2020

Understanding Alzheimer's Disease Knowledge in Low-Income, Richmond, VA Community Dwelling Older Adults

Taylor Wilkerson
Virginia Commonwealth University

Ann Rhodes

Jennifer Inker

Joann Richardson

Faika Zanjani

Follow this and additional works at: https://scholarscompass.vcu.edu/gradposters

Part of the Social Work Commons

Understanding Alzheimer's Disease Knowledge in Low-Income, Richmond, VA Community Dwelling Older Adults

Taylor Wilkerson, BS[1,2], Ann Rhodes, MS[3], Jennifer Inker PhD[3], Joann Richardson PhD[4,5], Faika Zanjani, PhD[1,3]

1. Institute for Inclusion, Inquiry, and Innovation (iCubed) Virginia Commonwealth University, Richmond, VA, USA, 2. School of Social Work, Virginia Commonwealth University, 3. Department of Gerontology, Virginia Commonwealth University, Richmond, VA, USA, 4. Department of Kinesiology, Virginia Commonwealth University, Richmond, VA, USA, 5. Richmond City Health

Abstract

Background: Different populations demonstrate varying levels of Alzheimer's disease (AD) knowledge, as well as commonly held misconceptions about the nature of the disease and its risk factors. Older adults often demonstrate lower scores on Alzheimer's disease knowledge scales and African American adults are often specifically not aware of their higher Alzheimer's risk status compared to other racial groups. In addition, African American older adults are more likely to receive the fewest AD interventions. **Methods**: We measured the Alzheimer's knowledge of twenty community-dwelling elders at two separate time points (baseline and 3 month follow-up, currently in progress) as part of a larger study on AD health coaching. Participants (n=20) were recruited from low-income communities within the Richmond, Virginia (RVA) area; the sample was 85% African American individuals (n=17), 45% female (n=9) and 55% male (n=11). Participants completed demographic measures, true/false AD knowledge measures, a relational ageism scale, and questions about their health and habits. **Results**: Similar to previous research, this population of older adults held common misconceptions about AD, including the ideas that mental exercise can prevent Alzheimer's disease (20% answered correctly) and individuals with Alzheimer's are incapable of making decisions about their care (30% answered correctly). In this sample, the majority of African American older adults were aware of the fact that they make up the population at the highest risk for developing Alzheimer's disease (80% answered correctly). Analyses also found no significant relationship between AD knowledge and health outcomes, alcohol consumption, or education. Analyses also found no relationship between ageism attitudes and AD knowledge. **Conclusion**: AD knowledge needs to be better addressed in low-income, racially diverse older adults.

Methods

Participants were recruited for this study as a part of a larger research project analyzing the impact of Alzheimer's health coaching on individual outcomes. Before beginning the survey, participants were first provided statements which correctly displayed facts about Alzheimer's disease. Participants completed the following measures:

- *Demographic Questionnaire*
- *Ageism Scale:* Participants answered questions about aging on a Likert-type scale with answers ranging from 1 - strongly agree to 5-strongly disagree. Responses were then added together (with reverse coded statements subtracted) to create a composite ageism score where lower scores indicate fewer ageist beliefs/attitudes. Scores can range from -8 (fewest reported ageist beliefs) to 56 (most reported ageist beliefs). Sample items include:
  - I will have plenty to occupy my time when I am older
  - People will ignore me in my older age (reverse scored)
- *Alzheimer's Disease Knowledge Scale:* Participants rated statements about Alzheimer's Disease as either true or false. There were a total of 34 statements and participants were scored on the amount they rated correctly.

Results

Table 1. Select Participant Responses on ADKS (in rank order with most commonly missed first)

Knowledge Question	True	False	Correct Answer	Percent Correct
It has been scientifically proven that mental exercise can prevent a person from getting Alzheimer's disease.	70% (n=14)	20% (n=4)	False	20%
If trouble with memory and confused thinking appears suddenly, it is likely due to Alzheimer's disease.	60% (n=12)	30% (n=6)	False	30%
Once people have Alzheimer's disease, they are no longer capable of making informed decisions about their own care.	60% (n=12)	30% (n=6)	False	30%
Getting drunk is not a risk for Alzheimer's disease.	55% (n=11)	35% (n=7)	False	35%
Most people with Alzheimer's disease remember recent events better than things that happened in the past.	45% (n=9)	45% (n=9)	False	45%
Inactivity/sedentary lifestyle is not a risk factor for Alzheimer's disease.	40% (n=8)	50% (n=10)	False	50%
Prescription drugs that prevent Alzheimer's disease are available.	35% (n=7)	50% (n=10)	False	50%
Having high blood pressure may increase a person's risk of developing Alzheimer's disease.	50% (n=10)	35% (n=7)	True	50%
In rare cases, people have recovered from Alzheimer's disease.	30% (n=6)	55% (n=11)	False	55%
Medication mismanagement is not a risk for Alzheimer's disease.	35% (n=7)	55% (n=11)	False	55%
People with Alzheimer's disease are particularly prone to depression.	80% (n=16)	10% (n=2)	True	80%
Blacks have the highest Alzheimer's disease rate.	80% (n=16)	5% (n=1)	True	80%
Alzheimer's disease cannot be cured.	80% (n=16)	10% (n=2)	True	80%
Symptoms of severe depression can be mistaken for symptoms of Alzheimer's disease.	85% (n=17)	5% (n=1)	True	85%
People with Alzheimer's disease do best with simple, instructions given one step at a time.	90% (n=18)	0% (n=0)	True	90%

Results (cont.)

Sample: Twenty participants (n=20) completed the ADKS in total, 13 of whom (65%) are between 60-69 years old and 7 (35%) who are 70 years or older. The sample was comprised of 9 females (45%) and 11 males (55%) and 17 participants identified as African American or Black (85%). One participant identified as American Indian or Alaska native and 2 as Caucasian or white. For education, the majority of participants either completed 12th grade or a GED (n=7, 35%) or completed grades 9-11 (n=6, 30%).

- Participants averaged 24.17 out of 34 points on the ADKS, for a average score of about 71% correct
- Participants averaged a score of 9.55 points on the ageism scale

Both Pearson's Correlation Coefficient and Kendall's Tau-B tests were conducted to determine if a relationship existed between ageism and ADKS scores.

Table 2. Results of Statistical Tests between Ageism and ADKS scores

Pearson's correlation coefficient	Statistic .070	Significance .781
Kendall's Tau-B	Statistic .096	Significance .591

Both tests indicate weak relationships between the ageism and ADKS score variables that are not statistically significant. Other analyses displayed no impact of depression, scores on the PHQ-9, gender, or education levels on AD knowledge.

Discussion

Similar to previous research, this population of older adults held common misconceptions about AD, including that there is medication cure and that the disease is not influenced by alcohol consumption. In this sample, the majority of participants were aware that African American adults are most at risk for Alzheimer's disease and correctly identified many of many of the risk and resilience factors associated with the diagnosis. Results support the idea that Alzheimer's knowledge can be improved within older low-income community dwelling adults.