

# **POLICY BRIEF: Culturally-tailored educational strategies can increase diverse women’s dementia risk reduction knowledge**

## **PROBLEM**

Dementia is a leading cause of disability and death globally. Women, and in particular, ethno-culturally diverse immigrant women are at higher risk of dementia due to gendered, cultural and socio-economic factors that influence knowledge, and lifestyle and help-seeking behaviour.

## **NEED**

Efforts are required to promote dementia risk reduction among ethno-culturally diverse immigrant women that:

- Reduce misperceptions about dementia
- Increase behaviours that reduce dementia risk, and

Are tailored to accommodate cultural preferences; for example, delivered by local, familiar, trusted community agencies to women only

## **STRATEGY**

Educational strategies featuring the following design characteristics can increase knowledge and reduce misperceptions about dementia.

Design	Features
Content	Dementia warning signs, prevention, diagnosis, types, stages, symptoms, management, myths, and guidance for families of persons with dementia
Personnel	Researchers, clinicians (e.g., nurse, psychiatrist) and trained lay leaders (e.g. community representatives, church leaders)
Format and Delivery	In-person group sessions that include didactic lecture, interactive discussion, role-playing and videos
Timing	Sessions can vary from 30 minutes to 4 hours in length, offered a single time or on multiple occasions over several weeks or months
Cultural tailoring	<ul style="list-style-type: none"><li>- Reach women via community agencies</li><li>- Use participants’ first language or translate materials</li><li>- Use plain/lay and culturally-familiar language</li><li>- Provide culturally-appropriate small gifts as participation incentives</li><li>- Involve presenters of the same ethno-cultural group</li><li>- Include social interaction during sessions</li></ul>

## **ANALYSIS**

We searched for all prior research on promoting dementia risk reduction to immigrants up to 2023 and included 17 studies published from 2006 to 2021. Most studies were conducted in the United States (15, 88.2%), before-after cohort studies in design (7, 41.2%) and 12 (70.6%) implemented an educational intervention. No study included women only; other studies included various proportions of women (median 72%, range 50% to 95%) but did not report

sub-analyses by sex/gender. All studies involved ethno-culturally diverse persons: 8 (47.0%) Latin American, 6 (35.3%) African or Caribbean American, 5 (29.4%) East Asian and 2 (11.8%) South Asian. All 12 studies assessed strategy reach by reporting the number, proportion or characteristics of participants. All 12 studies assessed strategy effectiveness by evaluating the impact on participant knowledge of dementia (7, 58.3%), satisfaction with strategy design (4, 33.3%), beliefs about dementia (3, 25.0%) and screening behaviour (1, 8.3%). While all studies that assessed knowledge and beliefs about dementia and satisfaction with education design reported positive results, the single study that assessed behaviour reported that only 6 of 50 participants sought referral to a memory clinic for evaluation after exposure to the educational strategy.

#### IMPLICATIONS

Several limitations should be considered: the majority of studies involved Caribbean, African or Latin Americans who may not have been immigrants, no studies focused only on women or reported sub-analyses of results by sex/gender and details about cultural tailoring were brief. However, while evidence is sparse, the strategies evaluated by included studies decreased dementia misconceptions and increased dementia knowledge, signaling the potential value of culturally safe strategies to raise awareness about dementia risk reduction for ethno-culturally diverse women.

-