Asset Based Community Engagement: Development of a Culturally Tailored Diagnostic and Lifestyle Intervention for African American’s at Risk for AD

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African Americans are at Greater Risk for Alzheimer’s disease

The prevalence of Alzheimer’s disease or other dementias among older African Americans is roughly double that among non-Hispanic Whites, and is significantly higher than that among Hispanics.
Impact of AD on Communities of Color

- AD and other dementias are a public health crisis in communities of color in the US
- AD and other dementias are less likely to be diagnosed or treated
- Undiagnosed AD complicates the management of other comorbid conditions
- Majority of care provided by unpaid informal caregivers
- Structural, social and attitudinal barriers unique to minority elders and their families
CMS Medicare Expenditure Study

• Center for Medicare and Medicaid Studies (CMS) examined the impact health disparities on Medicaid expenditures for persons with Alzheimer’s disease and vascular dementia.
• Non Hispanic blacks had significantly higher costs of care.
• Inpatient utilization, long-term care institutionalization, and chronic conditions were the significant drivers of health disparities across Medicare/Medicaid recipients.
Asset Based Community Development (ABCD) Outreach Model

- Identify the community
- Address the communities needs/wants

Community Involvement

- Fabric work of community
- Invest in the community
- Provide resources identified by the community

Commitment from the community

- Recognize the community as experts
- Validate the community

McKnight & Kretzmann (1993). *Building Communities From the Inside Out: A Path Toward Finding and Mobilizing a Community’s Assets*
Addressing the Community’s Concerns
MHSI Memory Clinic Model

- Physician
- Nurse practitioner
- Medical assistant
- Social worker
- Community health worker

Diagnostic testing
Diagnoses
Data collection

Care management
Follow-up services

Community health worker
SW care coordinator
Nurse practitioner

Patient referral

Family support
Community engagement

Physicians
Social service agencies
Behavioral health community

Research

Research specialist
Outreach coordinator
Dementia diagnostic team
2013-14 Community Attitudes Survey: Milwaukee WI

- Survey of 200 residents of Milwaukee WI (aged 35-84: Mean age 54.5 ± 8.5).
- The majority (60%) had spent time with a person with dementia:30% had a relative with AD or other dementia.
- The majority (59%) felt that they had a low likelihood of developing AD or MCI during their lifetime.
- 64 % reported that they had little control or power over AD risk.
- There was low perceived control over AD risk and low recognition of controllable risk factors such as diet, mental and physical activity.
WAI Milwaukee Dementia Wellness Program

• Milwaukee Health Services Multidisciplinary Memory Clinic
  – Physician, Nurse Practitioner, Case Manager
  – Medical Home Model

• Passport Program
  - Screening Panel for common chronic illnesses
  - Referrals to Memory Clinic and other health services
  - Individual Family/caregiver education
  - Pathway to lifestyle intervention program

• Health Mind-Healthy Body Wellness Program
  – 5 90 minute group sessions
  – Focus on brain health: blood pressure control, diet and nutrition, physical activity, stress management, individual health goals
  – One on one health coaching
Screening Results

MHSI Diagnostic Clinic Patients  
\( n = 357 \)
- 93% African American
- 65% Female
- Mean age 69 (36-93)
- 45% live alone
- Mean education: 9.56 ± 3.76 yrs
- Mean MMSE: 20.3 ± 7.71; Range 4-29
- Co-Morbid Conditions:
  - Hypertension - 70%
  - Hyperlipidemia - 45%
  - Diabetes - 30%
  - Prior stroke - 17%
- Diagnoses: 38% Mixed Dementia, 10% AD, 12% MCI

Healthy Body Healthy Mind Participants  
\( n = 114 \)
- 70% African American
- 78% Female
- Mean age: 66 (33-85)
- Mean education: 12 (3-18yrs)
- MOCA Impaired: 69%
- Self reported memory problems: 44%
- Self Reported Co-Morbid Conditions:
  - Hypertension - 82%
  - High Cholesterol - 61%
  - Diabetes - 40%
- 2 + Co-morbid Conditions – 55%
Community Screening Results

Perceived Health Problems

Actual Test Results
Preliminary Program Outcomes

• Pre and post-screening identification of 5 conditions linked to memory loss (hypertension, high cholesterol, diabetes, obesity and heart disease).
  – Self report score 2.47: Verified conditions score 4.52
• 87% of participants rated information received as very useful
• Interest in participating in the Healthy Mind-Healthy Body program was high: 57% “very interested, 29% “interested
• Healthy Mind-Healthy Body Program initiated 2014
  – More than 150 community residents have completed the program as of April 1, 2017
Conclusions

• African Americans bear a disproportionate burden of AD and other dementias
• Structural and social barriers affect access to diagnosis, treatment and family support
• Culturally tailored community based services are needed to reduce inequities and improve access to education, diagnosis, treatment and prevention programs
• Asset Based Community Engagement programs have the potential to improve quality of care, reduce costs, decrease burden and improve quality of life
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