

GUEST EDITORIAL

Ageism, dementia, and culture

Due to the population aging and the fast increase of international migrants in the past 50 years, the number of people living with dementia from ethnic minority communities is growing rapidly (Holecki *et al.*, 2020). However, people from ethnic minority groups often encounter significant barriers when accessing and utilizing medical care and social support services, in particular older people. Typical barriers that minority older adults face include social isolation, poor language proficiency in the host countries, low health literacy, discrimination, and for people with dementia, the lack of culturally sensitive dementia services that can meet their cultural and religious needs (Hawkins *et al.*, 2022; Suphanchaimat *et al.*, 2015). Importantly, older people living with dementia in ethnic minority groups usually have to experience “triple stigma”: age discrimination towards older people (“ageism”), the stigma and discrimination associated with dementia, as well as prejudice and discrimination against immigrant/minority groups. To ensure the minority older adults with dementia are not disadvantaged and are treated with dignity and can receive appropriate care, timely actions are warranted to increase the public’s awareness of dementia, reduce negative aging stereotypes, and develop culturally sensitive and linguistically diverse healthcare services. Nevertheless, needs and healthcare services for minority older adults living with dementia as well as the factors associated with cognitive health in this population are understudied in the literature. This special issue of the *International Psychogeriatrics* comprises seven articles that facilitate understanding of the cognitive health and ageism challenges faced by minority older adults.

Sun and colleagues examined the longitudinal changes in the dementia literacy and worry in community-residing older Chinese Americans between 2013 and 2017 (Sun *et al.*, 2021). Despite the national public health campaigns that had been launched in the United States with the goal to promote dementia awareness, the authors found decreased dementia knowledge in older Chinese Americans and increased dementia worry among those who lived alone. The corresponding commentary article by Zhang and colleagues speculated that this was because older Chinese Americans might have difficulties in accessing the public health education services in the United States (Zhang *et al.*, 2022).

Accordingly, more targeted and accessible health education programs are needed for improving the dementia knowledge in older Chinese Americans.

Findings from cross-cultural comparisons are helpful for the understanding the effect of cross-country immigration experiences and social-cultural changes on immigrants’ attitudes towards dementia. Zhao and colleagues compared attitudes towards dementia between older Chinese immigrants living in Melbourne, Australia, and older Chinese adults living in Beijing, China (Zhao *et al.*, 2022). They found that both populations held negative feelings, stigmatized beliefs, and negative stereotypes of dementia. However, in comparison to the Beijing counterparts, fewer Melbourne older immigrants had concerns regarding developing dementia, and more Melbourne immigrants reported avoidant responses to dementia. These observed similarities and differences in attitudes towards dementia highlight the importance of considering the sociocultural changes and migration-related barriers when developing specialized dementia service programs for Chinese immigrants. The commentary article for this study by Ismail and Babulal further called for more studies that included culturally diverse samples of immigrants and focused on attitudes across cognitive, affective, and behavioral domains, since such studies may help reduce stereotypes and stigma of dementia and develop strategies for seeking care in the older immigrant populations (Ismail and Babulal, 2022).

As it remains unclear how the migratory experiences and timing of immigration influence the late-life cognitive function, the prospective cohort study by Meyer and colleagues investigated the relationships between generational status and age at immigration and later-life cognitive performance in a diverse sample of Latinos and Asian Americans in the United States (Meyer *et al.*, 2020; this issue). A graded relationship was found between generational status and age at immigration and cognitive function in both Latinos and Asian Americans; for example, first-generation immigrants had poorer executive function than the third-generation immigrants and first-generation immigrants who migrated during adulthood had poorer semantic memory than those who migrated during adolescence or childhood. These findings suggest that the early-life migration experiences would affect cognitive decline in older

immigrants in late life. The commentary article of this paper underscores the notion that life course perspectives are essential to reveal the longitudinal trajectory of cognitive decline of the foreign-born populations (Brown and Garcia, 2022).

The commentary article by Peisah *et al.* is an international consensus statement on the preferred terminology used to combat ageism and minimize discrimination against mental health conditions among older people because “age-friendly environment can only be ensured through age-friendly terminology” (Peisah *et al.*, 2022). By using Delphi consultation with a group of senior international experts across a variety of language and culture settings, Peisah and colleagues recommended preferred aging-friendly terms and listed best-avoided terms that were associated with negative stereotypes and stigma. Meanwhile, they emphasized the cultural variations in the meaning of words across language and country. The daily discourse of inclusive language and terminology is needed to strengthen intergenerational connectedness and reduce ageism.

Overall, the studies included in this special issue highlight the importance of creating a culturally inclusive environment for improving the physical and mental well-being and good quality care for minority older people living with dementia and other mental health conditions, whose needs for mental health services have not been adequately met. The information provided in this special issue will facilitate an understanding of cognitive health needs of minority older adults in the world and the importance of developing and maintaining a culturally inclusive environment for these vulnerable populations.

Conflict of interest

None.

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