

PSYCHOSOCIAL FACTORS AND ENVIRONMENTAL DESIGN

What does it take to assess dementia in community-dwelling immigrant older adults with limited English proficiency? – A case of Korean Americans

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Email: hhan3@jhu.edu**Abstract**

Background: Currently, there is no national consensus on how to identify individuals with probable dementia in community-based settings. With the rapid increase of aging populations—particularly ethnic minorities—there is an urgent need to create a process to effectively identify individuals with probable dementia to adequately plan for dementia care. The aim of this study was to evaluate a dementia screening approach applied to a recent immigrant community, Korean Americans.

Method: PLAN—Preparing for healthy aging through dementia Literacy education And Navigation—is an ongoing trial involving community-dwelling Korean older adults with probable dementia and their care partners in the greater Washington and metropolitan New York areas. Data for the current analysis came from: community coordinator logs, recruitment tracking notes, and participant enrollment database.

Result: The study team developed a two-phase screening process to ensure accurate assessment of dementia status: (1) Mini-Mental Status Exam (MMSE) and (2) Clinical Dementia Rating (CDR). The screening protocol was written so once the first-phase screening meets the pre-established criterion (MMSE < 24), the older adult-caregiver dyad is invited to a CDR interview to confirm the dementia status. Given lack of bilingual/bicultural geriatric workforce in the community, bilingual community health workers (CHWs) were trained to conduct both screenings. As of January 19, 2024, trained CHWs screened 2,693 older adults using MMSE; 584 of them (21.7%) were screened positive and invited to the second-phase screening using CDR. More than two thirds (n = 392 or 67.1%) agreed and participated in CDR assessment; 309 of them (or 78.8%) received a score of 1+, indicating probable dementia.

Conclusion: We were able to train bilingual CHWs to conduct dementia screenings in one of the most understudied and underserved Asian immigrant communities. The

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prevalence of dementia was more than 20% in the screened sample, compared to 6%~13% in the general US older population. Nearly four of five among the MMSE positive sample were confirmed to have a substantial functional decline based on CDR, indicative of probable dementia. When working with resource-poor communities, our approach of mobilizing community assets (CHWs) and combining a brief cognitive screener with a refined functional measure can help identify older adults with probable dementia.