

# Employing the Moca-T (telephone) as a means of cognitive screening in a rural, ethnically diverse population during Covid-19 restrictions

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## Abstract

**Background:** Rural, ethnically diverse older adults face a heightened risk of Alzheimer's disease and related dementias (ADRD), but experience disparities in dementia education, detection, and treatment. The Covid-19 pandemic struck during a rural, faith-based outreach to address this gap. In-person research activities were redesigned to employ a telephone approach.

**Method:** The revised research question targeting a rural community of 89% African American, Hispanic, and Haitian Creole residents was adapted to "Is the telephone an effective method for a) increasing AD knowledge, and b) detecting cognitive risk, in a rural underserved setting?" Faith-based health educators, trained using online Alzheimer's Association resources, contacted church congregants who responded to announcements during virtual worship services. Participants completed a measure of basic dementia knowledge (BKAD; Wiese et al., 2020), and MoCA-T with a cut point of 11 indicating need for referral (Nasreddine, 2019).

**Result:** Of the estimated 120 persons across five churches who received an invitation, 75% ( $n = 90$ ) participated in dementia education and memory screening via telephone. Dependent samples t-test showed a significant increase in dementia knowledge:  $t(89) = -6.3, p < .001$ , and paired samples pre/post;  $t(24) = -2.23, p = < .004$ . Of the 60 who completed cognitive screening using the MoCA-T, 15 (25%) were found to be at risk for memory impairment. Twelve (80%) of the 15 participants assessed as being at risk did follow-up with their provider.

**Conclusion:** Rural residents were willing to participate in telephone-based health-seeking activities during quarantine, and the Moca-T was useful in identifying cognitive risk.