



Improving Dementia Care for Black & Brown Seniors in LA County

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KedrenVaccines

A Division of Kedren Health

Financial Disclosures

The following CME planners and CME faculty do not have relevant financial relationships with ineligible companies in the past 24 months.

- Leilanie Mercurio, Provider Continuing Education (PCE) Program Manager, L.A. Care Health Plan, CME Planner.
- Jennifer Schlesinger, MPH, CHES, Vice President, Healthcare Services & Professional Training, Alzheimer's Los Angeles, CME Planner.
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An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support was not received for this CME/CE activity.

Learning Objectives

At the completion of the activity, learners can:

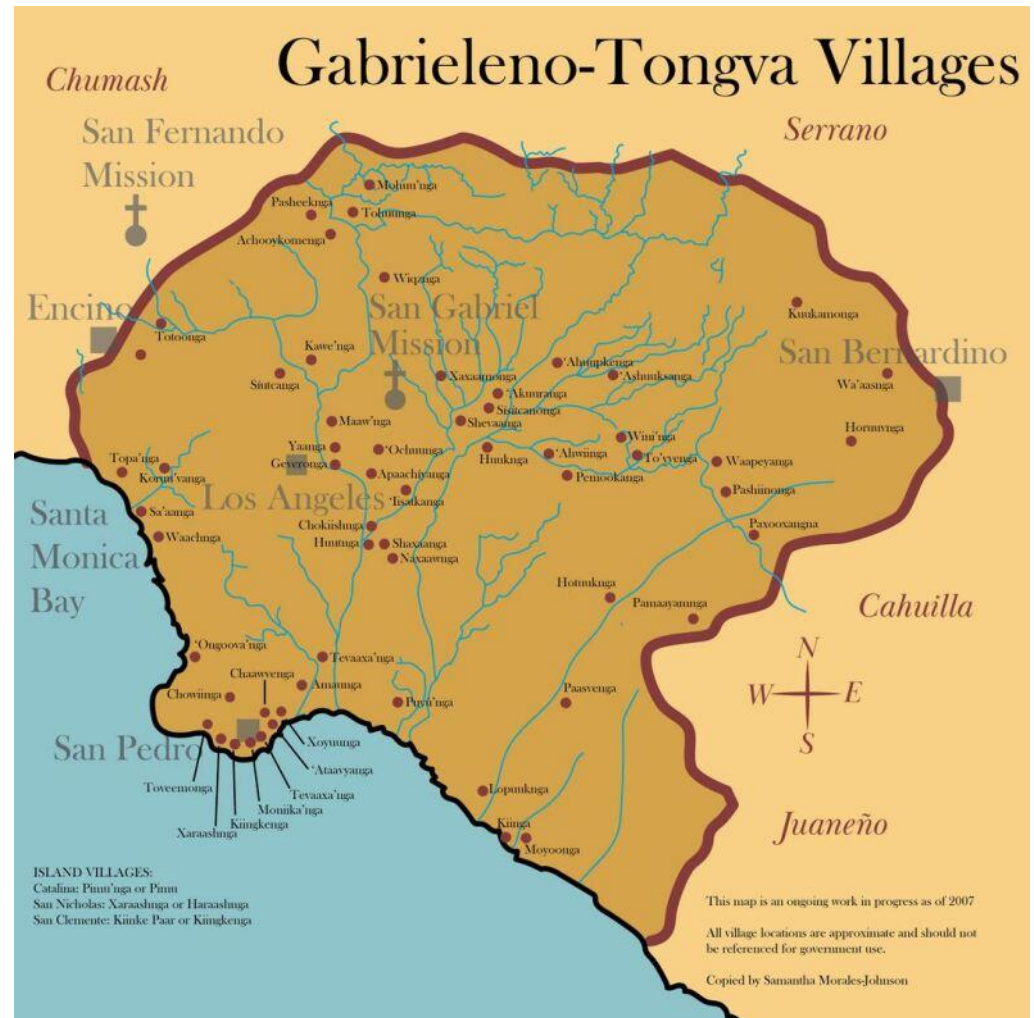
- Summarize the complex and complicated intersection between Mental Health, Dementia, and Substance Use Disorders among vulnerable seniors in Los Angeles.
- Specify four (4) challenges for improving dementia screening and increasing access to dementia care for Black & Latino patients in Los Angeles County.
- Examine the **impact of Social Determinants of Health (SDOH)** on dementia care for vulnerable populations.
- Identify at least two (2) appropriate and responsible screenings and care for at-risk aging seniors in Los Angeles County.

Land & Labor Acknowledgement

We at Kedren & CDU recognize the Gabrieliño Tongva, Chumash, and others as the original and eternal owners of the land that is currently known as Los Angeles. We honor and respect them and their ancestors as the native inhabitants of this region and we are committed to working together to overcome the injustices that are still being experienced today.

We acknowledge the extraction of brilliance, energy and life for labor forced upon people of African descent for more than 400 years. We celebrate the resilience and strength that Indigenous people and descendants of Africa have shown in this country and worldwide. We carry our ancestors in us.

We are committed to working together to overcome the injustices that are still being experienced today, including the harms of racism and human slavery.



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Acknowledging Gender Identity



“Trigger Warning”

The following contains information and content that may be viewed as triggering content addressing race-based harms, intergenerational trauma, oppressive historical events, which may be disturbing or re-traumatizing for some. Discretion is strongly advised. This is not political or biased ideology, but only information relevant for healthcare professionals.

Kedren: A FQHC & Psych Hospital Prioritizing Black & Latino Community Health in South Los Angeles



Kedren is a FQHC located in South Los Angeles. We have pushed to expand healthcare access to those within underserved populations in a way that always provides conscious, ethical, transparent, and passionate service. Since December 2020, we have provided a safe and approachable space for patients to not only be vaccinated but also obtain accurate and reliable information on COVID-19. One of the first FQHCs to sign HHS Health Sector Pledge. A model for providing care across the health continuum: primary care, mental health, public health & SUD.

Meet The Team



We at Kedren have dedicated ourselves to revolutionising the healthcare experience by providing *value-based* care that puts **PEOPLE & COMMUNITIES FIRST**. We make sure to always put patients at the *heart* of the care that they are receiving and we are delivering.

Who We Are:

CDU-KEDREN Mobile Street Medicine

Since December 2020 we have delivered mobile street medicine to several communities throughout South Los Angeles, in that time we have...



400,000 +

**People
Vaccinated**



780,000 +

**COVID-19
Tests**



420+

**Mobile
Clinics**



16,000 +

**Mobile Doses
Administered**

How We Got Here

We were provided the chance to serve as a test kitchen for new technologies, strategies that were created to help fight COVID-19 such as:

- LAC DPH Vaccine Equity Committee
- CDPH PrepMod, MyTurn, MyCAVax v 0.0

Being able to explore and experiment more freely than traditional clinics allowed us to create a model of vaccine delivery that disrupted existing paradigms and created new service lines



Removing Barriers to Care

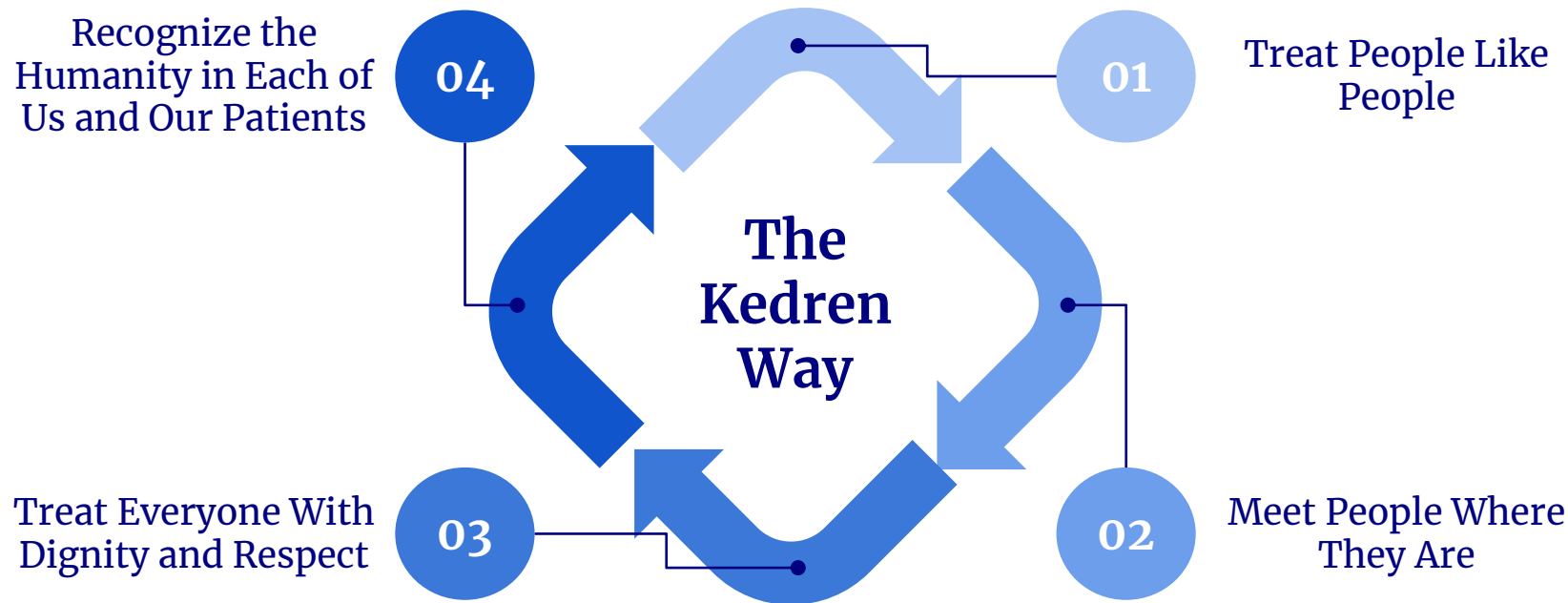
To truly increase accessibility for all people, every element of the healthcare delivery process had to be considered, such as:

- No Appointments
- Transportation, housing, food issues
- Language barriers
- Barriers for those with disabilities
- Legal documentation status
- Childcare and elder care, PTO

Ensuring equity for all meant using our creativity to identify groups that are often never considered



What We Believe



Using these values, we create a culture for ourselves and those around us to
ENGAGE, EDUCATE, VACCINATE, and ACTIVATE!

Our Team



Meeting People Where They Are – Democratization & Ubiquitization

We reduce the accessibility burden by bringing primary care, mental health, and public health services directly to where people ...

Live

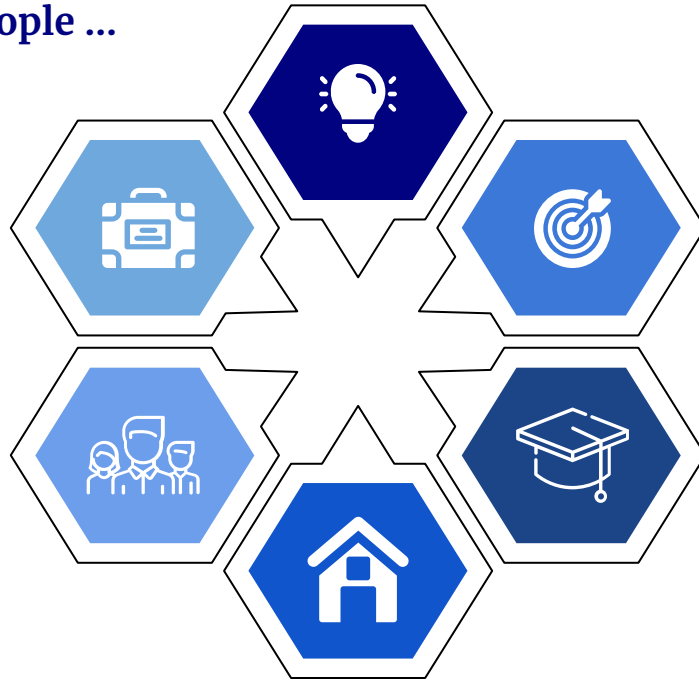
Spaces meant to promote wellness, security, and health

Work

Business offices and places with high amounts of administrative staff or field workers

Worship

Faith-based spaces such as churches, mosques, temples, and other non-denominational places of prayer



Play

Community centers and special events such as fairs, events, and festivals

Go to School

Local private and public schools within IUSD and LAUSD

Homebound

Specialized appointments to the neighborhoods of people who cannot leave their homes due to various limitations or disabilities

Our Team



Beyond COVID-19

Expanding Mobile Street Medicine

Maternal & Child Health

General maternal health and reduction of black and brown maternal mortality rate

Public Health

Reducing gun violence, inconsistent policing, climate-based health problems, food and housing insecurity

Ending the Epidemics

STD/STI screenings, HIV/AIDS testing and PrEP, and viral hepatitis treatment

Preventative Care

Testing and educational tools for diabetes, cancer screenings, chronic disease screenings

LGBTQ+ Services

Sexual health education, HRT and other gender-affirming care

Primary Care

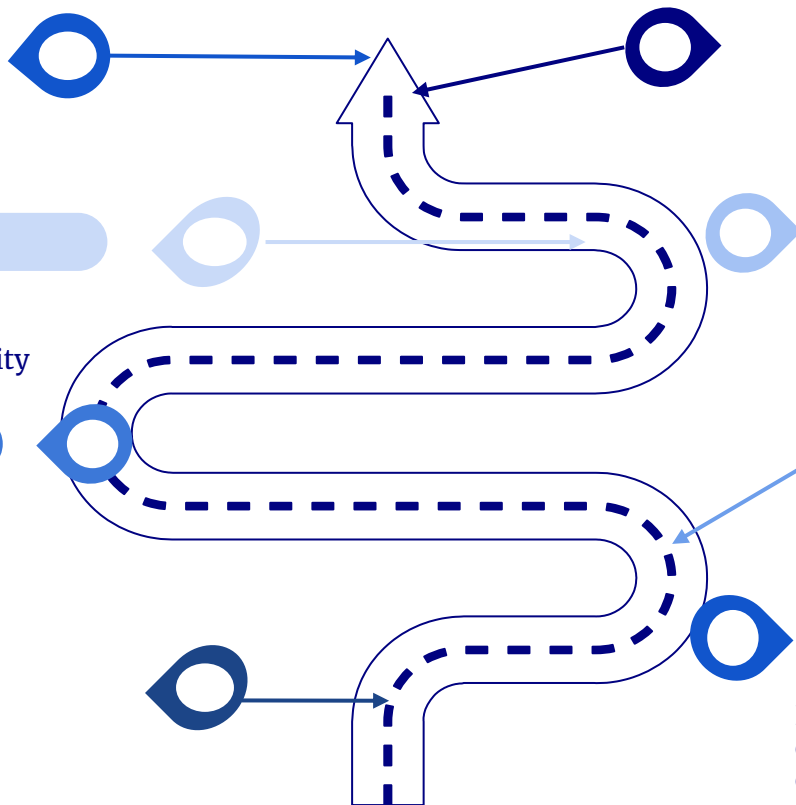
Regular visits meant to monitor and maintain health

Mental Health

Mental health screenings (ie. anxiety and depression) and expert referrals

Dementia Care

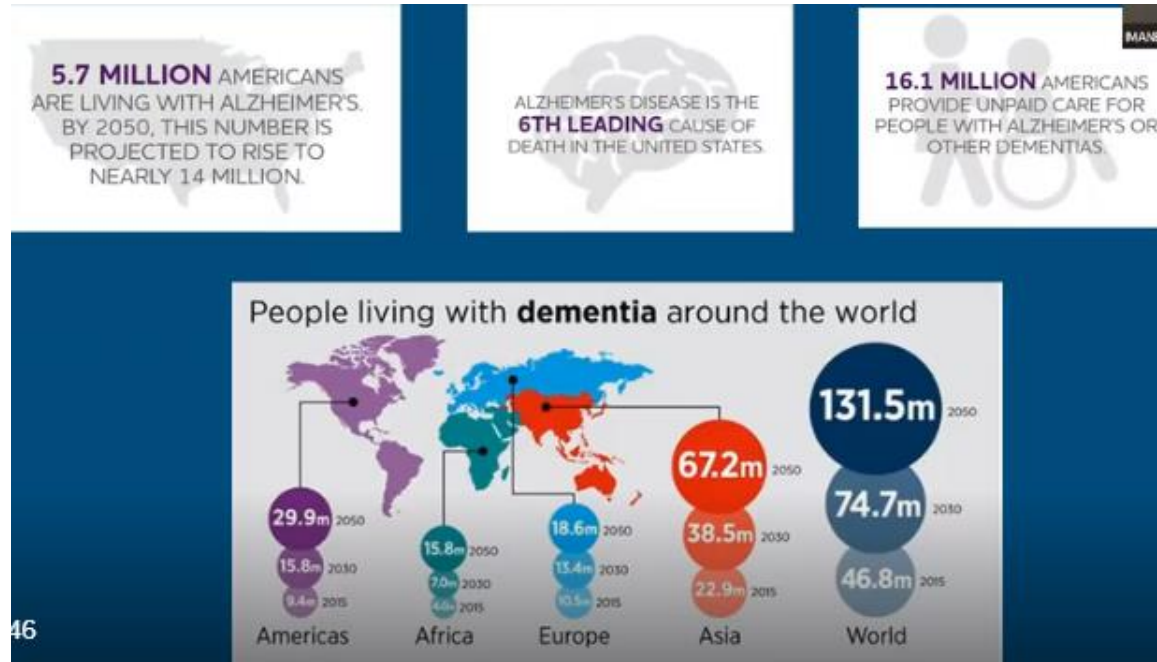
Early screening tools and resources, caregiver training, and culturally competent care resources





Intro: An introduction to dementia in LA and barriers to care

The Impact of Dementia in the United States



(Ross, L., Beld, M., and Yeh, J. (2021). Alzheimer's Disease and Related Dementias Facts and Figures in California: Current Status and Future Projections. Report prepared for the California Department of Public Health, Sacramento, CA at the Institute for Health and Aging, University of California, San Francisco, CA.)

The Impact of Dementia In California

- Between 2019 and 2040, the **population of California will expand by 16%**, whereas the population of people living with Alzheimer's disease (AD) **will expand by 127%**.
- Among California's residents who live to be 65, **one in five people will develop dementia**.
- Between 2014 and 2017, AD accounted for **28% as the cause of death** (the greatest increase in causes of death in CA)

LA County and Rates of Dementia

1.5 Million

Senior citizens reside in LA County as of 2025

200,000

Of those seniors are currently living with dementia

1 in 3

Seniors across the county will be affected by dementia in their lifetime

Demographic Overview – Black & Latin@ Seniors in LA County

30%

Of senior citizens in LA county are people of color

Studies
have found

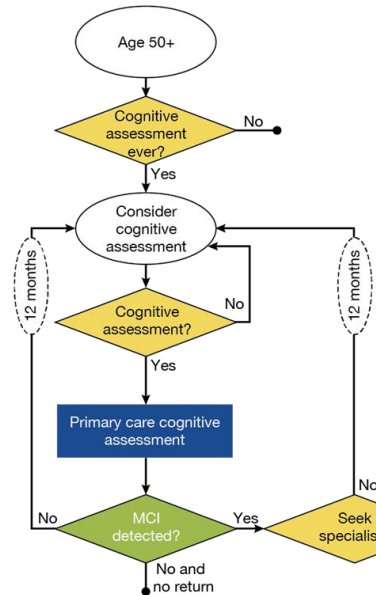
A higher risk of dementia and memory-loss conditions among POC compared to white individuals

3.4 Million

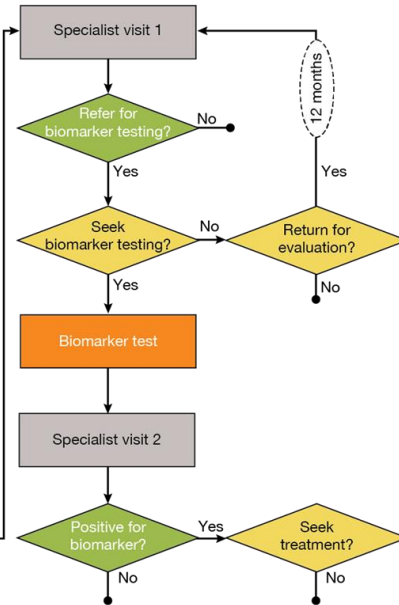
People within LA county are immigrants, with an estimated 800,000 being undocumented

A Typical Patient Journey Through Clinical Steps

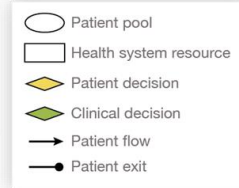
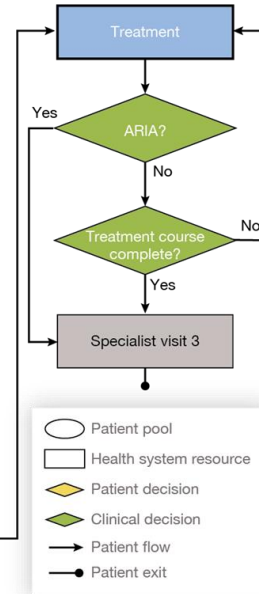
Detection



Diagnosis



Treatment



(Ross, L, Beld, M, and Yeh, J. (2021). Alzheimer's Disease and Related Dementias Facts and Figures in California: Current Status and Future Projections. Report prepared for the California Department of Public Health, Sacramento, CA at the Institute for Health and Aging, University of California, San Francisco, CA.)

Types of Cognitive Decline



“Cognitive decline **is not** just memory decline.”

Six Domains of Cognition

1. The Learning and Memory Domain
2. Executive Function
3. Complex Attention
4. Visuospatial Function
5. Social Cognition
6. Language



Types of Decline

Type of Cognitive Decline	Magnitude of decline	Affects Daily Function?
Age-related decline	Normal decline in cognitive functions for age	No
Mild Cognitive Impairment (MCI)	Abnormal decline in cognitive functions for age	No. May be using compensatory strategies to accomplish activities of daily living.
Dementia	Abnormal decline in cognitive functions for age	Yes. Unable to use compensatory strategies to accomplish activities of daily living.

Remember: Age-Related Decline is NOT a Disease

Suggests Age-Related Cognitive Decline	Suggests Abnormal Cognitive Decline
The patient cannot remember details of a conversation or event that took place a year ago.	The patient cannot recall details of recent events or conversations.
The patient cannot remember the name of an acquaintance they don't see frequently.	The patient cannot remember the names of close family members.
The patient forgets things and events occasionally.	The patient forgets things or events nearly on a daily basis.
The patient occasionally has difficulty finding words.	The patient frequently pauses and substitutes when finding words.
The patient is worried about their memory, but their relatives are not.	The patient's relatives are worried about their memory, but the patient is not aware of any problems.

What Is Normal Decline?

COGNITIVE FUNCTIONS THAT ARE VULNERABLE TO THE DECLINE IN AGING ARE:

- Short-term memory
- More time and effort to recall new information
- Decreased efficiency (e.g., divided attention and multitasking)
- Slower learning speed

Did You Know?

It's often someone who knows the patient well who first notices signs or symptoms of cognitive decline and brings them to the attention of a medical provider. However, many also attribute these signs to "old age" and may not think of bringing them up to a provider.

MCI or MINCD

What Is Mild Cognitive Impairment (MCI) or Mild Neurocognitive Disorder (MINCD)?

- A. When a person shows **subjective signs or symptoms of cognitive decline in one or more cognitive domains**
- B. These changes are substantiated by **cognitive testing**.
- C. The person has an **intact ability to live independently and shows no impairment in social and/or occupational functioning**.

What Is Dementia?

Dementia is also known as Major Neurocognitive Disorder (MaNCD).

Persons must exhibit the following three criteria:

1. Acquired Cognitive Decline
2. Acquired Functional Decline
3. No Other Causes

Acquired Cognitive Decline

1. The person must have an acquired cognitive decline from their prior level of ability in at least one cognitive domain.

Remember the SIX Domains?

learning and memory, language, executive function, complex attention, visuospatial skills, and social cognition.

Acquired Decline in Function

2. The person must have an acquired decline in function from their prior level of ability:

- One or more Instrumental Activities of Daily Living (IADLs) or Activities of Daily Living (ADLs).

No Other Causes

The patient must not have any other medical or psychiatric disorders that may explain their cognitive decline.

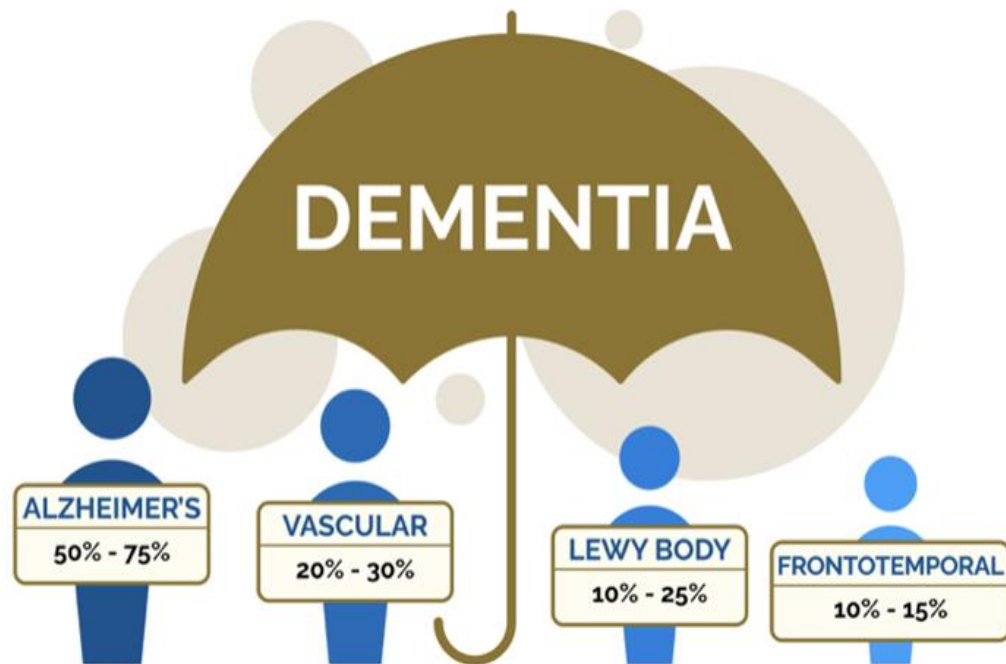


Dementia: An Umbrella Term

Dementia is an "umbrella" term that describes the syndrome of cognitive and functional decline.

Alzheimer's disease, the most common, makes up **50%-75%** of all cases.

Vascular dementia is thought to cause **20%-30%** of cases and often coexists with AD, also called "**mixed dementia**."



Defining Dementia

Dementia: Cognitive decline that interferes with daily activities.

Types	Alzheimer's, Vascular dementia, Lewy body dementia, and Frontotemporal dementia.
Common Symptoms	Memory loss, confusion, difficulty with problem-solving and language.

Types of Dementia

Alzheimer's Disease	Most common form of dementia characterized by brain disorder that progressively deteriorates a person's cognitive functioning and behavioral abilities, impacting their everyday life and activities.
Vascular Dementia	Caused by conditions that block or reduce blood flow to various regions of the brain, depriving them of oxygen and nutrients. Usually step-wise progression.

Types of Dementia

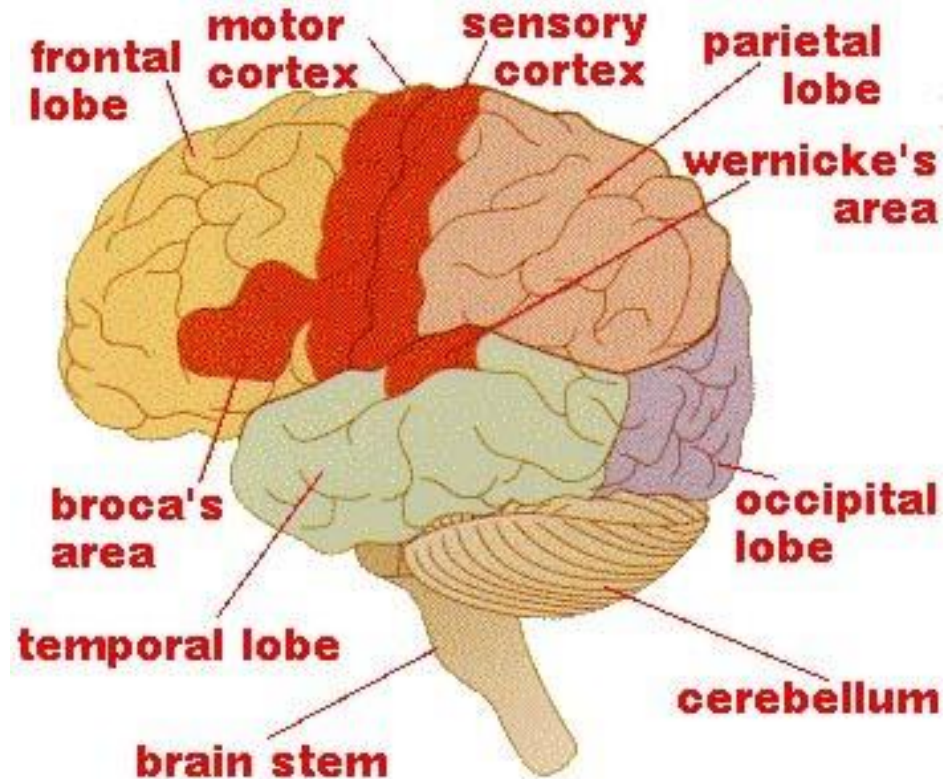
Lewy Body Dementia

Associated with abnormal deposits of a protein (**alpha synuclein**) in the brain that cause neurons to work less effectively and eventually die and affect brain function.

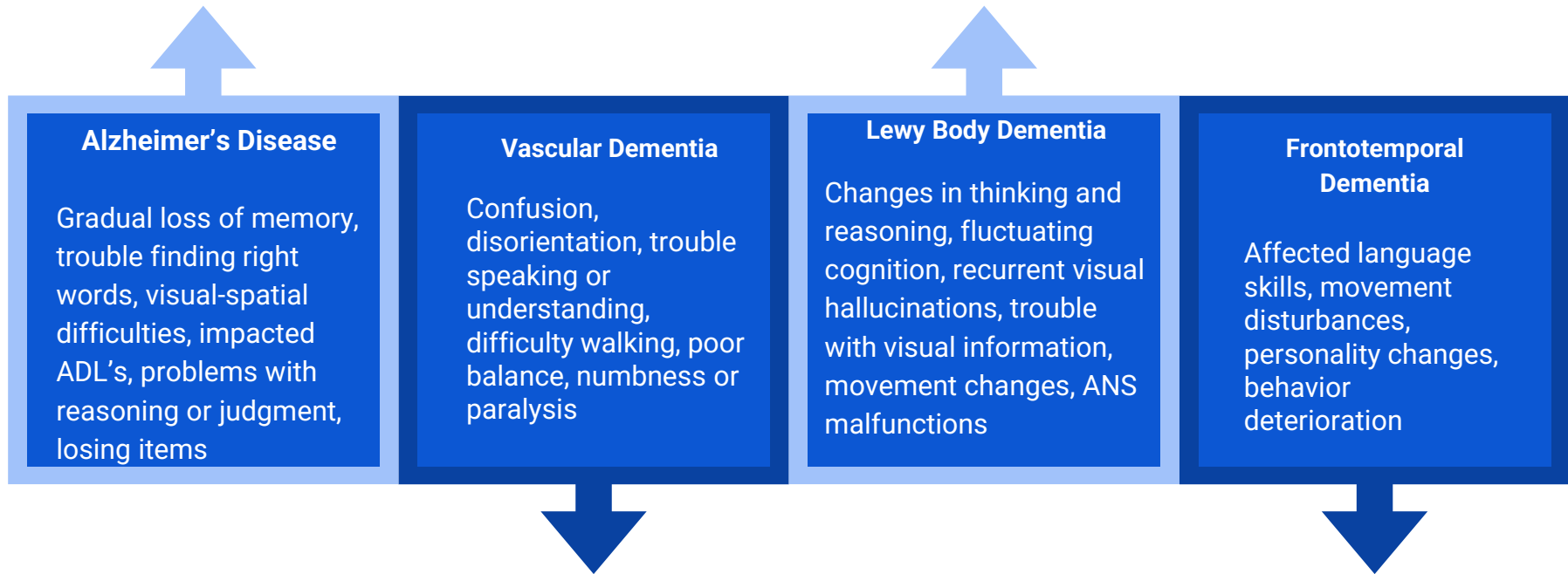
Frontotemporal Dementia

Group of disorders caused by progressive nerve cell loss in the brain's frontal lobes and/or its temporal lobes.

Regions of the Brain



Types of Dementia – Symptoms



Early Screening Saves Lives

Early detection improves **quality of life** and delays progression of dementia.

Routine screenings are crucial for in seniors when providing primary care.

The Need for Improved Dementia Screening Tools

Underdetection

01

MCI, dementia, and Alzheimer's often go undetected

Misdiagnosis

02

Some patients diagnosed with dementia do not actually have it

Delayed Diagnosis

03

Affects patients and caregivers and drives up cost of care

Outdated Tools

04

Older, time-consuming tools lead to skipped screenings

System Misalignment

05

Diagnosis/screening process is lengthy and does not align well with quicker PCP visits

Keeping Up

06

Keeping up with the latest research and best practices in dementia

Top dementia screening tools for early diagnosis and detection: Harmonic health dementia blog (no date) Top Dementia Screening Tools for Early Diagnosis and Detection / Harmonic Health Dementia Blog. Available at: <https://www.harmonichealth.com/blog/early-dementia-screening-tools> (Accessed: 19 March 2025).

Cognitive Health Assessment (CHA)

CHA is designed for primary care providers and busy clinics

It includes assessments that are

- Free to use
- Quick to administer
- Easy to score
- Validated in primary care
- Available in multiple languages

Three Key Steps:

1. Take brief patient history
2. Use screening tools
3. Document care partner information

Validated Assessment Tools

	Cognitive Screen Tools	Functional Screen Tools
Patient	GP-COG OR Mini-Cog	ADL/IADL
Informant	AD-8 OR Short IQ-CODE	GP-COG Informant Interview OR FAQ

GP-COG: General Practitioner assessment of Cognition

Mini-Cog: This is a short cognitive assessment; Mini-Cog is not a shortened name.

ADL: Activities of Daily Living

IADL: Instrumental Activities of Daily Living

AD-8: Eight-item Informant Interview to Differentiate Aging and Dementia

Short IQ-CODE: Short Informant Questionnaire on Cognitive Decline in the Elderly

FAQ: Functional Activities Questionnaire

GP-COG Overview and Scoring

Quick facts:

- Time to administer: 4-5 min
- Domains tested: visuospatial, executive, orientation, memory
- Accessibility: Available in multiple languages
- Web-based with automatic scoring
- Noteworthy: The address used in the test could be strange to people
- Not adjusted for a patient's education level

Forms and Resources: <http://gpcog.com.au>

Scoring: There are a total of 9 points. The first question regarding name and address is worth up to 5 points. The other items are worth one point each.

0-4 indicates cognitive impairment.

5-8 indicates more information is needed.

9 (out of 9) indicates no significant cognitive impairment.

GP-COG Informant Interview

Quick facts:

- Time to administer: 2 min
- **Six questions**
- **Web-based with automatic scoring**
- Accessibility: Available in multiple languages

Scoring: "Yes" responses indicate impairment. Any question not answered with a "yes" counts as 1 point. There are a total of 6 points.

0-3 indicates cognitive impairment.

4-5 indicates less impairment.

Patient name: _____

Date: _____

GPCOG Screening Test

Step 1: Patient Examination

Unless specified, each question should only be asked once

Name and Address for subsequent recall test

1. "I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington." (Allow a maximum of 4 attempts).

Time Orientation

2. What is the date? (exact only)

Correct Incorrect

☐ ☐

Clock Drawing – use blank page

3. Please mark in all the numbers to indicate the hours of a clock (correct spacing required)
4. Please mark in hands to show 10 minutes past eleven o'clock (11.10)

☐ ☐
☐ ☐

Information

5. Can you tell me something that happened in the news recently? (Recently = in the last week. If a general answer is given, eg "war", "lot of rain", ask for details. Only specific answer scores).

☐ ☐

Recall

6. What was the name and address I asked you to remember

John

Brown

42

West (St)

Kensington

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

*(To get a total score, add the number of items answered correctly***Total correct** (score out of 9)

/9

If patient scores 9, no significant cognitive impairment and further testing not necessary.**If patient scores 5-8, more information required. Proceed with Step 2, informant section.****If patient scores 0-4, cognitive impairment is indicated. Conduct standard investigations.**

Informant Interview

Date: _____

Informant's name: _____

Informant's relationship to patient, i.e. informant is the patient's: _____

These six questions ask how the patient is compared to when s/he was well, say 5 – 10 years ago

Compared to a few years ago:

Yes No Don't Know N/A

- Does the patient have more trouble remembering things that have happened recently than s/he used to?

☐ ☐ ☐

- Does he or she have more trouble recalling conversations a few days later?

☐ ☐ ☐

- When speaking, does the patient have more difficulty in finding the right word or tend to use the wrong words more often?

☐ ☐ ☐

- Is the patient less able to manage money and financial affairs (e.g. paying bills, budgeting)?

☐ ☐ ☐ ☐

- Is the patient less able to manage his or her medication independently?

☐ ☐ ☐ ☐

- Does the patient need more assistance with transport (either private or public)?

☐ ☐ ☐ ☐
*(If the patient has difficulties due only to physical problems, e.g bad leg, tick 'no')**(To get a total score, add the number of items answered 'no', 'don't know' or 'N/A')***Total score (out of 6)**
☐
If patient scores 0-3, cognitive impairment is indicated. Conduct standard investigations.

Mini-Cog Patient

Quick facts:

- Time to administer: 2–3 min, no more than 5 min
- Domains tested: visuospatial, executive, memory
- Accessibility: Available in multiple languages
- Not adjusted for a patient's education level

Mini-Cog makeup:

1. Recall test of three words
2. Clock drawing test

Scoring: There are a total of 5 points. Less than 3 points is abnormal.

0–2 indicates a high likelihood of dementia.

3–5 indicates a low likelihood of dementia.

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.^{3,7} For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

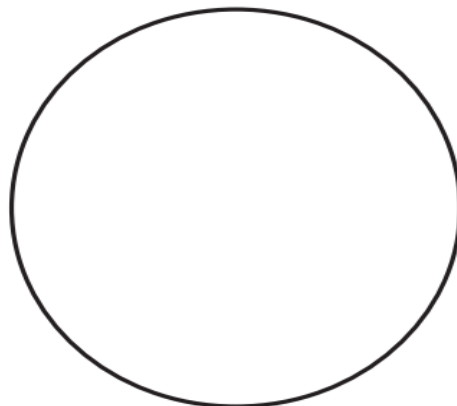
Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

**References**

- Borson S, Scanlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validation in a population-based sample. *J Am Geriatr Soc* 2003;51:1451-1454.
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- McCarten J, Anderson P et al. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. *J Am Geriatr Soc* 2011; 59: 309-213.
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Table of Commonly Asked ADLs & IADLs

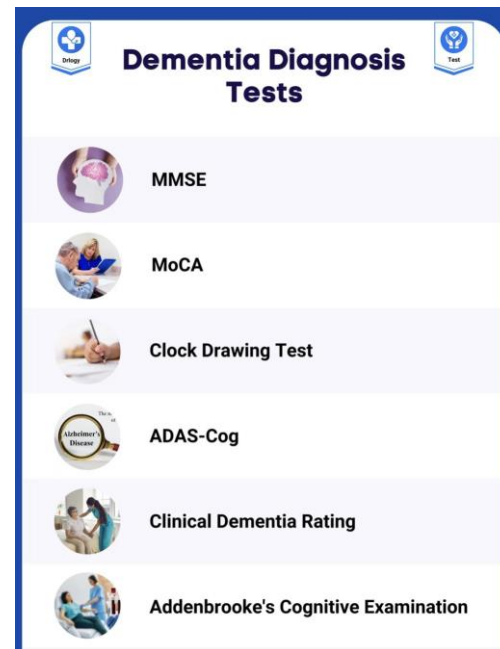
Table of Commonly Asked ADLs/IADLs

Activities of Daily Living		
Activities of Daily Living	Bathing Dressing Transferring from bed to chair	Toileting Grooming Feeding oneself
Instrumental Activities of Daily Living	Using the telephone Preparing meals Managing household finances Taking medications	Doing laundry Doing housework Shopping Managing transportation

Challenges with Screening

Underutilization of screening tools in Black and Latino seniors.

Lack of awareness about dementia screening options in underserved communities.



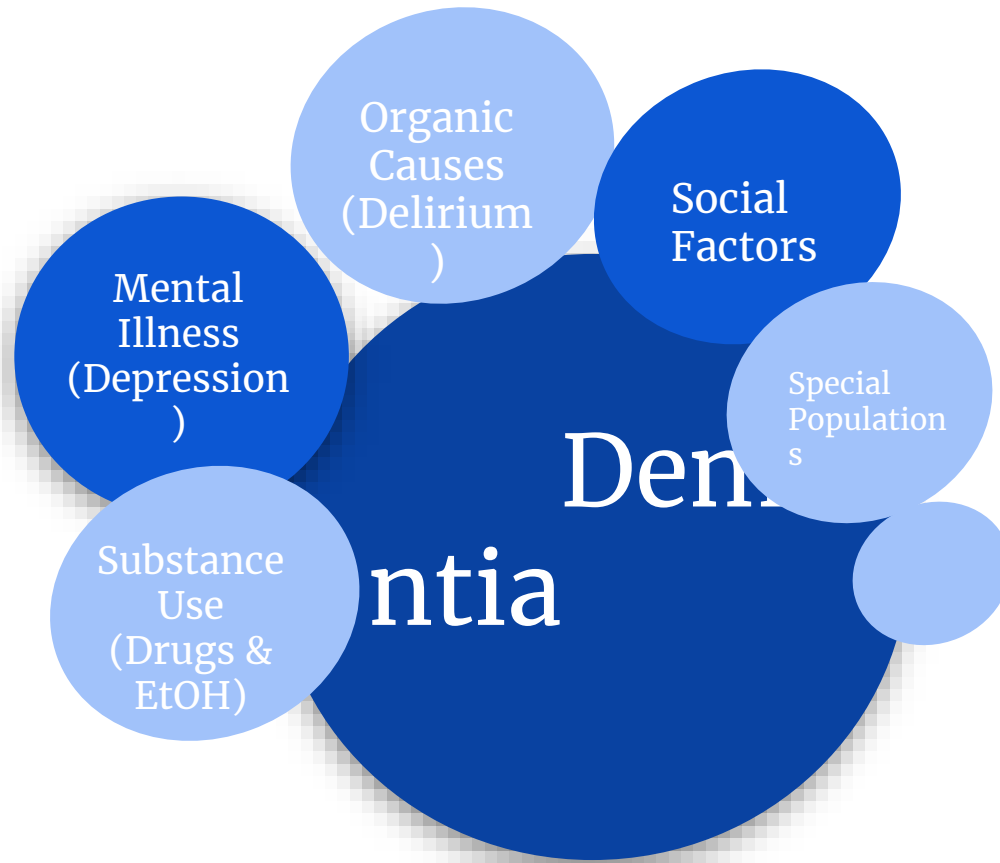
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Culturally Sensitive Screening

Cultural adaptation of screening tools in Spanish and other languages.

Training providers in culturally sensitive care to improve screening effectiveness.





Section 1: Intersection of Dementia, Mental Health, Substance Use, Biology, and Social Factors

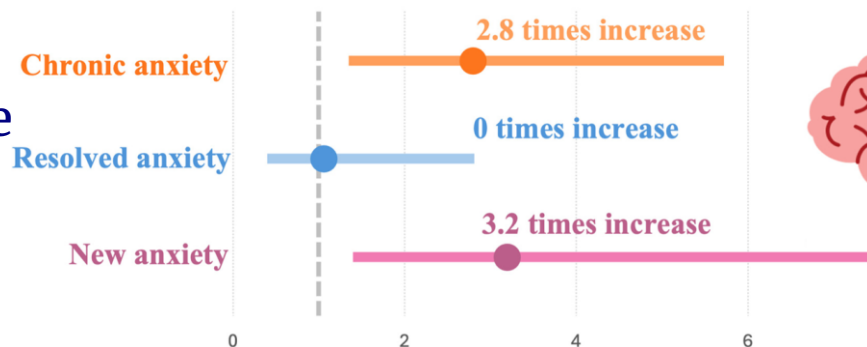
Mental Illness and Dementia

Late-life onset of mental illness can accelerate cognitive decline.

Depression and Anxiety are the most common mental health disorder in older adults.

Mental illness may also develop in adults with dementia.

Anxiety and Increased Risk of Dementia



(No date) American Geriatrics Society - Wiley Online Library. Available at: <https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.18010> (Accessed: 18 March 2025).

Mental Illness and Dementia

Depression is characterized by persistent feelings of sadness, loss of interest, and changes in daily functioning.

- Depressive Symptoms can mimic dementia (pseudodementia)
- Depressive symptoms have been linked to dementia

Is it dementia or depression? (2024) Harvard Health. Available at: <https://www.health.harvard.edu/mind-and-mood/is-it-dementia-or-depression> (Accessed: 18 March 2025).

Depression	Dementia
➤ Family recognition early	➤ Delayed family recognition
➤ Rapid progression	➤ Slow progression
➤ Impairment inconsistent over time	➤ Impairment consistent; slow, gradual decline
➤ Admits/aware of deficits	➤ Denies/unaware of deficits
➤ Appears depressed	➤ Does not appear depressed
➤ Lack of pleasure	➤ Can experience pleasure
➤ Abstract thought is usually normal	➤ Abstract thought is impaired
➤ "I don't know" response to questions	➤ "Near miss" answers
➤ Often unconcerned	➤ Tries to cover up

Geriatric Depression Scale (GDS)

TABLE 4

Five-Item Geriatric Depression Scale

Choose the best answer for how you have felt over the past week:

Are you basically satisfied with your life?	Yes /No
Do you often get bored?	Yes /No
Do you often feel helpless?	Yes /No
Do you prefer to stay at home rather than going out and doing new things?	Yes /No
Do you feel pretty worthless the way you are now?	Yes /No

Scoring: Bolded answers receive 1 point. A score of 2 or more is considered a positive result.

Adapted with permission from Maurer DM. Screening for depression [published correction appears in Am Fam Physician. 2013;87(7):464]. Am Fam Physician. 2012;85(2):142.

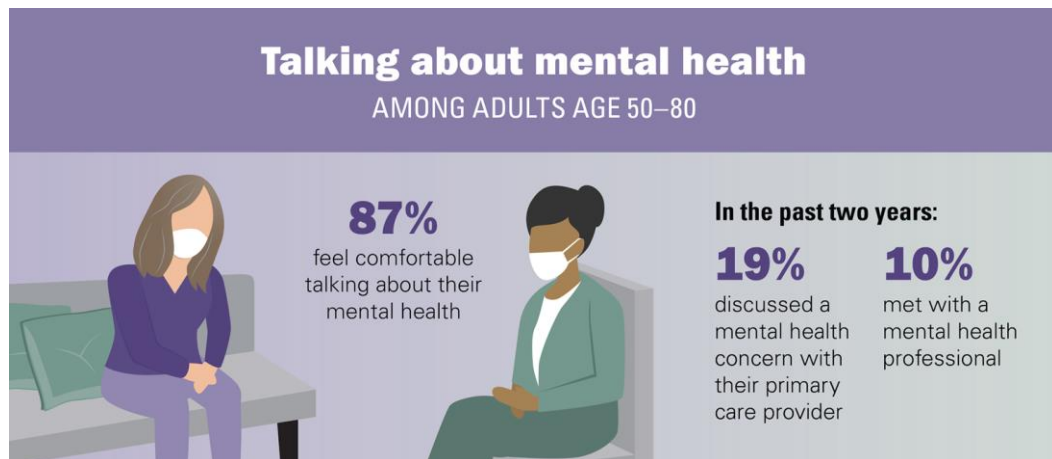
1. Are you basically satisfied with your life?
2. Have you dropped many of your activities and interests?
3. Do you feel that your life is empty?
4. Do you often get bored?
5. Are you in good spirits most of the time?
6. Are you afraid that something bad is going to happen to you?
7. Do you feel happy most of the time?
8. Do you often feel helpless?
9. Do you prefer to stay at home, rather than going out and doing new things?
10. Do you feel you have more problems with memory than most?
11. Do you think it is wonderful to be alive now?
12. Do you feel pretty worthless the way you are now?
13. Do you feel full of energy?
14. Do you feel that your situation is hopeless?
15. Do you think that most people are better off than you are?

Mental Illness and Dementia

Seniors with **serious mental illness (SMI)** have increased dementia risk.

Prevalence: Up to 50% of those with schizophrenia and bipolar disorder develop dementia.

Serious mental illness can impact the ability to provide care



Mental health among older adults before and during the COVID-19 pandemic (no date) National Poll on Healthy Aging. Available at: <https://www.healthyagingpoll.org/reports-more/report/mental-health-among-older-adults-and-during-covid-19-pandemic> (Accessed: 18 March 2025).

Mental Illness, Dementia, & COVID-19

Effects of COVID-19

- Older adults disproportionately adversely affected
- Deteriorations across mental health outcomes in elderly
- Widened health disparities



Suicide and Dementia

Death

Rate increases with age

by

Cognitive impairment plays a role in attempts to die by suicide among older adults

Suicide

Older adults newly diagnosed with dementia are significantly more at risk for death by suicide than their peers without dementia

Substance Use Disorder (SUD) And Dementia

Drugs (alcohol, opioids, etc.) accelerate cognitive decline.

Seniors with SUD face challenges accessing specialized dementia care.

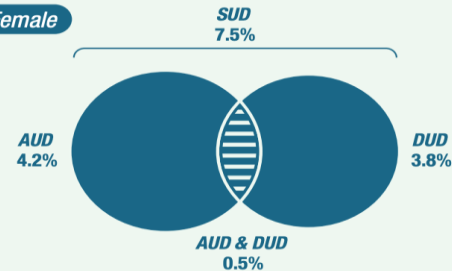
Data from SAMHSA's *National Health and Medical Statistics* among Older Adults: Results from the 202 and 2022 National Surveys to Drug use and Health.
<https://www.samhsa.gov/data/sites/default/files/reports/rpt45341/2022-nsduh-older-adult-info.pdf>



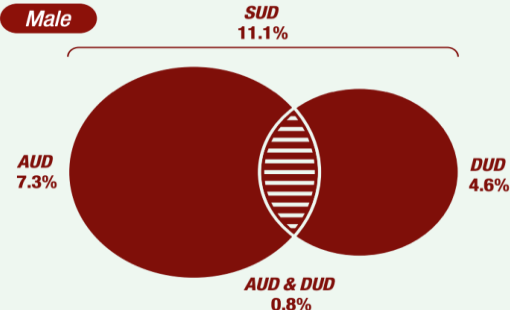
SUBSTANCE USE DISORDERS

Percentage with disorder in past year

Female



Male



There were **7.1 million** older adults who **had a substance use disorder (SUD)** in the past year (**9.1%**), including **4.4 million** who **had an alcohol use disorder (AUD)** (**5.6%**) and **3.2 million** who **had a drug use disorder (DUD)** (**4.1%**).

- Older adult males were **about 1.5 times more likely** than older adult females to have **had an SUD** in the past year.
- Older adult males were **more likely** than older adult females to have **had an AUD** in the past year.
- **About 1 in 25** older adults **had a DUD** in the past year. **Similar percentages** of older adult females and males **had a DUD**.
- **About 1 in 50** older adults (**2.2%**) **had an opioid use disorder (OUD)** in the past year. **Similar percentages** of older adult females and males **had an OUD**.

See the [Definitions](#) for more information on the terms **Substance use disorders**, **Alcohol use disorder**, **Drug use disorder**, and **Opioid use disorder**.

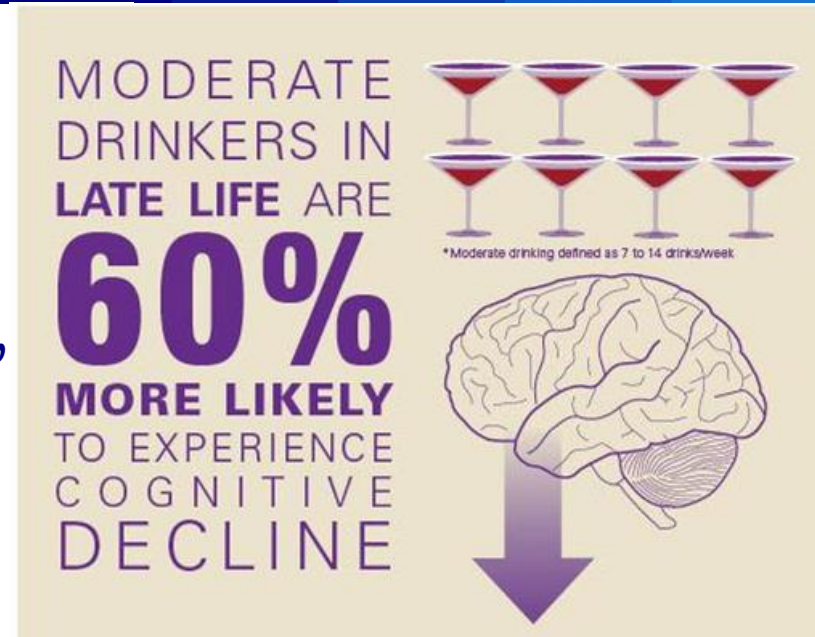
AUD and DUD are nonmutually exclusive subsets of SUD. OUD is a subset of DUD.

Estimates for males and females may not sum exactly to the estimates for all older adults due to rounding.

Alcohol Use & Dementia

Alcohol is the most commonly used substance among older adults.

- Alcohol use disorder later in life is often underdiagnosed, underreported, or overlooked
- Can mimic other diagnoses such as cognitive impairment or depression
- Excessive consumption increases risk of developing dementia



Eggerly (2014) Could alcohol be bad for your brain? - alzheimers and dementia blog - alzheimers association of northern california and Northern Nevada, Alzheimers and Dementia Blog - Alzheimers Association of Northern California and Northern Nevada -. Available at: <https://www.alzheimersblog.org/2012/07/18/alcohol-bad-brain/> (Accessed: 18 March 2025).

Opioid Use Disorder (OUD), Pain, MAT/MOUD & Dementia

Older adults are exposed to opioid and tranquilizer/sedative (e.g., benzodiazepine) medication among the **highest rates** across age groups.

The **American Geriatrics Society's (AGS) Beers Criteria®** is an explicit list of potentially inappropriate medications (PIMs) best avoided by older adults.

Symptoms of **Medication misuse** may be hard to recognize in older adults.

AGS Beers Criteria®

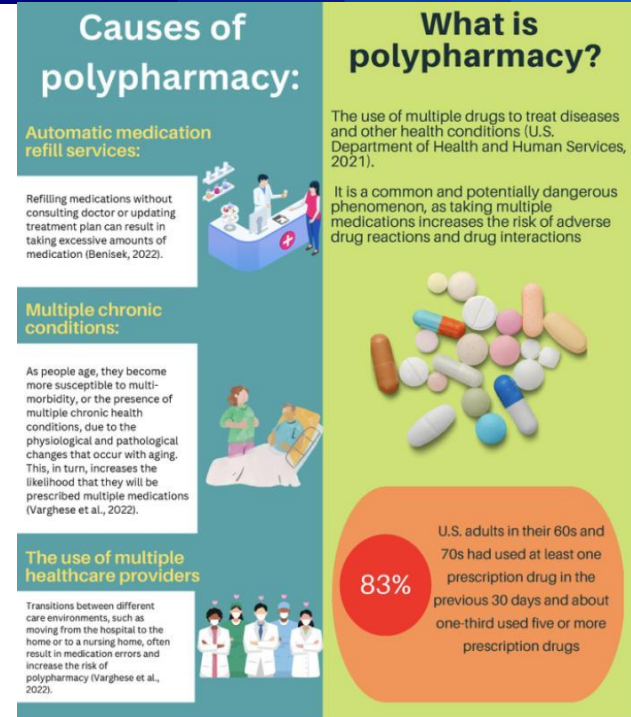
Identifies medication for which potential harm outweighed the expected benefit

Polypharmacy And Dementia

Polypharmacy and long-term substance use contribute to dementia risk.

Inappropriate polypharmacy leads to an increased incidence of falls, frailty, and decreased quality of life.

Patients with dementia have been found to be exposed to increased rates of “psychotropic polypharmacy.”



Courtney (2024) The dangers of polypharmacy: Safeguarding the health of older adults, Generational Support. Available at: <https://generationalsupport.com/polypharmacy-safeguarding-the-health-of-older-adults/> (Accessed: 18 March 2025).

Delirium | Medical Conditions | Organic Causes And Dementia

Various medical conditions serve as risk factors for dementia, especially if left untreated.

- Thyroid Disorders
- Vascular Conditions (strokes, high blood pressure, diabetes, cholesterol, heart disease)
- Sleep Apnea
- Traumatic Brain Injury



Delirium & Dementia

Understand the differences

Delirium¹

- Begins suddenly and develops quickly
- Defined starting point
- Temporary and reversible
- Difficulty paying attention
- Causes slowed and slurred speech

Dementia²

- Begins gradually and progresses
- Uncertain starting point
- Permanent and worsens
- Difficulty remembering
- Causes forgetfulness of words

1. MedlinePlus. National Library of Medicine. (2021, June 16). Delirium.

2. Centers for Disease Control and Prevention (CDC). (2019, April 5). What is Dementia?

Dementia & Hearing Impairment

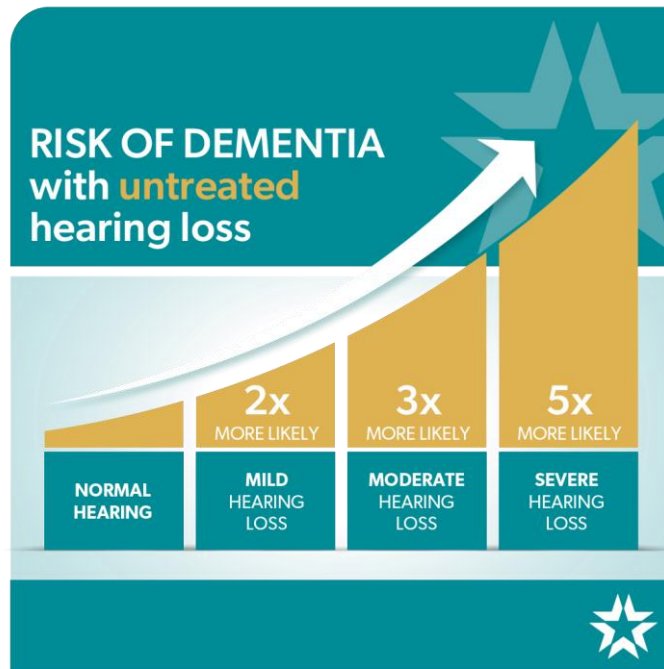
Dementia & Hearing Loss



Mild hearing loss: **2 times**
more likely to develop dementia

Moderate hearing loss: **3 times**
more likely to develop dementia

Severe hearing loss: **5 times**
more likely to develop dementia



Dementia & Hearing Aids

According to the National Institutes of Health, **hearing aids reduced the rate of cognitive decline** in older adults at high risk of dementia by almost 50% in a three year period.



Hearing aids **can reduce** the effects of dementia and Alzheimer's

14 dementia risk factors

1 Physical inactivity



2 Smoking



3 Excessive alcohol consumption



4 Air pollution



5 Head injury



6 Infrequent social contact



7 Less education



8 Obesity



9 Hypertension



10 Diabetes



11 Depression



12 Hearing impairment



13 High LDL cholesterol



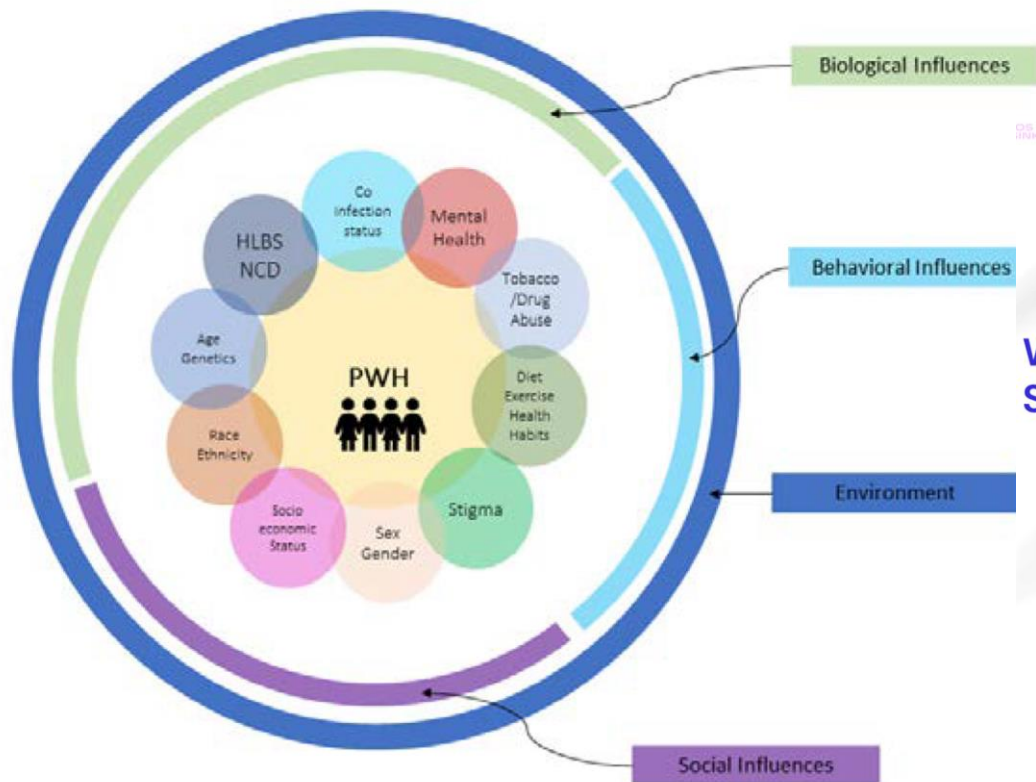
14 Vision loss



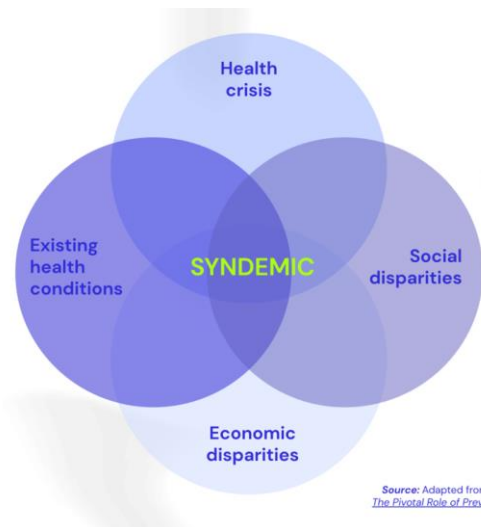
Source: Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission, Livingston, Gill et al. The Lancet, Volume 404, Issue 10452, 572–628

www.alzint.org

Brief Comment on Syndemics



What is a
SYNDEMIC?



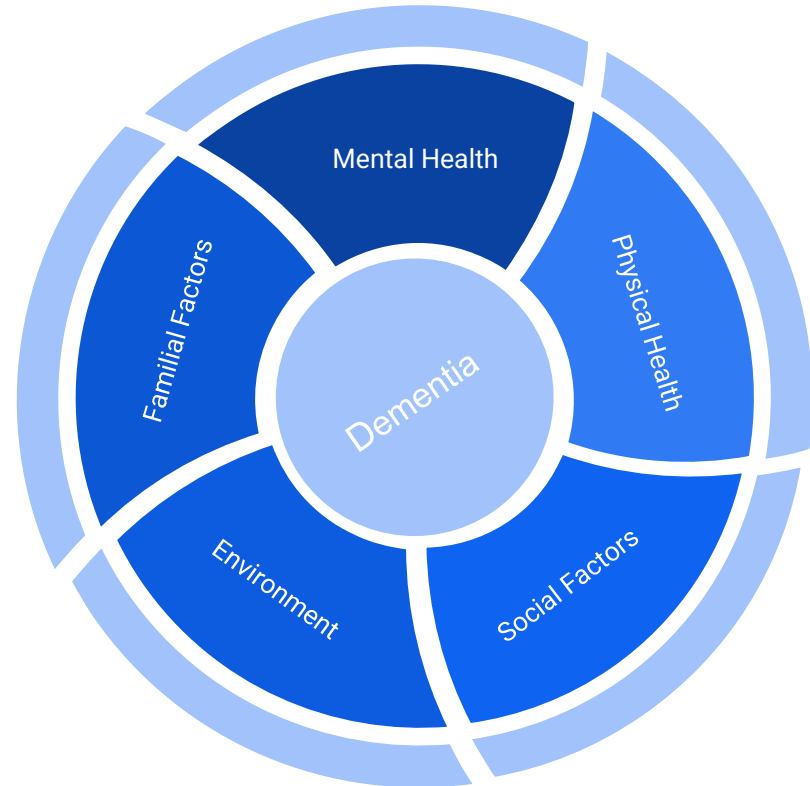
Source: Adapted from Fishbein, D. (2020).
The Pivotal Role of Prevention Science in this
Syndemic

Syndemics

Comorbidity - The simultaneous presence of two or more diseases or medical conditions in a patient.

Syndemics in dementia can involve the interaction between

- Dementia-related conditions
- Mental Health conditions
- Substance Use Disorders
- Physical Health conditions
- Social factors
- Environmental factors

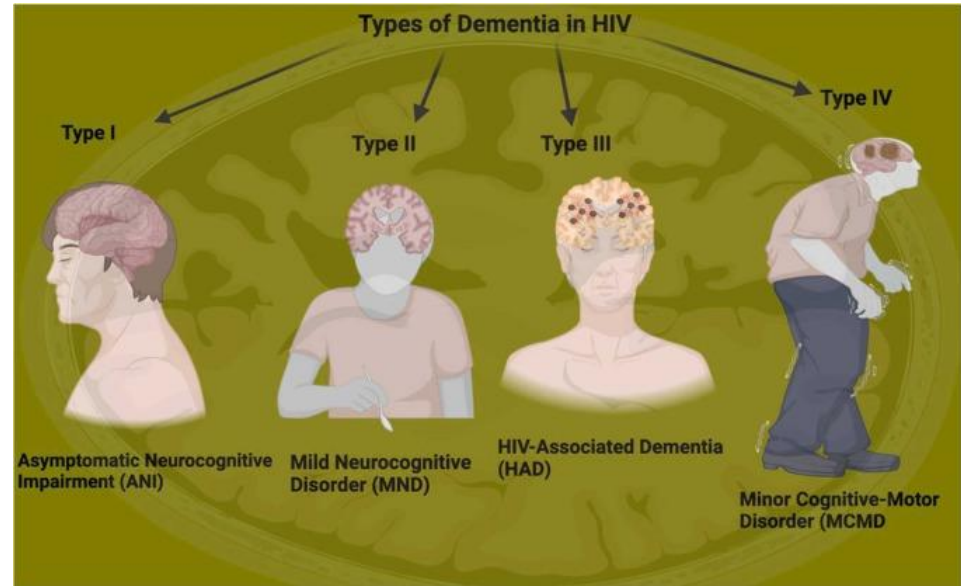


HIV/AIDS and Dementia

HIV/AIDS: A major risk factor for early-onset dementia.

Older adults with HIV face higher rates of neurocognitive decline.

Black and Latino seniors with HIV often experience compounded health challenges.

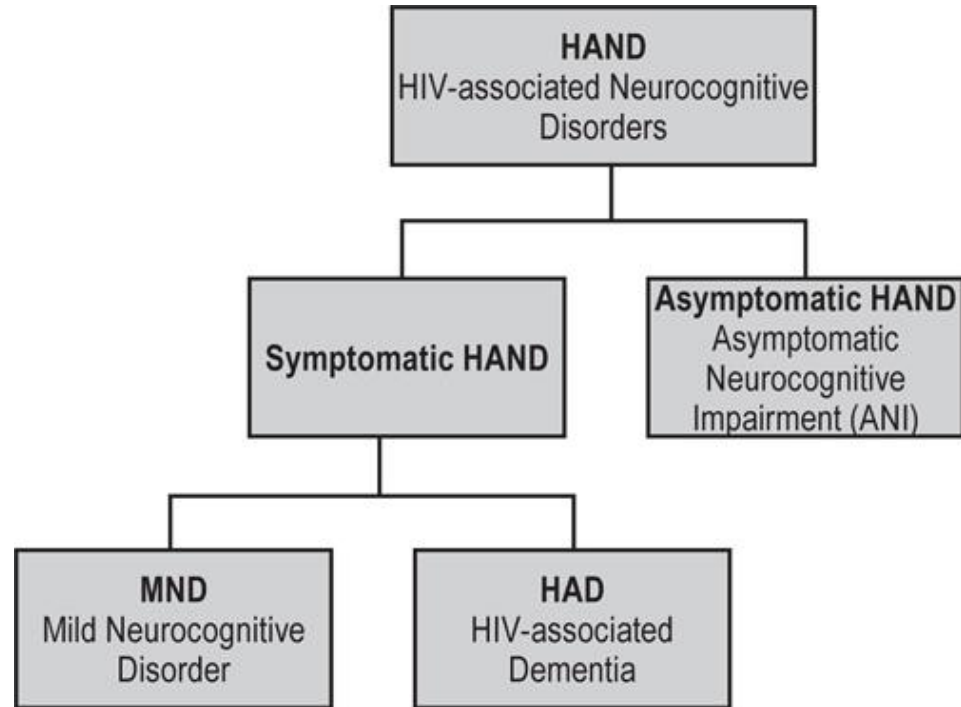


Author links open overlay panelHussain Hussain a et al. (2024) HIV and dementia, The Microbe. Available at: <https://www.sciencedirect.com/science/article/pii/S2950194624000190> (Accessed: 18 March 2025).

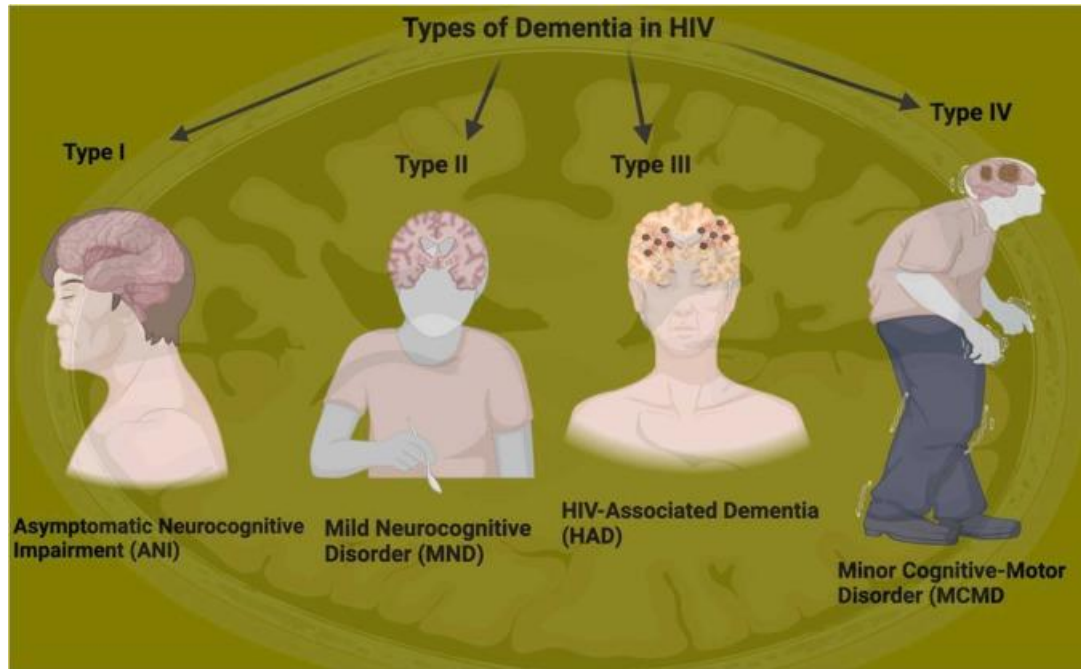
HAND & Dementia

HIV results in encephalopathy which affects brain functioning and causes dementia.

A milder form of cognitive impairment, called HIV-associated neurocognitive disorder, or HAND, may occur when taking antiretroviral therapy.



HIV Meds & Dementia



Neuropsychiatric Side Effects Associated With Medications Used in HIV/AIDS

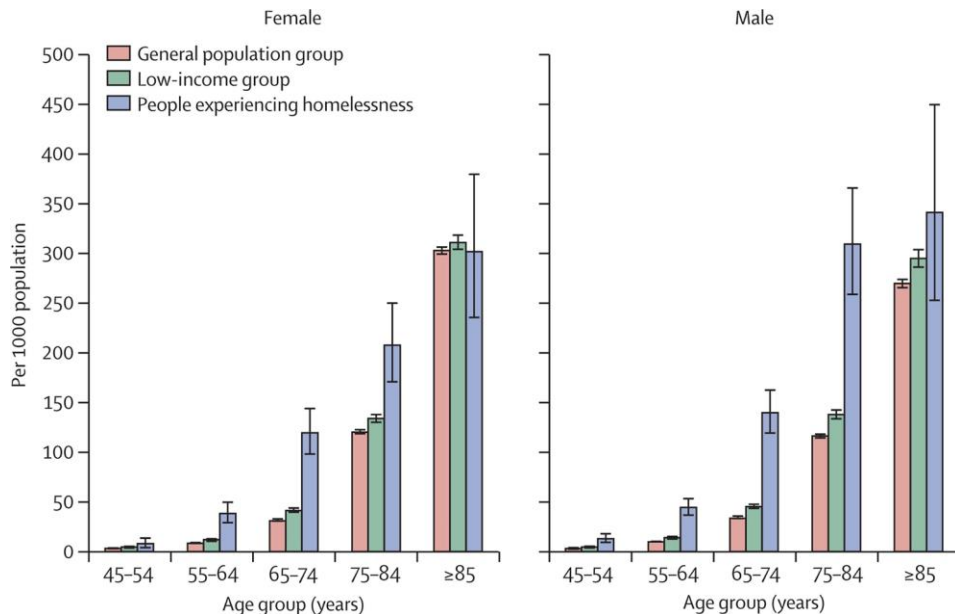
Medication	Side Effects
Acyclovir	<ul style="list-style-type: none"> • Agitation • Confusion • Depersonalization • Visual/auditory hallucinations
Corticosteroids	<ul style="list-style-type: none"> • Confusion • Depression • Mania • Psychosis
Efavirenz	<ul style="list-style-type: none"> • Anxiety • Confusion • Depression • Nightmares • Sleep disturbances
Zidovudine (AZT)	<ul style="list-style-type: none"> • Agitation • Confusion • Insomnia • Mania at high doses

Homelessness and Dementia

Homeless seniors are 2–3 times more likely to develop dementia.

Factors: Lack of stable housing, poor nutrition, untreated chronic health issues.

LA's Skid Row: A significant proportion of homeless seniors are living with undiagnosed dementia.



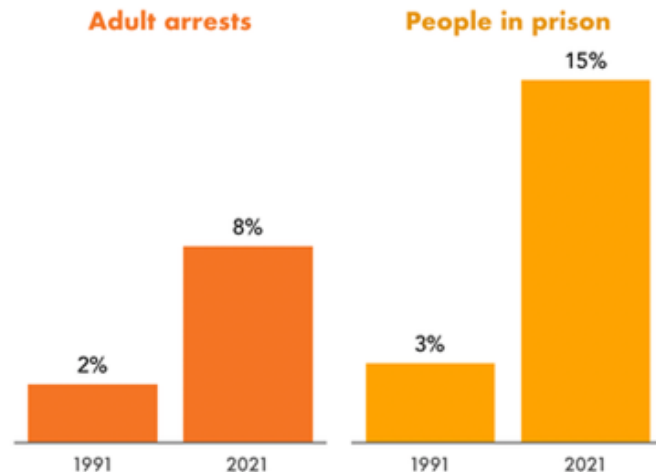
(No date) *The Lancet*, 08 April 2023, volume 401, issue 10383, pages 1131–1240, ... Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60630-3/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60630-3/abstract) (Accessed: 20 March 2025).

Justice-Involved People and Dementia

- Estimates show that 8.1% of those over age 50 in prison have a mild cognitive impairment or dementia, higher than the general population.
- **Black and Latino individuals, including older adults,** are disproportionately affected by systemic issues in the criminal justice system.
- **Justice-involved seniors:** History of incarceration and lack of healthcare lead to delayed dementia care.

People 55 and older account for a greater share of arrests and people incarcerated than they did in the 1990s and early 2000s.

PEOPLE IN PRISON 55 AND OLDER AS PERCENTAGE OF...



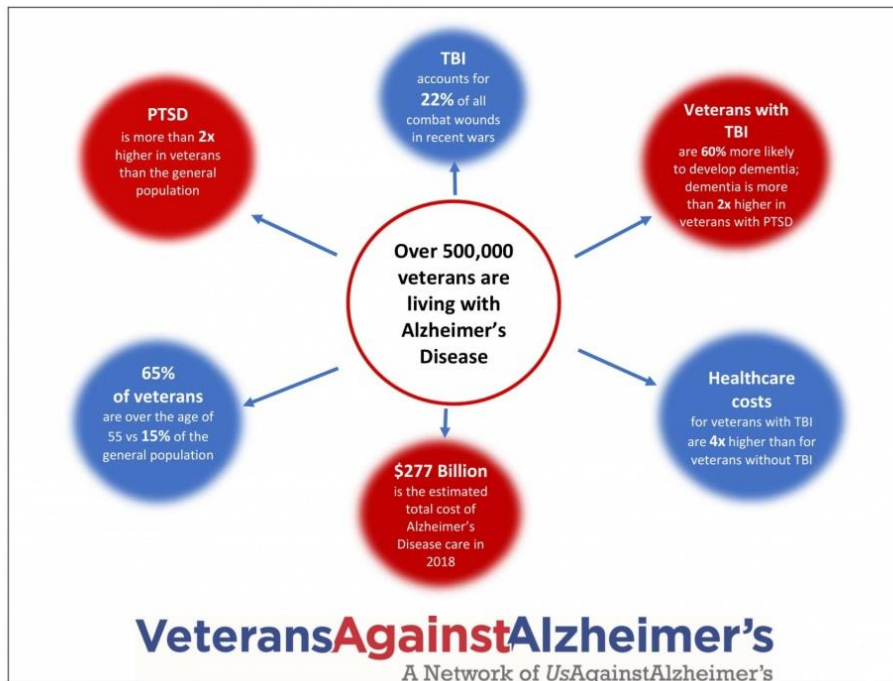
Sources: FBI, *Crime Data Explorer* & Bureau of Justice Statistics' *Prisoners* series Initiative, P.P. (no date) The aging prison population: Causes, costs, and consequences, Prison Policy Initiative. Available at: <https://www.prisonpolicy.org/blog/2023/08/02/aging/> (Accessed: 18 March 2025).

Veterans and Dementia

Black and Latino veterans are at increased risk of dementia due to PTSD, substance use, and trauma.

Veterans' mental health disorders (PTSD, depression) often co-occur with dementia.

Late diagnosis of dementia in veterans impact treatment outcomes.



Prioritize People

Homelessness

Substance Use
Disorder

Serious
Mental Health

HIV/AIDS

Justice- &
Institution-
Involved

Reproductive
Age

The Elderly

Developmental
Disorders





Section 2: Challenges in Dementia Screening and Care for Black & Latino Seniors

Historical Mistrust of Healthcare Systems

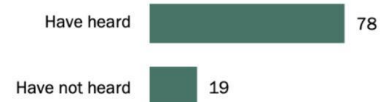
Mistrust: Historical mistreatment of Black and Latino communities in healthcare leads to reluctance in seeking care.

Racial disparities in medical treatment contribute to fear and skepticism.

Culturally competent care is crucial to rebuild trust in the healthcare system.

Black adults and mistrust of medical research

*% of Black adults who say they ____ the idea that **medical researchers experiment on Black people without their knowledge or consent***



*About the idea that **medical researchers experiment on Black people without their knowledge or consent**, % of Black adults who say this ...*



Ashbrook, A. (2020) Nearly 60 percent increase in older adult food insecurity during COVID-19; Federal action on snap needed now, Food Research & Action Center. Available at: <https://frac.org/blog/nearly-60-percent-increase-in-older-adult-food-insecurity-during-covid-19-federal-action-on-snap-needed-now> (Accessed: 18 March 2025).

Mistrust & Distrust

Mistrust

general sense of unease or suspicion toward someone or something that is predicated either on the notion that the provider or healthcare entity may not act in the patient's best interest and they may actively work against the patient.

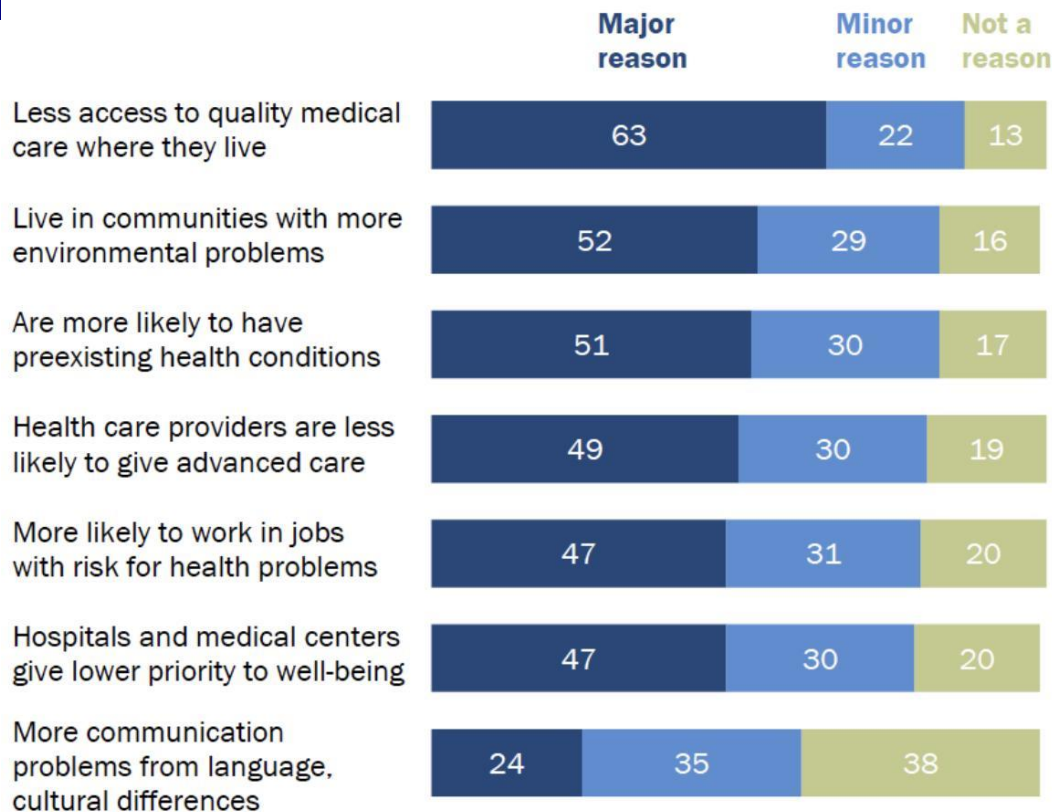
Distrust

often preceded by a personal or collective experience or reliable information, is based on a sense that one's trust has been diminished or violated. includes heightened sense of fear and skepticism.

Black Health Considerations

Black adults attribute health inequities to less access to quality care, range of other reasons

% of Black adults who say each is a ____ reason why Black people in the U.S. generally have worse health outcomes than other adults



History of Discrimination & Anti-Black Medical Racism

MID-1800s:

Surgeon James Marion Sims became known as the “father of modern gynecology” for developing surgical techniques that help women through a difficult childbirth. Sims created his techniques by operating on enslaved black women without using anesthesia. He experimented on enslaved black women in a makeshift hospital behind his house in Alabama. He founded the Women’s Hospital and practiced medicine abroad in Europe.

1861-1865:

During the Civil War, there were separate wards for wounded black soldiers in the Union Army; they were poorly staffed. Black soldiers would die from wounds that white soldiers would recover from due to a lack of supplies and treatment. Blacks continued to be used in medical experiments without consent, dead or alive.

1836:

The Emancipation Proclamation declared that all slaves living in southern states were freed.

1899:

In the book “The Philadelphia Negro,” sociologist and activist W.E.B. Du Bois argued that the differences in health outcomes for blacks and whites had more to do with living conditions, than genetics.

1913:

Sterilization laws were centered towards people with mental illnesses in its beginning stages, but expanded to a list of different medical conditions and extreme circumstances that gave doctors leeway in choosing who to sterilize. These laws drastically affected African Americans. African Americans are four times more likely to be sterilized than their white counterparts.

1932:

The U.S. Public Health Service started a 40-year experiment looking at the “natural history” of untreated syphilis. Some 600 poor, black sharecroppers enrolled in The Tuskegee Study of Untreated Syphilis in the Negro Male. Participants include 399 men with latent syphilis and 201 who don’t have the disease. Participants were told they were getting free medical care from the federal government. They were unaware that they had syphilis, which ensured that government doctors could study the disease and the effects it had on the participants. Even when a treatment for syphilis became available the men were not treated.

1951

2008:

The American Medical Association apologizes to the National Medical Association, a society of African American physicians. For more than a century, the AMA reinforced or passively accepted racial inequalities and excluded black doctors from AMA as well as state and local medical societies. July 30, 2008

2015:

Flint residents were notified by city officials that their water supply violated the Safe Drinking Water Act. The water was verified to have high levels of TTHM, total trihalomethanes, which can cause multiple medical complications if consumed in large amounts. Jan 2, 2015

2016:

Half of 222 white medical students and residents surveyed at the University of Virginia believe blacks and whites are biologically different, according to a paper published in the Proceedings of the National Academy of Sciences. They also believe blacks felt less pain than whites and thus were more likely to suggest inappropriate medical treatment for black patients. This is believed to be the first study linking racial bias to biology, racial perception of pain, and the accuracy of medical advice. April 4, 2016

2018:

After much protest, the New York Public Design Commission unanimously voted to remove a statue of James Marion Sims from Central Park and placed it in Greenwood Cemetery where he’s buried. Other memorials of Sims still remain in South Carolina and Alabama where he was named to the Alabama Hall of Fame. April, 2018

2020:

The National Center for Health Statistics releases 2018 data on pregnancy-related deaths showing black women die 2½ times more often than white women. Hispanic women have the lowest rate of maternal mortality. Researchers do not have a clear reason for the high mortality rate for black women, but suspect institutional racism and susceptibility to certain conditions such as obesity and hypertension as well as lack of access to quality prenatal care. Jan 16, 2020

History of Discrimination & Anti-Black Medical Racism



A woman with dark braids and red-rimmed glasses, wearing a black top, leans over a bed. She is gently touching the forehead of an elderly woman with short grey hair and glasses who is lying in the bed. The elderly woman is wearing a patterned hospital gown. The bed has a yellow patterned blanket. In the background, there is a window with white curtains, a lamp with a white shade, and a colorful abstract painting on the wall.

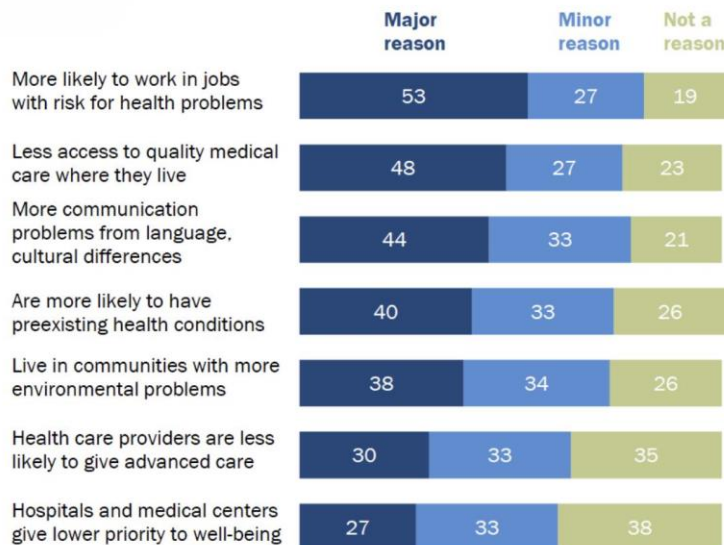
CHAPTER FIVE

A lifetime of racism makes Alzheimer's more common in Black Americans

Latino Health Considerations

53% of Hispanic adults say health risks in jobs are major reason for generally worse health outcomes

% of Hispanic adults who say each is a ___ reason why Hispanic people generally have worse health outcomes than other adults in the U.S.



Dementia in Migrant Populations

Migrant seniors face unique barriers to care such as:

1

Language barrier making online, physical, or verbal information inaccessible

2

Their immigration status leading to fear of deportation if they seek care

3

Cultural stigma around aging and dementia impacting their care-seeking options

Language and Communication Barriers

- **Limited English Proficiency LEP:** Difficult for Spanish-speaking seniors to access dementia care resources.
- **Culturally adapted care:** Spanish-language screening tools and dementia education materials are essential.
- **Interpreter services** should be available in healthcare settings.

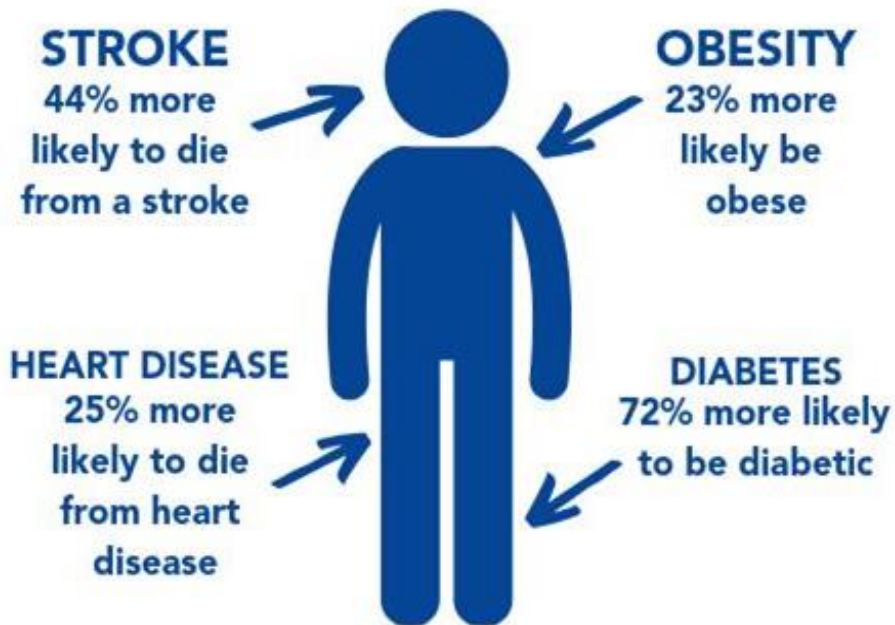


Immigration Status & Impact on Seeking Care

- Perceptions of immigration laws and consequences were a significant predictor of not having received healthcare.
- Even when considering common immigration-related barriers to care (e.g., language), negative perceptions of immigration laws and consequences predicted underutilization of care and unmet healthcare needs.
- As of January of 2024, MediCal coverage was expanded to include all income-eligible adults regardless of legal status.

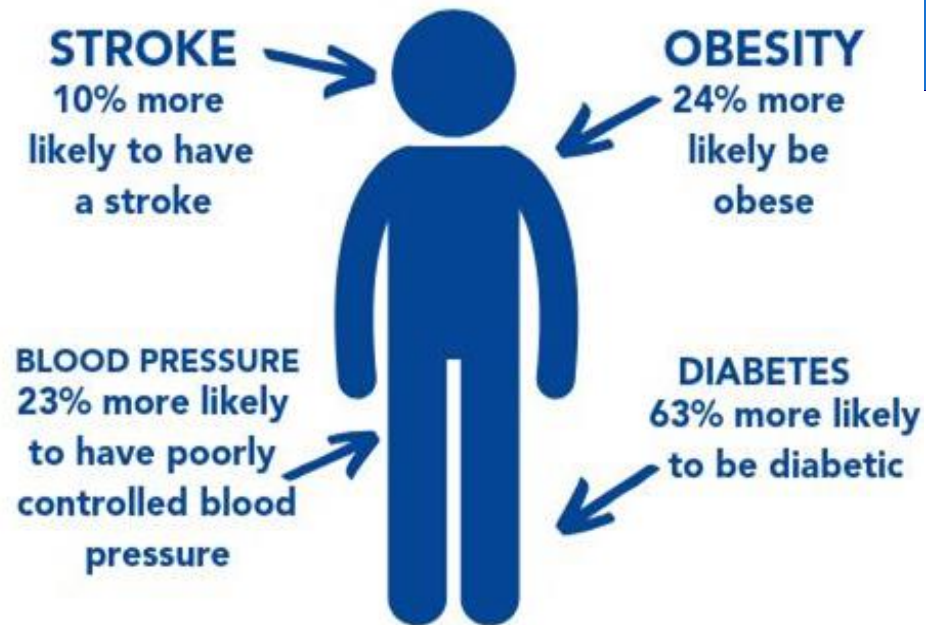


AFRICAN AMERICANS HEALTH DISPARITIES



**2X AS LIKELY TO
HAVE ALZHEIMER'S**

LATINO AMERICANS HEALTH DISPARITIES



**1.5X AS LIKELY TO
HAVE ALZHEIMER'S**

Stigma and Misinformation In Our Communities

Cultural stigma: Negative perceptions of dementia in Black and Latino communities delay help-seeking behavior.

Misinformation: Myths and misconceptions about aging and dementia delay early intervention.

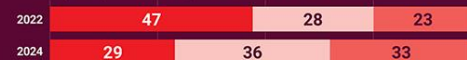
Lack of trust in healthcare providers exacerbates reluctance to seek care.

Older adults are less concerned about being exposed to and spreading misinformation than in 2022.

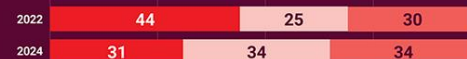
Percentage of adults 50 years of age and older

■ Extremely/very concerned ■ Somewhat concerned ■ Not very/not at all concerned

My family has been exposed to misinformation



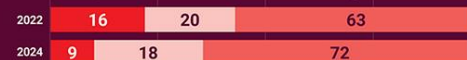
I have been exposed to misinformation



My family has spread misinformation, even unintentionally



I have spread misinformation, even unintentionally



50+ FastTrack

Question: How concerned are you about each of the following?
Source: Foresight 50+ poll conducted August 15-19, 2024 with 1,000 adults nationwide. Pearson Institute/AP-NORC poll conducted September 9-12, 2022 with 1,000 adults nationwide.

Lack of Culturally Competent Dementia Care

Dementia care providers often lack **training** on cultural humility and understanding of diverse populations.

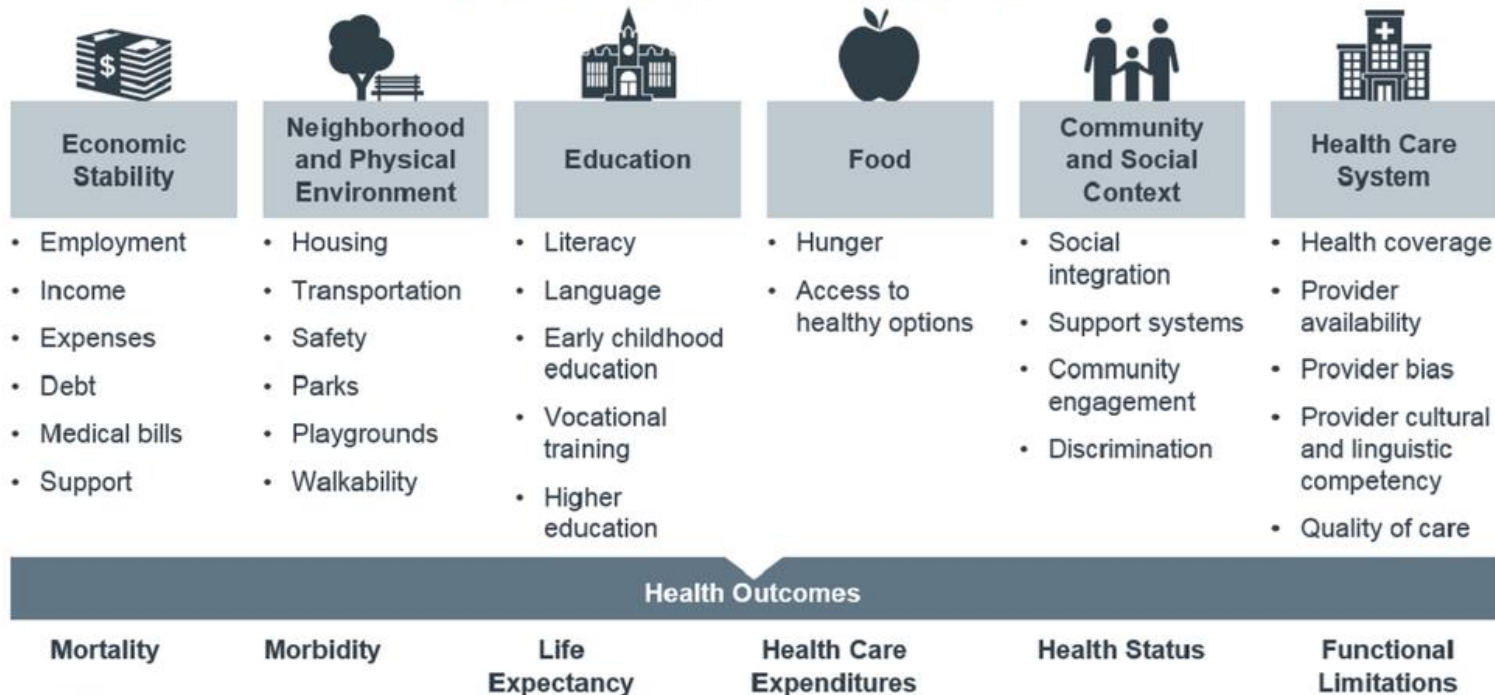
Lack of diversity in healthcare workforce impacts quality of care.

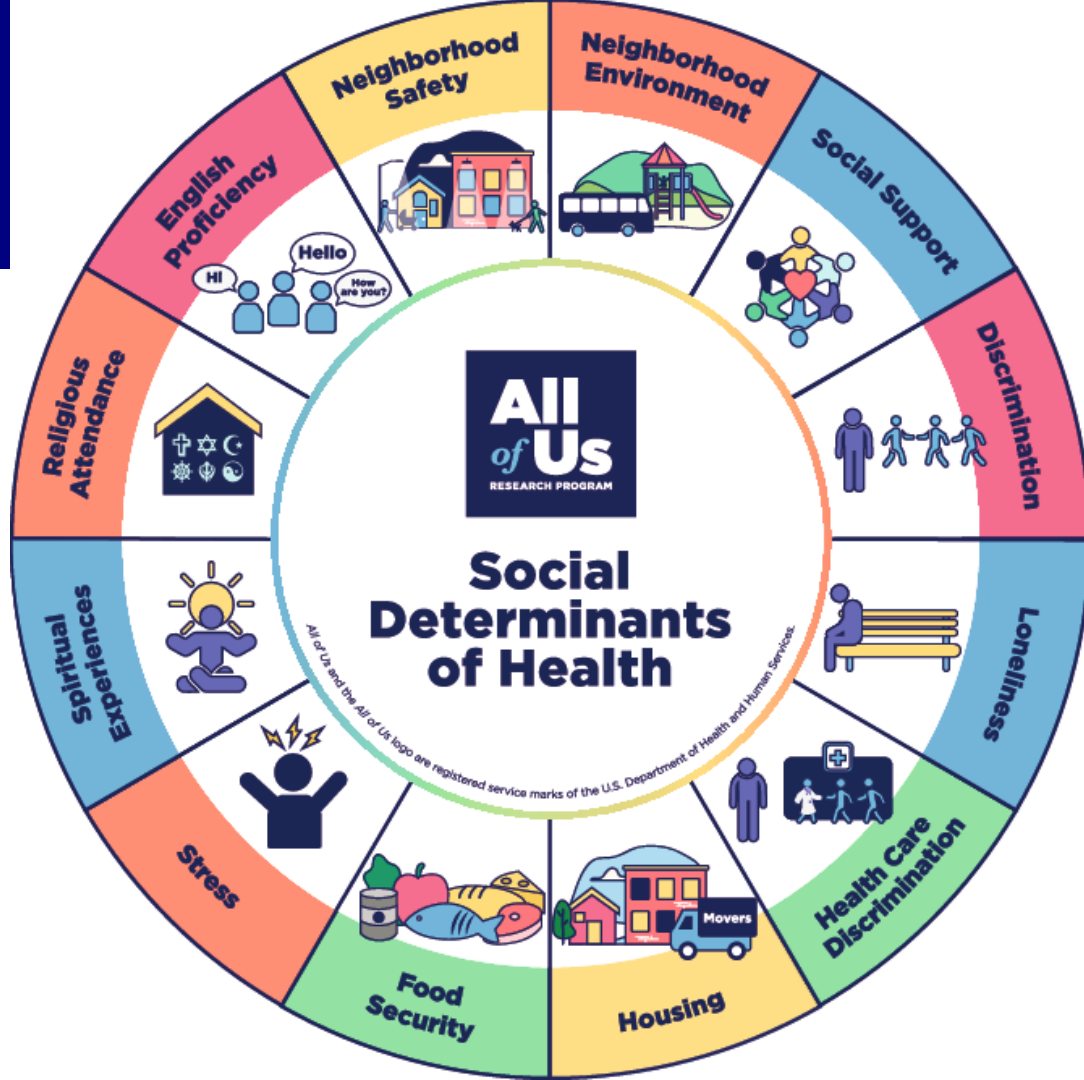
Solution: Train healthcare professionals in culturally competent dementia care.



Social (SDoH), Political & Economic Determinants of Health

The social determinants of health





Economic Barriers to Care

In the **extremely limited** economy we currently live in, seniors are unable to afford dementia care.

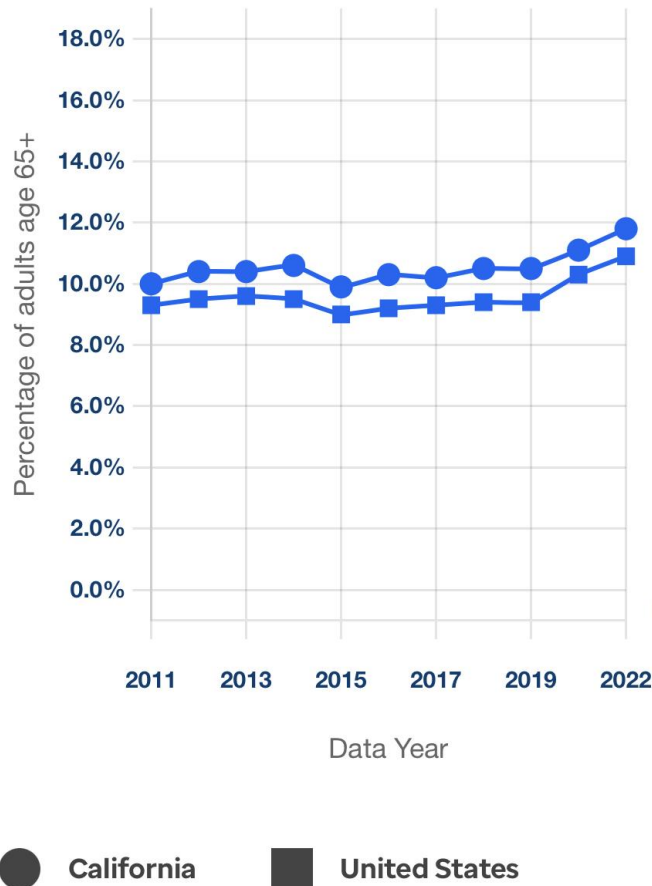
Limited financial resources prevent access to specialized services and medications.

Economic instability forces reliance on informal caregivers, reducing quality of care.



Economic Stability and Poverty

- 1 in 5 seniors in LA live below the poverty line.
- **Financial instability** makes dementia care inaccessible for many Black and Latino seniors.
- Poverty worsens **health** outcomes and delays diagnosis and treatment.

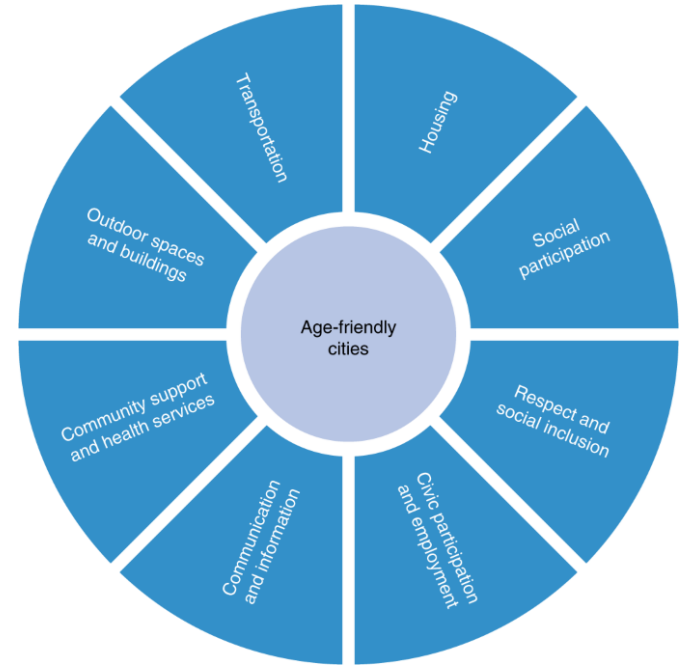


Source: U.S. Census Bureau, American Community Survey

Environmental and Neighborhood Factors

Seniors living in unsafe neighborhoods face **higher stress** and health risks, including dementia.

Built environment: Lack of green spaces, high crime rates, and pollution contribute to poor health outcomes.



(No date) American Geriatrics Society - Wiley Online Library. Available at: <https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.18010> (Accessed: 18 March 2025).

Housing and Homelessness

~40%

Of homeless individuals in LA 40% are over 65 years old

2-3 x

Homeless seniors are 2-3 times more likely to have dementia

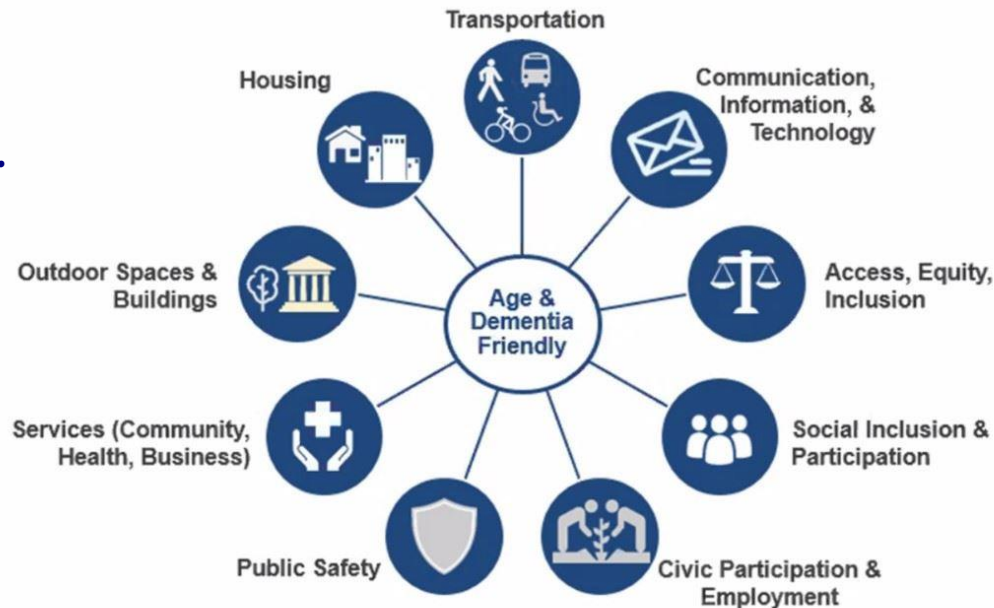
Lack of housing, **healthcare access**, and **social support** worsen dementia progression.

Social Isolation and Lack of Support

Social isolation increases **risk of dementia** and accelerates decline.

Many Black and Latino seniors experience **lack of family support**, contributing to isolation.

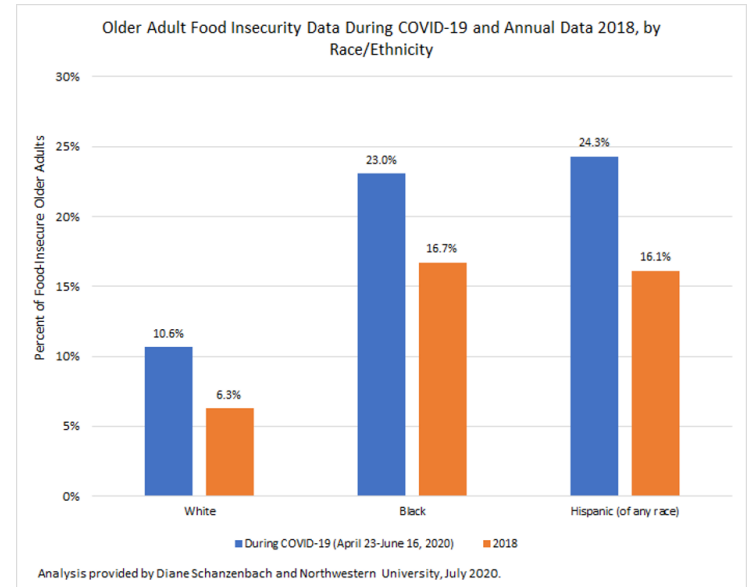
Community engagement and **caregiver support** are critical for managing dementia.



Age & dementia friendly community project (no date) Age & Dementia Friendly Community Project | Amherst, MA - Official Website. Available at: <https://www.amherstma.gov/3652/Age-Dementia-Friendly-Community-Project> (Accessed: 18 March 2025).

Food Insecurity and Malnutrition

- **Malnutrition** increases dementia risk and worsens cognitive decline.
- **Food insecurity** affects **1 in 4 seniors** in LA County, disproportionately impacting Black and Latino communities.
- **Access to nutritious food** is a major barrier for vulnerable seniors.



Age & dementia friendly community project (no date) Age & Dementia Friendly Community Project | Amherst, MA - Official Website. Available at: <https://www.amherstma.gov/3652/Age-Dementia-Friendly-Community-Project> (Accessed: 18 March 2025).

The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score.

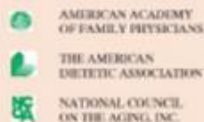
DETERMINE YOUR NUTRITIONAL HEALTH

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Total Your Nutritional Score. If it's —

- 0-2 Good!** Recheck your nutritional score in 6 months.
- 3-5 You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.
- 6 or more You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

These materials developed and distributed by the Nutrition Screening Initiative, a project of:



sponsored in part through a grant from Ross Products Division, Abbott Laboratories.

Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

The Nutrition Checklist is based on the Warning Signs described below. Use the word DETERMINE to remind you of the Warning Signs.

DISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS/ MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well or cause mouth sores make it hard to eat.

ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less—or choosing to spend less—than \$25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals when taken in large doses act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS/GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.



Health Literacy

Low health literacy prevents seniors from understanding dementia risks and seeking care.

Educational campaigns can help increase awareness about dementia in vulnerable populations.

Low health literacy is linked to:



Increased visits to
emergency room



Increased
hospital stays



Less likely to
follow treatment



Higher
mortality rates



9 out of 10 Americans have
limited health literacy

Why improving health literacy is important (no date) CSRWire. Available at:
https://www.csrwire.com/press_releases/737361-why-improving-health-literacy-important (Accessed: 19 March 2025).

Technology and Older Adults

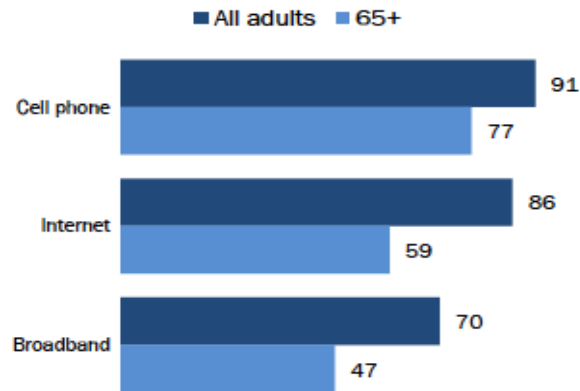
Many seniors remain largely unattached from online and mobile life

- 40% do not use the internet at all
- 53% do not have broadband access at home
- 23% do not use cell phones

Younger, higher income, and more highly educated seniors use the internet at rates approaching to exceeding the general population.

Seniors continue to lag in tech adoption

Seniors vs. all American adults 18+



Pew Research Center's Internet Project July 18-September 30, 2013 tracking survey.

PEW RESEARCH CENTER

Misinformation vs. Disinformation

Misinformation

Misinformation is false or inaccurate information that is spread through good intentions but with a mistaken lack of knowledge.

Disinformation

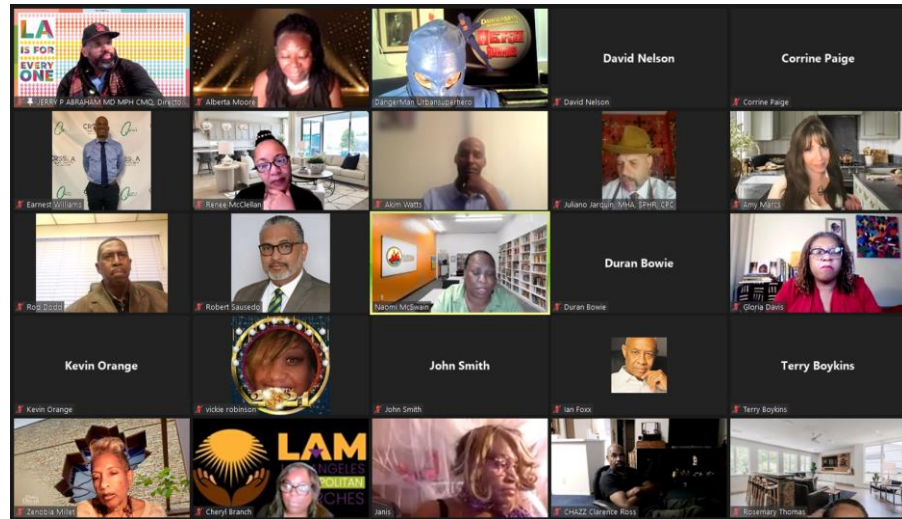
Disinformation is false or inaccurate information that is passed around intentionally with the goal of deceiving or misleading people.

Combating the Misinformation Epidemic

Beyond physical barriers, specifically during COVID-19, there were knowledge gaps and emotional considerations that needed to be addressed:

- Fears of Experimentation
- New technology
- Conspiracies (5G technology, magnets, or microchips, mark of the beast)
- Concerns over cancer, autism, etc.

In addition to focusing on clinical care, we have to master communicating with patients, changing the narrative, and providing culturally & linguistically appropriate education.





MILD COGNITIVE IMPAIRMENT
OCCURS IN ABOUT

one in six

INDIVIDUALS IN THE U.S.
AGE 65 AND OLDER



15%

OF THOSE WILL
DEVELOP DEMENTIA
WITHIN TWO YEARS



by **2030**

NEARLY **40%** OF AMERICANS
LIVING WITH ALZHEIMER'S WILL BE
BLACK OR LATINO.

by **2050**

THE NUMBER OF AMERICANS WITH
ALZHEIMER'S IS PROJECTED TO
GROW TO **12.7 MILLION**

Solutions: Culturally Tailored Dementia Care

Culturally
Relevant Care

Create materials and resources reflecting Black and Latino cultures.

Community
Outreach

Engage local leaders to educate about dementia and available services.

Targeted
Campaigns

Focus on raising awareness in communities with high risk.

Policy Solutions Must Address Social and Economic Barriers

- **Black and Latino seniors** often face higher rates of undiagnosed dementia.
- **Social and economic barriers** including poverty, racial inequality, and lack of access to healthcare that hinder a timely diagnosis.



Policy Solution: Increase Healthcare Access

Black and Latino seniors have lower rates of **healthcare access** compared to white seniors.

Underutilization of preventive services like dementia screenings is common.

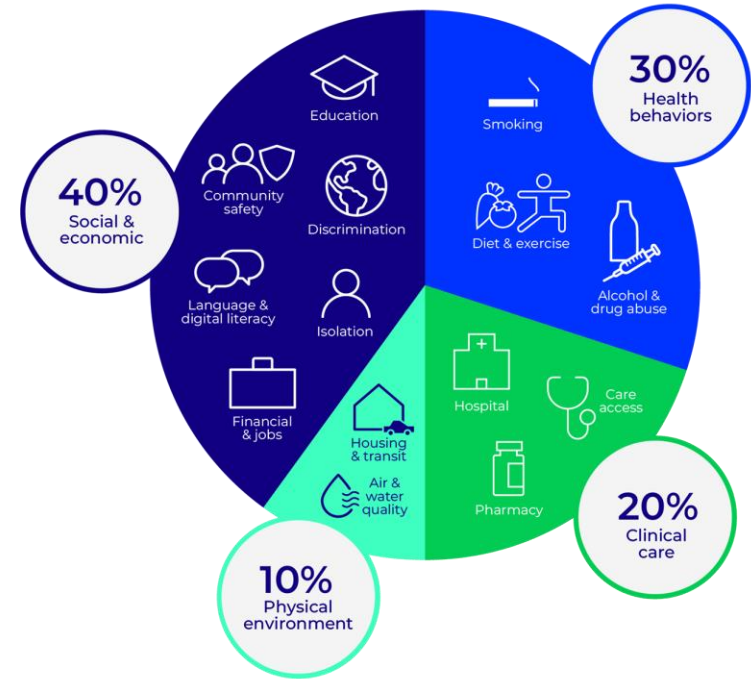
Solution: Increase access to **healthcare** and improve **care coordination**.



Addressing SDOH for Vulnerable Seniors

Policy changes: Expand access to healthcare, housing, and social services for seniors.

Community-based solutions: Local programs focused on mental health, dementia, and housing.



Addressing social determinants of health among older adults – in their home (no date) The Cigna Group Newsroom Available at: <https://newsroom.thecignagroup.com/addressing-sdoh-among-older-adults> (Accessed: 10 March 2025)

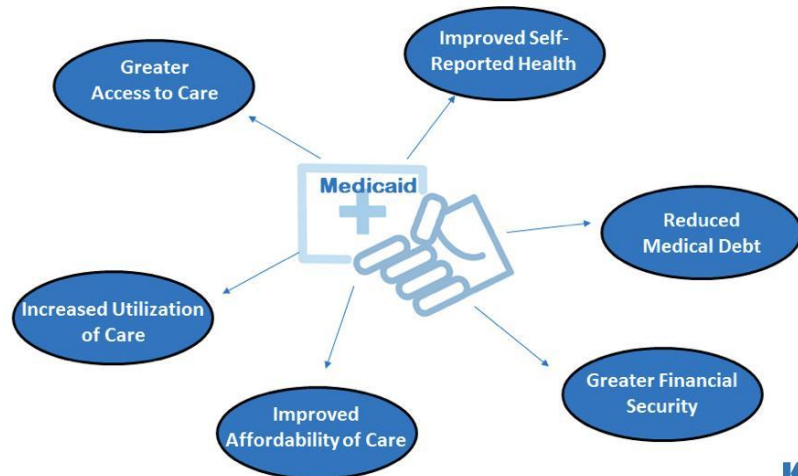
Addressing Challenges Through Political Advocacy & Activism

Advocate for **health equity policies** that ensure Black and Latino seniors have access to early dementia screenings.

Expansion of Medicaid to cover more dementia-related services for low-income seniors.

Policy support for community health programs that focus on vulnerable populations.

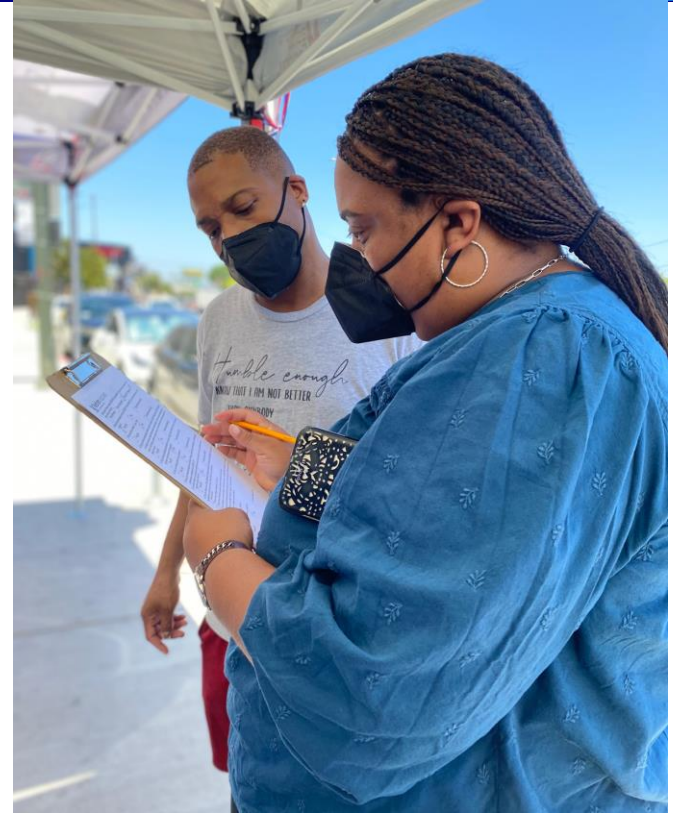
Evidence of the impact of the Medicaid expansion is growing.



Best Practices for Dementia Care in LA

Cultural competence in dementia care improves outcomes for Black and Latino seniors.

Early intervention and integrated care models lead to better results.



Person-Centered Care

Tailored care based on seniors' needs, backgrounds, and preferences.

Focus on **holistic care**: Dementia care should address physical, emotional, and social needs.



Community-Based Support Services

Caregiver support and local programs to help families navigate dementia care.

Outreach programs to educate families about dementia resources and care options.

A support network

Socializing with others can help cultivate friendships with people who've been through similar life transitions and who can be a source of support and understanding.



A sense of purpose

Healthy social interactions affirm a sense of worth and make older adults feel they're important and valued members of the community.



Next steps in Dementia Care (no date) *TMF Health Quality Institute*.
Available at: <https://tmf.org/Our-Work/Quality-Improvement/Long-term-Care-Experience/State-Civil-Money-Penalty-CMP-Projects/Next-Steps-in-Dementia-Care>
(Accessed: 10 March 2025)

Home-Based Support Services

Expand access to **in-home care** for seniors with dementia.

Community-based programs:
Support seniors in the **least restrictive environment**.



Making the Home Safe

Falls, burns, and poisonings are amongst the most common accidents involving older adults.

Keep emergency numbers handy

Prevent falls

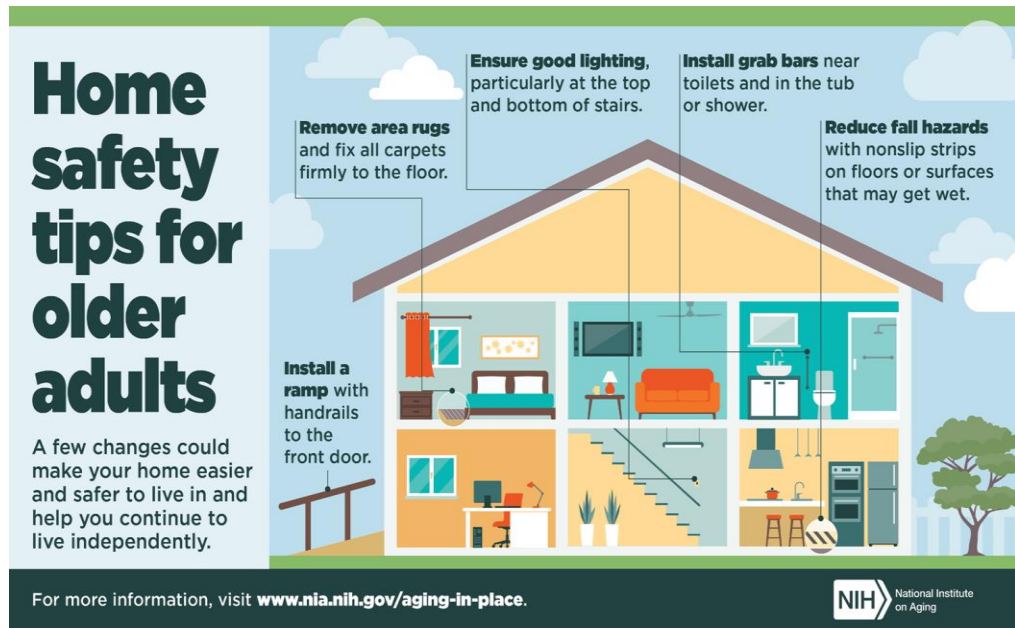
Safety-proof the home

Protect against fire and related dangers

Avoid bathroom hazards

Prevent poisonings

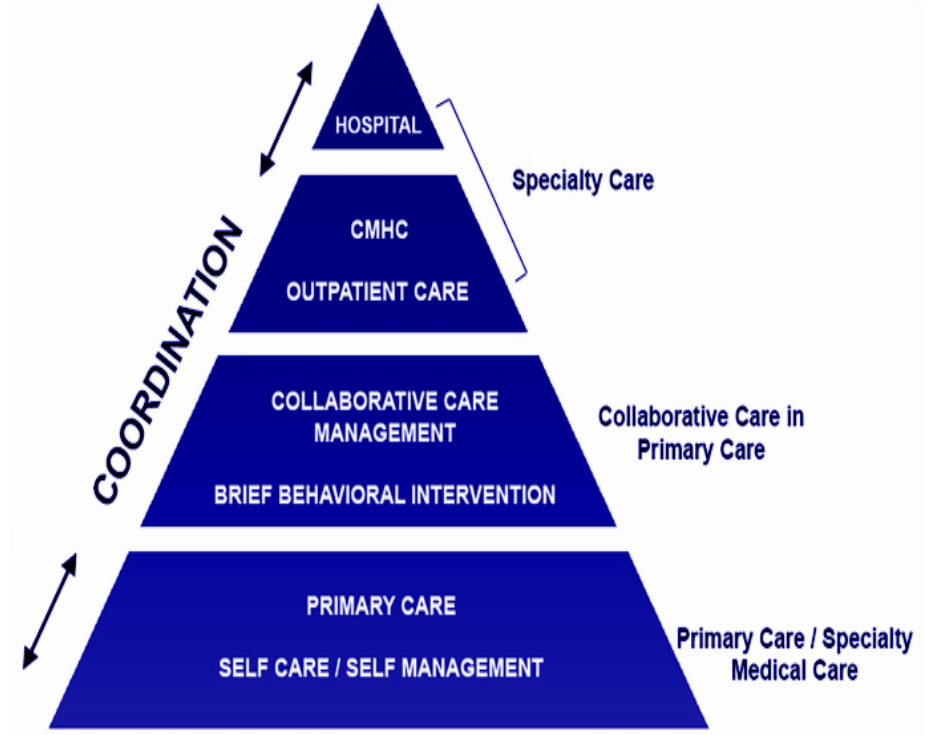
Protect against abuse



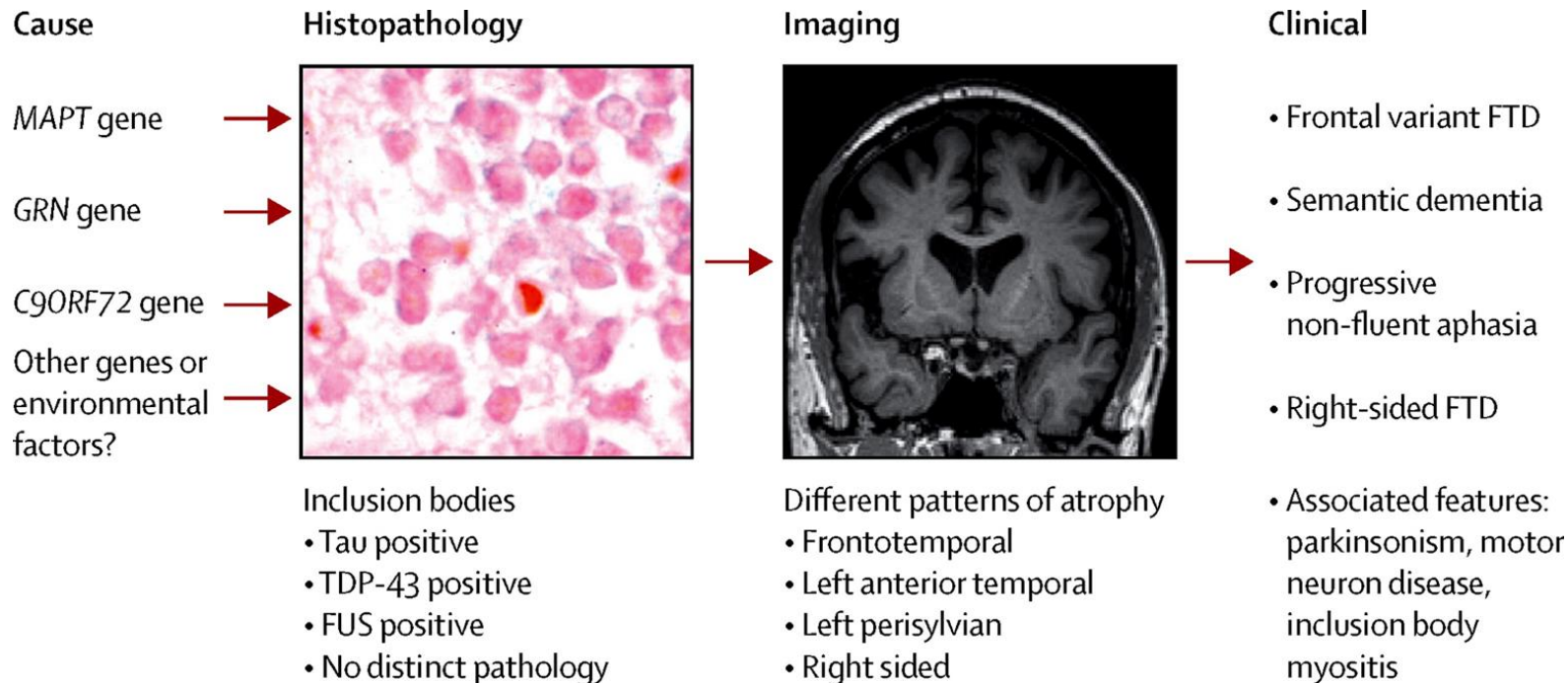
Infographic: Home Safety Tips for Older Adults. National Institute on Aging.
<https://www.nia.nih.gov/health/aging-place/home-safety-tips-older-adults>

Multidisciplinary Dementia Care

Collaborative care



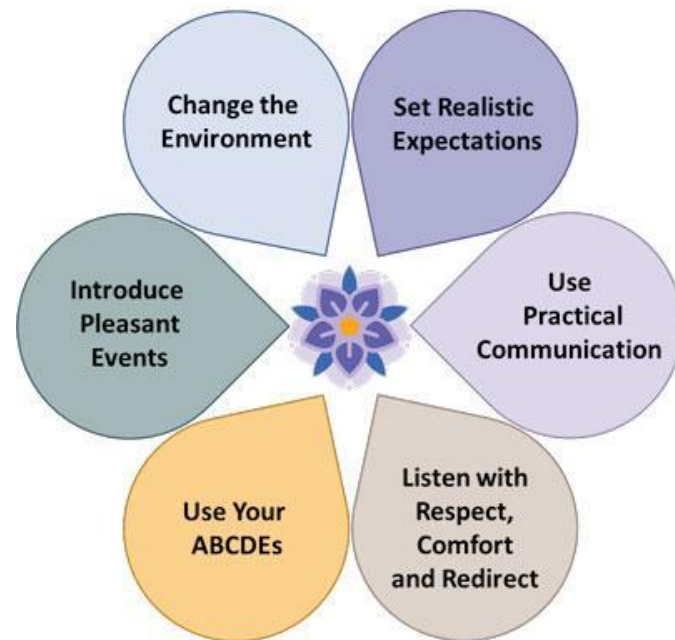
Pharmacogenetic-, Immuno-, and Nanoparticle Therapies



The Future of Dementia Care

Focus on **equity**: Ensuring all seniors have access to timely dementia screenings and care.

Policy reforms and community engagement are key to improving dementia care.



Next Steps in Dementia Care Strategies

Take A Deep Breath

Almost to the finish line,
take a moment to breathe
and process.



We Are In This Together

Remember, you are not alone.

Whether you feel moral injury,
burnout, exploitation, ...

We are all in this profession to make
the world a healthier, better place. It is
up to us to support each other in
making that shared dream a reality.



Ubuntu: You're a person, because I am a person,
I am a person because you are a person.

We are all people together.

FAQs

- 1) Is it possible for someone to have all three (3) of these Diagnoses? A Mental Health Diagnosis, Cognitive Impairment, and Substance Use Disorders. Yes or No.
- 2) True or False. Californians who live to be 65 or older have a one in six chance of developing Alzheimer's and a one in five chance of developing any type of dementia.
- 3) Name three (3) of the priority populations we focused on today? experiencing homelessness, living with HIV/AIDS, serious mental illness, substance use disorders, justice involved, migrants, etc.
- 4) What are at least two (2) validated tools that can help you better care for and screen aging seniors for cognitive decline? CHA, MMSE, MOCA, etc.

Thank You!

Contact Us

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(323) 233-0425 | www.Kedren.org



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Author links open overlay panelHussain Hussain a et al. (2024) HIV and dementia, The Microbe. Available at: <https://www.sciencedirect.com/science/article/pii/S2950194624000190> (Accessed: 18 March 2025).

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6 easy dementia tests for accurate diagnosis (no date) drlogy. Available at: https://drlogy.com/health/dementia-test#google_vignette (Accessed: 19 March 2025).

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Next steps in Dementia Care (no date) TMF Health Quality Institute. Available at: <https://tmf.org/Our-Work/Quality-Improvement/Long-term-Care-Experience/State-Civil-Money-Penalty-CMP-Projects/Next-Steps-in-Dementia-Care> (Accessed: 19 March 2025).

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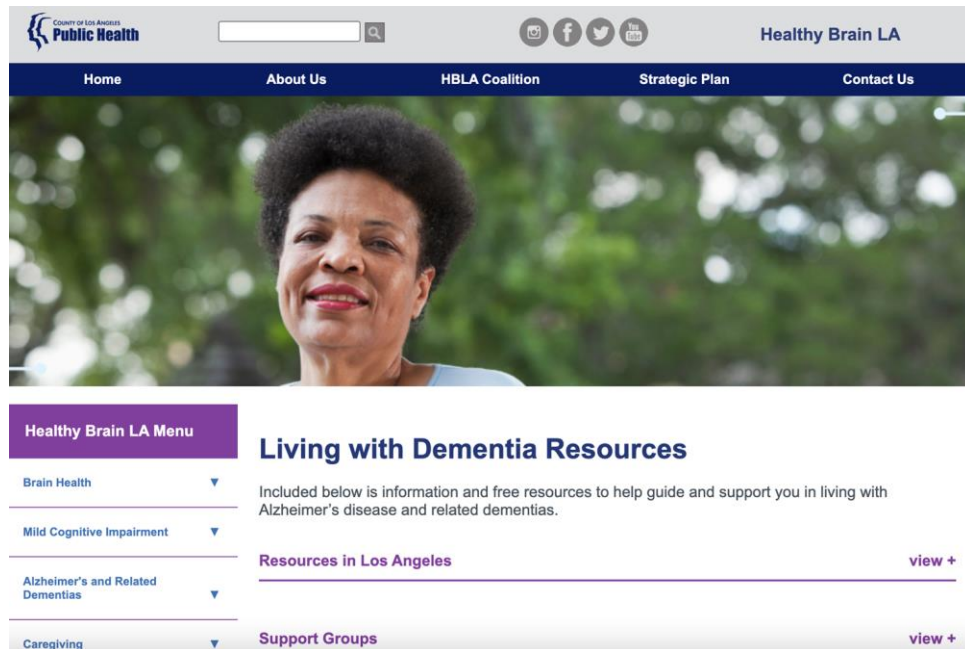
Initiative, P.P. (no date) *The aging prison population: Causes, costs, and consequences*, Prison Policy Initiative. Available at: <https://www.prisonpolicy.org/blog/2023/08/02/aging/> (Accessed: 19 March 2025).

Resources for Seniors In LA County

You can find information at:

<http://publichealth.lacounty.gov/healthybrainla/LivingwithDementia/dementiareources.htm>

For details and resources on how to care for dementia patients within LA County.



Resources for Seniors In California

For those within California but outside LA county, please refer to this website for resources and information:

<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/Pages/AlzheimersDiseaseResources.aspx>

The screenshot shows the CDPH website header with navigation links: en Español, Contact Us, About, News & Media, Jobs/Careers, a language selector, and a text resize option. Below the header is a search bar and four main navigation tabs: "I am looking for", "I am a", "Programs", and "A-Z Index". The "Programs" tab is selected, leading to a breadcrumb trail: Home | Programs | Center for Healthy Communities | Division of Chronic Disease and Injury Control | Chronic Disease Control Branch | Alzheimers Disease Resources. A large blue banner reads "ALZHEIMER'S DISEASE PROGRAM". On the left is a sidebar menu with links: Alzheimer's Disease Program, Funding Opportunities, California Alzheimer's Disease Centers, CA Healthy Brain Initiative Projects, Research Projects, and Resources for Families and Health Professionals. The main content area is titled "Alzheimer's Disease Resources" and "Resources for Caregivers, Families, Community Partners, and Health Professionals". It includes sub-sections "For Caregivers and Families" with links to "Alzheimer's Association" and "AARP Resources for Caregivers and Their Families".

en Español Contact Us About News & Media Jobs/Careers Select Language Text Resize

CDPH California Department of Public Health

I am looking for I am a Programs A-Z Index

Home | Programs | Center for Healthy Communities | Division of Chronic Disease and Injury Control | Chronic Disease Control Branch | Alzheimers Disease Resources

ALZHEIMER'S DISEASE PROGRAM

Alzheimer's Disease Program

Funding Opportunities

California Alzheimer's Disease Centers

CA Healthy Brain Initiative Projects

Research Projects

Resources for Families and Health Professionals

Alzheimer's Disease Resources

Resources for Caregivers, Families, Community Partners, and Health Professionals

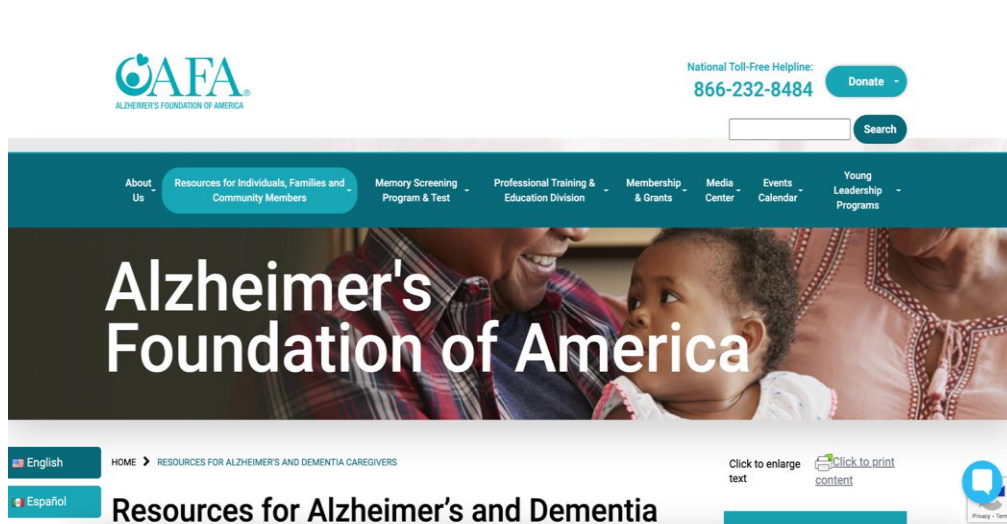
For Caregivers and Families

Alzheimer's Association

AARP Resources for Caregivers and Their Families

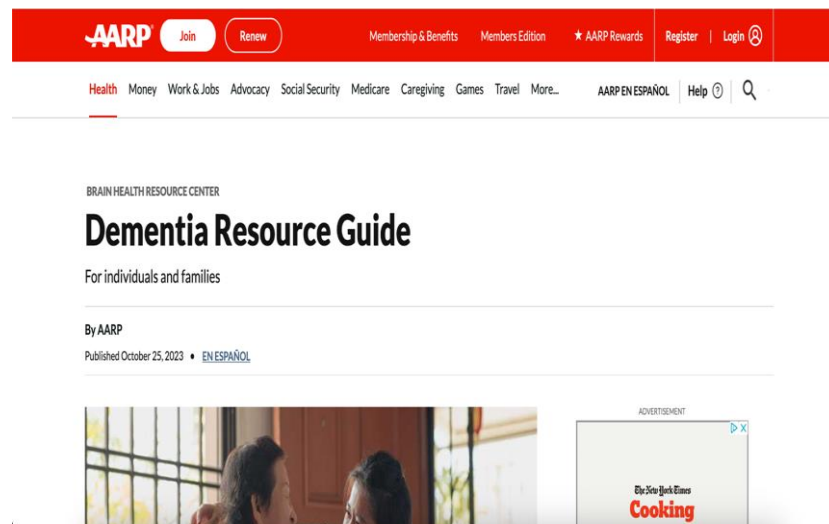
Resources for Seniors In the U.S.

Please refer to the following resources for those outside of California:



The screenshot shows the Alzheimer's Foundation of America (AFA) website. The header features the AFA logo, a national toll-free helpline number (866-232-8484), and a 'Donate' button. A search bar is located below the helpline. The main navigation menu includes links for 'About Us', 'Resources for Individuals, Families and Community Members', 'Memory Screening Program & Test', 'Professional Training & Education Division', 'Membership & Grants', 'Media Center', 'Events Calendar', and 'Young Leadership Programs'. The main banner image shows a smiling man and woman holding a young child, with the text 'Alzheimer's Foundation of America' overlaid. At the bottom, there are language selection buttons for 'English' and 'Español', a breadcrumb trail 'HOME > RESOURCES FOR ALZHEIMER'S AND DEMENTIA CAREGIVERS', a 'Click to enlarge text' button, a 'Click to print content' button, and a 'Privacy - Terms' link.

<https://alzfdn.org/caregiving-resources/>



The screenshot shows the AARP Brain Health Resource Center page for the 'Dementia Resource Guide'. The header is red with the AARP logo, 'Join' and 'Renew' buttons, and links for 'Membership & Benefits', 'Members Edition', 'AARP Rewards', 'Register', and 'Login'. Below the header is a navigation bar with links for 'Health', 'Money', 'Work & Jobs', 'Advocacy', 'Social Security', 'Medicare', 'Caregiving', 'Games', 'Travel', 'More...', 'AARP EN ESPAÑOL', 'Help', and a search icon. The main content area has the title 'Dementia Resource Guide' and the subtitle 'For individuals and families'. It is attributed to 'By AARP' and 'Published October 25, 2023 • EN ESPAÑOL'. Below the text is a large image of a man and a woman looking at each other. To the right of the image is an advertisement for 'The New York Times Cooking'.

<https://www.aarp.org/health/brain-health/dementia-resource-guide-digital-edition.html>

Resources for Spanish-Speakers

The screenshot shows the Alzheimer's Association website. At the top, there is a navigation bar with links for 'Find Local Resources', 'About', 'News', 'Events', 'Professionals', 'E-News', and 'English'. Below this is a purple header with the Alzheimer's Association logo and contact information: 'Call Our 24/7 Helpline 800.272.3900'. A search bar and 'DONATE'/'DONATE MONTHLY' buttons are also present. The main content area features a section for the 'Western New York Chapter' with a 'Change Location' link. Below this, a breadcrumb trail reads: 'Home > Western New York Chapter > Education and Resources > Spanish-Language Resources'. The section is titled 'Spanish-Language Resources' and contains a table with links to 'About' and 'Help and Support' for the Western New York Chapter. The text states: 'The Alzheimer's Association offers many Spanish-language resources with information on recognizing and caring for loved ones with Alzheimer's or dementia. Please visit these links for Spanish-language web pages about the following subjects: 10 Warning Signs of Alzheimer's and Dementia'.

Spanish-Language Resources

Western New York Chapter	
About	+
Help and Support	+

10 Warning Signs of Alzheimer's and Dementia

<https://www.alz.org/wny/education-programs/spanish-language-resources>

The screenshot shows the Alzheimers.gov website. At the top, there is a navigation bar with links for 'Un sitio oficial del Gobierno de Estados Unidos', 'Ay es como usted puede verificarlo', 'Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS)', and 'Instituto Nacional de la Salud'. Below this is a green header with the Alzheimers.gov logo and a search bar. The main content area features a section titled 'Enfermedad de Alzheimer y demencias relacionadas' with a dropdown menu. Other links include 'Cómo vivir con demencia', 'Estudios clínicos', 'Acciones que estamos tomando', and 'Para profesionales'. The section is titled 'Conozca las historias de voluntarios en las investigaciones sobre la demencia' and contains the text: 'Las personas participan en investigaciones para ayudar a los científicos a encontrar formas de prevenir, diagnosticar y tratar la demencia. Conozca sus historias.' Below this is a photo of an elderly couple smiling.

Conozca las historias de voluntarios en las investigaciones sobre la demencia

Las personas participan en investigaciones para ayudar a los científicos a encontrar formas de prevenir, diagnosticar y tratar la demencia.

[Conozca sus historias.](#)

<https://www.alzheimers.gov/es>

The screenshot shows the National Institute on Aging website. At the top, there is a navigation bar with links for 'Español', 'English', and a search bar. Below this is a grey header with the NIH logo and the text 'National Institute on Aging'. The main content area features a section titled 'Spanish Language Video Series for Dementia Caregivers' with a search bar and a 'SELECT CATEGORY' dropdown menu. The section is titled 'EDUCATE & RAISE AWARENESS' and contains the text: 'Link to Resource: Webpage < Video series <'. Below this is a photo of an elderly couple smiling.

Spanish Language Video Series for Dementia Caregivers

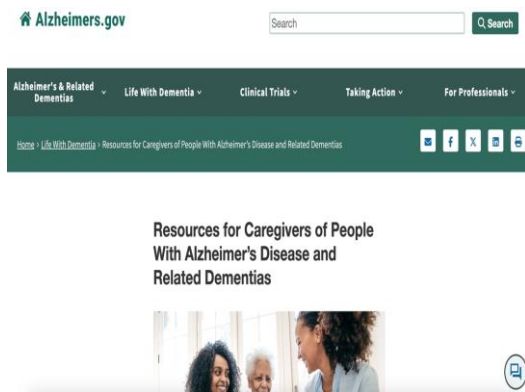
EDUCATE & RAISE AWARENESS

Link to Resource:
Webpage <
Video series <

<https://www.nia.nih.gov/research/alzheimers-dementia-outreach-recruitment-engagement-resources/spanish-language->

Resources for Caretakers

<https://www.alzheimers.gov/life-with-dementia/resources-caregivers>



<https://alzfdn.org/caregiving-resources/>

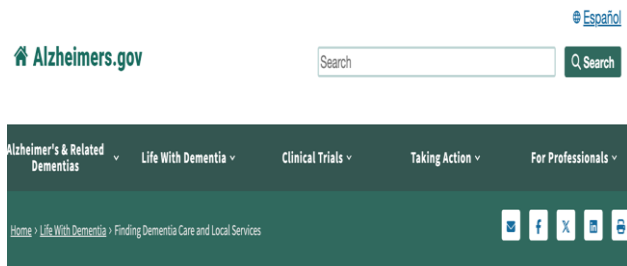


<https://www.alz.org/help-support/caregiving>



Resources for Seniors Experiencing Homelessness

<https://www.alzheimers.gov/life-with-dementia/find-local-services>



<https://www.alzra.org/alzheimers-senior-housing/government-assisted-housing/>



Government Assisted Housing

Government housing assistance is available to low-income elderly people through several programs in the form of affordable housing or rental assistance. Most government housing assistance for the elderly is administered by local public housing authorities (PHAs). Other agencies include the local Department of Housing and Community Development, the respective State Housing Finance Agencies and the U.S. Department of Agriculture's (USDA) Rural Development office. Funds from the U.S. Department of Housing and Urban Development (HUD) and USDA's Rural Housing Services also support some housing assistance programs. All government housing assistance for the elderly are over-subscribed, with waiting lists that vary in length. Government housing assistance available to low-income older persons include the following: the HOPE for Elderly Independence Program, the Housing Choice Voucher Program, local rental assistance programs, public housing, the Rural Housing



<https://giffordfoundation.org/emergency-shelter-care-for-seniors-with-dementia/>



Emergency Shelter Care for Seniors with Dementia

A new space at Menorah Park is designed to provide a safe haven for seniors with dementia or Alzheimer's disease and guide them to a more supportive living situation. Opening soon, it will be the first of its kind in CNY.

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One out of every ten Americans living at home over the age of 60 will experience elder abuse, according to the CDC. This can take many forms,

