Who Attends Memory Screening Events?
Characteristics of African Americans Attending Memory Screening Events

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Carey Gleason, PhD
Assistant Professor of Medicine & Administrator
Wisconsin Alzheimer’s Disease Research Center
University of Wisconsin School of Medicine and Public Health
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- **Co-Authors:**
  - Dorothy Edwards, PhD
  - Wade Gunn, MA
  - Rachel Ramos, MPH
  - Richard Chappell, PhD
  - Susan Benton, MS
  - Gina Green-Harris, MBA
  - Paul Izard

- **Contributors:**
  - Brieanna Harris

- **Collaborators:**
  - Charlestine Daniel, MA
  - Nora Jacobson, PhD
  - Ashley Kaseroff, MS
  - Michele Mahr, MS
  - Ornella Hills, BA
  - Tyronne Dickson, MS
  - Hanna Blazel, MS

- **Participants**
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  Has no real or apparent conflicts of interest to report
Why Memory Screening?

“…evidence is insufficient to assess the balance of benefits and harms of screening for cognitive”

http://www.uspreventiveservicestaskforce.org/uspstf14/dementia/dementiainitalrs.htm
Wisconsin Alzheimer’s Disease Research Center’s (ADRC) Minority Recruitment Core

• Outreach to African American Communities in Southern Wisconsin
• Raise Awareness
• Education
• Identify resources
• Introduce research

Goals for Memory Screenings
Why African American Community?

- African Americans & Alzheimer’s disease

![Bar chart showing the proportion of people age 65 and older with Alzheimer’s disease and other dementias by race and age group.](image)

*The Hispanic group for this study was primarily Caribbean-American. Created from data from Gurland et al. (133)*
What We’ve Learned

From the Conversation Project

• Factors affecting willingness to be screened include
  – Perception of Stigma
  – Social support for memory screening
  – Perception of benefit

Data presented at AAIC 2013, papers in preparation/submission

These data were NOT collected from individuals attending a memory screening
Wisconsin ADRC Screening Event

• Structure
  – Screening events follow an educational event
  – Partner with churches
  – Incorporate into larger health event
• Community encourages participation
• De-stigmatize memory loss
• Discuss the benefits early detection and research
Wisconsin ADRC Screening Event

Day of the event

– Schedule an appointment; walk-ins welcome
– Check in
– While waiting can visit with staff at out booth
– Provide coffee and snacks
– Graduate student tests the participant
  • AD8 (Galvin)
  • 30 minute battery
– Feedback with a clinician
  • Ask about interest in research
Objective

• Take a closer look at who is attending our screening events
Conversation Project

• Questionnaire developed from previously published questionnaires
  • Boustani et al (2003)
  • Anderson et al (2011)
  • Dale et al (2006)
  • Galvin et al (2006)
  • Lin et al (2012)
  • Additional questions developed by study team

• Collected data at non-health care events

• Added data from Memory Screening events
## Participants

<table>
<thead>
<tr>
<th>Variable</th>
<th>Screening Event N=41</th>
<th>Community Event* N=190</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age in years (SD)</td>
<td>64.7 (8.9)</td>
<td>55.7 (7.8)</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Women, N (%)</td>
<td>29 (70.7%)</td>
<td>114 (60.0%)</td>
<td>0.16</td>
</tr>
<tr>
<td>Mean Education in years (SD)</td>
<td>13.3 (2.3)</td>
<td>12.7 (2.3)</td>
<td>0.15</td>
</tr>
<tr>
<td>Self-Identified Race</td>
<td></td>
<td></td>
<td>0.58</td>
</tr>
<tr>
<td>African American or Black, N (%)</td>
<td>40 (97.6%)</td>
<td>185 (97.3%)</td>
<td></td>
</tr>
<tr>
<td>African American &amp; 1 or more other race, N (%)</td>
<td>1 (2.4%)</td>
<td>5 (2.7%)</td>
<td></td>
</tr>
<tr>
<td>Annual Household Income</td>
<td></td>
<td></td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>&lt;30K, N (%)</td>
<td>15 (36.6%)</td>
<td>112 (58.9%)</td>
<td></td>
</tr>
<tr>
<td>30K to 70K, N (%)</td>
<td>22 (53.7%)</td>
<td>70 (36.8%)</td>
<td></td>
</tr>
<tr>
<td>&gt;70K, N (%)</td>
<td>4 (9.8%)</td>
<td>8 (5.3%)</td>
<td></td>
</tr>
</tbody>
</table>

*Community events: Musical event, church event, Festivals, etc.*
Analysis

• Logistical regression predicting attendance at Screening Event
  – Covariates
    • Demographic factors: Age, education, income
  – Experience with dementia
  – Family support for screening
  – Perceived benefits
  – Perceived harms, including stigma
  – Willingness to take medications
### Results

<table>
<thead>
<tr>
<th></th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.14</td>
<td>(1.08, 1.19)</td>
</tr>
<tr>
<td><strong>Education</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.10</td>
<td>(0.93, 1.30)</td>
</tr>
<tr>
<td><strong>Income category</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.33</td>
<td>(0.83, 2.12)</td>
</tr>
<tr>
<td>Willing to take medication&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.79</td>
<td>(1.00, 3.19)</td>
</tr>
<tr>
<td>Family &amp; friend support screening&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2.14</td>
<td>(1.07, 4.28)</td>
</tr>
<tr>
<td>Perceive benefits of diagnosis&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2.85</td>
<td>(1.30, 6.22)</td>
</tr>
<tr>
<td>Perceive harms with diagnosis&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0.78</td>
<td>(0.37, 1.61)</td>
</tr>
<tr>
<td>Know someone with dementia&lt;sup&gt;c&lt;/sup&gt;</td>
<td>1.68</td>
<td>(1.03, 2.27)</td>
</tr>
</tbody>
</table>

<sup>a</sup> Obtained from a regression with Age, Education and Income category only

<sup>b</sup> Responses based on 4-point likert scale: 1 (Strongly disagree)

<sup>c</sup> Response options: yes or no
Willingness to use medication for memory loss

- Definitely No
- No
- Yes
- Definitely Yes

- Community Event
- Memory Screening
Family Support (Galvin et al +)

- 4-point likert scale
- Support memory testing
  - Spouse
  - Children
  - Friends
- Would they undergo memory testing
  - Spouse
  - Friends
- Willing to talk about memory testing with friends and family

<table>
<thead>
<tr>
<th>Definitely No</th>
<th>Probably No</th>
<th>Probably Yes</th>
<th>Definitely Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Social Support

Mean Score

Community Event

Memory Screening

P<0.01
Consequences (Boustani et al)

- 4-point likert scale
- Benefits
  - Early detection would prevent further memory decline
  - My family could help me
  - Be motivated to have healthier lifestyle
- Harms
  - People would
    - Treat me poorly or laugh at me
    - No longer take me seriously
    - Think I was stupid and unable to do things
  - Would be ashamed or embarrassed
  - Lose insurance
Perceived Consequences

Mean Score

Community Event

Memory Screening

P<0.01
Experience with dementia

- Community Event
- Memory Screening

Percent Response

No

Yes
Willingness to discuss memory concern with provider

<table>
<thead>
<tr>
<th>Response</th>
<th>Community Event</th>
<th>Memory Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely No</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>30</td>
</tr>
<tr>
<td>Yes</td>
<td>40</td>
<td>45</td>
</tr>
<tr>
<td>Definitely Yes</td>
<td>45</td>
<td>40</td>
</tr>
</tbody>
</table>

Percent Response
Limitations

• Limited generalizability:
  – Small number of participants
  – Questionnaires collected only in Wisconsin

• Limited information on ethnicity provided by respondents
  – Data only available from N=155
  – Only 6 reported Hispanic ethnicity
Conclusions

In this community sample of African Americans

• Data support our earlier findings
• Willingness to be screened was supported by
  – Social support for screening
  – Perceived benefits
  – And willingness to use pharmacological treatments
In this community sample of African Americans

- Compared to non-health events, AA at screenings events were
  - Older
  - Higher Income
  - Non-significant trends: education and gender
Next Steps

• Goal: Improve timely recognition of memory disorders for African Americans
• Explore role of location and time
  – Can we improve our reach?
• Explore willingness to follow-up with provider
• Explore behavior v. intention to follow-up
• Collect data from a white sample
Thank you to collaborators & staff

4th Annual Solomon Carter Fuller Event
Questions

Thank You