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Dementia and the Asian American and Pacific Islander Population

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Introduction

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Housekeeping

We will leave 10-15 minutes at the end of this session for Q&A. Throughout the webinar, you can put your questions into the Q&A/chat functions, and some may be answered in real time.

We will share instructions for claiming Continuing Education (CE) credit at the end of this webinar and via email within 48 hours.

You will receive the recording of this webinar via email within 48 hours

You can also access the webinar slides and recording from the Dementia Care Aware website and YouTube channel.

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Dementia Care Aware Program Offerings

Warmline:

1-800-933-1789

A provider support and consultation service that connects primary care teams with Dementia Care Aware experts

Trainings:

- Online Trainings e.g., Cognitive Health Assessment training
- Monthly Webinars
- Podcasts

Interactive Case Conferences:

- UCLA and UCI ECHO (Extension for Community Healthcare Outcome) conferences

Practice change support:

- UCLA Alzheimer's and Dementia Care Program
- Alzheimer's Association Health Systems

Our Training

Welcome!

Welcome to the Dementia Care Aware (DCA) learning management system. This site provides access to the training modules for the DCA program. When you registered, you were automatically enrolled in the "*The Cognitive Health Assessment: The Basics*" course. Select Start in the "The Cognitive Health Assessment: The Basics" block below to begin.

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Screening for Dementia: The Cognitive Health Assessment (CHA)

Goal: Screen patients older than age 65 annually (who don't have a pre-existing diagnosis of dementia)

Part 1

Take a Brief Patient History

Part 2

Use Screening Tools

Part 3

Document Care Partner Information

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Sign Up for Upcoming Live CHA Trainings

- Dementia Care Aware offers the CHA training as **a free 1-hour live session** multiple times each month.
- Led by Dementia Care Aware partners at the Alzheimer's Association and UC, Irvine.
- Open for anyone who is interested.
- Eligible participants can claim **1 free CE/CME/MOC credi**t.

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Financial Disclosures

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Learning Objectives

1. Understand the cultural, linguistic, and socioeconomic diversity of Asian American and Pacific Islander (AAPI) populations in the United States.
2. Recognize factors associated with cognitive impairment and dementia risks among AA and PI older adults.
3. Discuss considerations for conducting dementia assessments with AA and PI older adults.
4. Identify gaps and future directions for advancing dementia research and care in AA and PI populations.

Background and Terminology

Most standards for reporting race and ethnicity are modeled after or consistent with the categories established by the U.S. Office of Management and Budget (OMB).

There is no consensus regarding the appropriateness of any aggregate classification or reference, and different categories have been proposed: “Asian Pacific American” (API), “Asian American and Pacific Islander” (AAPI), “Asian American and Native Hawaiian and Other Pacific Islander” (AANHOPI), etc.

The most recent update to the Race and Ethnicity Standards was published in March 2024[1].

Asian	Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.
Native Hawaiian or Pacific Islander	Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.

Asian American and Pacific Islanders in the U.S.

2020 U.S. Census Bureau estimates

- 24 million Asian residents[2]

Five Largest Detailed Asian Alone and Alone or In Any Combination Groups: 2020

Rank	Asian alone detailed group	Number	Rank	Asian alone or in any combination detailed group	Number
1	Asian Indian	4,397,737	1	Chinese, except Taiwanese	5,205,461
2	Chinese, except Taiwanese	4,128,718	2	Asian Indian	4,768,846
3	Filipino	3,076,108	3	Filipino	4,436,992
4	Vietnamese	1,951,746	4	Vietnamese	2,293,392
5	Korean	1,508,575	5	Korean	1,989,519

- 1.7 million Pacific Islander residents[2]

Five Largest Detailed Native Hawaiian and Other Pacific Islander (NHPI) Alone and Alone or In Any Combination Groups: 2020

Rank	NHPI alone detailed group	Number	Rank	NHPI alone or in any combination detailed group	Number
1	Native Hawaiian	199,880	1	Native Hawaiian	680,442
2	Samoan	133,148	2	Samoan	256,997
3	Chamorro	70,704	3	Chamorro	143,947
4	Tongan	48,536	4	Tongan	78,871
5	Marshallese	47,300	5	Fijian	54,006

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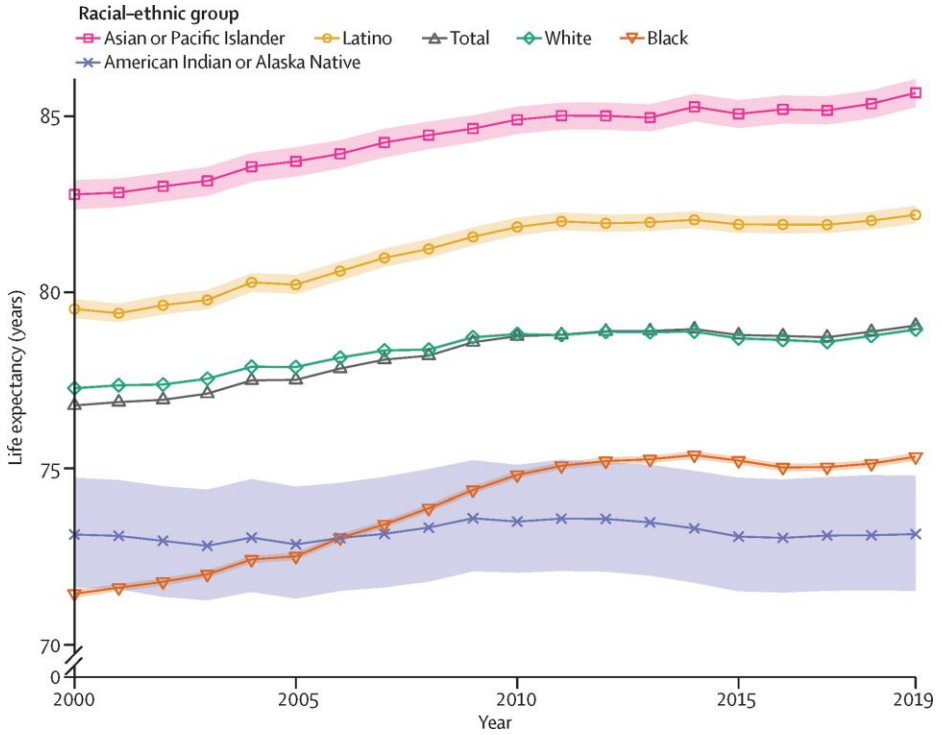
Data Aggregation and Overgeneralization

Recent studies highlight the limitations and potential dangers of generalizing research findings generated from historically collected public health data in the U.S. using an aggregate "API" reporting standard.



GBD US Health Disparities Collaborators, 2022 *Lancet*[3]

"The authors' systematic erasure of known NHPI disparities, through use of the aggregated API population category, obscures the truth and reinforces the marginalisation of these Indigenous people."

Taparra & Pellegrin, 2022 *Lancet*[4]

- Native Hawaiians and Samoans have the shortest life expectancies of HI's seven major ethnic groups: 9–13 years shorter than Chinese, Japanese, and Korean residents and 5–8 years shorter than NH Whites and Filipinos.[5]
- The median age of NHOPI in the U.S. is 10 years younger than for the U.S. population as a whole (27.1 years vs. 37.6 years).[5]

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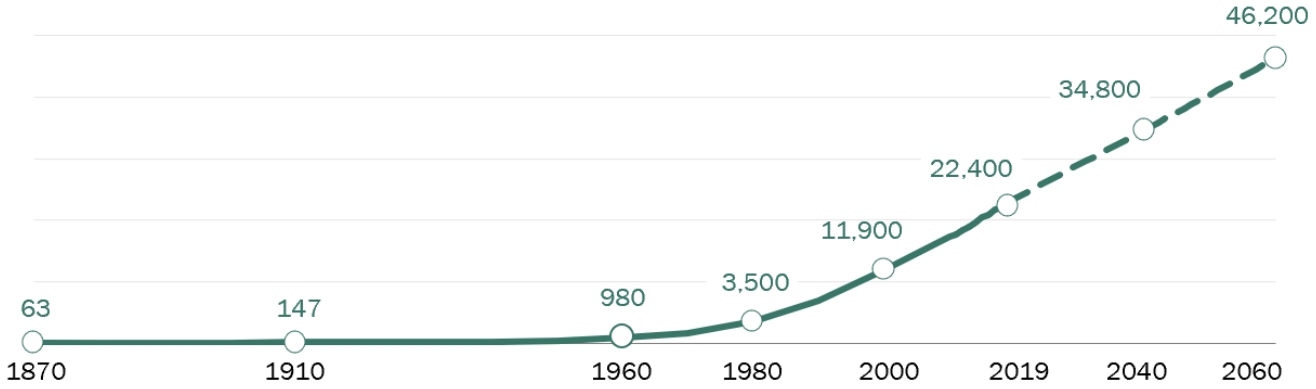
Asian Americans: Population Overview

Asian Americans are the fastest-growing major racial and ethnic group in the United States, especially among older adult (65+) populations.[6]

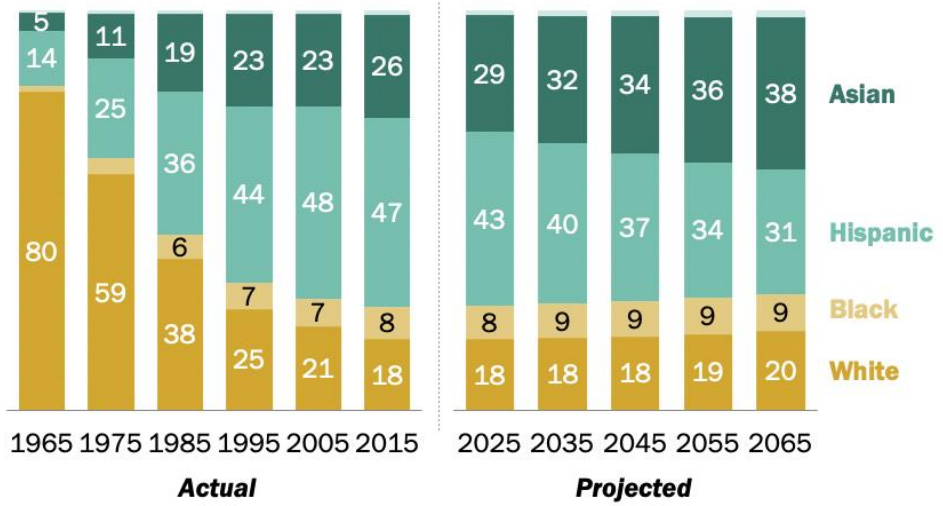
Asian population in U.S. nearly doubled between 2000 and 2019 and is projected to surpass 46 million by 2060

In thousands



Asians projected to become the largest immigrant group in the U.S., surpassing Hispanics

% of immigrant population



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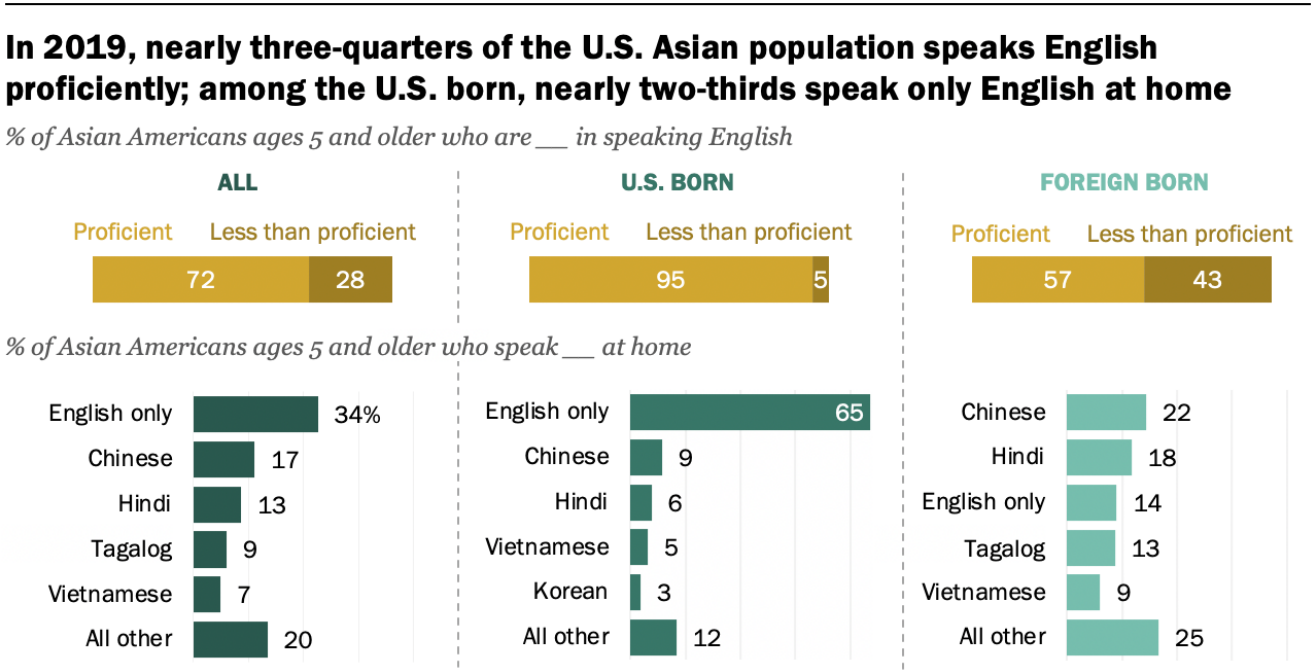
Asian Americans: Population Overview

- Asian Americans are extremely diverse in their nations of origins and languages representing over 50 ethnicities and 100 different languages and dialects.[6,7]
- The majority of the U.S. Asian population (85%) is represented by the following ethnic groups: Chinese, Filipino, Indian, Vietnamese, Korean, and Japanese.[6]
- U.S.-born Asian Americans are more likely to be younger than foreign-born Asian Americans.[6]
- Self-reported English proficiency varies widely across ethnic groups and by nativity status.[6]
    - Japanese (85%)
    - Filipinos (84%)
    - Indians (82%)
    - Bhutanese (36%)
    - Burmese (38%)



Asian Americans: Important Considerations

Model Minority Stereotype (MMS)[8]

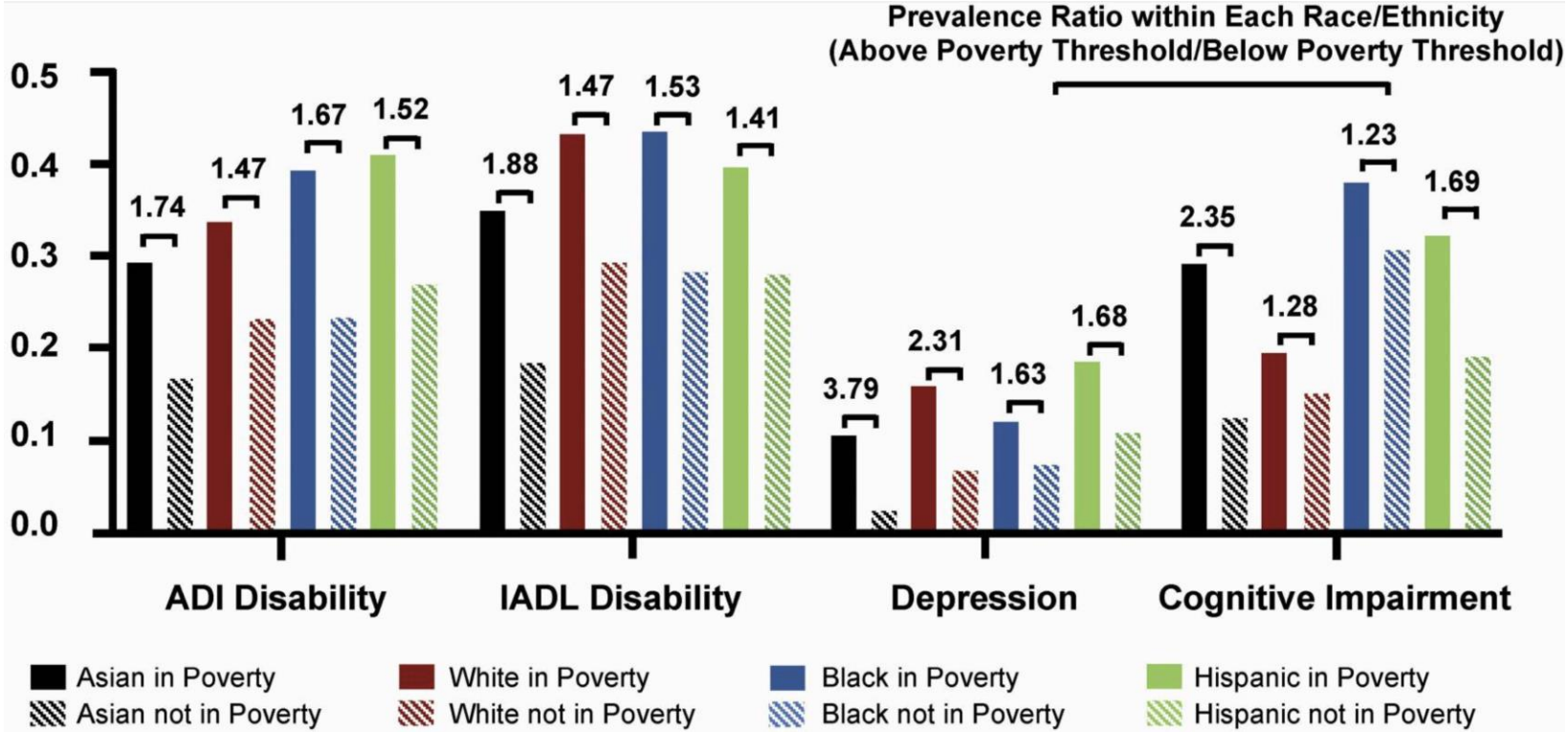
- 1966New York Times Magazine's *"Success Story, Japanese-American Style"*
- 1966 U.S. News and World Report's *"Success Story of One Minority in U.S."* about Chinese Americans
- The MMS, when extended to health, perpetuates the idea that Asian Americans are well-positioned with regard to their health status and, therefore, are not disadvantaged or underrepresented in health studies.

Model Minority Myth[7,8]

- Asian Americans have the largest within-race income divide and poverty rates vary widely across ethnic origins.[6-8]
- Educational attainment rates also vary widely: e.g., 75% of Indian adults have a BA compared to 15% of Bhutanese.[6]
- Health implications:
    - Despite having the lowest rates of hypertension and heart disease mortality as an aggregated group, many Asians have greater proportionate mortality from hypertension compared to non-Hispanic Whites
        - Chinese women=1.69, Filipino women=1.50, Asian Indian women=1.46, Korean women=1.30, Japanese women=1.23, Chinese men=1.27, Filipino men=1.38, Asian Indian men=1.18[8]

Asian Americans: Important Considerations

National Health and Nutrition Examination Survey 2011–2018: 2,869 adults aged 60 and older (421 Asians, 768 non-Hispanic Blacks, 651 Hispanics, and 1,029 non-Hispanic Whites)[7]



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Asian Americans: Dementia Epidemiology

There are significant gaps in research on dementia epidemiology and risk factors in Asian American populations.

- Underrepresentation of AANHOPI populations has persisted for more than 25 years, with an average of 0.17% of NIH expenditures involving, but not necessarily focusing on these populations.[8]

Extrapolation of findings from ethnic groups residing in Asia are inappropriate given substantial societal, economic, and cultural differences between populations.[9]

Prevalence

- A systematic review of 45 studies reported an average prevalence of 10.9%, ranging from 0.4% to 46%.[10]

Incidence

- A systematic review reported an average incidence of 20.03 (12.01-33.8) per 1000 person-years, ranging from 75.19 to 13.59.[10]
- A study of 23,032 Asian Americans (Chinese=8384; Japanese=4478; Filipino=6210; South Asian=197; Other Asian=3763) and Whites (n=206,490) who were Kaiser Permanente Northern California members aged 64+ and followed over 14 years.[11]

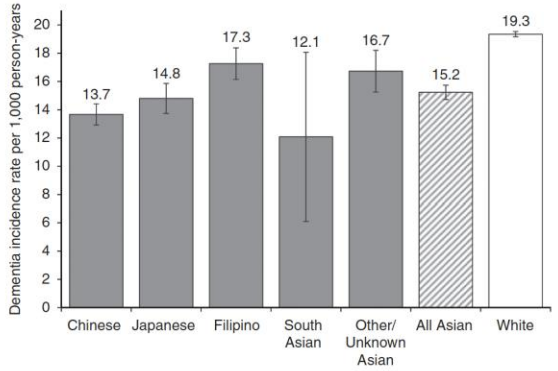

FIGURE 1. Age-standardized dementia incidence rates per 1000 person-years estimated from 14 years of follow-up (Kaiser Permanente Northern California members, 2000 to 2013).

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Asian Americans: Risk Factors

While genetic and ancestral studies remain largely limited in both Asian and Asian American older adults, social determinants of health and lifestyle factors exert well-known effects on cognitive health and dementia risk:[12]

- Demographic and social:
    - older age, low education and income, and occupational factors (e.g., workplace safety/conditions, physical labor)
- Midlife vascular health:
    - higher BMI, hypertension, sleep apnea symptoms, impaired glucose tolerance
- Late-life comorbid conditions:
    - cancer, type 2 diabetes, cardiovascular diseases, and depression

Furthermore, current research focusing on the role of immigration history, early life adversity, acculturation stress, and language proficiency may identify these as unique factors that confer ADRD risk in Asian Americans.

Native Hawaiians & Other Pacific Islanders: Population Overview

- Native Hawaiians and Pacific Islanders (NHOPI) are individuals from nearly 30 island nations across three geographical regions of Oceania (Melanesia, Micronesia, and Polynesia) with cultures, languages, histories, and voyaging heritage that are distinct from those of the peoples of Asia.[4]
- Largest subgroups include Native Hawaiians, Samoans, Chamorros, and Micronesians.[13]
- Older adults comprise 5% of Guam's population, <4% of American Samoa's population, and about 13% of Native Hawaiian population.[13]
- NHOPI older adults have among the lowest per capita incomes and highest poverty rates of all American ethnic groups.[13]
- English is not the first language of 45.9% of NHOPI elders and 13.8% of NHOPI older adults report that they do not speak English well or at all.[13]

Native Hawaiians & Other Pacific Islanders: Important Considerations

- NHOPI are among the most underrepresented ethnic and cultural groups in ADRD research.
- By contrast to the immigration histories of Asian populations, NHOPI have a shared history of trauma and oppression through colonization.[4]
    - The first contact with European people in Hawai'i precipitated the near complete erasure of Native Hawaiians, with more than 95% of the population killed by foreign diseases.
- NHOPI adults have higher rates of chronic diseases, including obesity, diabetes, kidney disease, substance use disorders, asthma, cancer, and cardiovascular diseases compared with Asians.[4,13]
- These disparities are compounded by social determinants of health.
    - For example, Native Hawaiians in Hawai'i have the highest rates of high school dropout, e-cigarette use, adolescent suicidal ideation, uninsured rates, poverty, homelessness, and incarceration.[4]
- Across Oceania, Indigenous Pacific Islander populations are consistently reported to experience worse health disparities, including lower life expectancies, than non-Indigenous populations.[4]

Native Hawaiians & Other Pacific Islanders: Dementia Epidemiology

Prevalence

- A population-based survey of Chamorros aged 65+ on Guam suggested a point prevalence of all-cause dementia in 2004 of 12.2%, including 8.8% Guam dementia (clinically equivalent to AD), 1.5% Parkinson's dementia, 1.3% pure vascular dementia, and 0.6% other.[14]

Incidence

- No studies on incidence of ADRD or cognitive disorders in NHOPI.
- Two reports on dementia incidence in Aboriginal and Torres Strait Islander peoples suggested an incidence rate of 21.0 to 35.9 per 1000 person-years for those aged 60+.[15]

Native Hawaiians & Other Pacific Islanders: Risk Factors

- Most review studies suggest that risk and protective factors associated with dementia for NHOPI peoples are congruent with the evidence available for non-Indigenous populations.[12,13,15]
- However, given known health and healthcare disparities within this community, the significance of social determinants of health across the life course may be more pronounced.
- For example, male sex was associated with a greater risk of dementia in certain Indigenous cohorts in contrast to most non-Indigenous populations where dementia is more common in women.[15]
    - These differences may be related to survival bias or greater exposure to other lifestyle and social risk factors such as heavy alcohol use, history of police custody and incarceration, and low education.
- Experiences of trauma, discrimination, and greater prevalence of mental health conditions can confer additional risk for ADRD in certain communities.[13]
    - Prevalence of severe or moderately severe depression was 4.8% among NHOPI in Hawai'i, almost twice as high as the state prevalence (2.7%) and 3 times higher than the prevalence for Asians (1.5%).

Clinical Considerations for Dementia Assessment

Language barriers / Acculturation[16]

- It is important to collect detailed linguistic and social history, including history of immigration (if relevant) and acculturation experiences
- Interpreter services are essential but healthcare providers should educate themselves about cultural and social norms and patient and family preferences
- Develop and maintain a professional network of resources and referral services

> If you are not comfortable with your physician, who doesn't speak your language, they don't know, don't understand your everyday diet and they don't quite connect with your lifestyle, you know, as a patient you're not going to share much of the very intimate details with your healthcare provider
>
> (Asian American, Native Hawaiian, and Pacific Islander-serving social service organizational leader, formerly with an Alzheimer's research institute).

Clinical Considerations for Dementia Assessment

Health and healthcare literacy / Attitudes and perceptions of dementia[16,17]

More than half (56%) of Asian Americans believe that **significant loss of memory** or cognitive (such as thinking or learning) ability is a normal part of aging.

Almost half (46%) of Asian Americans say that they are **concerned about developing Alzheimer's** or dementia.

It's the confusion with the signs of aging versus the clinical symptoms of Alzheimer's [disease]. There is still a need to raise that awareness in the community and expand their knowledge base so they can differentiate [the two] and do the... assessment and prompt them to seek medical advice as needed.

(Filipino social service care provider)

Clinical Considerations for Dementia Assessment

Discrimination / Structural barriers[16,17]

Almost half (45%) of Asian Americans **believe that medical research is biased** against people of color.

Only 12% of Asian Americans report that they have **no barriers to excellent Alzheimer's and dementia care**.

What I've heard from families is: you know it's great that there is an office on aging, but you still have to call, you still have to be your own advocate for a lot of these pieces. And that's hard when you're working full time and the stacks of forms are pretty significant and if you yourself are not familiar with filling out those forms. [It means that] the likelihood of you following through for your parent or grand-parent is reduced.

(Native Hawaiian health service provider)

Cognitive Assessment Considerations

While a number of brief screening tools have been translated into several languages spoken by AANHOPI older adults, only a few have been culturally adapted and validated to assess ADRD in the United States.[18]

Among the most commonly used tools are:

- The Mini Mental State Examination (MMSE)
- The Montreal Cognitive Assessment (MoCA)
- The Cognitive Abilities Screening Instrument (CASI)

Available Tools

	Description	Languages
MMSE[18,19]	30-item scale Known educational effects Published cutoffs vary widely Copyrighted	French, German, Dutch, Spanish for the US, Spanish for Latin America, European Spanish, **Hindi,** Russian, Italian, and **Simplified Chinese**
MoCA[18,19]	30-item scale More pronounced educational effects Racial and cultural bias Published cutoffs vary widely Requires training & certification for certain settings	Over 100 per publisher, including many languages spoken in Asia
CASI[18-20]	25-item scale Cutoffs based on educational attainment	Japanese, English, Chinese dialects

Important Considerations for Interpretation

MMSE[18,19]

- Asian Americans in Hawai'i: over 60% were unable to repeat "No ifs, ands, or buts"
- Highly variable cut-offs were reported, ranging from 17 to 29
- Limited normative data and validation studies of Asian Americans (most data are reported in Asians residing in Asia)

MoCA[18,19]

- Many forms with linguistic modifications are available for different populations (12 forms for Chinese speakers)
- Alterations to letter fluency – some languages spoken in Asia are not alphabetic
- Highly variable cut-offs were reported, ranging from 21 to 26
- Limited normative data and validation studies of Asian Americans (most data are reported in Asians residing in Asia)

Important Considerations for Interpretation

CASI[18-20]

- MMSE, the Modified Mini-Mental State Test, and the Hasegawa Dementia Screening Scale scores can be estimated from subsets of the CASI items.
- The cutoff scores are based on educational groups in a Taiwanese sample:
    - Edu = 0: 49/50
    - Edu = 1-5: 67/68
    - Edu >/=6: 79/80
- Culturally tailored to certain groups: for example, both solar and lunar year dates are accepted

	Written	Spoken
China, Singapore, Malaysia	Simplified	Mandarin
Hong Kong	Traditional	Cantonese
Taiwan	Traditional	Mandarin
USA	Simplified & Traditional	Cantonese & Mandarin

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AANHOPI in California[21]

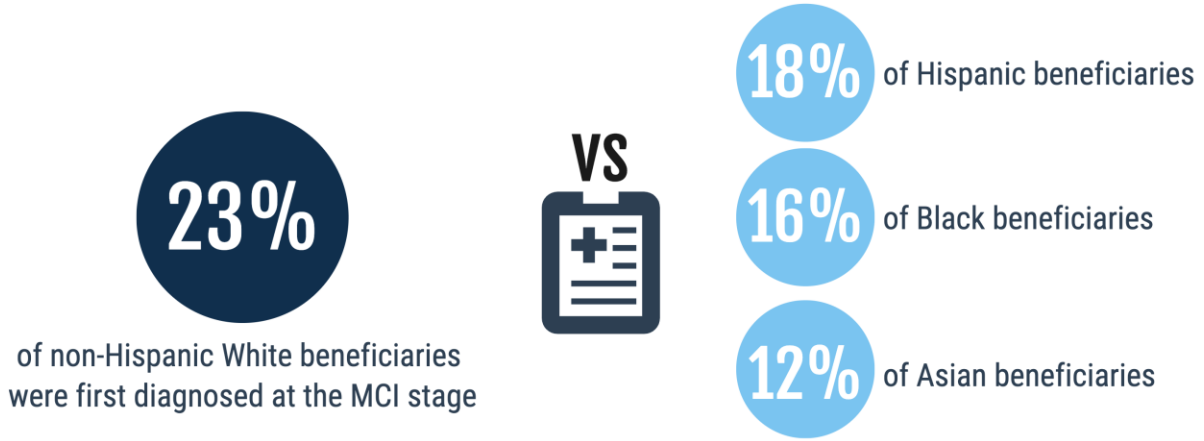
Table 1. Sample Characteristics of Older Asian Americans in California

Characteristic	Total Asian	Chinese	Japanese	Korean	Filipino	Vietnamese	*P*-Value*
Age, mean (SE) (range 60–96)	70.7 (0.35)	71.6 (0.69)	74.4 (0.65)	68.7 (0.72)	69.6 (0.74)	67.6 (0.72)	<.001*
Female, %	54.2	55.1	68.2	57.4	58.7	38.3	<.001
Married, %	72.1	74.6	64.4	71.7	69.1	80.9	.25
Educational attainment, %							<.001
<High school	19.1	26.9	10.7	19.5	5.7	44.5	
High school graduate	25.5	20.5	31.6	29.8	25.4	30.9	
≥Some college	55.4	52.6	57.7	50.7	68.9	24.6	
Annual household income, $, mean (SE)	48,854 (2,023.6)	50,463 (4,107.4)	61,630 (4,871.2)	36,326 (3,530.4)	49,141 (4,171.6)	23,743 (2,820.7)	<.001*
Uninsured, %	5.8	4.5	1.3	20.7	3.0	10.2	<.001
Foreign born, %	83.3	89.0	31.5	99.1	93.5	100.0	<.001
Limited English proficiency, %	37.8	56.2	6.6	74.2	7.8	83.4	<.001

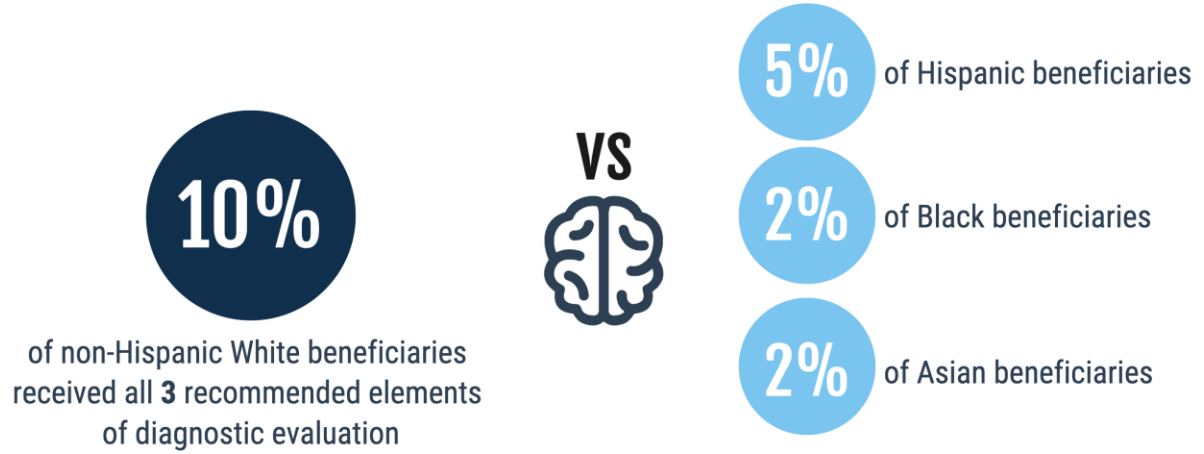
AANHOPI in California[22]

Asian Medicare beneficiaries in California are significantly less likely to receive

- a timely diagnosis of ADRD and



- a comprehensive dementia diagnostic assessment.



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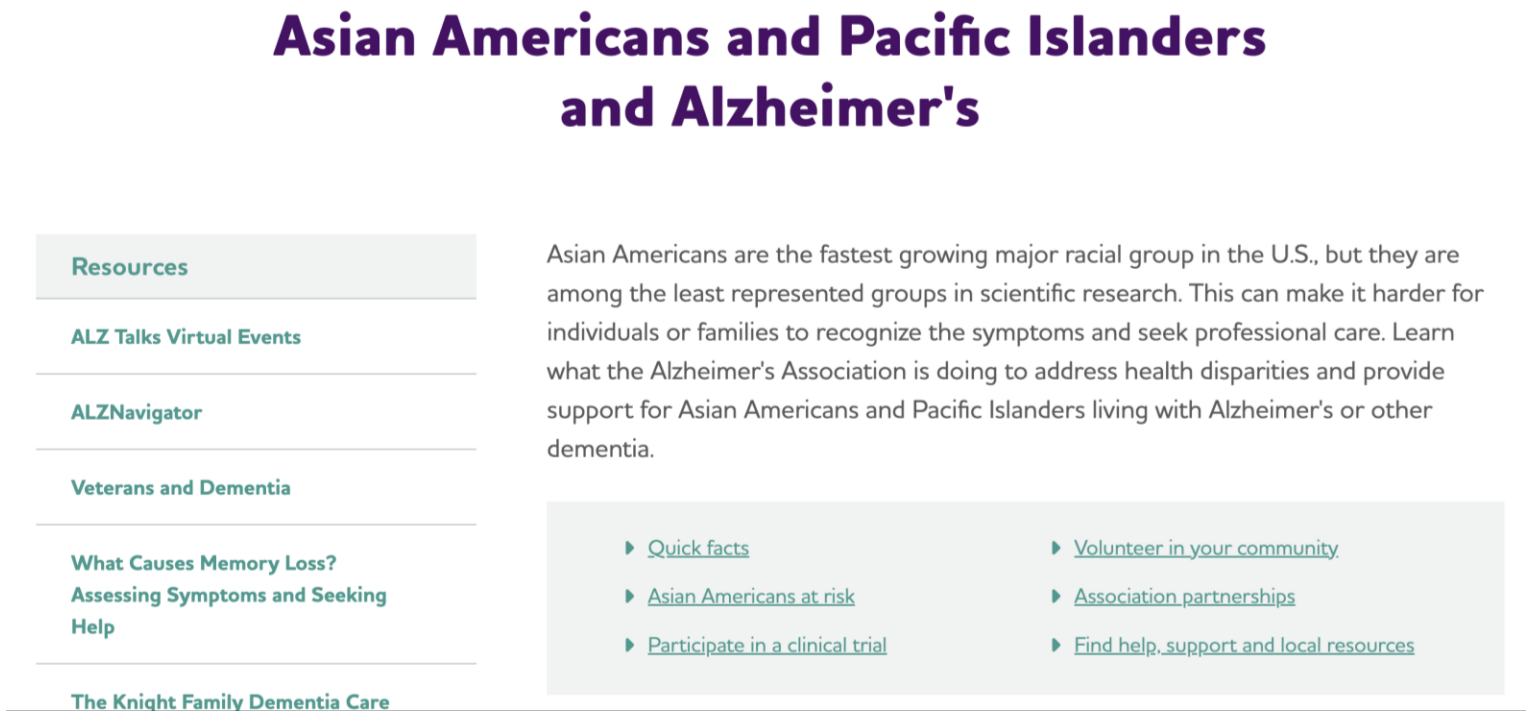
Resources and Research Opportunities

Alzheimer's Association: https://www.alz.org/help-support/resources/asian-americans-and-alzheimers



Asian Americans and Pacific Islanders and Alzheimer's

Resources

- ALZ Talks Virtual Events
- ALZNavigator
- Veterans and Dementia
- What Causes Memory Loss? Assessing Symptoms and Seeking Help
- The Knight Family Dementia Care

Asian Americans are the fastest growing major racial group in the U.S., but they are among the least represented groups in scientific research. This can make it harder for individuals or families to recognize the symptoms and seek professional care. Learn what the Alzheimer's Association is doing to address health disparities and provide support for Asian Americans and Pacific Islanders living with Alzheimer's or other dementia.

- Quick facts
- Asian Americans at risk
- Participate in a clinical trial
- Volunteer in your community
- Association partnerships
- Find help, support and local resources

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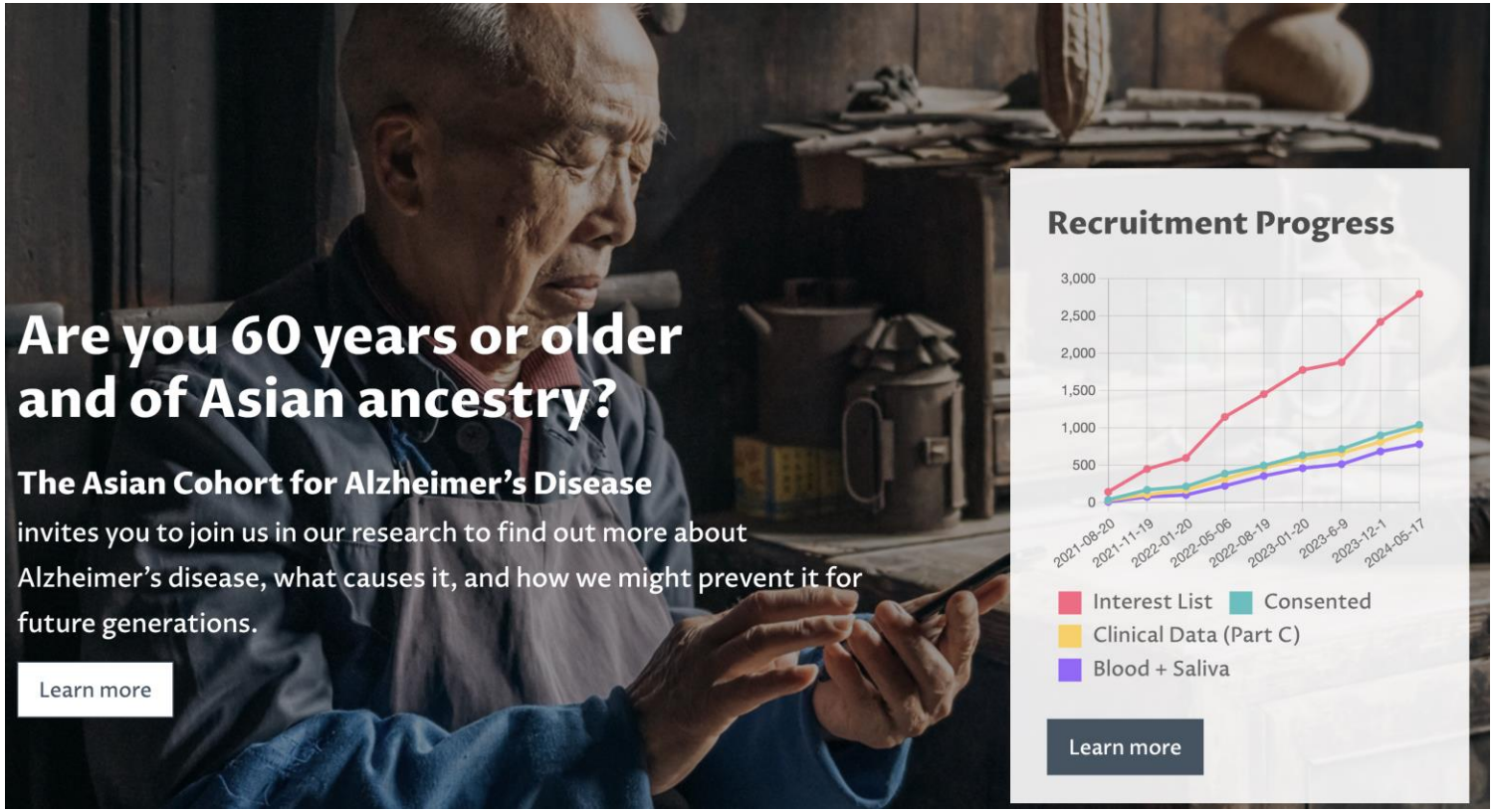
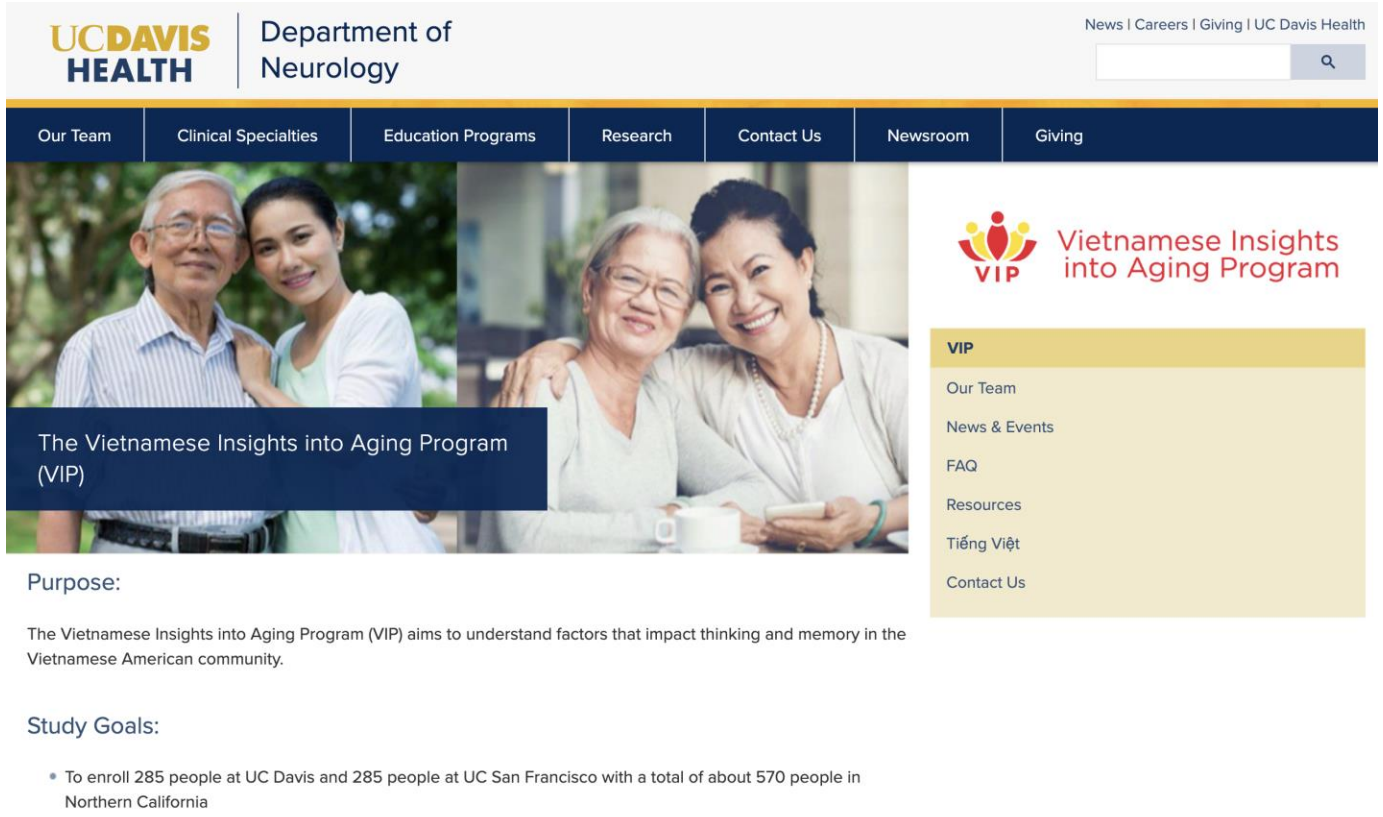
Research Opportunities

Asian Cohort for Alzheimer's Disease (ACAD): https://acadstudy.org/



Research Opportunities

The Vietnamese Insights into Aging Program (VIP): https://health.ucdavis.edu/neurology/vip/index.html



Research Opportunities: UCSF (memory.ucsf.edu)


Li


Tee


Kukull


Biber


Tee


Alladi


O'Bryant


Babulal


Gorno-Tempini


Tee


Wang


Chui


Jun


Park

Examining normative heterogeneity of aging and neurodegeneration in Chinese elders study (ENHANCE) (R01 AG083840)

The impact of bilingualism on cognitive reserve/resilience using socio-demographically and linguistically diverse populations (R01 AG080469)

Chinese Language Assessment in Primary Progressive Aphasia (CLAP) (R21AG068757)

Asian Cohort for Alzheimer's Disease (ACAD) (U19 AG079774)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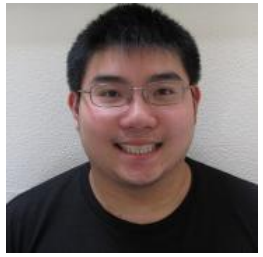
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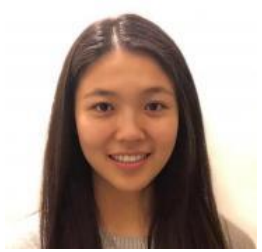
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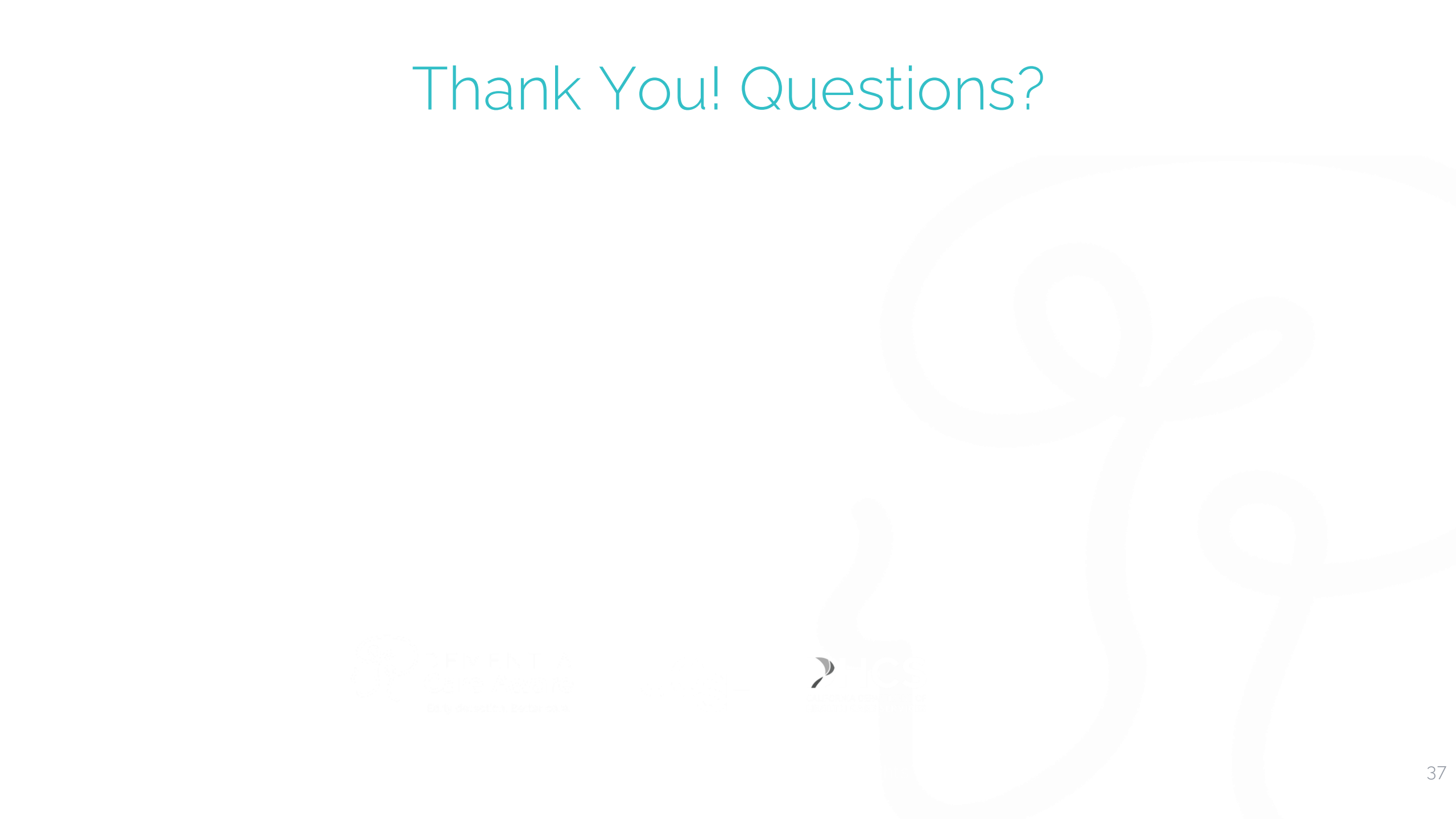
Take-Home Points

- Asian American and Native Hawaiian and Other Pacific Islander populations represent an incredibly diverse group of individuals across ethnic, linguistic, cultural, and sociodemographic backgrounds.
- These populations remain severely underrepresented in clinical research and experience health and healthcare disparities often masked by historical aggregation of data.
- Research on risk and protective factors for dementia is emerging, but known risk factors are more prevalent in certain cultural and ethnic groups within AANHOPI community.
- Patient-centered and culturally-informed approaches are critical for diagnosis and care for AANHOPI older adults with cognitive impairment.

Thank You! Questions?



Have more questions? Get answers through our Warmline @ **1-800-933-1789** or our support page!

Here are some examples!

What do I prioritize if my patient tests positive for cognitive impairment?

What cognitive assessment should I use for a Spanish speaking patient experiencing homelessness?

What medications should I avoid if my patient has cognitive complaints?

Open your phone camera and scan the QR code to submit questions:

Or visit: www.dementiacareaware.org

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References

1. U.S. Census Bureau. What Updates to OMB's Race/Ethnicity Standards Mean for the Census Bureau. 2024. https://www.census.gov/newsroom/blogs/random-samplings/2024/04/updates-race-ethnicity-standards.html
2. U.S. Census Bureau. Census Bureau Releases 2020 Census Population for More Than 200 New Detailed Race and Ethnicity Groups. 2023. https://www.census.gov/library/stories/2023/09/2020-census-dhc-a-race-overview.html
3. GBD US Health Disparities Collaborators. Life expectancy by county, race, and ethnicity in the USA, 2000-19: a systematic analysis of health disparities. Lancet. 2022;400(10345):25-38.
4. Taparra K, Pellegrin K. Data aggregation hides Pacific Islander health disparities. Lancet. 2022;400(10345):2-3.
5. Braun KL, Kim BJ, Ka'opua LS, Mokuau N, Browne CV. Native Hawaiian and Pacific Islander Elders: What Gerontologists Should Know. Gerontologist. 2015;55(6):912-9.
6. Budiman A, Ruiz NG. Key facts about Asian Americans, a diverse and growing population. Pew Research Center.2021. https://www.pewresearch.org/fact-tank/2021/04/29/key-facts-about-asian-americans/
7. Wu B, Qi X. Addressing Health Disparities Among Older Asian American Populations: Research, Data, and Policy. Public Policy Aging Rep. 2022;32(3):105-111.
8. Kim JHJ, Lu Q, Stanton AL. Overcoming constraints of the model minority stereotype to advance Asian American health. Am Psychol. 2021;76(4):611-626.
9. Meyer OL, Park VT, Kanaya AM, Farias ST, Hinton L, Tiet QQ, Vuong Q, Nguyen S, Harvey D, Whitmer RA. Inclusion of Vietnamese Americans: Opportunities to understand dementia disparities. Alzheimers Dement (N Y). 2023;9(2):e12392.
10. Zhu Y, Park S, Kolady R, Zha W, Ma Y, Dias A, McGuire K, Hardi A, Lin S, Ismail Z, Adkins-Jackson PB, Trani JF, Babulal GM. A systematic review/meta-analysis of prevalence and incidence rates illustrates systemic underrepresentation of individuals racialized as Asian and/or Asian-American in ADRD research. Alzheimers Dement. 2024;Epub ahead of print.
11. Mayeda ER, Glymour MM, Quesenberry CP Jr, Whitmer RA. Heterogeneity in 14-year Dementia Incidence Between Asian American Subgroups. Alzheimer Dis Assoc Disord. 2017;31(3):181-186.
12. Lim S, Mohaimin S, Min D, Roberts T, Sohn YJ, Wong J, Sivanesathurai R, Kwon SC, Trinh-Shevrin C. Alzheimer's Disease and its Related Dementias among Asian Americans, Native Hawaiians, and Pacific Islanders: A Scoping Review. J Alzheimers Dis. 2020;77(2):523-537.
13. Braun KL, Kim BJ, Ka'opua LS, Mokuau N, Browne CV. Native Hawaiian and Pacific Islander Elders: What Gerontologists Should Know. Gerontologist. 2015;55(6):912-9.
14. Galasko D, Salmon D, Gamst A, Olichney J, Thal LJ, Silbert L, Kaye J, Brooks P, Adonay R, Craig UK, Schellenberg G, Borenstein AR. Prevalence of dementia in Chamorros on Guam: relationship to age, gender, education, and APOE. Neurology. 2007;68(21):1772-81.
15. Nguyen HXT, Bradley K, McNamara BJ, Watson R, Malay R, LoGiudice D. Risk, protective, and biomarkers of dementia in Indigenous peoples: A systematic review. Alzheimers Dement. 2024;20(1):563-592.
16. Wong JA, Min DK, Kranick J, Ushasri H, Trinh-Shevrin C, Kwon SC. Exploring community knowledge, attitudes and perceptions of Alzheimer's Disease/Alzheimer's Disease-Related Dementias and healthy ageing in Asian American, Native Hawaiian and Pacific Islanders. Health Soc Care Community. 2022;30(6):e5946-e5958.
17. Alzheimer's Association. 2021 Alzheimer's Disease Facts and Figures. Alzheimers Dement. 2021;17(3):327-406.
18. Lim S, Chong S, Min D, Mohaimin S, Roberts T, Trinh-Shevrin C, Kwon SC. Alzheimer's Disease Screening Tools for Asian Americans: A Scoping Review. J Appl Gerontol. 2021;40(10):1389-1398.
19. Rosli R, Tan MP, Gray WK, Subramanian P, Chin AV. Cognitive assessment tools in Asia: a systematic review. Int Psychogeriatr. 2016;28(2):189-210.
20. Lin KN, Wang PN, Liu CY, Chen WT, Lee YC, Liu HC. Cutoff scores of the cognitive abilities screening instrument, Chinese version in screening of dementia. Dement Geriatr Cogn Disord. 2002;14(4):176-82.
21. Kim G, Chiriboga DA, Jang Y, Lee S, Huang CH, Parmelee P. Health status of older Asian Americans in California. J Am Geriatr Soc. 2010;58(10):2003-8.
22. Tsoy E, Kiekhofer RE, Guterman EL, Tee BL, Windon CC, Dorsman KA, Lanata SC, Rabinovici GD, Miller BL, Kind AJH, Possin KL. Assessment of Racial/Ethnic Disparities in Timeliness and Comprehensiveness of Dementia Diagnosis in California. JAMA Neurol. 2021;78(6):657-665.

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