

Culturally-safe dementia risk reduction for immigrant women

Anna R Gagliardi, PhD

Senior Scientist, Toronto General Hospital Research Institute,
University Health Network

Professor, University of Toronto (Surgery; Institute of Health Policy,
Management & Evaluation, Institute of Medical Science)



Webinar plan

Welcome – 5 min

Revisit study purpose/design – 5 min

Review results – 20 min

Implications / next steps – 10 min

Questions / discussion – 15 min

Closing comments – 5 min

Research team

Investigators

Anna Gagliardi (University Health Network) LEAD
Carmela Tartaglia (University Health Network)
Saleema Allana (University of Western Ontario)
Oluwakemi Amodu (University of Calgary, Calgary)

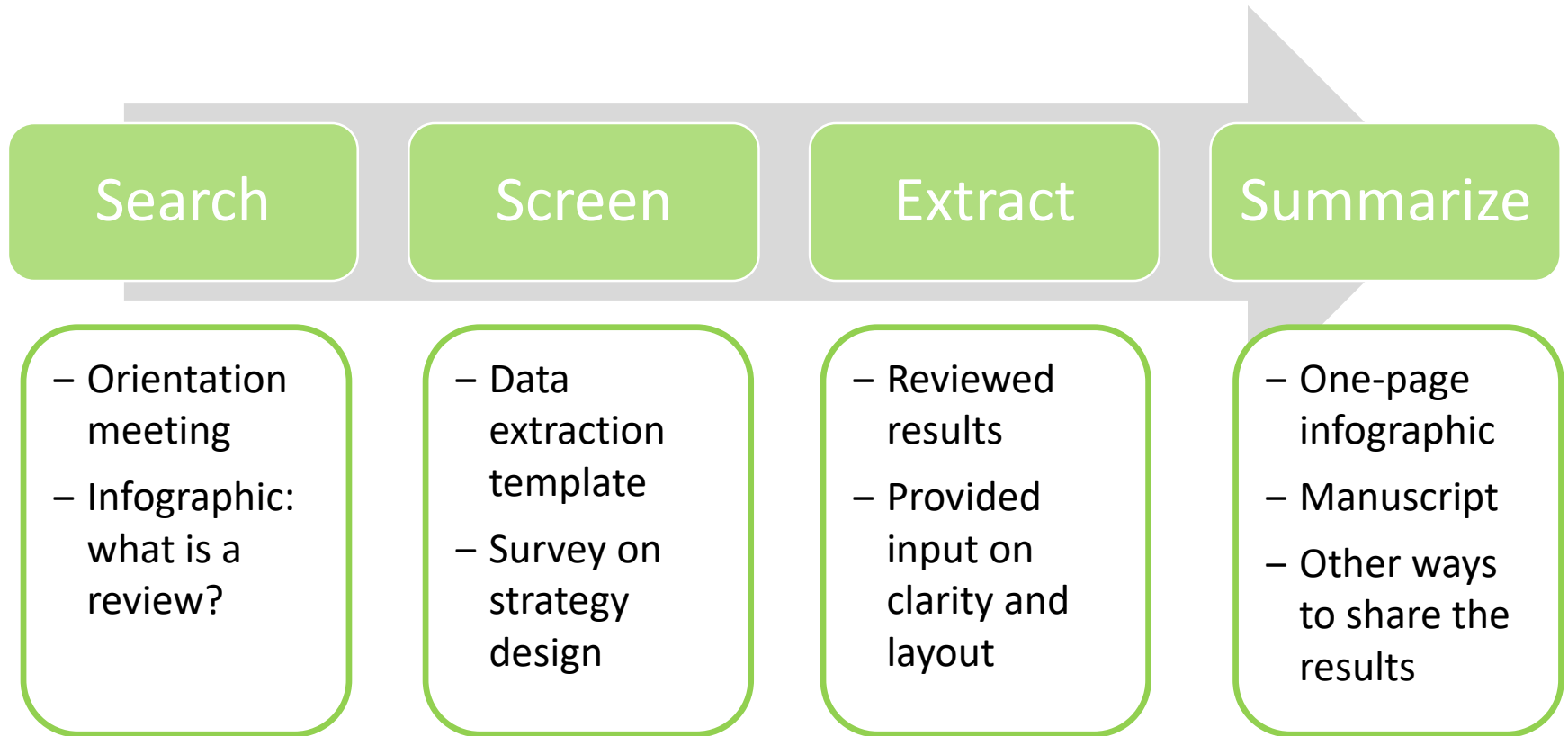
Persons with lived experience

5 ethno-culturally diverse women

Collaborators

Windsor Women Working with Immigrant Women (Ontario)
Calgary Immigrant Women's Association (Alberta)
Pacific Immigrant Resources Society (British Columbia)
Alzheimer Society of Ontario
BrainXchange
Toronto Dementia Research Alliance

Role of women advisors



Why did we focus on ethno-
culturally diverse women?

Reasons for this study

National goal: prevent dementia

- Dementia Strategy for Canada: **prevent dementia** by reducing modifiable risk factors
- Canadian Dementia Priority Setting Partnership: research on how to prevent dementia in **hard-to-reach groups**

Need: inform immigrant women

Little guidance:

- Dementia strategies from 30 countries
- 15 dementia clinical practice guidelines from 8 countries
- Sagbakken review of 264 studies (media, community)

High risk: immigrant women

- By 2036, nearly 50% of Canadians will be immigrants
- Dementia affects women more often than men
- **Immigrant women** have high rates of risk factors (e.g. obesity, physical inactivity)

Community-based/Culturally safe

- Immigrant women lack access to or avoid formal health care
- Often access health promotion via **community agencies**
- Cultural safety: local/familiar, language of choice, lay health workers, social interaction

Study purpose and design

Identify the ideal design of culturally-safe, community-based education on dementia risk reduction for diverse immigrant women

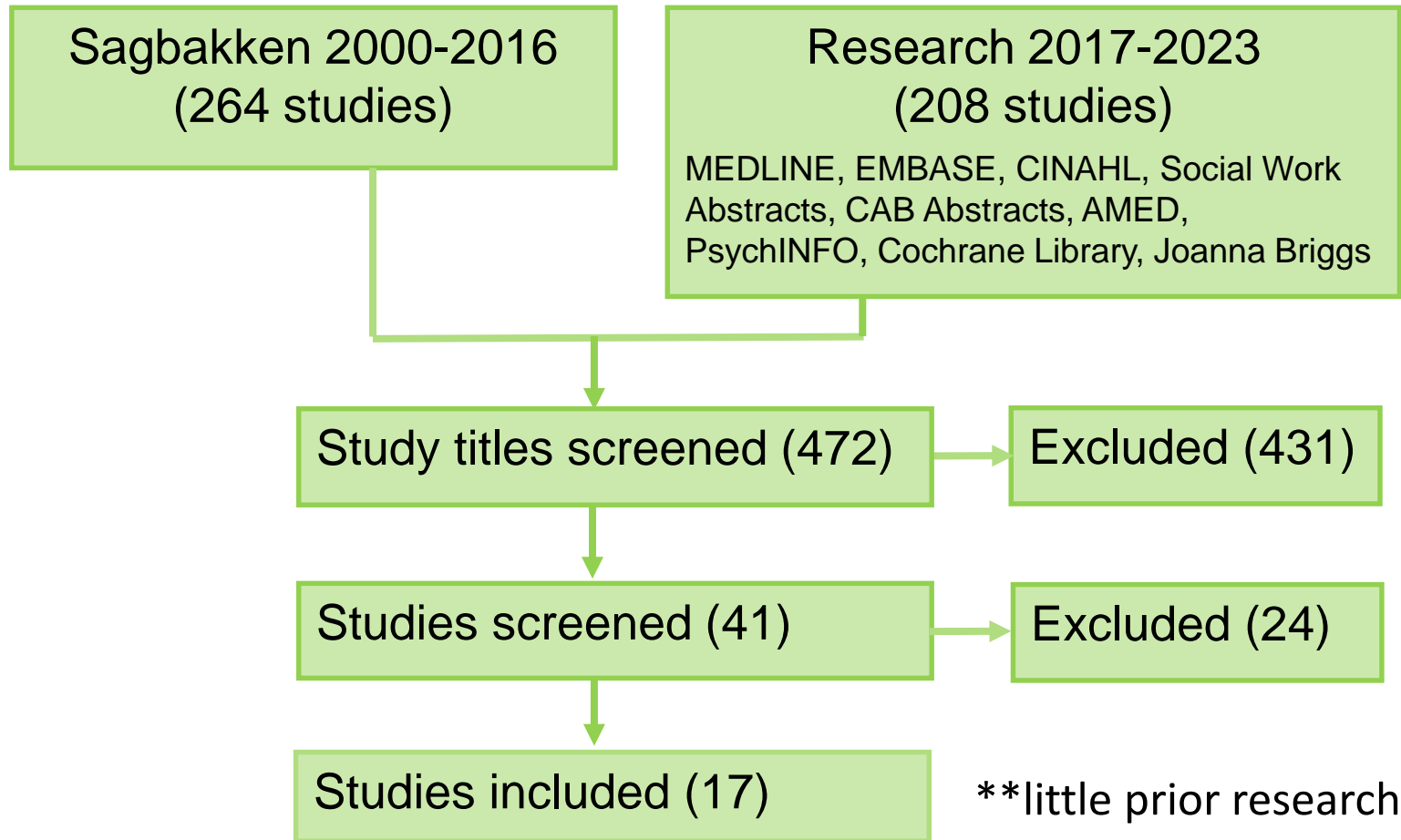
Screen 264 studies (2000-2016) in Sagbakken review for research involving immigrant women

Update Sagbakken's review for studies published from 2017 to current involving immigrant women

Share with organizations that can promote or implement the strategies

***50%+ women aged 18+ of any ethno-cultural group without diagnosed dementia

Searching and screening

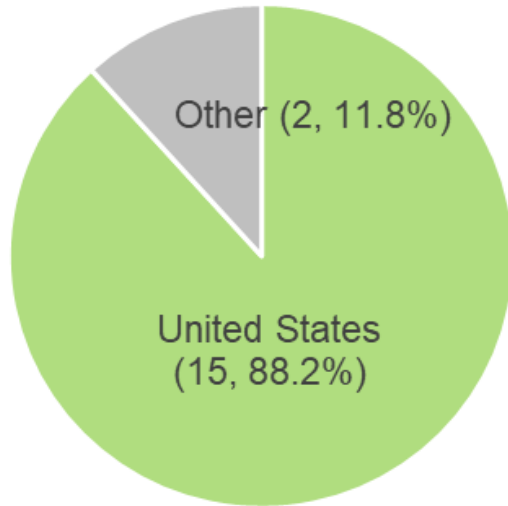


Are you surprised about so few studies in last 23 years?

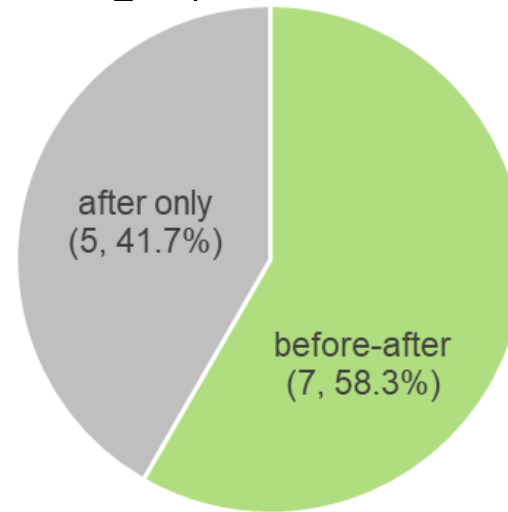
Why so few studies on this topic?

Study characteristics (n=17, 2006-2021)

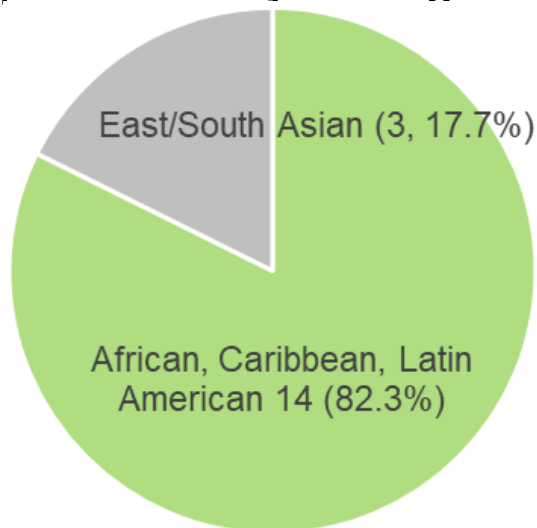
Country of study



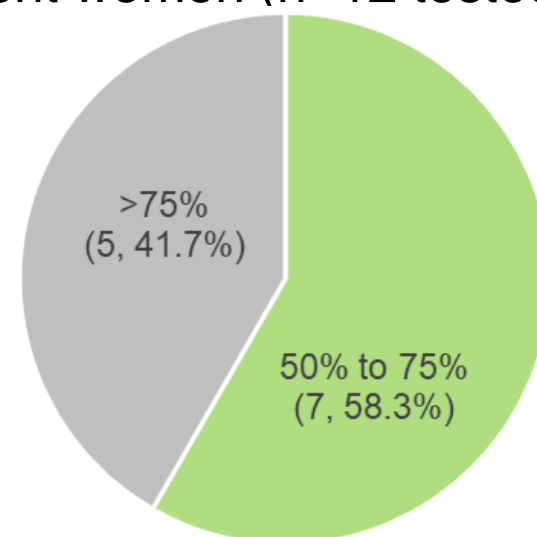
Study design (n=12 tested a strategy)



Participant country of origin



Percent women (n=12 tested a strategy)



Education design

FORMAT

- Discussion
- Role-playing
- Videos
- Print material

TIMING

- 25 min to 4 hrs
- 1 or more sessions
- 3 weeks to 16 mo

- In-person
- Group
- Lecture

TEACHERS

- Researchers
- Clinicians
- Lay leaders

CONTENT

- Dementia types
- Stages, symptoms
- Prevention
- Diagnosis
- Management
- Myths
- Caregiver guidance

In what other ways could
education design be improved?

Cultural tailoring

Most studies

- First language
- Culturally familiar terms
- Plain/lay language

Some studies

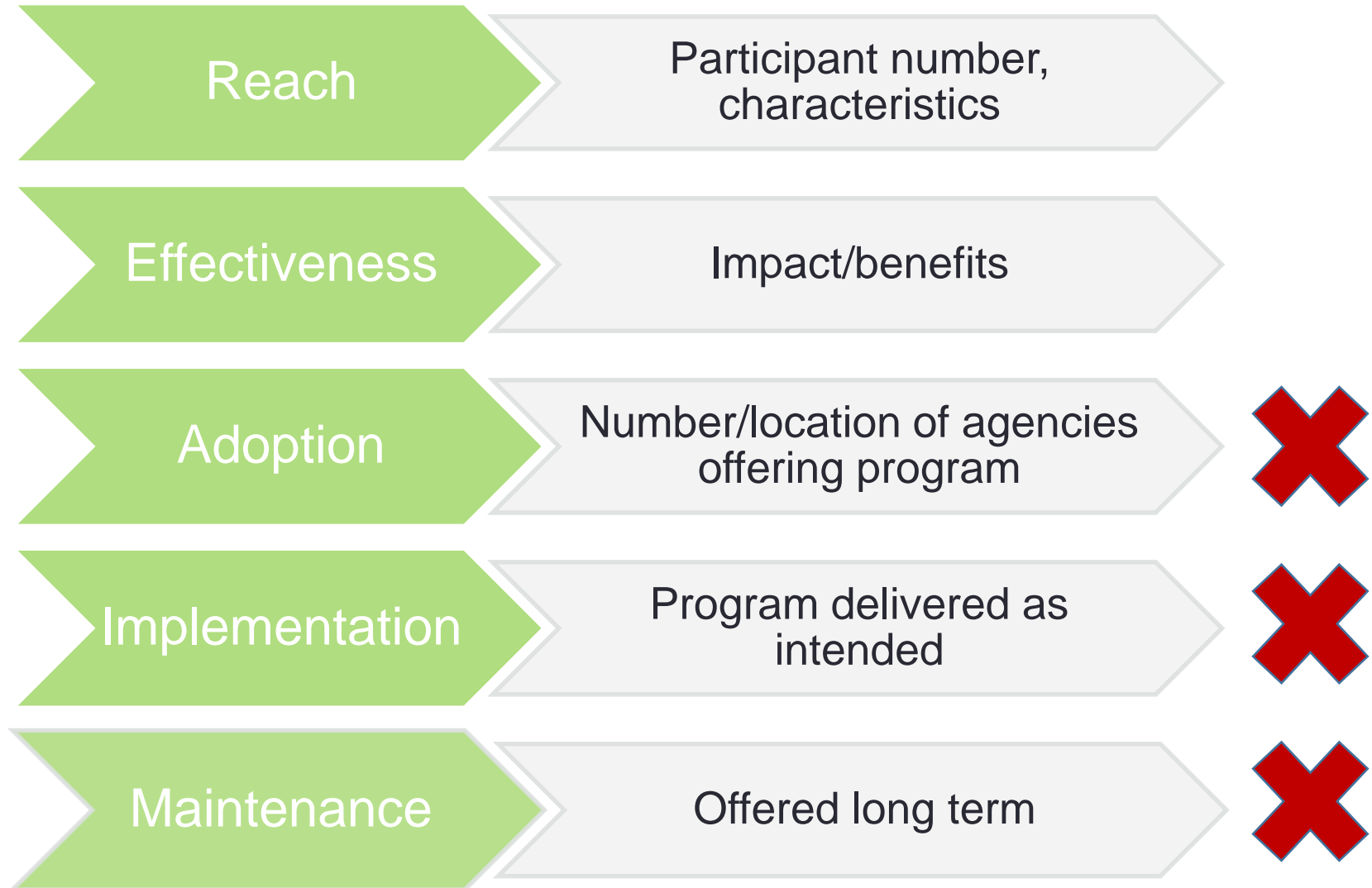
- Local, familiar community agency
- Teachers of same cultural group
- Interactive (e.g. group discussion, fun activity)

Few studies

- Community helped in planning
- Visual aids
- Translators
- Small gift

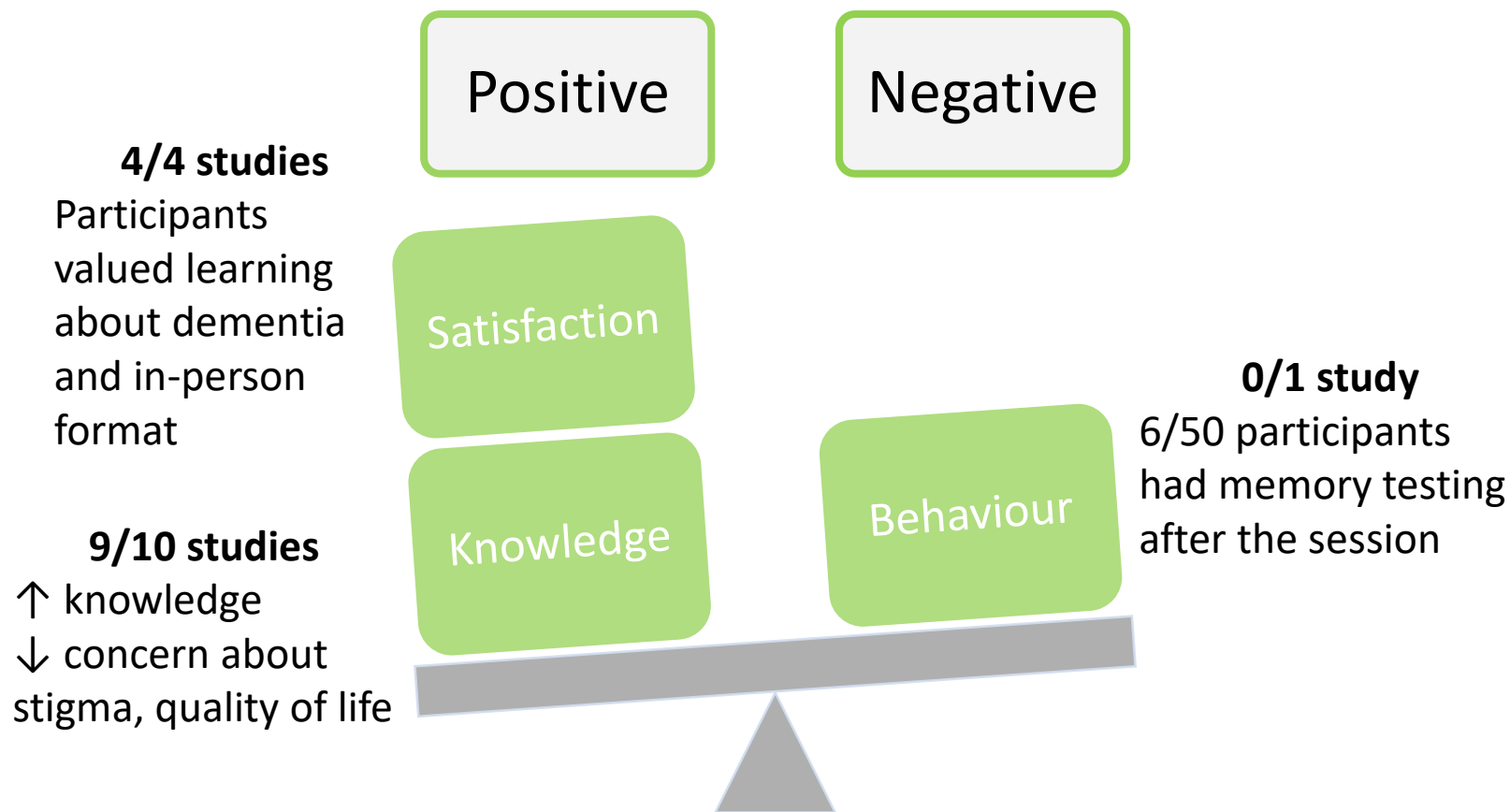
Can you think of other ways to enhance cultural relevance and safety of education sessions?

Quality of program delivery (RE-AIM)



What can be done to promote delivery of education sessions like this to many more ethnoculturally diverse women?

Benefits



Promising results despite limitations

Despite:

- Little research on this topic
- Most studies based on Black/Latin Americans
- No studies focused solely on women
- No studies assessed behaviour change

Promising results:

- In-person group increased knowledge, reduced concerns
- Cultural tailoring: community agencies, plain language, interactive, first language/translated
- Design: even single 30-min session was beneficial

Implications / Next Steps

- Healthcare policies could identify impact of dementia on women and encourage public health programs
- Clinical guidelines could similarly raise awareness among clinicians to prompt prevention counseling
- Results can be used by healthcare organizations or community agencies to plan/deliver programs
- Future research: establish the ideal design of education sessions for women with diverse characteristics

Many thanks for your kind attention

anna.gagliardi@uhn.ca

sharon.iziduh@uhn.ca