - Prevalence reaches 50 percent for those age 85 and over
  - AD is not normal aging, and evidence suggests that a healthy lifestyle, higher levels of education, cognitive activity, and other factors could prevent some cases of Alzheimer’s disease.

- Inherited Genetic Factors
  - Mutations in genes involved in processing amyloid protein—seen in familial, early-onset cases.
  - Variation in a gene (apolipoprotein) that produces a protein essential for clearing cholesterol and other molecules out of the bloodstream.
Preventative Measures

Research indicates that half of all Alzheimer’s disease cases could be prevented with lifestyle changes and the prevention or treatment of chronic health conditions.

The most changeable risk factors in the U.S. are, in order of magnitude:

- Physical Inactivity
- Depression
- Smoking
- Midlife Hypertension
- Midlife Obesity
- Cognitive Inactivity or Low Educational Attainment
- Diabetes
CHRONIC DISEASE BURDEN IN CALIFORNIA AND THE AFRICAN AMERICAN COMMUNITY
Estimates of Californians over 55+ with Alzheimer’s Disease

Source: Alzheimer’s Association, 2009

AD cases are expected to double among African Americans.
Determinants of Health

**Upstream**
- Education
- Occupation
- Income
- Social Position
- Access to Care
- Physical Environment*
- Social Cohesion

**Direct**
- Genetics
- Medical Care
- Health Behaviors
- Environmental Exposures
- Stress

*Upstream aspects of the physical environment include, for example, access to parks, bike paths, and healthy foods.*
Burden of Chronic Disease and Injury

- Most Californians die from chronic disease.
- Many Californians have multiple chronic diseases, lowering their quality of life and increasing medical costs.
- Not all Californians have the same opportunities for a healthy life.

The Burden of Chronic Disease and Injury, California, 2013, Report
http://www.cdph.ca.gov/programs/cdcb/pages/CoordinatedChronicDiseasePreventionProgram.aspx
Californians Who Are More Likely to have Chronic Diseases

Social Determinants and Health, 2007

Heart Disease*

Diabetes*

*California adults who were ever told by a doctor that they have the condition

Source: UCLA, California Health Interview Survey, 2007
Place and Neighborhood Matter for Health


- Latinos have the highest poverty rates
- African Americans are more likely to feel unsafe in their neighborhoods

Source: UCLA, California Health Interview Survey, 2007
Chronic Disease and Injury
80% of the Deaths in California

Leading Causes of Death, California, 2010

- Heart Disease: 25%
- Cancer: 24%
- Chronic Respiratory Disease: 5%
- Chronic Liver Disease & Cirrhosis: 2%
- Influenza & Pneumonia: 2%
- Parkinson's Disease: 1%
- Nephritis: 1%
- Hypertension/Renal Disease: 2%
- Diabetes: 3%
- Alzheimer's Disease: 5%
- Injuries: 7%
- Stroke: 6%
- All Other Causes: 17%

Source: California Department of Public Health, Vital Records, 2012
Death Rates from Chronic Disease and Injury Remain High

Leading Causes of Death, California, 1996-2010

Source: California Department of Public Health, Vital Records, 2012
Racial/Ethnic Gaps in Life Expectancy

Life expectancy in California by Race/Ethnicity, 2006-2008

Ten Leading Causes of Death for African Americans, as of 2009-2010

1. Diseases of the Heart
2. Malignant Neoplasms (Cancer)
3. Cerebrovascular Diseases (Stroke)
4. Diabetes Mellitus
5. Accidents
6. Chronic Lower Respiratory Diseases
7. Assault (Homicide)
8. Alzheimer’s Disease
9. Influenza & Pneumonia
10. Essential Hypertension & Hyper. Renal Disease

TABLE 5-10C. TEN LEADING CAUSES OF DEATH, DEATH RATES, AGE-ADJUSTED DEATH RATES, AND PERCENT CHANGES BY SEX - BLACK - CALIFORNIA, 2009-2010.
Unequal Impacts

Stroke death rate is 50% higher for African Americans.

African Americans have the highest lung cancer incidence and mortality.
## Estimated health care costs in CA

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>Estimated health care costs in 2010 in CA</th>
<th>Percentage of total health care expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>$14 Billion</td>
<td>6.2%</td>
</tr>
<tr>
<td>Asthma</td>
<td>$9 Billion</td>
<td>4.1%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>$38 Billion</td>
<td>16.1%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>$13 Billion</td>
<td>5.6%</td>
</tr>
<tr>
<td>Cancer</td>
<td>$14 Billion</td>
<td>6.0%</td>
</tr>
<tr>
<td>Depression</td>
<td>$10 Billion</td>
<td>4.4%</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>$98 Billion</strong></td>
<td><strong>42.4%</strong></td>
</tr>
</tbody>
</table>

1. Soon to be published Brown PM, et. al. 2015. CDPH Economic Burden of Chronic Disease in CA.
2. Based on statewide prevalence data & CDC Chronic Disease Cost Calculator Version
3. Based on 2009 U.S. Centers for Medicare & Medicaid Services data.
Alzheimer’s Disease- Societal and Economic Impact

• Aging Population and Increase in Projected Cases
  – Over 42% increase in a little over a decade
  – Health disparities will significantly impact Latinos, African Americans, and Asians
  – AD is the 5th leading cause of death in CA.

• Unpaid Caregivers
  – In 2014, over 1.5 million caregivers in California provided nearly 1.8 billion hours in unpaid care, worth $22 billion in value.
  – Emotional, Physical, and Financial Impacts

• Major Driver of Health Care Costs
  – Direct Care Costs in the U.S. (in 2010) was $109 billion, higher than heart disease ($102 billion and cancer ($77 billion))
STATE INITIATIVES AND PROGRAMS TO ADDRESS CHRONIC DISEASE AND DEMENTIA
Governor’s Executive Order
B-19-12

• Develop 10 year plan to improve the health of CA, control costs and improve quality of health care, promote personal responsibility for health, and advance health equity

• Let’s Get Healthy California Taskforce Charge by Secretary Dooley: What will it take for CA to be the healthiest state in the nation?
Let’s Get Healthy
California Task Force Framework

The Triple Aim:
Better Health • Better Care • Lower Costs

Cal if or i a Department of Public Health
California Wellness Plan

- California’s Chronic Disease Prevention and Health Promotion Plan
- Let’s Get Healthy California Task Force Priorities & Performance Measures
- 9 year timeframe; numerous Programs
- Objectives with baseline, benchmark and target outcomes; Population health focus
- Healthy Community Indicators
California Wellness Plan Goals

Equity in Health and Wellness

1. Healthy Communities
2. Optimal Health Systems Linked with Community Prevention
3. Accessible and Usable Health Information
4. Prevention Sustainability and Capacity

http://www.cdph.ca.gov/programs/cdcb/Pages/CAWellnessPlan.aspx
California Wellness Plan
Goals for Alzheimer’s Disease

• By 2015, update the Guideline for Alzheimer’s Disease Management

• By 2018, California Alzheimer’s Disease Centers increase training and education to professionals and students to 60,000 per year

• By 2018, California Alzheimer’s Disease Centers increase training and education to caregivers, patients and community members to 32,000 per year
California Alzheimer’s Disease Program

- **California Alzheimer’s Disease Centers**
  - 10 university-based specialty clinics that provide diagnostic assessment to those with memory concerns;
  - Educate, train, and support patients, caregivers, family members and community members;
  - Provide professional training to medical residents, postdoctoral fellows, interns, students, nurses, social workers and other health care/medical professionals.

- **Alzheimer’s Disease Research Awards**
  - Since 1985, the State of California has awarded over $22 million to support research projects that focus on understanding and treating the disease and addressing its various impacts. Funded through voluntary contributions via a tax check-off option.

**See handouts in your packet for more details**
Other CDPH Chronic Disease Control Branch Programs

- **Heart Disease and Diabetes Prevention Unit**, whose mission is to reduce premature death and disability from heart disease, diabetes, and stroke.

- **Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)**, which helps underserved women reduce the risk of cardiovascular disease (CVD) through timely, high-quality screening, education, and intervention.

- **The California Stroke Registry**, aims to reduce the rate of premature death and disability, increase public awareness, and reduce disparities in acute stroke care by ensuring access to treatment in underserved communities.
QUOTES, ANECDOTES, AND RESOURCES FOR HEALTHY LIVING AND CHRONIC DISEASE MANAGEMENT
“Health risk behaviors—lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol—cause much of the illness, suffering, and early death related to chronic diseases and conditions.” - Centers for Disease Control and Prevention, Chronic Disease Prevention and Health Promotion
Benefits of Physical Activity/Exercise

• “Physical activity can improve health. People who are physically active live longer and have lower risks for heart disease, stroke, type 2 diabetes, depression, and some cancers.” -Centers for Disease Control and Prevention

• “If a medication existed which had a similar effect to physical activity it would be regarded as a wonder drug or miracle cure.” Sir Liam Donaldson - Chief Medical Officer (England), March 2010

• “Regular exercise can prevent dementia, type 2 diabetes, some cancers, depression, heart disease and other common serious conditions – reducing the risk of each by at least 30%. This is better than many drugs.” –Academy of Medical Royal Sciences, February 2015, “Exercise: The miracle cure and the role of the doctor in promoting it”

• “It's widely acknowledged that a healthy body equals a healthy mind,”- Dr. Alex Dregan, King’s College London
Benefits of Physical Activity/Exercise

Minimum Recommended Amount:

- 30 minutes of moderate activity (such as brisk walking) 5 times a week or
- 20 minutes of more vigorous activity (such as jogging) 3 times a week or
- A combination of the two

—American College of Sports Medicine and American Heart Association Guidelines
Exercise: It’s never too late to start...

- Ernestine Shepherd
- Born June 16, 1936 (Age 78)
- Started exercising with her sister at age 56
- Declared the oldest competitive female bodybuilder in the world by the Guinness Book of World Records in 2010 and 2011.

**Talk with your doctor/health care team before starting an exercise regimen.**
Exercise: It’s never too late to start...

- Edith Connor
- Began exercising in her 60’s and entered her first body-building competition at age 65
- Declared the oldest competitive female bodybuilder by the Guinness Book of World Records in 2012 at the age of 77

**Talk with your doctor/health care team before starting an exercise regimen.**
Exercise: It’s never too late to start...

- Dwight Armstrong, ~Age 64
- Credits yoga, which he began at age 60, with helping him achieve sobriety and a 40lb weight loss
- Recently completed teacher training this year and is now teaching a weekly yoga class in Sacramento

**Talk with your doctor/health care team before starting an exercise regimen.**
NEW MIND DIET MAY SIGNIFICANTLY PROTECT AGAINST ALZHEIMER’S DISEASE

March 16, 2015

Even moderate adherence shows reduction in incidence of devastating brain disease

Mediterranean + DASH (Dietary Approaches to Stop Hypertension) Intervention for Neurogenerative Delay

10 Brain Healthy Food Groups
• Green Leafy Vegetables
• Other Vegetables
• Nuts
• Berries
• Beans
• Whole Grains
• Fish
• Poultry
• Olive Oil
• Wine

5 Unhealthy Food Groups
• Red Meats
• Butter and Stick Margarine
• Cheese
• Pastries and Sweets
• Fried or Fast Food

In addition to reducing hypertension, heart attack, and stroke, this diet also reduces the risk of Alzheimer’s disease by 53% with strict adherence and 35% with moderate adherence.

**Consult your doctor before starting a new diet program.
Dr. Martha Clare Morris, who developed the MIND diet, presented a talk titled “Nutrition for a Healthy Brain” on June 11, 2014.

Her talk can be viewed in its entirety on YouTube: https://www.youtube.com/watch?v=4LYk-AKhS9c&feature=youtu.be

Other recorded talks can be found here: http://www.ucdmc.ucdavis.edu/alzheimers/education.html

**See handout for upcoming talks.**

**Consult your doctor before starting a new diet program.**
Nutrition Resources

- A recipe book for preparing African American foods in ways that prevent heart disease and stroke
- 26 tested recipes with nutritional analyses
- Also includes heart healthy food substitutions and info on food safety


**Consult your doctor before starting a new diet program.**
Nutrition Resources

http://eatfresh.org/recipe/publication/heart-healthy-home-cooking-african-american-style

**Consult your doctor before starting a new diet program.**
Nutrition Resources: Afro-Vegan

Published 2009

Published 2014

**Consult your doctor before starting a new diet program.**
Disease Management Resources

- Educational booklet for African Americans
- Heart disease, risk factors, and how to reduce risk
- Heart attack signs and how to respond
- Prevent and control high blood pressure
- Lower blood cholesterol
- Prevent and control diabetes
- Manage Weight
- Stop Smoking

http://www.nhlbi.nih.gov/health/resources/heart/african-american-index
Disease Management Resources

Disease Management Resources

www.diabetes.org » In My Community » Awareness Programs » African American Programs

Live Empowered/African American Programs

Diabetes is one of the most serious health problems that the African American community faces today. Compared to the general population, African Americans are disproportionately affected by diabetes.

To address this growing epidemic, the American Diabetes Association created program and materials to increase awareness of the seriousness of diabetes and its complications among African Americans.

Choose to Live
Choose to Live is a diabetes awareness toolkit targeting African American women between the ages of 35-55.

Live Empowered
Live Empowered takes a targeted approach to increasing the awareness of the seriousness of diabetes.

Project POWER
Project POWER provides your church with resources for creating awareness about diabetes among members and families.

Explore: Live Empowered/African American Programs

Diabetes Complication Series
Just A Touch is a community based educational module that discusses nerve damage, also known as neuropathy.

We Can Help:

1-800-DIABETES (800-342-2383)
Monday-Friday, 8:30 a.m. to 8:00 p.m. ET

GET LOCAL
Enter your ZIP to find out what’s going on near you.

Conclusions

• Alzheimer’s disease cases are expected to double within the African-American community over age 55, due to a variety of factors including genetic, environmental, and socioeconomic factors that lead to health disparities.

• African Americans are disproportionately burdened with chronic diseases such as heart disease and diabetes, which are known risk factors for developing Alzheimer’s disease.

• State initiatives and programs, led by the California Department of Public Health, are addressing chronic disease through awareness, screening, education, training, and ensuring access to care through state and local partnerships.

• Strong evidence exists for a healthy lifestyle in the prevention and management of chronic disease.
Thank you for your time!

Contact me:
Email: Malaika.Singleton@cdph.ca.gov
Phone: (916) 552-9927

Contact the Alzheimer’s Disease Program:
Email: AlzheimersD@cdph.ca.gov
Phone: (916) 552-9869
Website: www.cdph.ca.gov/alzheimers