Adapting and Validating a culturally appropriate cognitive assessment tool: The Canadian Indigenous Cognitive Assessment (CICA)

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Northern Ontario School of Medicine

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CCNA Team 20 $\,$ - Focus Area 2 Investigators , contributors, and staff

- Kristen Jacklin PhD (Team 20 ON lead)
- Carrie Bourassa (Team 20 SK lead)
- Megan O'Connell PhD,
- Wayne Warry PhD,
- Jennifer Walker PhD,
- Brock Pitawanakwat PhD,
- Laura Warren PhD student
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- Leon Flicker MBBS PhD,
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- Elder Betty McKenna (SK)
- Louise Jones MSW,
- Rhonda Trudeau
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Community Partners

- Wikwemikong Unceded Territory
- Noojmowin Teg Health Access Center
- Mnaamodzawin Health Services (on behalf of Aundeck Omni Kaning, Sheguiandah, Sheshegwaning, Whitefish River, Zhiibaahaasing)
- M'Chigeeng First Nation

Advisory Group Members

- Isaac Trudeau
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Language Group Members

- Late Thecla Pheasant
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- Malcolm Simon
- Rosella Kinoshameg
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Health Expert Panel

- Marilyn Proulx
- Dr. Roy Jeffery
- Grace King
- Tamara Beam
- Martina Pitawanakwat
- Darlene Maracle
- Linda Trudeau

CICA in context: An overview of CCNA Team 20 and the Validation project

The Canadian Consortium on Neurodegeneration in Ageing (CCNA) is a five-year national networking initiative supported by CIHR. The CCNA started in 2014 and connects research teams looking at dementia, Alzheimer's Disease and other types of neurodegenerative conditions.

Within the CCNA, Drs. Kristen Jacklin (ON) and Carrie Bourassa (SK) have co-led Team 20, a team of researchers specifically exploring dementia in Indigenous populations, in partnership with communities.

The CICA Validation project is one of several projects connected to CCNA.

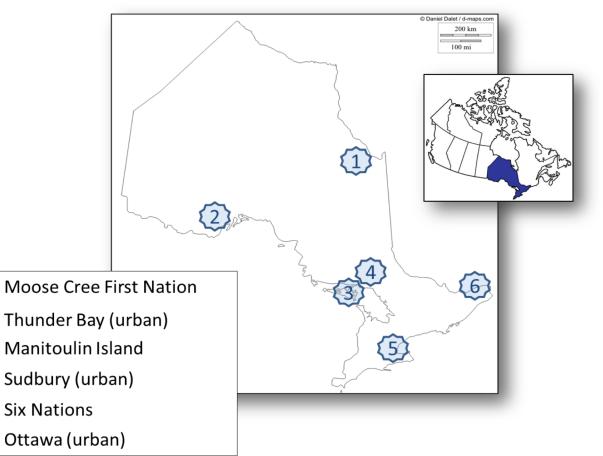


Karen Pitawanakwat, (CCNA T20 ON community researcher) and Kristen Jacklin, (Co-PI CCNA Team 20, lead for Ontario)



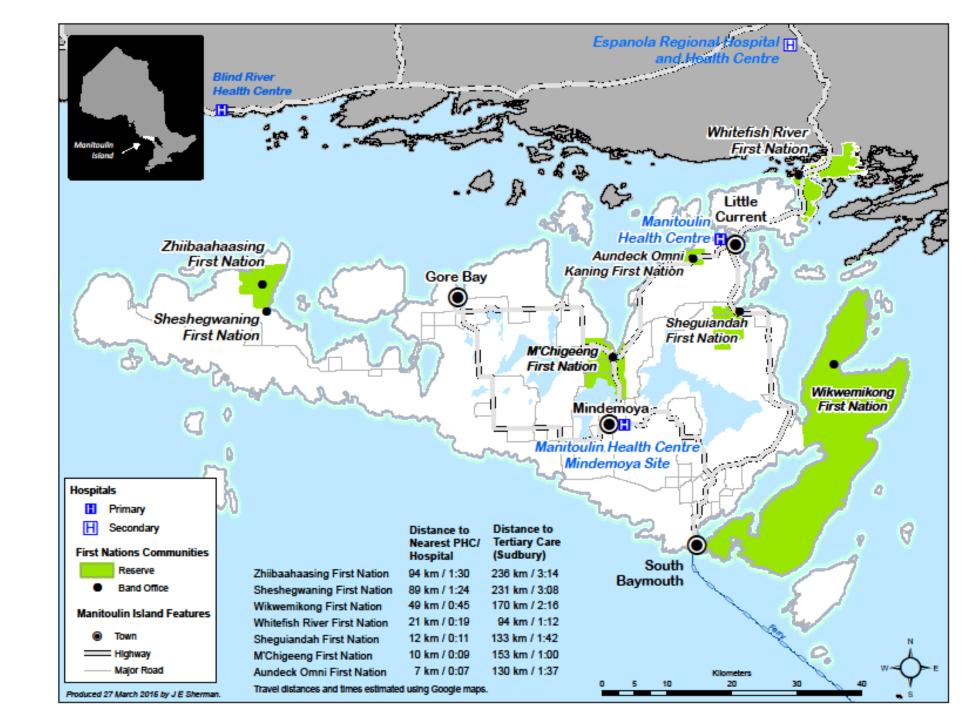
Jennifer Walker (PI) CIHR Validation grant

CICA in Context: a brief background



- 2007 Dementia identified as a community priority
 - Round table organized by the First Nations Health Authorities on Manitoulin Island
 - 2009 secured funding to carry out research *"Alzheimer's Disease and Related Dementias Among Aboriginal Peoples in Ontario"*
 - 2009-2013 worked with 9 First Nations communities & 4 urban Aboriginal organizations to produce 6 community reports

Manitoulin Island



Need for culturally appropriate and relevant assessment tools

Patient

Yah, and then he asked me the last one he asked me (laughter) something start with the letter "F". He said to me say, give me 10 words, I couldn't even come up with one word (laughter), but you know what come into my head right away "F" off, "F" word. I said no, I don't know anything, no, there's lots of things, you know, fun, farm and all of that. I couldn't even come up with one word that begin with an "F". (KP Manitoulin Island Person with Dementia 03)

Specialist

They're usually quite irrelevant. They don't work. In fact, when we first went up there we realized that the traditional screening tools were useless. And we, um, we tried to use tools that were transcultural and were not very successful, so for the most part we're relying on the staff of the nursing home to interpret the behaviours and inform us about the uh, the, uh cognitive deficit. (WW Manitoulin Island Specialist 01)

Planning, Relationship Development, and Research

- Review cognitive assessments deemed appropriate for Indigenous populations
- Identify candidate assessments to adapt
- Settled on the KICA which was developed to address the lack of culturally appropriate assessment tools for older Indigenous people living in Australia
- Held feasibility meetings with Australian researchers (CIHR and IHRDP Planning grants 2012-2014)



Adapting the KICA for use with Anishinaabe people

- First Nation Health Authorities on Manitoulin Island
- Australian colleagues who developed KICA
- Canadian Investigators
- Project Elders

Continuing relationships

Ethics and approvals

- University and community (MARRC) REB
- Health Authority
 Board Approvals
- Chief and Council Motion of Approvals

- Community advisory group
- Language experts
- Health care providers panel of experts
- Team 20
- Australian colleagues

Ongoing Consultations

Tool development and pilot

- Pilot 1 10 participants
- Team meeting and revision
- Pilot 2 5 participants
- Reliability testing with 15 participants
- Validation 56 individuals

Iterative process to produce a culturally relevant cognitive assessment tool



Language group working meeting April 4, 2016



Health Care Provider Expert panel May 13, 2016

Refining the tool & fostering relationships

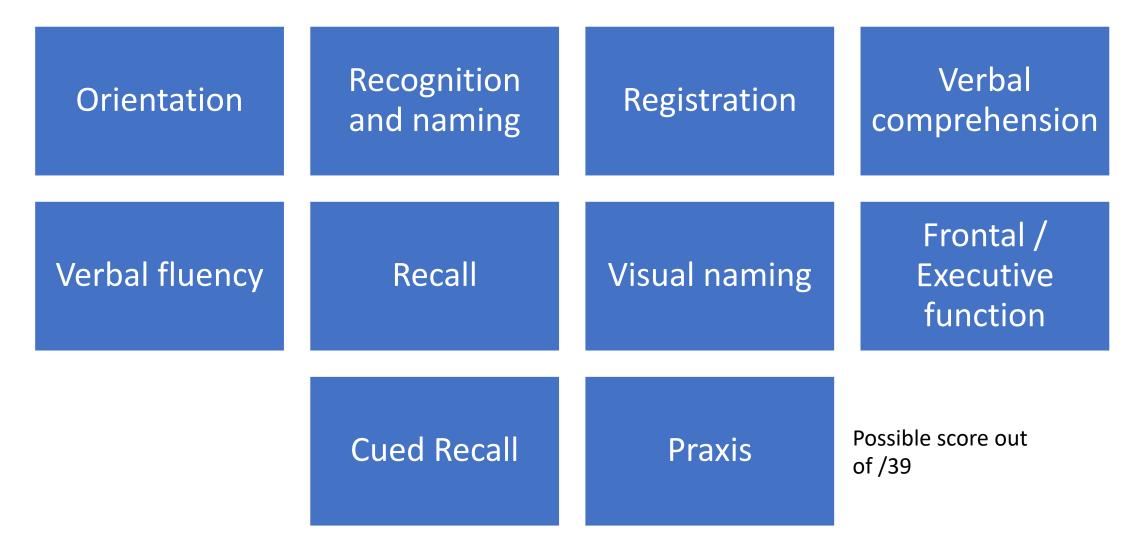


- * AAIC Conference Toronto 2016;
- * Team Meetings on Manitoulin Island July 29 August 3, 2016
 * LEGS meeting "Creating and Adapting a Culturally Sensitive Cognitive Assessment Tool to use with Indigenous People" Presentations given by Leon Flicker, Dina LoGiudice, and CCNA Team 20
 * Group meeting with Advisory group, Language group, Focus 2 members
- * IAGG conference San Francisco 2017



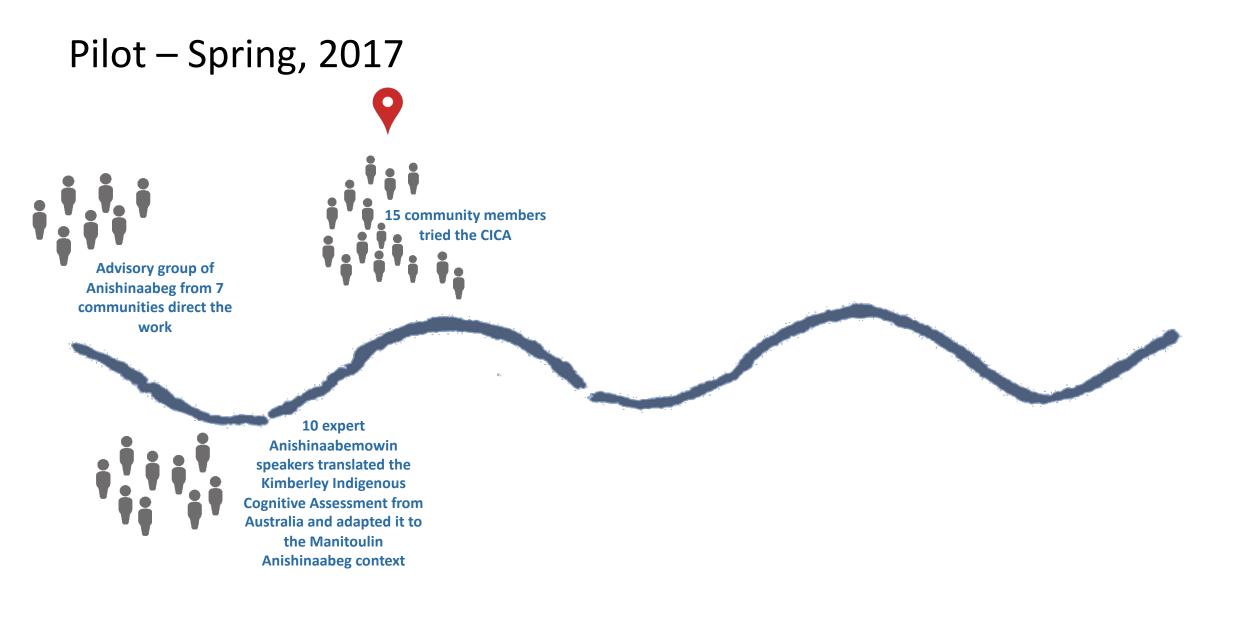


Canadian Indigenous Cognitive Assessment Domains



Translating each domain

CA	Language group
apter 1:	
rientation	Time
this week	How does it feel
ension / pay	outside?
eek?	
hat time of	
ar is it now?	Place
hat is the name	Where you live
the	now?
mmunity /	
ace?	
	ientation this week nsion / pay eek? hat time of ar is it now? hat is the name the mmunity /



10 participants

- 5 female
- 5 male
- 6 English speakers
- 4 Anishinaabemwin speakers
- 5 younger (45 60)
- 5 older (61 80)

Pilot 1

General comments

- Importance of approach
- "I don't think you can make this super cultural. The cultural part is understanding how to approach these people. Take the time rather than rushing through the process" (Pilot 03).
- Use of humour important to all participants
- Setting comfort level (home vs. office)

Revisions after pilot 1

- Questions changed for following reasons
- Clarification
- Brought up past traumas, impacts of colonialism, trauma to land, including pollution and climate change
- Further account for cultural beliefs

Points of interest

- Use of language
 - Back translation to English not always clear
 - Anishinaabeg more descriptive
- Gender differences
 - Women's vs. men's roles in relation to recall
- Need to account for both culture and trauma
 - Cultural beliefs, values, and practices
 - Impacts of colonialism, residential schools, banning of cultural practices, intergenerational trauma

Pilot 2

- 5 participants
- 3 males
- 2 females
- 2 English
- 2 both English and Anishinaabemwin
- 1 Anishinaabemwin

Minor changes - Rewording of questions for clarity in both English and Anishinaabemwin

Reliability – Summer, 2017



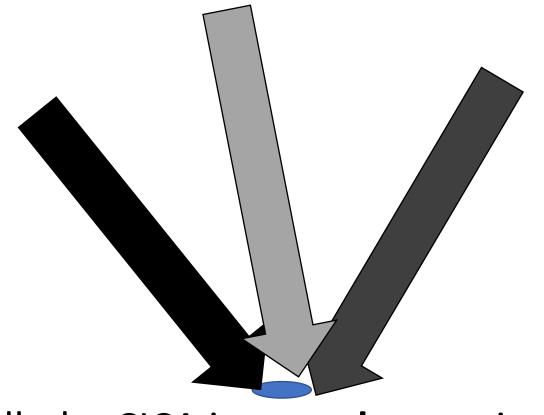
Reliability Methods

- 15 participants
 - 7 women, 8 men
 - 6 younger (45 65)
 - 9 older (66-96)
 - 9 living with memory issues
- Assessments conducted in morning and afternoon by two separate assessors



Reliability assessments conducted by: Louise Jones, Karen Pitawanakwat, Melissa Blind

What do the results say about the CICA's reliability?



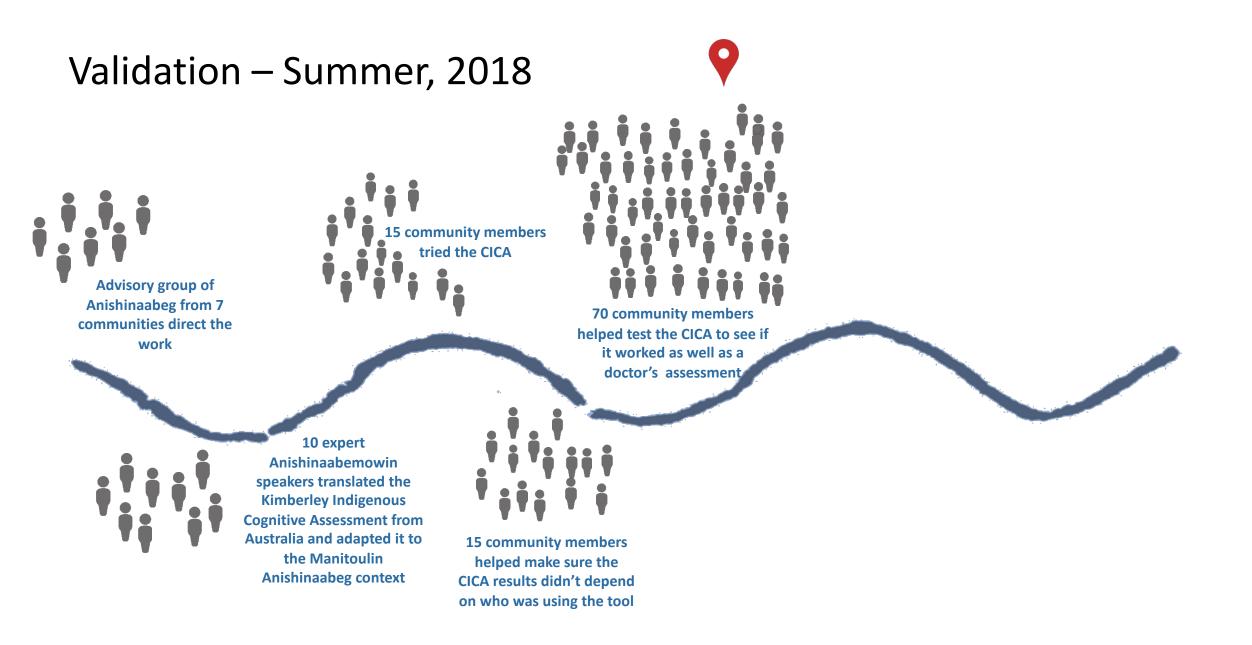
Overall, the CICA is a **good** screening tool because two different assessors would give the same person a similar score!

Participant Feedback

Participants said the following about the reliability testing:

- language speakers were very impressed with the quality of the translation (many said, "Good job, Karen!")
- People seemed relaxed throughout, and it was a quick process
- They were very excited to be helping with something that will support their communities. Some people mentioned that maybe the tool would be there for them if they ever needed to get tested.
- A lot of laughter!





Validating the CICA

Separate CIHR grant to see how well the CICA results match a clinical assessment by a geriatrician (Walker, Jacklin and Crowshoe 2016)



CICA validation team April 2018

- 56 participants assessed
 - CICA tool administered
 - Geriatric assessment
 - Clinical assessment
 - Caregiver corroborative interview
 - MOCA, MMSE
 - Vitals and medication review
 - No diagnosis given
 - Participants consented to a preliminary results being shared with their GP
 - Honorarium \$50

CICA screening tool

- We have validated the tool and are in the process of writing the results.
 - We found the CICA is a good screening tool for dementia because is has good sensitivity and specificity
 - Assessment generally takes between 8-12 minutes
- Updates will be posted on the i-caare website (<u>www.i-</u> <u>caare.ca</u>) and on twitter @i_caare

Next steps

- Adaptation and validation in two other provinces
 - Nakota version in Saskatchewan (piloted, reliability testing taking place within next 2-3 months)
 - Urban adaptation in Calgary will be piloted within next 2-3 months
- Training video and resources to support implementation will be released Spring / Summer 2019
- Implementation on Manitoulin Island to take place Spring/Summer 2019

Recap - CICA Process

Adaptation

Reliability (n=15)

Implementation — 2019-2024



Culturally Relevant tool that takes language, culture and trauma into account

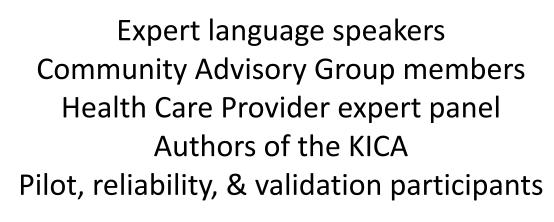
May lead to earlier, more accurate diagnosis and improved health outcomes.

Identify supports for the person and the family and caregivers, the community



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Miigwech! Thank you













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Contact Information

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Updates and new releases will be posted to: <u>www.i-caare.ca</u> Twitter: @I_CAARE