

INTERNATIONAL INDIGENOUS DEMENTIA RESEARCH NETWORK (IIDRN) ANNUAL CONFERENCE

2024 PROGRAM



OCTOBER 20-23, 2024

Waikiki Beach Marriott Resort & Spa
2552 Kalakaua Avenue, Honolulu, Hawai'i 96815

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A WELCOME MESSAGE FROM THE IIDRN CO-CHAIRS

KRISTEN JACKLIN, PHD & MAKARENA DUDLEY, PHD

To the Indigenous people, the First Nations people, the Original people, the Aboriginal people, the Native people, the People of the Land, and non-Indigenous friends and colleagues, “e komo mai” - welcome to the 2nd year of the International Indigenous Dementia Research Network (IIDRN) annual conference!

The IIDRN has served the Indigenous dementia community since 2010 and has experienced rapid growth as a network since 2020. We aim to create spaces and opportunities to bring those with an interest in Alzheimer’s disease and related dementias (ADRD) in Indigenous populations together to share ideas, knowledge and experience and to inspire collaborations and ultimately to accelerate science in the field.

This year’s theme, “Growing Knowledge,” is designed to support important collaborations and conversations that began in Year 1, to continue to showcase excellence in research by sharing research findings and ideas through oral and poster presentations, and to network, mentor, collaborate and find shared objectives for future research. Here are some important highlights in this year’s program:

- *NEW* caregiver panel
- 8 scientific research sessions
- Expanded Elders’ panel discussion
- 27 posters
- Networking, collaboration and mentoring opportunities
- Special Interest Group (SIG) meetings
- Two esteemed plenary speakers

We hope you will fully engage with the different elements of the program and that you leave feeling better connected, inspired and energized! Thank you for spending your time with us in Hawai’i and we wish you all a productive conference.

Join Us!

Interested in getting connected with IIDRN and other conference attendees? Email us at iidrn@d.umn.edu (Subject: “IIDRN Basecamp”) and ask to join our online community on Basecamp!



MEET THE CO-CHAIRS

KRISTEN JACKLIN, PHD, IIDRN CO-CHAIR

Kristen Jacklin, PhD, is a Professor in the Department of Family Medicine and Biobehavioral Health as well as the Director of the Memory Keepers Medical Discovery Team at the University of Minnesota Medical School, Duluth campus. Dr. Jacklin is a medical anthropologist with an extensive background in community-based Indigenous health research and health equity. She has worked avidly in Indigenous dementia research for the last 25 years. Dr. Jacklin leads the NIA-funded Indigenous Cultural Understandings of Alzheimer's Disease and Related Dementias – Research and Exchange (I-CARE) program of research and the American Indigenous Cognitive Assessment (AMICA) grant. She also co-leads the Center for Community Engaged Rural Dementia and Alzheimer's Research (CERDAR). Dr. Jacklin is the founder and co-Chair of the International Indigenous Dementia Research Network (IIDRN) and the Indigenous Cognition Awareness and Aging Awareness Research Exchange (I-CAARE.com).



MAKARENA DUDLEY, PHD, IIDRN CO-CHAIR

Dr Makarena Dudley, (Te Rarawa, Te Aupōuri, Ngati Kahu), is Deputy Director Maori at the Centre for Brain Research and a Senior Lecturer in the School of Psychology at the University of Auckland. She is currently involved in several research projects involving Māori and mate wareware (dementia). Her projects include the development of a Māori-appropriate diagnostic tool, a mate wareware website, and a mate wareware app.

She has also adapted Cognitive Stimulation Training to be culturally appropriate with Māori. Makarena is also the Principal Investigator on a nationwide prevalence study of mate wareware in Māori. Makarena is passionate about working with Māori elders to help minimise the impact of mate wareware on families.



LAND ACKNOWLEDGEMENT

“As guests on this ‘āina, visiting for the purpose of this conference, we would like to begin by acknowledging that the ‘āina on which we gather, O‘ahu, is part of the larger territory recognized by Indigenous Hawaiians as their ancestral grandmother, Papahānaumoku. We recognize that her majesty Queen Lili‘uokalani yielded the Hawaiian Kingdom and these territories under duress and protest to the United States to avoid the bloodshed of her people. We further recognize that Hawai‘i remains an illegally occupied state of America. We recognize that each moment we are in Hawai‘i, she nourishes and gifts us with the opportunity to breathe her air, eat from her soils, drink from her waters, bathe in her sun, swim in her oceans, be kissed by her rains, and be embraced by her winds. We further recognize that generations of Indigenous Hawaiians and their knowledge systems shaped Hawai‘i in sustainable ways that allow us to enjoy these gifts today. For this we are grateful, and as guests, we seek to support the varied strategies that the Indigenous peoples of Hawai‘i are using to protect their land and their communities, and we commit to dedicating time and resources to working in solidarity.”

-Adapted from the suggested land acknowledgment language from the University of Hawaii
(https://www.youtube.com/watchv=L5JLOptSDIU&ab_channel=UHM-edJABSOM)



2024 IIDRN Annual Conference: Agenda at a Glance

Sunday 20 October 2024		Monday 21 October 2024	Tuesday 22 October 2024	Wednesday 23 October 2024
8:00am – 8:20am	Breakfast (provided; optional)	Breakfast (provided; optional)	Breakfast (provided; optional)	Breakfast (provided; optional)
8:20am – 8:40am				
8:40am – 9:00am				
9:00am – 9:20am				
9:20am – 9:40am	IIDRN Executive Committee Meeting (invitation only)	Elder Panel	Featured Research Panel, Part 1: <i>The Native Hawaiian Dementia Road Map</i>	Lived Dementia Experience Caregiver Panel
9:40am – 10:00am				
10:00am – 10:20am				
10:20am – 10:40am				
10:40am – 11:00am	Opening Plenary: <i>Dr. Poki'i Balaz</i>	Paper Session: <i>Indigenous Assessment of AD/RD (Session A)</i>	Featured Research Panel, Part 2: <i>Bridging Culture in Dementia Research: Advanced Approaches to Improve Dementia Care for Pacific Islander Communities</i>	Paper Session: <i>Indigenous Assessment of AD/RD (Session B)</i>
11:00am – 11:20am				
11:20am – 11:40am				
11:40am – 12:00pm				
12:00pm – 12:20pm	Lunch (provided)	Networking Lunch (provided)	Special Interest Group (SIG) Meetings + Lunch (provided)	Lunch (provided)
12:20pm – 12:40pm				
12:40pm – 1:00pm				
1:00pm – 1:20pm				
1:20pm – 1:40pm	Hula Presentation	Paper Session: <i>Indigenous AD/RD Caregiving & Cultural Safety</i>	Paper Session: <i>Biomarkers</i>	Paper Session: <i>Current Topics in Indigenous Dementia Research (Session B)</i>
1:40pm – 2:00pm				
2:00pm – 2:20pm				
2:20pm – 2:40pm				
2:40pm – 3:00pm	Paper Session: <i>Community Perspectives on AD/RD</i>	Paper Session: <i>Current Topics in Indigenous Dementia Research (Session A)</i>	Mentoring Session (mentors/mentees only)	Closing Plenary: <i>Dr. Jordan Lewis</i>
3:00pm – 3:20pm				
3:20pm – 3:40pm				
3:40pm – 4:00pm				
4:00pm – 4:20pm	Poster Session	Optional Event: Short Film Screening & Discussion	Farewell Reception (refreshments provided)	Closing Protocol & Remarks
4:20pm – 4:40pm				
4:40pm – 5:00pm				
5:00pm – 5:20pm				
5:20pm – 5:40pm	Welcome Reception (refreshments provided)			
5:40pm – 6:00pm				
6:00pm – 6:20pm				
6:20pm – 6:40pm				

CONFERENCE POLICIES

A. ID badge policy

Please wear your IIDRN Conference ID name badges at all times while attending conference events, including during meals provided by the conference.

B. Code of conduct and safety plan

The IIDRN Annual Conference is committed to providing a safe, accessible, and equitable experience for all participants. Discrimination or harassment of any kind will not be tolerated. By attending this conference, participants agree to abide by the following code of conduct.

The following behaviors are examples of discrimination or harassment and will not be tolerated:

- **Visual conduct** such as leering; making sexual or offensive gestures; displaying sexually explicit or suggestive images or objects; or displaying images or objects that show hostility towards, perpetuate negative stereotypes about, or could otherwise be offensive to groups of people, especially minoritized racial/ethnic groups, sexual or gender minorities, those living with disabilities, and other protected classes and minoritized groups
- **Verbal or written abuse or conduct** such as the use of epithets/slurs; sending or making sexual or suggestive comments/messages, jokes, or invitations; sending or making comments/messages about another's physical appearance; or sending or making otherwise derogatory, harassing, or threatening comments/messages, including those that show hostility towards, perpetuate negative stereotypes about, or could otherwise be offensive to groups of people, especially minoritized racial/ethnic groups, sexual or gender minorities, those living with disabilities, and other protected classes and minoritized groups
- **Physical abuse or conduct** such as assault; impeding/blocking movement; or any unwanted or offensive physical contact of a threatening or sexual nature including touching another's body or touching/display of one's own body
- **Retaliation** of any kind, including retaliation for negative responses to sexual advances or retaliation for reporting, or threatening to report, harassment
- **Sustained disruption** of any portion of the event, such as, but not limited to, verbally or physically disrupting speakers or other attendees or damaging or taking property.
- **Other behavior** that could reasonably impact the ability of other attendees to fully and freely participate in the event, regardless of whether the behavior occur during the event, at one of the event's social functions or on the event premises, such as, but not limited to, intoxication, loud use of electronic devices, and shouting.

Any attendee who experiences or observes discrimination or harassment should report this behavior as soon as possible to a member of the IIDRN Annual Conference staff. Reports may be made in person to any conference staff member (wearing IIDRN conference T-shirts labeled STAFF), or by email to iidrn@d.umn.edu.

CONFERENCE POLICIES

Such reports will remain confidential and only be shared among the IIDRN Annual Conference organizers (including the Conference Planning Committee and IIDRN Executive Committee) who will determine appropriate actions. Conference organizers will discuss further with the reporting party if needed and meet to assess the allegations and collect additional evidence as appropriate (e.g., copies of any harassing messages). Conference organizers will take all reasonable actions to manage attendees who are determined to violate this code of conduct during conference events, up to and including removal from the conference, cancellation of any membership in the IIDRN organization, and denying access to future IIDRN events.

Attendees may also file a complaint of discrimination or harassment with the United States Department of Health and Human Services (HHS) Office for Civil Rights (OCR): <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>. Making a report to the IIDRN Annual Conference staff is not required in order to file a complaint with HHS OCR, nor does making a report to or seeking assistance from the IIDRN Annual Conference staff prohibit filing a complaint with HHS OCR. Attendees may also notify the National Institutes of Health (NIH) of any concerns related to discrimination or harassment at this conference online at <https://public.era.nih.gov/shape/public/index.era> or by phone at +1 (301) 480-6701.

If there is an immediate threat to your physical safety, or if you believe you have been the victim of a crime, contact local law enforcement by calling 911.

This code of conduct applies to all IIDRN Annual Conference events, including any preconference activities, all conference sessions, breaks, meals, and receptions. Any questions or concerns related to harassment or this code of conduct may be directed to IIDRN Annual Conference staff—either in person to any conference staff member or by email to iidrn@d.umn.edu—or to the HHS OCR (<https://www.hhs.gov/ocr/about-us/contact-us/index.html>).

Thank you in advance for creating a safe, accessible, and equitable environment to support the advancement of Indigenous dementia research worldwide.



C. Photo and audio/video recording policy:

Photographs and/or videos may be taken throughout the conference, both by IIDRN staff and by other conference attendees. Attendees and presenters may indicate their preferences for photography/videography in two ways:

1. If you prefer not to be photographed or recorded, you may place a “no photos” sticker on your conference badge. See the Check-In & Information Table (outside of the Kona Moku Ballroom) or a member of the conference staff for a sticker.



No photographs or videos of me

2. For presentations, presenters may indicate their preferences via verbal announcement or displaying the following symbols:



No photographs or videos of my presentation/poster



Photographs or videos of my presentation/poster are okay for your own personal use

Photographs or videos of my presentation/poster and sharing are okay

If you indicate a preference for you and/or your presentation to not be photographed or recorded, IIDRN staff will not intentionally photograph or record you or your presentation. However, please note that we cannot guarantee the omission of your presence or your presentation from the background of all photographs or videos of the conference.

All conference attendees are asked to respect the wishes of their fellow attendees and presenters with regard to photography/videography. Because of the proprietary nature of data and the reporting of preliminary, unpublished research, any photography, filming, taping, recording or reproduction in any medium of any of the programs, talks or data/posters/slides presented at the IIDRN conference is prohibited unless the presenter clearly indicates their permission verbally or by displaying the appropriate symbol. If a presenter indicates that they are open to photography or recording, please use common courtesy and do not be disruptive or distracting, either to the presenter or fellow audience members. Similarly, the subsequent dissemination of any photograph, video, or other recording in any medium of any of the programs, talks, or data/posters/slides presented at the IIDRN conference is prohibited unless the presenter clearly indicates their permission verbally or by displaying the appropriate symbol.

Sharing your experience on social media is encouraged to add to the discussion and excitement of the IIDRN conference, as long as it complies with this and other conference policies. Sharing images on social media that contain discernable research data (i.e., image of a poster or slide) is prohibited unless the presenter clearly indicates their permission verbally or by displaying the appropriate symbol.

Violation of this policy may result in appropriate penalties, up to and including removal from the IIDRN conference and denial of entry to future IIDRN conferences and events. Please direct questions regarding this policy to iidrn@d.umn.edu.

D. Conflict of interest disclosure:

Presenters are asked to clearly disclose any potential conflicts of interest (COIs) that could be reasonably perceived as related to the content of their presentation. The purpose of COI disclosure is to improve transparency and allow the audience to make their own assessments about whether certain factors or relationships may increase risk of bias in the work being presented. COI disclosures should name the conflicting organization and explain the nature of the potential conflict and its relevance to the presentation content. The format of the disclosure may vary depending on the type of presentation.

E. Accessibility best practices:

It is our policy to make arrangements and accommodations such that no person feels excluded due to disabilities, allergies, or personal preferences. We recognize that some disabilities are invisible and that not all disabilities require accommodation. We do not require attendees to disclose their needs, but you are free to contact conference staff to request individualized support: Tracy Kemp may be reached by SMS, WhatsApp, or phone call at +1 [REDACTED] or by email at tkemp1@d.umn.edu, or you may seek out a member of conference staff in person at the conference. We encourage attendees to make these requests prior to the conference to ensure appropriate accommodations, but we will do our best to fulfill requests made on-site.

We encourage attendees and presenters to consider the needs of others when planning their presentations, communications, and interactions. We promote the use of inclusive language throughout the conference and sponsored events.

As a courtesy to those with sensitivities to chemicals and scents, we ask that attendees refrain from using perfume/cologne or other scented products.

We ask that all attendees respect smoke-free environments, respect accessibility-designated rows in presentation rooms, and use a microphone when speaking publicly.

F. Conference Guests and Childcare

To promote inclusivity for those attendees with caretaking responsibilities, we welcome children and adult dependents to attend conference sessions with registrants. Registrants may also bring other types of guests (including a spouse/partner, babysitter/caretaker, etc.) to conference sessions at no additional cost. **Please note that, while dependents or guests are welcome at all conference sessions, conference meals will be provided to registrants only.** Any dependents or guests must also be accompanied by a registrant who is wearing a conference badge at all times during conference sessions. For all conference attendees, we ask that you excuse yourself from any session if you or your dependent or guest needs space for activities that could be considered disruptive to presenters or other attendees.

The IIDRN Annual Conference does not directly provide childcare services. For registrants in need of childcare, several local options are available and able to come to the conference hotel, including those listed below. Please note that this list is provided as a courtesy only; this list is not comprehensive, nor is it an endorsement of any of the included childcare providers. Registrants must arrange and pay for childcare themselves.

- Aloha Sitters
Website: <http://alohasitters.com/>
Phone: +1 (808) 861-7294
Email: ContactAlohaSitters@gmail.com
- Island Kid Sitters
Website: <https://www.islandkidsitters.com/>
Phone: +1 (808) 354-0585
- Hawaii [Poppins] Keiki Waikiki
Website: <https://www.poppins.co.jp/educare/english/hawaii/>
Phone: +1 (808) 931-8086
Email: hawaii-info@poppins.co.jp
Note: Located at the conference hotel, but is open to the public

CONTACT AND VENUE INFORMATION

A. How to identify/contact conference staff:

- IIDRN conference staff will be present in and around the conference spaces during conference hours. Staff members will be wearing T-shirts with the conference logo and “STAFF” printed on the front and back of the shirt.
- For urgent conference-related issues that arise outside of conference hours, please contact Tracy Kemp at +1 ([REDACTED]) via SMS, WhatsApp, or phone call.

B. WiFi & Social media

Please note that we do **not** have a dedicated conference WiFi network. The conference hotel offers free WiFi in public areas of the hotel (MarriottBonvoy_Public) which may be accessed by attendees without a password. For attendees staying at the conference hotel, free WiFi is also available in guest rooms (MarriotBonvoy_Guest).

Be sure to tag us and use our hashtags throughout the conference!



#IIDRN24, #IIDRNconference24



@IIDRNconference

C. Wellness room

There is a hotel room that has been designated as a private wellness room and made available for all attendees, which may be used for lactation, quiet breaks, prayer, meditation, spiritual practices, or other wellness needs. This room may be reserved on a first-come-first-served basis for 30 minutes at a time. Go to the Check-In & Information Table outside of the Kona Moku Ballroom, or see another member of the conference staff, for access to this room.

D. Emergency Information

- Hotel Security: The conference hotel has a security team that is available 24 hours a day, 7 days a week. If you have a security concern, please call the manager on duty at +1 (808) 721-1276. For attendees staying at the conference hotel, security may also be contacted using a room phone at extension 5208.
- Hotel Evacuation & Safety Procedures: Please refer to the print-out in your conference folder for hotel evacuation and safety procedures in the event of a fire, active shooter, or natural disaster.
- For Other Emergencies: Call 911 for any emergencies requiring the police, fire department, or emergency medical care.

E. Map of relevant hotel areas



MARRIOTT RESORT
WAIKIKI BEACH

RESORT AMENITIES

ABC Store

Deli, Sundries, Coffee, Gifts
Kealahilani Tower 1F
Daily 7:00 a.m. - 11:00 p.m.
Paoakalani Tower 1F
Daily 6:30 a.m. - 11:00 p.m.

Pools

Paoakalani Adult Pool & Hot Tub 3F
Kealahilani Family Pool 3F
Daily from 7:00 a.m. - 10:00 p.m.
No outside food or beverage allowed

Fitness Center

Paoakalani Tower 3F
24-Hour Access

Parking

Valet Parking (\$60.00 + tax)
Self Parking (\$50.00 + tax)



Kealahilani Tower 2F
Daily 9:00 a.m. - 6:00 p.m.
(808) 369-8088

Waikiki Sand Bar

Kealahilani Tower 1F
Daily 8:00 a.m. - 7:00 p.m.

Nanea Game Room (21+)

Daily 1:00 p.m. - 9:00 p.m.
In Hotel Lobby

Laundry

Paoakalani Tower 2F
24-Hour Access

**Scan Here for Cabana &
Game Room Reservations:**



Pā'ina Waikīkī LŪ'AU

Everything that makes renowned Waikīkī a unique and exciting place is celebrated at Pā'ina Waikīkī! A unique dinner party lūau setting where the vibrant stories of Waikīkī's legendary eras come to life through festive nā mele (songs), hula, and the highest caliber of Polynesian performing arts.

Reserve now at the front desk,
or visit: Painawaikiki.com
M, W, F, Sun 5:30 p.m. - 8:30 p.m.



RESTAURANTS



Queensbreak Bar & Restaurant 3F

Restaurant 11:00 a.m. - 4:00 p.m.
5:00 p.m. - 10:00 p.m.
Bar 11:00 a.m. - 11:00 p.m.
Happy Hour 4:00 p.m. - 6:00 p.m., 10:00 p.m. - 11:00 p.m.
Queensbreak.com



Kuhio Beach Grill

Kealahilani Tower 2F
Breakfast Daily 5:00 a.m. - 11:00 a.m.
(808) 921-5171
No Reservations



Nanea Lounge

Lobby 1F
Daily: 4:00 p.m. - 10:00 p.m.
Entertainment: 6:00 p.m. - 9:00 p.m.



Arancino di Mare (Italian)

Kealahilani Tower 1F
Nightly 5:00 p.m. - 9:00 p.m.
(808) 931-6273



d.k. Steak House

Kealahilani Tower 3F
Nightly 5:30 p.m. - 9:30 p.m.
(808) 931-6280



Sansei Seafood Restaurant & Sushi Bar

Kealahilani Tower 3F
Nightly 5:30 p.m. - 9:30 p.m.
(808) 931-6286



Starbucks Coffee (2 locations)

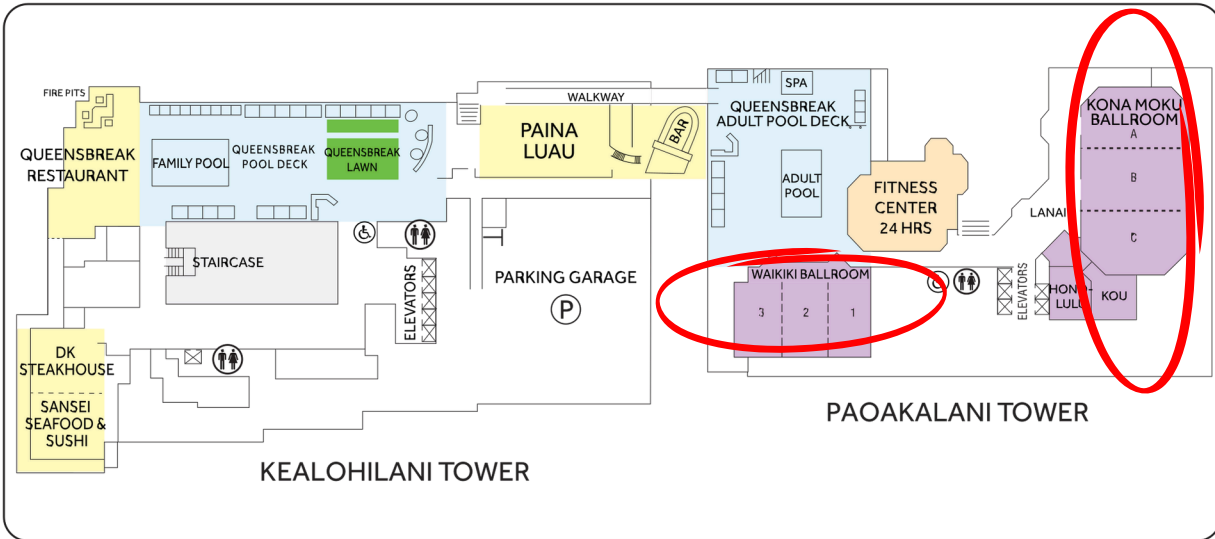
Kealahilani Tower 1F
Daily 5:00 a.m. - 9:00 p.m.
Paoakalani Tower 1F
Daily 4:30 a.m. - 8:00 p.m. (Sun 6 p.m. close)



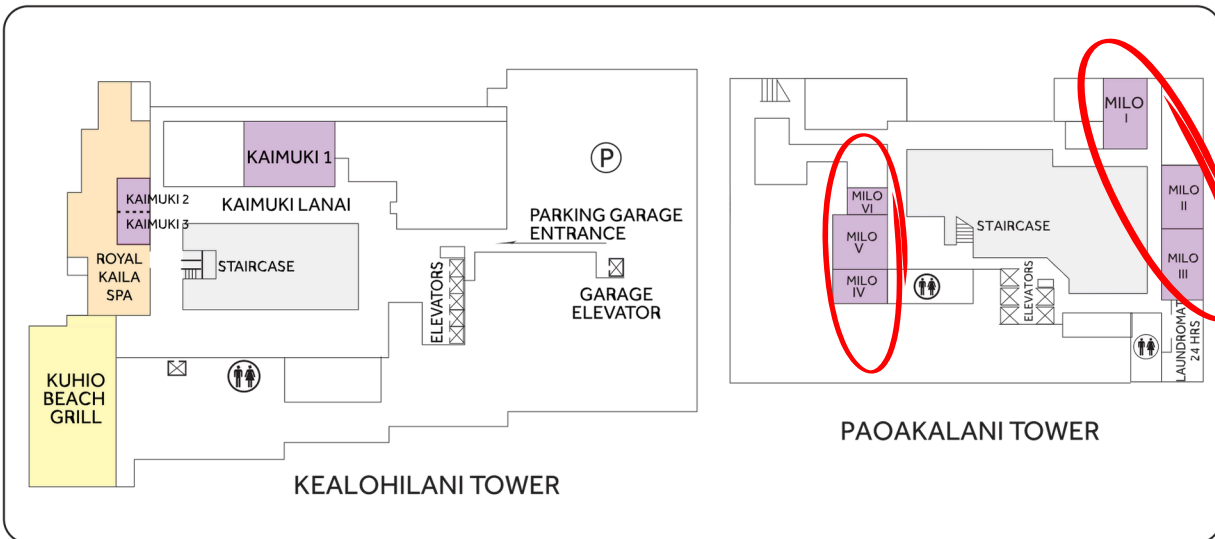
Island Vintage Shave Ice

Kealahilani Tower 1F
Daily 7:00 a.m. - 10:00 p.m.

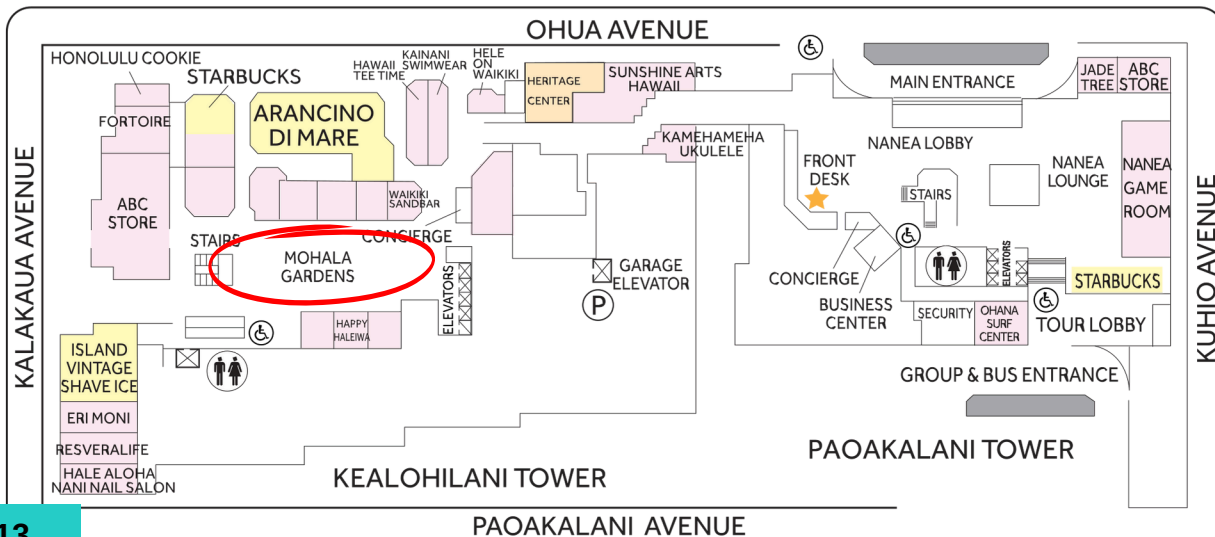
THIRD FLOOR - QUEENSBREAK



SECOND FLOOR



FIRST FLOOR



Pre-Conference: Saturday 19 October 2024

6:00pm – 8:00pm

Check-In & Information Table
(outside Kona Moku Ballroom)

Attendee Badge & Conference Information Packet Pick-Up

(no on-site registration available)

Day 1: Sunday 20 October 2024

7:00am – 5:00pm

Check-In & Information Table
(outside Kona Moku Ballroom)

Attendee Badge & Conference Information Packet Pick-Up

(no on-site registration available)

8:00am – 9:00am

Waikiki Ballroom

Breakfast

(provided; optional)

8:00am – 9:00am

Kou

IIDRN Executive Committee Meeting

(for members of the IIDRN Executive Committee only)

10:00am – 10:05am

Kona Moku Ballroom Salon B/C

Opening Protocol



Nakia Nae'ole, Hale Mua Ko'olauloa and Papa Ola Lōkahi

Nakia Nae'ole is a Native Hawaiian father, farmer, hunter, and martial arts practitioner from Ko'olauloa, Oahu. He advocates for improving Native Hawaiian health and wellness through Hawaiian cultural practices. As a lifelong advocate, Nakia supports projects that honor the relationship between Hawai'i's natural environment and her indigenous people. He plays a crucial role in stewarding a men's social group in Ko'olauloa focused on enhancing men's health through cultural practices.

10:05am – 10:20am

Kona Moku Ballroom Salon B/C

Opening Remarks & Welcome from the IIDRN Co-Chairs

Kristen Jacklin, Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus

Makarena Dudley, University of Auckland

10:20am – 11:20am

Kona Moku Ballroom Salon B/C

Opening Plenary: Cultural Resilience in Caregiving: A Native Hawaiian Perspective on Alzheimer's and other related Dementias



Poki'i Balaz, Kōkua Kalihi Valley Memory Clinic

Abstract: Dr. Balaz explores the intersection of caregiving, culture, and dementia care from a Native Hawaiian perspective, emphasizing the importance of cultural resilience and community engagement in addressing Alzheimer's disease and related dementias (ADRD). Dr. Balaz will draw on her personal experiences as a caregiver for over 18 years for her father, clinical experience providing care as a medical provider, and research and advocacy to improve the lives of caregivers in the Native Hawaiian community. Throughout the

presentation Dr. Balaz will highlight the emotional and practical challenges faced in caregiving while also addressing concerns related to future generations.

Central to this discussion is the role of Native Hawaiian cultural values—such as family interconnectedness, respect for elders, and community support—in shaping caregiving practices and influencing advocacy efforts. By situating her personal narrative within the broader context of Pacific Islander cultures, the presentation identifies common themes that likely resonate across indigenous communities.

Through sharing her journey and career milestones, including being the first Native Hawaiian and first from Hawai'i selected as an Obama Foundation Program Scholar in New York City at Columbia University and participant in the Health and Aging Policy Fellowship in Washington DC, Dr. Balaz advocates for the inclusion of diverse indigenous voices in dementia research and policy development. This presentation seeks to foster dialogue on culturally relevant approaches to ADRD care, ultimately contributing to improved knowledge and practices for Pacific Islander communities.

Bio: Dr. Poki'i Balaz is a 2022-2023 Obama Scholar, a double board-certified family nurse practitioner who aims to serve our kupuna, those with Alzheimer's, other related dementias, caregivers, and underserved populations such as Native Hawaiians. A Native Hawaiian and geriatric nurse practitioner, Dr. Balaz develops cultural approaches to caregiving to improve health outcomes for aging individuals. Dr. Balaz received her Doctorate in Nursing Practice from the University of Hawai'i at Hilo and Executive Master of Business Administration from Shidler College of Business with her focus on improving financial resources and advocacy for caregivers. She also holds a Master of Science degree in nursing education from the University of Oklahoma. Her focus includes Neurology, Brain Health, La'au Lapa'au, and Native Hawaiian Health. Currently, Dr. Balaz is a geriatric nurse practitioner at Kōkua Kalihi Valley in the Memory Clinic. Her professional passion stems from her personal experience as a caregiver to her father, who is in the end stages of Alzheimer's disease, honoring his request to age in place. She is active in the community as a co-facilitator of the Dealing with Dementia and Savvy Caregiver program, which aims to empower caregivers by providing the knowledge, skills, and outlook to have a successful journey.

As a leader in senior and community health with an emphasis on memory care and advocacy for underserved populations, Dr. Balaz also leverages her clinical and personal background and expertise in the treatment of Alzheimer's and dementia to address senior care issues in public policy. Dr. Balaz is a member of the Native Hawaiian Health Advisory Board and the Policy Advisory Board for Elderly Affairs, where she promotes legislation to protect the interests of the aging population of Hawai'i. She is a recipient of the Alzheimer's Association's Aloha Chapter Advocate of the Year Award and the Pacific Business News 40 Under 40 award. Dr. Balaz holds several board appointments as the Board Chair of the Alzheimer's Association Aloha Chapter, President of Sigma Theta Tau Nursing Honor Society, Nominating Committee Chair of Hawai'i – ANA, and President-Elect of the Hawai'i Professional Nurses Association, President of Hawai'i Association of Director of Nursing Administration, The Hawai'i Pacific Gerontological Society, The Caregiver Foundation. She is a member of the Rotary Club, Chamber of Commerce, and the Patsy T. Mink Leadership Alliance and a supporter of Special Olympics, as she also cares for her autistic nephew. In addition to advocating for various kupuna health initiatives, Dr. Balaz continues to collaborate and provide testimony on policy and advocacy issues nationally.

11:20am – 12:40pm

Waikiki Ballroom

Lunch

(provided)

12:40pm – 2:00pm

Kona Moku Ballroom Salon B/C

Hula Presentation



Kumu Hula Vicky Holt Takamine, Hula Halau Pua Ali'i 'Ilima & PA'I Foundation

Vicky Holt Takamine is a renowned kumu hula (master teacher of Hawaiian dance). She is recognized as a native Hawaiian leader for role as an advocate for social justice issues, the protection of native Hawaiian rights, and the natural and cultural resources of Hawai'i. In 1975, Vicky 'ūniki (graduated through the rituals of hula) as a kumu hula from hula master Maiki Aiu Lake. She then established her own hālau, Pua Ali'i 'Ilima, (school of Hawaiian dance) in 1977. Vicky went on to earn her BA & MA in dance ethnology from the University of

Hawai'i at Mānoa. In addition to teaching her own school, Vicky lectured at the University of Hawai'i at Mānoa and Leeward Community College for more than 35 years.

Pua Ali'i 'Ilima, named by the esteemed kumu hula Maiki Aiu Lake, was established in 1977. The name translates to "Royal 'Ilima Blossom," symbolizing Vicky Holt Takamine's graduation from Maiki's Papa 'Ilima ('Ilima class) and her royal Hawaiian ancestry. Led by Vicky Holt Takamine and her son, Jeffrey Kāneka'iwilani Takamine, the hālau has a rich history

Day 1: Sunday 20 October 2024

For full abstracts & author lists, see online Appendix

of cultural preservation and excellence in hula. In 2024, after nearly 40 years, Pua Ali'i 'Ilima returned to the Merrie Monarch Festival, marking a significant moment in its legacy. Many members of the hālau are also actively involved in supporting the PA'I Foundation and the PA'I Arts & Culture Center, contributing to the broader mission of perpetuating Hawaiian arts and culture.

2:20pm – 3:40pm

Paper Session: Community Perspectives on ADRD

Kona Moku Ballroom Salon B/C

Moderator: **Kylie Sullivan**, Neuroscience Research Australia, Sydney, Australia

1. Perspectives on Aging, Dementia, and the Good Life among Traditional Knowledge Keepers (TKK) in the Great Lakes Region in USA & Canada

Karen Pitawanakwat, University of Minnesota Medical School, Duluth campus, Duluth, USA

The Indigenous Cultural Understandings of Alzheimer's Disease and Related Dementias project delves into how Alzheimer's and related dementias impact Indigenous communities in Canada and the US. Elders shared wisdom about life stages, cultural loss, aging, and staying mentally sharp. Their message is clear: keeping cultural traditions and values alive, staying connected with each other, and eating traditional foods can help us all lead healthier, happier lives as we age.

2. Ka Niigaanwidoon: The Use of an Asset Map Activity in Successful Data Gathering Through Visual Storytelling to Determine Indigenous Communities' Strengths in Supports and Resources for People Living with Dementia and Multiple Chronic Conditions

Edith Mercieca, Maamwesying North Shore Community Health Services, Cutler, Canada

Ka Niigaanwidoon is a research project led by Indigenous people that focuses on helping older individuals with dementia and multiple chronic conditions in Anishinaabek communities. They use methods that involve the community in the research process to identify services and support needed for better health care. The project also explores how art can be used as a tool for understanding and revitalizing Indigenous cultures, challenging traditional research methods and centering Indigenous perspectives for community empowerment and well-being.

3. Ngiinda wala ngarraangiyay ngaya-ndi biyagay ngarraanggu, Gala nganyundiyu muya-wunba-tu biyagay ganyjaariw (You may think that I don't remember, But my Spirit will never forget)

Lindy Moffatt & Kylie Sullivan, Neuroscience Research Australia, Sydney, Australia

Through our research we understand how maintaining connections to traditional cultural practices for Aboriginal people in Australia are key to sustaining health and wellbeing as our population ages. We will describe how trauma associated with the impacts of colonisation is linked to later life risks of chronic diseases including dementia. With the guidance of Elders and community, our team have developed a culturally embedded Mindfulness program called Ngarranga Giinganay (Thinking Peacefully), which is part of a holistic project focusing on preventative and protective factors of overall wellbeing for our Elders.

4. Culturally relevant protective factors for dementia in Australian Aboriginal communities: Moving away from deficits-based perspectives

Louise Lavrencic^{1,2,3} & Kylie Sullivan¹, ¹Neuroscience Research Australia, Randwick, Australia; ²University of New South Wales, Sydney, Australia; ³Ageing Futures Institute, UNSW, Sydney, Australia

There is a focus on risk factors in dementia research, which does not recognise the strengths of culture and community. We have developed a culturally-relevant measure that asks Aboriginal people about their engagement in various activities throughout their life, which we expect may be protective against cognitive decline and dementia. We are currently validating the measure and will present patterns of engagement in culturally relevant activities, and relationships with cognitive measures assessed annually.

4:00pm – 5:00pm Poster Session

Kona Moku Ballroom Salon A

Refer to the list of poster presentations on page 34-38. All presenters should be physically present at their poster during the poster session to answer questions and talk with attendees.

5:00pm Welcome Reception

Mohala Gardens

(refreshments provided)

Day 2: Monday 21 October 2024

7:00am – 6:00pm

Check-In & Information Table
(outside Kona Moku Ballroom)

Attendee Badge & Conference Information Packet Pick-Up

(no on-site registration available)

8:00am – 9:00am

Waikiki Ballroom

Breakfast

(provided; optional)

9:00am – 10:20am

Kona Moku Ballroom Salon B/C

**Elder Panel Presentation & Discussion: Honoring Elders' Knowledge:
Elders from Australia, Canada, Hawai'i, New Zealand, & the
Continental USA**

Description: Elders from different parts of the world will share their experiences with dementia and dementia research in their communities.

Moderator: **Rick J. Smith**, *Elder in Residence, Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA*

Rick J. Smith, M.Ed., is the Memory Keepers Medical Discovery Team (MK-MDT) Elder in Residence. Elder Smith is a teacher and knowledge keeper who provides guidance, insight, and spiritual understandings to faculty, staff, and students of the MK-MDT. He is currently providing guidance on the formation of an Indigenous Advisory Committee for MK-MDT. Rick has been the Director of the American Indian Learning Resource Center at the University of Minnesota Duluth for over 30 years. He is a citizen of the Red Cliff Band of Lake Superior Chippewa. He has a Bachelor of Social Work and Master of Education degrees from the University of Minnesota. In addition, he has served as an Independent Consultant for the Blandin Foundation for 17 years, as a Cultural Liaison for the Blandin Reservation Community Leadership Program. He has been involved with Indian Education for over 35 years, regionally and nationally.



Elder Panelists:



Lindy Moffatt is a Wakka Wakka and Gumbaynggirr woman who has been employed in diverse roles within higher education, the arts, health, and national healing projects. She has worked in various case work positions in mental health, client support with asylum seekers, and domestic violence family support. More recently, Lindy's interest and focus is on health and healing through using cultural practices, she coordinated the Darruyaygam Maagun - Wellbeing & Cultural Festival for the Nambucca Valley Communities. Lindy presented at the 2023 National Ageing Research Institute (NARI) Annual Summit. Her presentation was on the mindfulness program Ngarraanga Giinganay: "Thinking Peacefully" which she facilitates for Elders as part of the (STOMP) Standing Tall Our Mob Program. Lindy is currently employed with Aboriginal Health and Ageing, at Neuroscience Research Australia as a Senior Research Assistant.



Sheila Nyman is a Mixed Syilx (Okanogan Salish) woman and a member of the Lower Similkameen Indian band in what is now known as British Columbia, Canada. Her traditional name *Sal Uni At Kn* is the name of her 4x great grandmother; this name was given to her by her great Auntie Doll who passed into spirit at 102 in the first year of COVID. Sheila is a 60's Scoop Sur-Thriver. By the generosity of the Ancestors Sheila lives in the Interior of British Columbia on the territory of the Secwepemc people. Sheila has worked extensively with women, addictions, mental health, HIV/AIDS and well-being in and around Vancouver's Downtown Eastside neighborhood from 1994 to 2007. From 2009 to 2014 she worked providing emotional and cultural support to former survivors of Indian Residential Schools and the Truth and Reconciliation Commissions of Canada gatherings. Sheila received a Fellowship from the University of Victoria and completed her master's thesis in 2015; her thesis explored the link between ancient Indigenous Ceremony/Traditional Healing and Western models of therapy. She is a skilled intuitive trauma counsellor who integrates traditional healing knowledge with Western Models into her work. From 2014 to 2017 Sheila worked with the Okanagan Nation Alliance as a Team Lead in the Family Decision Making Program.



Kupuna Moana Balaz was born and raised in Wahiawā, O'ahu. Moana has dedicated her career to serving the people of Hawai'i, with a special focus on Native Hawaiians. Immersed in Native Hawaiian culture and language from an early age, thanks to her tutu and parents, Moana has always understood the significance of Native Hawaiian values in a Western society. She holds a BA in Psychology, which guided her to a fulfilling 20-year career at Kamehameha Schools Post High Counseling Program. There, she passionately supported Native Hawaiian students, helping them navigate their college careers and encouraging their pursuit of higher education. Many of her students remember her unwavering dedication to their success. Prior to her work in education, Moana spent over a decade in the travel

industry, serving as the Director of Marketing and Sales, overseeing reservations systems for the Polynesian Culture Center's Waikīkī Office, and consulting for various companies. She was an active participant in the Hawaiian Renaissance of the 1970s, a member of Pā Ku'i a Lua under the guidance of Olohe Likeke Paglinawan, and engaging in numerous Hawaiian programs throughout her career. Now retired, Moana's most recent role involves caring for her soulmate, her husband, who is in the end stages of Alzheimer's Disease and on hospice care. Known as the "kissing couple," she stands firmly by his side. She continues to participate in the Papakōlea Kupuna Program, committed to improving the quality of life for kupuna in the community.



*Ko Orawhana te maunga
Ko Rangiheke te awa
Ko Whakamaharatanga te whare tupuna
Ko Te Rarawa te iwi
Te Patu Pinaki te hapu
Ko Manukau te marae
Ko Mercia toku ingoa*

Whaea Mercia Smith is a respected kuia (female elder) of her local community. Mercia has a long history in the education system having taught for 40 years in mainstream schools. She is a voluntary worker for Victim Support and a NZ Ministry of Justice appointed Justice of the Peace. Whaea Mercia is a member of a kaumatua (elders) group some of whom are living with mate wareware dementia. This is a topic of discussion that is often the focus of the group and there is an acute awareness of the lack of services available in the community, particularly for the Indigenous Māori people. This is a wide-spread problem throughout Aotearoa New Zealand and our kaumatua are desperately seeking answers to this problem. Whaea Mercia has personal experience with mate wareware dementia as it is a condition that her sister Mathenna has lived with for the last 10 years. Whaea Mercia has provided support to her sister's children in the care of their mother.



Karen Holstein Bedeau is an enrolled member of the Red Lake Band of Chippewa in Minnesota, USA. She earned an associate's degree from Minneapolis Community College, a bachelor's degree from Concordia College, and a certificate in contract compliance administration from Boston University. She also attended the Minneapolis School of Nursing and earned her Licensed Practical Nurse (LPN) qualification. She spent over 28 years working for the Minnesota Department of Transportation in communications and public affairs; other work experiences include contract administration, housing management, and non-profit board leadership. She is currently semi-retired and has served for 8 years as a Dementia Educator/Outreach Advocate for Northwoods Caregivers, a non-profit organization in Bemidji, Minnesota. She completed dementia education training from the Minnesota Board on Aging with Dr. Terry Barclay, as well as training to serve as a dementia community educator through the Alzheimer's Association.

10:40am – 12:00pm Paper Session: Indigenous Assessment of ADRD (Session A)

Kona Moku Ballroom Salon B/C

Moderator: **J. Ke'alahilani Worthington Antonio**, *Native Hawaiian Health, University of Hawai'i at Mānoa, Honolulu, USA; Indigenous Health, University of North Dakota, Grand Forks, USA*

5. A Comprehensive Review of the Kimberley Indigenous Cognitive Assessment (KICA)

Betty Sagigi¹ & Kate Smith², *Queensland Health, Torres and Cape Hospital and Health Service, Thursday Island, Australia; Centre for Aboriginal Medical and Dental Health, School of Medicine, University of Western Australia, Crawley, Australia*

The Kimberley Indigenous Cognitive Assessment is a dementia screen developed with Aboriginal and Torres Strait Islander Peoples 20 years ago. The KICA was comprehensively reviewed, with early findings showing that the KICA is culturally acceptable and measures dementia accurately, however, needs improvement to identify early signs of cognitive impairment and dementia. The results of this study will inform a revised KICA for timely detection of dementia and care provision for Aboriginal and Torres Strait Islander Peoples.

6. Cognitive Assessment Tool Efficacy in Native Hawaiians and Pacific Islanders: Preliminary Findings from the Ike Kupuna Clinical Trial

J. Ke'alahilani Worthington Antonio, *Native Hawaiian Health, University of Hawai'i at Mānoa, Honolulu, USA; Indigenous Health, University of North Dakota, Grand Forks, USA*

Native Hawaiians and Pacific Islanders (NHPs) are at a higher risk of early-onset Alzheimer's disease and related dementias due to common health issues like hypertension and diabetes. This study aims to assess if current cognitive tests are effective for NHPs, as they were mostly designed for other populations. The goal is to ensure accurate diagnosis and improve early intervention strategies for NHPs.

7. Development of a prototype rapid screen of cognitive impairment for Aboriginal and Torres Strait Islander peoples in primary care

Huong Nguyen, *Department of Medicine, University of Melbourne, Melbourne, Australia*

Native Hawaiians and Pacific Islanders (NHPs) are at a higher risk of early-onset Alzheimer's disease and related dementias due to common health issues like hypertension and diabetes. This study aims to assess if current cognitive tests are effective for NHPs, as they were mostly designed for other populations. The goal is to ensure accurate diagnosis and improve early intervention strategies for NHPs.

8. Assessing Alzheimer's Disease and Related Dementias prevalence using the Kimberley Indigenous Cognitive Assessment Tool in American Samoa

Tulimalafo'i Vaofanua, *American Samoa Community Cancer Coalition, Pago Pago, USA*

Alzheimer's Disease and Related Dementias prevalence is not known in the Samoan population. Our study uses the Kimberley Indigenous Cognitive Assessment tool to assess dementia prevalence in a sample of 150 adults ages 50 and over in American Samoa. Results can be used to guide future research opportunities for this underserved population.

12:00pm – 1:20pm

Waikiki Ballroom

Networking Lunch

(provided)

1:20pm – 2:40pm

Kona Moku Ballroom Salon B/C

Paper Session: Development and Implementation of Culturally-Safe Care

Moderator: **Dina LoGiudice**, *The University of Melbourne, Melbourne, Australia*

9. Optimizing best-practice care for Aboriginal and Torres Strait Islander people with cognitive impairment and dementia attending primary care: study findings of a stepped-wedge cluster RCT

Dina LoGiudice, *The University of Melbourne, Melbourne, Australia*

Our study aimed to improve detection and dementia care for Aboriginal and Torres Strait Islander Communities. We worked with Aboriginal Community Controlled Health Services to provide education on dementia care to health professional staff and trial changes in care practices. Participating in the study led staff to check for memory and thinking problems more with their clients and run more tests and checks for dementia.

10. The successes and challenges of implementing an Aboriginal Health Practitioner-led dementia prevention trial in Western Australia: The Kaat Koort Aboriginal Brain Health Study

Sandra Eades¹ & Carrington Shepherd², ¹*University of Melbourne, Melbourne, Australia*; ²*Curtin University, Perth, Australia*

This presentation will provide an overview of the Kaat Koort Aboriginal Brain Health Study, conducted in Western Australia since August 2021. The study aims to test whether improvements in heart (Koorat) health can improve brain (kaat) health in Aboriginal Australians aged 35-60 years.

11. Social connectedness and cognitive health in an Indigenous cohort: Preliminary findings on emotional support, loneliness, and cognitive resilience to Alzheimer's disease pathology

Megan Zuelsdorff^{1,2} & Sydnee Livingston³, ¹*University of Wisconsin, Madison, Madison, USA*; ²*Wisconsin Alzheimer's Disease Research Center, Madison, USA*; ³*University of Wisconsin School of Medicine and Public Health, Madison, USA*

In a small group of individuals self-identifying as American Indian/Alaska Native, we examined whether two measures of social connectedness, perceived emotional support and feelings of loneliness, were associated with cognitive health. We also examined whether the presence of Alzheimer's disease pathology in the brain influenced these relationships. Our results show that greater availability of emotional support is strongly associated with better cognitive function. Crucially, among individuals with elevated levels of Alzheimer's disease pathology, high levels of support predict cognitive performance equivalent to peers with low pathological burden, indicating that social connectedness may delay onset of cognitive symptoms in preclinical Alzheimer's disease.

12. Developing a Māori Model of Support for Kaiāwhina of Whānau with Mate Wareware

Rina Schmid, *Te Hau Ora o Ngāpuhi, Te Tai Tokerau, New Zealand*

This project aims to develop a culturally responsive mate wareware (dementia) carer support programme grounded in Māori (indigenous people of New Zealand) knowledge systems and ways of being in the world. We have established a community-based group for kaiāwhina (caregivers) and whānau (families) affected by mate wareware in Kaitia, Northland, New Zealand. The end goal of this project is to create a Māori model of support for kaiāwhina and their whānau (family) member living with mate wareware that can be utilised by the distinct whānau Māori (Māori families) around New Zealand.

Moderator: **Makarena Dudley**, *University of Auckland, Auckland, New Zealand*

13. Four Considerations for Implementation Science in Indigenous Dementia Research

Antonio Paniagua Guzmán¹, Karen Pitawanakwat², Jennifer Walker³, & Rick Smith¹, *¹Memory Keepers Medical Discovery Team, Duluth, USA; ²Memory Keepers Medical Discovery Team, Manitoulin Island, Canada; ³McMaster University, Hamilton, Canada*

This project analyzes four critical considerations for successful and culturally appropriate projects aimed at improving Indigenous dementia outcomes.

14. Wisdom in Action: The Pesa Soaname Advisory Group's Journey in Fostering Dementia-Friendly and Inclusive Communities at Pyramid Lake

Carla Eben, *Pyramid Lake Paiute Tribe, USA*

The Pyramid Lake Paiute Tribe has formed the Pesa Soaname Advisory Group to conduct an action-oriented research project aimed at fostering dementia-friendly communities. This collaborative effort, part of the broader Dementia Friendly Nevada initiative, involves community members, tribal staff, and researchers working together to support the well-being of elders living with dementia and their care partners. Key group activities have included organizing statewide tribal summits on brain health and dementia, mobilizing national resources and guidance on the local level through a series of talking circles, implementing culturally tailored brain health and dementia education programs, and developing a research-driven documentary film highlighting traditional cultural practices that support the well-being of tribal elders and their care partners.

15. Te Ōranga Ō Te Roro: kaumātua perspectives on the development of a mobile app for mate wareware (dementia) awareness

Makarena Dudley, *University of Auckland, Auckland, New Zealand*

Health literacy directly affects the extent to which populations are impacted by health conditions. The incidence of mate wareware (dementia) can be reduced in the population with changes to lifestyle factors that reduced risk factors that lead to this disease. However, many Māori families do not have access to this information. In this study we developed a mobile app specifically for Māori whānau (families) to have easy access to information and knowledge about the causes and management of mate wareware (dementia) thereby empowering Māori to be proactive in the fight against this disease. Other useful information regarding all aspects of mate wareware is also provided in the app.

16. International learnings and recommendations for Indigenous specific cognitive assessment development and validation: the KICA roundtable

Elise Alexander¹ & Makarena Dudley², *¹University of Western Australia, Perth, Australia; ²University of Auckland, Auckland, New Zealand*

The first International Indigenous Dementia Research Network conference held in Hawaii in 2023, provided an opportunity for Elders, researchers and service partners from Australia, Canada, the United States, New Zealand, and Brazil to share their experiences in developing culturally specific cognitive assessments for older Indigenous peoples. Some key learnings included the importance of applying Indigenous Research Methodologies, early and ongoing community participation in assessment development, and the need for co-designed training packages and resources. The development of an international research roadmap on cognitive assessment is recommended.

4:40pm – 5:40pm

Optional Event: Short Film Screening & Discussion: “Finding Pesa

Kona Moku Ballroom Salon B/C **Sooname: A Story of Identity, Community, and Dementia”**

Carla Eben, Pyramid Lake Paiute Tribe, USA

Step into a story that resonates deeply at the intersection of dementia and culture. "Finding Pesa Sooname: A Story of Identity, Community, and Dementia" is more than a documentary film—it's a reflection of the challenges, strengths, and unique cultural dynamics experienced by Native populations affected by dementia. Created in partnership with the Pyramid Lake Paiute Tribe of northeastern Nevada, USA, this film offers a profound exploration of dementia through a Native lens, amplifying voices that are often unheard in the broader discourse. Generated through a participatory qualitative research process, the film captures the authentic, unfiltered stories of tribal members, allowing them to express their experiences without the constraints of traditional research methodologies and output channels. The concept of "pesa sooname"—meaning "good think" and "good thought" in Northern Paiute—anchors the narrative, highlighting the power of positivity in supporting elders and fostering community well-being.

This screening isn't just about watching a film; it's about engaging with the nuanced realities of dementia within Native communities. Following the screening, the presenters will delve into a conversation grounded in attendees' expertise—examining the intricacies of research partnerships with Native populations, the role of storytelling in dementia care, support, and research, and how this documentary approach can inform and inspire attendees' ongoing work. Join in this intimate screening and dialogue as we honor the depth and richness of the Native experience of dementia.

Day 3: Tuesday 22 October 2024

7:00am – 5:00pm

Check-In & Information Table
(outside Kona Moku Ballroom)

Attendee Badge & Conference Information Packet Pick-Up

(no on-site registration available)

8:00am – 9:00am

Waikiki Ballroom

Breakfast

(provided; optional)

9:00am – 10:00am

Kona Moku Ballroom Salon B/C

Featured Research Panel, Part 1: The Native Hawaiian Dementia Road Map

Description: The Native Hawaiian Dementia Road Map is a collaborative effort of the Native Hawaiian Health Systems and community partner organizations towards improving the health and well-being of Native Hawaiians. Recently, the focus has expanded to include kūpuna brain health and Alzheimer's Disease and Related Dementias (ADRD). Through community engagement and research, it was identified that dementia impacts individuals beyond the kūpuna age group, yet the primary focus remains on kūpuna while acknowledging the broader effects on Hawaiian families. The Native Hawaiian Road Map, supported by Hawai'i's Executive Office on Aging, is a living document that outlines cultural perspectives, public health strategies, and community-informed recommendations to address ADRD within Native Hawaiian communities. The Road Map aims to build relationships, improve early detection, promote holistic lifestyle changes, and support caregivers with culturally sensitive approaches. This panel will comprise individuals from across the state that are involved in bringing the Road Map to life.



Adrienne Dillard, Kula No Nā Po'e Hawai'i, Honolulu, USA: Dr. Adrienne Dillard is the Chief Executive Officer of Kula No Nā Po'e Hawai'i, a nonprofit community development organization. She is a licensed social worker in the State of Hawai'i with bachelor's and master's degrees from Hawaii Pacific University and a doctorate in Social Welfare from the University of Hawai'i at Mānoa. Dr. Dillard has over 20 years of experience in community development, community-based participatory, and youth programming. She currently is the Board President of the Council for Native Hawaiian Advancement. She serves as a community investigator on several CBPR (community-based participatory research) projects designed to understand health disparities impacting our community. Her area of research interest is the

impact of dementia on caregivers in the Native Hawaiian Community. Dr. Dillard serves as Board Chairperson for the Center of Pacific Innovations, Knowledge, and Opportunities (PIKO) Community Engagement and Outreach Core Community Action Board. Dr. Dillard is adjunct faculty at the University of Hawai'i at Mānoa, John A. Burns School of Medicine, Department of Native Hawaiian Health, and Vice-Chair of the City and County of Honolulu, Nuuanu-Punchbowl Neighborhood Board #12.



Kia'i Lee, Papa Ola Lōkahi, Honolulu, USA: Kia'i is a Native Hawaiian who resides on the island of O'ahu. He works for Papa Ola Lōkahi as their Native Hawaiian Traditional Healing Coordinator, which supports five Native Hawaiian Health Systems, a Federally Qualified Community Health Center, and their affiliate Traditional Hawaiian Healing Kupuna (elder) Councils through monthly meetings, special events, and technical support for the preservation, protection, and perpetuation of traditional Hawaiian healing practices. Aside from his training in Social Work, Kia'i is also a student of various cultural practices and is passionate about helping to improve the health and wellbeing of kānaka 'ōiwi, the indigenous people of Hawai'i.

Description: This panel will highlight 3 efforts focused on improving dementia care for Pacific Islander communities:

1. **Puipui Malu Manatu:** The American Samoa Community Cancer Coalition (ASCCC) is committed to aiding and supporting residents of American Samoa with Alzheimer's disease and related dementia (ADRD). Our short-term goal is to determine the pattern of ADRD in American Samoa, as well as to study the resilience and risk factors that lead to ADRD. Our long-term goal is to help fund future research in American Samoa so that ADRD can be diagnosed more quickly and correctly, more people can get care, and ADRD can be treated better.
2. **CARE Registry:** The Collaborative Approach for Asian Americans and Pacific Islanders Research and Education (CARE) Registry is enrolling Asian Americans and Pacific Islanders who are interested in participating in clinical research studies. Potential research topics may include Alzheimer's disease and related dementias, aging, caregiving, and other health topics across the lifespan.
3. **NEAR – Recruitment and Engagement Core (REC) and Biospecimen Core:** Natives Engaged in Alzheimer's Research (NEAR) is a National Institute on Aging-funded project, which seeks to expand treatment and research on Alzheimer's disease and dementia in American Indian, Alaska Native, Native Hawaiian and Pacific Islander groups. NEAR aims to address a gap in public health research by leveraging scientific resources across a network of community and academic partnerships.



Va'atausili Tofaeono, American Samoa Community Cancer Coalition, USA: The focus of Va'a's early research career has been to reduce health disparities in cancer and ADRD to improve the quality of life for American Samoans. His interest began while working in public health cancer prevention and control for 10+ years. Va'a conducted innovative cancer prevention work to reduce the cancer burden in American Samoa through policy, systems, and environmental changes. He led coordinated efforts in behavior change programs, including establishing diverse partnerships that developed American Samoa's first legislative policy eliminating second-hand smoke exposure in enclosed public places. He used his gained knowledge and experience from public health planning and partnership engagement to lead a diverse team of

researchers to create the INdigenous Samoan Partnership to Initiate Research Excellence (INSPIRE) program. Their team was awarded in 2016 for a five-year U24 project and Va'a has been contact MPI since 2019. Due to their success, they expanded their research objectives using administrative supplements and now have the first ADRD study (1RF1AG075904) to be funded to an organization in American Samoa.



Janice Tsoh, University of California San Francisco School of Medicine: Janice Tsoh, PhD, is a clinical psychologist and Professor of Psychiatry and Behavioral Sciences at the University of California San Francisco School of Medicine. She serves as co-director of the Asian American Research Center on Health (AsianARCH.org). Dr. Tsoh has been involved in critical research and collaborative efforts aimed at improving health outcomes for Asian Americans.

In addition to serving as Multiple Principal Investigator for "CARE 2.0," a National Institute on Aging-funded national registry that enhances the representation of Asian Americans, Native Hawaiians, and Pacific Islanders in health research, her work focuses on advancing health equity through educational and behavioral interventions, enhancing mental health and cancer care, and promoting healthy lifestyles, particularly among Asian American immigrants with limited English proficiency. In 2023, she received an International Research Fellowship from the Japan Society for the Promotion of Science for her studies on immigrant mental health in Japan. She also serves as a Visiting Professor at Toho University Faculty of Medicine in Tokyo. Dr. Tsoh is deeply committed to community partnerships and developing accessible interventions that empower individuals and families, especially within under-resourced Asian American immigrant communities, to make informed health decisions.



Justina Tavanā, *Brigham Young University Provo, Provo, USA*: Justina P. Tavanā is a Research Faculty member in the Department of Biology at Brigham Young University. With over a decade of experience, Dr. Tavanā specializes in the genetics of Alzheimer's disease and rheumatic heart disease, particularly within Native Hawaiian and Pacific Islander (NHPI) communities. She and her team have successfully recruited over 1,000 participants, forming the first NHPI dementia cohort, which includes individuals from the United States, Samoa, and Tonga. They have collected and analyzed DNA samples from this cohort to identify and explore genetic risk factors for Alzheimer's disease. Dr. Tavanā's work also focuses on developing linguistically and culturally appropriate dementia diagnostic tools tailored specifically for Pacific Islanders.



Perry Ridge, *Brigham Young University Provo, Provo, USA*: Perry Ridge is a professor of Neuroscience and Biology at Brigham Young University, and the bioinformatics program director. Dr. Ridge has over 10 years of experience studying the genetics of Alzheimer's disease. He has participated in some of the most significant genetic discoveries in Alzheimer's disease in the last 10 years and was the first to study whole mitochondrial genomes to understand their relationship to Alzheimer's disease. In addition to his genetics work, Dr. Ridge's lab has developed numerous computational methods to better understand the relationship between genotype and phenotype in human disease, and has had a significant role in managing and analyzing large whole genome datasets.

11:20am – 12:40pm **Lunch & Special Interest Group (SIG) Meetings**

See room assignments below *(lunch provided)*
in **bold**

All attendees are encouraged to attend a SIG meeting that is most relevant to their interests and expertise. Note that attendees do not need to have already joined a SIG to attend its meeting. Existing SIGs are listed below with their room assignments.

- SIG 1: International Standards of Indigenous Dementia Research – **Milo VI**
- SIG 2: Indigenous Leadership and Capacity Building for Indigenous Dementia Research – **Milo I**
- SIG 3: Implementation/Interventions/Programs – **Waikiki Ballroom**
- SIG 4: Indigenous and Traditional Knowledge, Lifeways, and Approaches – **Milo II**
- SIG 5: Risk Reduction and Prevention – **Milo III**
- SIG 6: Knowledge Translation, Sharing, Education, and Communication – **Kou**
- SIG 7: Assessments – **Waikiki Ballroom**

12:40pm – 2:00pm **Paper Session: Indigenous ADRD Caregiving & Cultural Safety**

Kona Moku Ballroom Salon B/C

Moderator: **Melissa Blind**, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA*

17. [withdrawn]

18. Caregiver experiences of Māori whānau (families) living with dementia

Ariana Athy, *University of Auckland, Auckland, New Zealand*

This research examines the experiences of family caregivers who are caring for Māori kaumātua (elderly) with dementia. The first part of this research will look at the economic and psychosocial impacts of caregiving on a wider scale. The second part will explore the experience of family caregivers in-depth so that we can understand what it means to be a caregiver as well as how we can best support them.

19. Community review of the adapted Savvy Caregiver Program: 'Auamo Ke Kuleana O Nā Ma'i Poina

Adrienne Dillard¹ & Alexandra Jackson², ¹*Kula No Nā Po'e Hawai'i, Honolulu, USA*; ²*Pacific University, Forest Grove, USA*

We adapted an evidence-based intervention for caregivers with a Native Hawaiian community in Hawai'i and completed a preliminary evaluation of the program. Community members shared their experiences with caregiving and provided positive feedback about the program. Based on suggestions from the community, we provide the following recommendations: situate caring as a family-centered and community responsibility, provide proactive education about dementia and caregiving, and include more information about advanced care planning.

20. Indigenous-centered Dementia Care: A framework to improve culturally safe dementia care

Meagan Ody & Pamela Roach, *University of Calgary, Calgary, Canada*

Rates of dementia are increasing among Indigenous populations in Canada, yet there is a lack of culturally safe, Indigenous-centered dementia care. We carried out research with Indigenous Peoples living with dementia, their care partners, and community members. We present a high-level framework with the aim of improving culturally safe, Indigenous-centered care for Indigenous Peoples with dementia which includes three high-level themes of relationality, being well, and safety.

2:20pm – 3:20pm Paper Session: Biomarkers

Kona Moku Ballroom Salon B/C

Moderator: **Lauren W. Y. McLester-Davis**, *Native American Center for Health Professions, Madison, USA; Wisconsin Alzheimer's Disease Research Center, Madison, USA; University of Wisconsin, Madison, USA*

21. Indigenous Participants' Preliminary Measurements of Tau, Amyloid, and Amyloid Onset Age from the Wisconsin Alzheimer's Disease Research Center Studies

Lauren W. Y. McLester-Davis, *Native American Center for Health Professions, Madison, USA; Wisconsin Alzheimer's Disease Research Center, Madison, USA; University of Wisconsin, Madison, USA*

We adapted an evidence-based intervention for caregivers with a Native Hawaiian community in Hawai'i and completed a preliminary evaluation of the program. Community members shared their experiences with caregiving and provided positive feedback about the program. Based on suggestions from the community, we provide the following recommendations: situate caring as a family-centered and community responsibility, provide proactive education about dementia and caregiving, and include more information about advanced care planning.

22. A Preliminary Report on the Performance of the p-Tau217 Blood-Based Alzheimer's Disease Biomarker in an Indigenous Cohort

Carey Gleason, *University of Wisconsin School of Medicine and Public Health, Madison, USA; Wisconsin Alzheimer's Disease Research Center, Madison, USA; Madison VA GRECC, Madison, USA*

We adapted an evidence-based intervention for caregivers with a Native Hawaiian community in Hawai'i and completed a preliminary evaluation of the program. Community members shared their experiences with caregiving and provided positive feedback about the program. Based on suggestions from the community, we provide the following recommendations: situate caring as a family-centered and community responsibility, provide proactive education about dementia and caregiving, and include more information about advanced care planning.

23. Perceived Discrimination, Allostatic Load, and Cognition Among Indigenous Older Adults: What are biomarkers telling us?

Cliff Whetung, *University of Minnesota Duluth, Duluth, USA; New York University, New York City, USA*

This study tested the relationship between perceived discrimination experiences, a cumulative measure of physical stress, and cognition among Indigenous older adults over eight years. While risk factors associated with impaired cognition in later life were associated with more physiological stress, this stress was not subsequently associated with cognition. This finding raises important questions about the quality of physiological stress measures.

3:40pm – 5:00pm Mentoring Session

Kona Moku Ballroom Salon B/C (*mentors & trainees only*)

Moderator: **Kristen Jacklin**, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus*

Description: Trainees and mentors meet to introduce themselves and discuss topics related to career development or shared areas of research. **All trainees are invited to attend!**

Day 4: Wednesday 23 October 2024

7:00am – 4:00pm

Check-In & Information Table
(outside Kona Moku Ballroom)

Attendee Badge & Conference Information Packet Pick-Up

(no on-site registration available)

8:00am – 9:00am

Waikiki Ballroom

Breakfast

(provided; optional)

9:00am – 10:20am

Lived Dementia Experience Caregiver Panel

Kona Moku Ballroom Salon B/C

Description: This panel will feature Native Hawaiian and Pacific Islander community members who are caregivers currently providing or who have provided care for family members with dementia. These caregivers will share their unique experiences, challenges, and insights into navigating the complexities of dementia care within their Pacific cultural contexts. The discussion will explore the roles of tradition, community support, and resilience in caregiving, offering perspectives on how cultural values influence care practices and impact the well-being of both caregivers and their loved ones.

Moderator: **Puni Kekauoha**, Kula No Nā Po'e Hawai'i, Honolulu, USA

Puni has been serving the Papakōlea Hawaiian homestead region since 1992. She is currently the Senior Vice President of Kula no na Po'e Hawaii (KULA). KULA is a Native Hawaiian beneficiary-serving organization that exists to promote cultural, educational, environmental and health equity for all. Puni also serves as the community investigator on the majority of CBPR projects conducted in Papakōlea. She is a strong supporter of a more inclusive and equitable research process. Through her work at KULA, they collaborate with the University of Hawaii- Department of Native Hawaiian Health to provide services to residents of Papakōlea, as well as providing care to kupuna (elders). In the context of CBPR, the involvement of the community and understanding the community's point of view is extremely important.



10:40am – 12:00pm

Paper Session: Indigenous Assessment of ADRD (Session B)

Kona Moku Ballroom Salon B/C

Moderators: **Nabina Sharma**¹ & **Jennifer Walker**²; ¹Laurentian University, Sudbury, Canada; ²McMaster University, Hamilton, Canada

24. Updating the Good Spirit, Good Life tool for use in Australian health and aged care services - a quality of life tool for older Aboriginal and Torres Strait Islander peoples

Lianne Gilchrist, University of Western Australia, Perth, Australia

The Good Spirit, Good Life assessment tool has been designed to support older Aboriginal and Torres Strait Islander Australians to have a good life. Until recently, the tool had only been tested with people living in urban and regional areas. Working with Elders in remote Australia, we created a version of the tool that is also appropriate for people in remote areas. The updated GSGL assessment tool can be used by aged care services to ensure they are meeting the holistic needs of the older people they serve.

25. Assessing Alzheimer's Disease and Related Dementia risk in American Samoa using the Talanoa research framework

Jueta McCutchan-Tofaeono, Veterans Affairs Pacific Islands Healthcare System, Pago Pago, USA

Dementia risk is not defined in the Samoan population. The Puipui Malu Manatu study used a combination of a Samoan framework with Westernized approaches to define and assess ADRD risk.

26. Indigenous approaches in Developing an Indigenous Functional Assessment tool: Findings from a Community-Based Study

Nabina Sharma, Laurentian University, Sudbury, Canada

A community-based study was conducted in partnership with Maamwesying North Shore Community Health Services to develop an Indigenous Functional Assessment tool. This study aimed to understand the perspectives of health professionals regarding the culturally grounded and appropriate functional assessment to be used in First Nations populations.

27. Is a clock enough? The Clock Drawing Test versus the Kimberley Indigenous Cognitive Assessment tool for detecting cognitive impairment in older Aboriginal and Torres Strait Islander adults

Jesse Zanker, Department of Medicine and Aged Care - The Royal Melbourne Hospital, University of Melbourne, Melbourne, Australia

Memory and thinking problems (dementia, for example) can be uncovered using different tests. Depending on culture, language and education, different tests are better than others at finding memory and thinking problems. We compared two tests, the Kimberley Indigenous Cognitive Assessment (KICA) and the Clock Drawing Test, in older Aboriginal and Torres Strait Islander people across Australia and found the KICA was better at uncovering memory and thinking problems.

12:00pm – 1:20pm

Waikiki Ballroom

Lunch

(provided)

1:20pm – 2:40pm

Kona Moku Ballroom Salon B/C (Session B)

Paper Session: Current Topics in Indigenous Dementia Research

Moderator: **Rhiann Sue See**, Queensland Health, Cairns, Australia; Healthy Ageing Research Team, James Cook University, Cairns, Australia

28. Potentially Preventable Dementia in Australia and within First Nations Australians

Rhiann Sue See, Queensland Health, Cairns, Australia; Healthy Ageing Research Team, James Cook University, Cairns, Australia

This project estimates how much dementia in all Australians and First Nations Australians is attributable to 11 of 12 previously identified, important, modifiable health and social risk factors (less education, hearing loss, hypertension, obesity, smoking, depression, social isolation, physical inactivity, diabetes, alcohol excess, air pollution). It examines how much dementia is potentially preventable if we were to eliminate these risk factors at a population level. The study found that around 45% of dementia in First Nations Australians is due to these 11 risk factors. Whilst all risk factors are important to address, our study found that physical activity (7.9%), obesity (7.6%) and hearing loss (6.9%) were the most important in First Nations Australians.

29. Including intersectional Two-Spirit perspectives on dementia in a national aging cohort study in Canada

Jessy Dame¹ & Jennifer Walker², ¹Community Based Research Centre, Vancouver, Canada; ²McMaster University, Hamilton, Canada

Through an environmental scan examining the intersection of Two-Spirit Peoples and dementia care, we found a significant gap in research that adequately considers intersections of Indigeneity, sex, gender identity, and sexual orientation. This project sheds light on the lack of research regarding aging experiences of Two-Spirit community members, especially in relation to dementia care. Additionally, we have demonstrated successful advocacy for

improved cultural safety and inclusivity within the CLSA's data collection practices, ultimately contributing to a more comprehensive understanding of aging among marginalized communities.

30. Process evaluation of an Aboriginal Health Practitioner-led dementia risk management program (DAMPAA)

Nakita Little & Elders Governance Group, Morditj Koort Aboriginal Corporation, Perth, Australia

Dementia, a health problem that affects memory and thinking, disproportionately affects Aboriginal and Torres Strait Islander peoples. A dementia prevention program (DAMPAA) was developed with Aboriginal community organisations and an Elders advisory group. The program involved group walking, yarning and education sessions. We asked program participants and program staff about what worked and what didn't. All participants identified a need for a brain health program targeting older Aboriginal people. Program participants liked that it connected them to their culture, but they wanted more variety and dedicated education sessions. All participants suggested making it a community program, run by local health services, and delivered by local Aboriginal Health Practitioners.

31. [withdrawn]

2:40pm – 3:40pm

Closing Plenary: Carving Our Path Forward: Opportunities for Indigenous Leadership in Dementia Research, Prevention, and Policy

Kona Moku Ballroom Salon B/C

Abstract: Over the next thirty years, more people's lives will be touched by dementias than at any other time in history. Concurrently, our understanding of dementia's causes, preventative factors, and treatment strategies will accelerate. We stand at the precipice of an unprecedented opportunity for Indigenous scholars, leaders, communities, and allies to transform our understanding of these diseases and create meaningful actions for a better aging. This session will explore opportunities to create more just, equitable, and joyful societies using the knowledge we create and enshrine as Indigenous scholars, leaders, community members, caregivers, and allies in dementia research.



Cliff Whetung, Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus, Duluth, USA

Bio: Dr. Whetung is a band member of Curve Lake First Nation, a social worker, and a public health researcher. His research focuses on the relationship between social determinants of health (e.g. education, socioeconomic status) and cognitive health among Indigenous older adults in the United States and Canada. He also applies productive aging frameworks to explore the impact of work, volunteering, and social engagement on brain health in later life. His research indicates that Indigenous older adults experience a large burden of structural inequities across the lifespan and that these modifiable risk factors are preventable and associated with accelerated cognitive decline in later life.



Lauren W. Yowelunh McLester-Davis, Oneida Nation of Wisconsin, Turtle Clan; Native American Center for Health Professions, School of Medicine and Public Health, University of Wisconsin, Madison, USA

Bio: Dr. McLester-Davis majored in neuroscience and biochemistry at Lawrence University '18 and completed her Ph.D. in neuroscience from Tulane University '23. As the Director of Indigenous Science Advocacy in the Native American Center for Health Professions, her research is through partnership with Indigenous communities to answer priority health questions. Her focus is on ensuring Indigenous data sovereignty is protected and supported through research policies and practices in neuroscience and other disciplines.

3:40pm – 3:55pm

Closing Remarks from the IIDRN Co-Chairs

Kona Moku Ballroom Salon B/C

Kristen Jacklin, Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus
Makarena Dudley, University of Auckland

3:55pm – 4:00pm

Closing Protocol

Kona Moku Ballroom Salon B/C



Kauai Krueger, *Hālau Hula Kaukuokalā & Hui No Ke Ola Pono*

Kauai Krueger was born and raised in Wailuku, Maui and works for Hui No Ke Ola Pono as a Cultural Programs Coordinator in their Traditional Healing Department. A talented Native Hawaiian vocalist and musician, Kauai helps to conduct Ola Hou i ka Hula, Hula for Hypertension and has studied under Hālau Hula Kaukuokalā with Kumu Uluwehi Guerrero for over 20 years.

4:00pm

Mohala Gardens

Farewell Reception & Trainee Award Presentation

(refreshments provided)

Poster Presentations

Regular poster presentations:

1. [withdrawn]
2. **Research Side Effects in Community: Raising Dementia Awareness through Community-Based Participatory Research with the Grand Portage Lake Superior Chippewa, USA**
Collette Pederson, University of Minnesota Medical School, Duluth campus, Duluth, USA
Community-based participatory research projects can have positive unintended consequences outside. In this example, a small, rural community went above and beyond to raise dementia awareness through numerous community activities, ultimately working towards a more dementia-friendly and aware community.
3. **Voices of our Elders: Adapting Community Based Dementia Research and Practices for Wabanaki Elders**
Lisa Sockabasin, Wabanaki Public Health and Wellness, Bangor, USA
This project will be working with Wabanaki Elders to look at the impact of Alzheimer's disease and Alzheimer's disease related dementia in Wabanaki communities. Work is conducted with academic collaborators from Washington State University and the University of Miami and uses community-based strategies.
4. **Alzheimer's Disease Among Native People – Building the Biospecimen Repository for American Indian Nations (BRAIN) to Address Gaps in Alzheimer's Disease and Related Dementias Research (ADRD) in American Indian and Alaska Native (AI/AN) Communities**
Erin Poole, Centers for American Indian and Alaska Native Health, University of Colorado Anschutz Medical Campus, Aurora, USA
A recent research project worked with American Indian and Alaska Natives aged 40 and older in the Rapid City, South Dakota area to collect some health information, biological samples, such as urine, blood, and saliva, and contact information from participants. This information is kept in a registry where it can be made available for future research to study brain and memory health among American Indian and Alaska Native people. Through studying the data and the biological samples, researchers hope to learn more about factors that affect the brain and memory health of American Indian and Alaska Native elders.
5. **Developing and implementing a successful research-informed outreach, recruitment, and engagement program to promote the participation of American Indian and Alaska Native elders in research at the University of Washington's Alzheimer's Disease Research Center**
Patrik Johansson & Gary Ferguson, Washington State University, Seattle, USA
This presentation describes strategies Washington State University's Outreach, Recruitment & Engagement team undertook to increase the recruitment of AI/AN elders into a University of Washington Alzheimer's Disease Research Center research study, from 5 participants to 34 total participants within less than one year's time. Our outreach, recruitment, and engagement strategies were informed by research that included focus groups and interviews with American Indian and Alaska Native elders to learn about reasons they may or may not participate in Alzheimer's disease research.
6. **Warming the ground: Culturally safe and engaging online education to promote health and reduce dementia risk**
Lynette Goldberg & Diane Baldock, University of Tasmania, Hobart, Australia
A free, internationally available Massive Open Online Course (MOOC) has been developed to help people understand factors that can be addressed to reduce dementia risk. This work details how Aboriginal and Torres Strait Islander communities across Australia will ensure that the information is culturally appropriate and safe, strengths-based, engaging, and adaptable to local contexts.

7. Dementia Prevention and Risk Management Program for Aboriginal Australians (DAMPAA): A Co-Design of a Culturally Informed Program and Resources

Alex Lalovic¹ & Nakita Little², ¹University of Western Australia, Perth, Australia; ²Morditj Koort Aboriginal Corporation, Perth, Australia

This study focuses on improving brain health among older Aboriginal and Torres Strait Islander peoples, which is crucial for the wellbeing of their communities. By working together with Aboriginal Community Controlled Health Services and Elders in Western Australia, we developed a program called DAMPAA. This program includes activities like walking and yarning, along with brain health education sessions. The aim is to empower communities with knowledge and resources to better manage dementia risks and promote overall health for older Aboriginal people.

8. Indigenous Methods of Recruitment and Engagement – Updates on Lessons Learned from “Brain Trains” and Fostering Research Readiness with Community

Justina Tavanā, Brigham Young University Provo, Provo, USA

The Recruitment and Engagement Core of the Natives Engaged in Alzheimer’s Research Program Project is using various strategies to involve American Indian, Alaska Native, Native Hawaiian, and Pacific Islander communities in Alzheimer’s Disease and related dementia research. These strategies include “Brain Trains”, which are interactive workshops for Elders that cover Alzheimer’s Disease and related dementia research knowledge and research participation. So far, 28 Brain Trains have been conducted, engaging over 1,200 participants and creating new research-ready communities. The Recruitment and Engagement Core’s efforts are helping to increase research readiness and advance Alzheimer’s Disease and related dementia research community studies and health.

9. The Use of Poetry in Dementia Care: An Area of Opportunity for Indigenous Dementia Research

Antonio Paniagua Guzmán, Memory Keepers Medical Discovery Team, Duluth, USA

This research analyzes existing literature on the use of poetry in programs aimed at improving well-being and quality of care for people living with dementia. It also provides recommendations for the successful implementation of programs aimed at serving Indigenous populations.

10. Trusting the process: Integrating cultural safety into dementia assessments with Indigenous Peoples

January Johnson, Alexis Mason, & Sheamus Cavanaugh, Memory Keepers Medical Discovery Team, Duluth, USA

The AMICA project aims to develop a culturally safe dementia evaluation toolkit for use with Indigenous populations in the United States. Indigenous Knowledge Advisory Groups (IKAGs) at each partnering site (Red Lake Nation, MN; Oneida Nation, WI; and an urban Indigenous population in Albuquerque, NM) are cornerstones in this process, offering recommendations grounded in cultural knowledge, safety, respect, and trust. Qualitative data generated by IKAGs indicate the approach to administering the assessment is as important to outcomes as the tool itself. Findings demonstrate the value of a community-based participatory approach grounded in Indigenous knowledge and combined with dementia assessment expertise in producing valid evaluation tools.

11. [withdrawn]

12. Exploring Health Promotion Programs Targeting Modifiable Risk Factors for Dementia in Indigenous Populations: A Scoping Review of Reviews

McKenna Knox & Hayley Casey, University of Victoria, Victoria, Canada

The Indigenous older adult population is growing rapidly, as individuals grow older, the risk of developing dementia also grows. Factors like cardiovascular disease, diabetes, and smoking, which are more common among Indigenous communities, further contribute to dementia risk. To address this urgent concern, this scoping review will examine health promotion programs targeting these risk factors, with a focus on incorporating Indigenous knowledge and perspectives at each stage of the project.

13. Awareness of Actions to Reduce Dementia Risk Among First Nations People in File Hills Qu'Appelle Tribal Council: A Review of the Brain Health PRO Platform

Letebrhan Ferrow¹, Senator Kokum **Margaret Keewatin²**, ¹McMaster University, Hamilton, Canada; ²White Raven Healing Centre, File Hills Qu'Appelle Tribal Council, Fort Qu'Appelle, Canada

Educational modules designed for older adults in Canada often do not consider whether the materials produced will be relevant to Indigenous communities. This community-based research project highlights the challenges and perspectives from First Nations community members that arose when reviewing the educational online platform, Brain Health PRO.

14. Mina Nindamowin - Models of Indigenous Dementia (MIND) Care: Aging in place in First Nations Communities; a community-based approach to supporting older Indigenous people with Dementia

Edith Mercieca, Maamwesying North Shore Community Health Services, Cutler, Canada

Mina Nindamowin is a research project led by Indigenous people focusing on understanding the needs of Anishinaabek adults over 45 with dementia and their caregivers. They aim to identify gaps in services and resources and develop culturally appropriate care approaches. Through interviews and surveys, they are assessing existing support systems and aim to empower communities in providing better care for older adults with dementia, using Indigenous Research Methodologies.

15. An Investigation of the Choice of Time Scale under Misspecification of Time

Kyle Conniff, University of California-Irvine, Irvine, USA

Statistical methods used in assessing dementia-risk and progression rely on the specification of time. However, in these models, time can be defined in multiple ways. Here, we assess the potential consequences of using the wrong definition of time.

16. Using a Community Based Participatory Research Approach to Recruit American Samoans for Alzheimer's Disease and Related Dementia Research

Tulimalefo'i Vaofanua, American Samoa Community Cancer Coalition, Pago Pago, USA

Research hesitancy exists because of historical abuse of non-Indigenous researchers. The Puipui Malu Manatu study must recruit 1089 participants age 50 and above for Alzheimer's Disease and Related Dementia research. We share using a community based participatory research approach to build trust and respect to meet our recruitment goals.

17. Characterizing Resiliency and Vulnerability Factors for Alzheimer's Disease and Related Dementias in American Samoa

Danielle Eakins, Seven Directions, Indigenous Public Health Institute, University of Washington, Seattle, USA; American Samoa Community Cancer Coalition, Pago Pago, American Samoa

Alzheimer's disease and related dementias (ADRD) are debilitating conditions that impair memory, thought processes, and overall functioning. Samoans are disproportionately impacted by obesity, hypertension, and type 2 diabetes, which can increase the chances of developing ADRD. This study looks at potentially modifiable factors for ADRD prevention in Samoan communities including emotional well-being, education, and smoking and alcohol use.

18. Creating a Digital Health Communication Campaign about Alzheimer's Disease

Amanda Boyd, Washington State University, Pullman, USA

We assess how American Indians seek, process, and react to online information sources about Alzheimer's disease. Results will provide insight into effective online communication strategies and health messaging.

19. [withdrawn]

Late-breaking poster presentations:

20. Dementia Prevention for Métis Communities in Alberta: Reflections on Ethical Principles of Research

Lisa Zaretsky, University of Calgary, Calgary, Canada

We are engaging with community members to find ways to adapt a web-based dementia educational program to be more culturally relevant for Métis communities in Alberta. The purpose of this poster is to discuss the challenges we have faced with contractual and legal processes to help inform future research and ensure Métis Health Research principles are honored before the research even begins.

21. Comparing Vitamin B12 Levels, MoCA Score and Mediterranean-Low Salt Diet to Delay Neurodegeneration Associated with Alzheimer's Disease and Related Dementia in American Samoa

Kokoro Yamazaki, University of Hawai'i at Mānoa, Honolulu, USA; John A. Burns School of Medicine, Honolulu, USA; American Samoa Community Cancer Coalition, Nu'uuli, American Samoa

Research on Alzheimer's Disease and Related Dementia (ADRD) in American Samoa is limited. Studies on ADRD prevalence and relationship between nutrition measured by vitamin B12 levels and MIND diet, with MoCA scores (ADRD diagnosis) will inform ADRD prevalence and patterns.

22. Enhancing Participation in Research for Asian American, Native Hawaiian and Pacific Islander Populations: The CARE Registry

Joshua Grill¹, Kenny Li¹, & Janice Tsoh², ¹University of California, Irvine, Irvine, USA; ²University of California, San Francisco, San Francisco, USA

The Collaborative Approach for Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Research and Education (CARE) is a national research recruitment registry of over 10,200 participants aiming to increase representation of AANHPI adults in health research. Despite focusing on AANHPI communities, individuals from Native Hawaiian and Pacific Islander (NHPI) backgrounds remain underrepresented in the CARE Registry, constituting less than 4% of the total participants as of July 2024. For clinical research to enhance health and well-being in all communities, diverse engagement in research is essential.

23. Evaluating the Physical and Social Neighborhood Environment of Older American Samoan Adults and its Relation to Alzheimer's Disease and Related Dementias

Amanda Maass, University of Hawai'i at Mānoa, Honolulu, USA; John A. Burns School of Medicine, Department of Tropical Medicine, Honolulu, USA

The purpose of this work is to evaluate association between Alzheimer's disease and related dementias risk within the American Samoan population. Data from 424 participants from the surveys, Montreal Cognitive Assessment, Cognivue, and neighborhood questionnaire, were used to evaluate ADRD risk amongst American Samoans and their physical and social environment.

24. Association between Alzheimer's and Related Dementias Risk and Demographics among Older Adults in American Samoa

Zoe Smith, American Samoa Community Cancer Coalition, Nu'uuli, American Samoa; University of Hawai'i at Mānoa, Honolulu, USA

This study analyzes associations between Alzheimer's disease and related dementias risk and participant demographics from 404 older adults in American Samoa. This study fills a critically unmet gap of information as currently there are no known studies analyzing associations between demographics and Alzheimer's and related dementias risk among the American Samoan population.

25. Determining a Definition of Brain Health through Fefa'asoa'a'i and Soalaupule (Focus Groups) with Indigenous Samoans

Jena Funakoshi, University of Hawai'i at Mānoa, Honolulu, USA

The purpose of this work is to develop a community definition of brain health in American Samoa; to understand the general knowledge and/or experiences of brain health in American Samoa; and to modify and expand perspectives on Indigenous research methodology.

26. Kei tua i te pae o te mahara: Beyond the threshold of memory: A Kaitiaki approach to Alzheimer's/Dementia

Hiraani Winikeri, *Te Wananga o Aotearoa, Palmerston North, New Zealand*

Addressing Alzheimer's/Dementia requires innovative, transformative and indigenous care approaches. 'Kei tua i te pae' is an exploration of a kaitiaki (spiritual guardian) approach to caring for a loved one with Alzheimer's/Dementia. The focus is to illustrate how Māori bodies of knowledge can inform Alzheimer's/Dementia care presenting practical strategies for a supportive and spiritually enriching care model for whānau. Such an indigenous approach has the ability to enhance the wellbeing of both carers and those with Alzheimer's/Dementia.

27. Guidelines & Strategies to Implement an Inclusive Garden for People with Dementia

Melody Halzel, Christy Nishita, & Summer Maunakea, *University of Hawai'i at Mānoa, Honolulu, USA*

This poster presentation identifies strategies to remove barriers to inclusion at garden spaces for people with dementia and offers guidelines for creating inclusive, dementia-friendly garden environments. It aligns with the Ho'ōla 'Āina Pilipili Accessible School & Community Garden site, where available resources include the 'Dementia-friendly' accessible garden checklist and the Ho'ōla 'Āina Pilipili Supply & Resource Guide. Ongoing research will focus on the implementation of 'dementia-friendly' gardens in Hawai'i.



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NOTES

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

ACKNOWLEDGMENTS

The vision for this conference has been years in the making. We began as a small group of Canadian researchers in 2010 and progressed to a group of international researchers in 2012. Meeting informally for many years, we are now proud to be able to expand our mission and host this annual conference. There are many people who have contributed over the years to the success of the International Indigenous Dementia Research Network. We would like to acknowledge those who have since stepped down from their executive roles: Drs. Leon Flicker, Wayne Warry, and Wendy Hulko. We are so grateful for their previous and ongoing support! Our conference this year would not be possible without the many generous donations we have received and the hard work of the Executive and Planning Committees. Please join us in thanking the following individuals:

IIDRN EXECUTIVE COMMITTEE

- Makarena Dudley (IIDRN Co-Chair), *University of Auckland*
- Kristen Jacklin (IIDRN Co-Chair), *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus*
- Melissa Blind, *Memory Keepers Medical Discovery Team, University of Minnesota Medical School, Duluth campus*
- Nick Garrett, *Auckland University of Technology*
- Keawe'aimoku Kaholokula, *University of Hawai'i at Mānoa, John A. Burns School of Medicine*
- Dina LoGiudice, *University of Melbourne*
- Juliana de Souza-Talarico, *University of Iowa College of Nursing*
- Kylie Sullivan, *Neuroscience Research Australia (NeuRA)*
- Jennifer Walker, *McMaster University*

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Kula no na Po 'e Hawaii o Papakolea, Kewalo, Kalawahine

- Adrienne Dillard
- Puni Kekauoha

American Samoa Community Cancer Coalition

- Va'atausili (Va'a) Tofaeono

ACKNOWLEDGMENTS

MAHALO

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SEE YOU IN HAWAI'I FOR #IIDRN25!

The 2025 IIDRN Executive and Planning Committees look forward to seeing you in Hawai'i for the 2025 International Indigenous Dementia Research Network (IIDRN) Annual Conference.

Save the date: **October 19-22, 2025**



PLEASE GIVE US YOUR FEEDBACK ON
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