

Rethinking Inclusion in Dementia Research Beyond Western paradigms



Alzheimer’s Association International Conference, July 12-15, 2026

AUTHORS

Joyce Siette¹, Wei Liu¹, Van Tran¹, Myles Everman¹, Zandra Palomino Gonzalez¹, Laura Dodds¹, Diana Karamacoska², Genevieve Z. Steiner-Lim^{2,3}, Freya MacMillan¹, Danielle Ni Chroinin⁴, Kaarin Jane Anstey⁵, Breanna Wright⁶, Kay Deckers⁷, Lee-Fay Low⁸

AFFILIATIONS

- 1. Western Sydney University, Westmead, Australia
- 2. NICM Health Research Institute, Western Sydney University, Penrith, Australia
- 3. Department of Psychiatry and Psychotherapy, Jena University Hospital, Friedrich Schiller University, Jena, Germany
- 4. Liverpool Hospital, Liverpool, Australia
- 5. University of New South Wales, Sydney, Australia,
- 6. Monash University, Melbourne, Australia
- 7. Department of Psychiatry and Neuropsychology, Maastricht University, The Netherlands
- 8. University of Sydney, Sydney, Australia

INTRODUCTION

International dementia risk reduction initiatives have predominantly been informed by evidence derived from Western, predominantly Anglosphere populations with comparatively high premorbid function and socioeconomic advantage. This orientation constrains the relevance and effectiveness of population-level prevention strategies for culturally and socioeconomically diverse groups, where engagement with brain health behaviors is shaped not solely by individual knowledge but by social roles, material conditions, and culturally situated meanings. Greater attention to how these contextual factors operate across underserved populations is necessary to advance equitable public health approaches to dementia risk reduction.

METHODS

This qualitative study examined perspectives from 293 older adults aged 65 years+ across six population groups in Australia.



Semi structured interviews were conducted face-to-face or online in participants’ preferred languages and analyzed thematically by bilingual researchers. Analysis was informed by behavioral and public health frameworks and focused on antecedent conditions (e.g., social roles, cultural expectations, environmental opportunities), mediating psychological processes (e.g., habit, motivation, identity alignment) and behavioral trajectories related to engagement, maintenance, disengagement, and relapse in brain health practices.

RESULTS

Engagement with dementia risk reduction behaviours was strongly patterned by culturally situated antecedent conditions, including family responsibilities, social connectedness, and access to supportive environments. Sustained engagement was most evident when practices were congruent with culturally meaningful identities and embedded within daily routines. Conversely, approaches that conflicted with social norms or failed to account for contextual constraints were associated with disengagement and relapse. These dynamics were especially evident among socioeconomically disadvantaged participants, for whom limited environmental resources further constrained participation.

AGEING WELL

Chinese:
"For me, healthy aging means, first of all, being free of disease. Without illness, you have more possibilities."

Spanish:
"Ageing well... has to ... feel like I have some sense of dignity, especially with my mental health... not depending on others as I grow older."

Low SES:
"staying fit, both mentally and physically, and having a social network" were important factors to ageing well, "...exercising and staying active physically and mentally, being aware of what you're eating and what you're surrounding yourself with socially as well."

Vietnamese:
"the health of the elderly must first of all talk about the spirit. How can the spirit be so satisfying, then happy, know how to let go..."

BRAIN HEALTH

Chinese:
"At first, when you mention brain health, a Chinese person might think it means not having brain disease... However, if you dig deeper, you'll find that brain health is not just a single aspect. It's interconnected with many things, such as physical health, mental well-being, and social interactions."

Arabic:
"The older generation don't believe in mental health... But I feel like now it's evolving. The younger generations are more accepting, more open to all these new ideas"

low-SES:
participants often described cognitive function as influenced by an external locus of control, particularly environmental and social stressors: "I have heard that being outdoors is good. That's in terms of socialising. I have heard that being isolated inside all the time could cause you a lot of harm" "

Vietnamese:
"If my health is healthy, my brain can still function well. Usually every day, I often read books and newspapers on YouTube, and I call my friends to talk to them, to strengthen my memory."

DEMENTIA

Low SES:
"luck of the draw."
"If you forget where you put your car keys, that's not a problem. If you forget you have a car, that's a problem."

Spanish:
"I'm afraid of reaching that age. Forgetting everything, my children, my family, where I come from."
"In our culture, we tend to hide the dementia. We tend to isolate them rather than help."

Arabic:
In our community, people might think it's an insult"

Chinese:
"No, I haven't really thought about air pollution in that way. I usually think of it affecting the respiratory system and bronchial tubes, but I haven't considered its impact on the brain or conditions like dementia."

Vietnamese:
"I think diabetes is just a deterioration in health, but I didn't think it will affect dementia and brain health."

SUGGESTIONS

Arabic:
"Family is in our culture, family is a big thing. That's why it's good to be close to the family in your heritage"

Low SES:
"imagine there was a travelling dementia bus that would stop at the local hall and would engage you in various brain games or something."

Spanish:
"I haven't seen anything about the health and reducing risk of dementia. Maybe more information in public transport or community centres."

Chinese:
"More activities, like health-promoting events in shopping centers, could help. Many older Chinese people are not aware of the full picture of healthy eating"

Vietnamese:
"Community activities to bring people together and alleviate the suffering of those who are less fortunate, especially the elderly, so that they don't feel isolated and lose hope for the future.."

English:
"I think we also need to create more feelings of community and create smaller communities where people help, you know, mutual help and engagement. And so, as those people age, they, you know, they can... get help from other people"

BARRIERS

Chinese:
"some elderly people in China might focus more on family responsibilities, ...and might not engage in such social or leisure activities."

Arabic:
"I think for us as Arabs, everywhere we go, like if we go somewhere we take sweets with us and after every time we eat, we need to eat sweets" "It's [Smoking] very widespread so they don't really see it as a risk factor to dementia, or something that should be reduced because of dementia"

Spanish:
"The Mexican culture. We drink alcohol and our food has a lot of fat and sugar."

Low SES:
"so you have to pay for upfront. I said, well, that's not going to happen because I don't have the money"

English:
"People are moving onto vapes... acting like it's a better alternative, but obviously for a lot of vapes it's not."
"[Dementia prevention] is seen as an individual thing...I don't think there's a whole lot of society, you know, pushing people to do that"

Vietnamese:
"It's still normal. I mean, many people still smoke. I see people selling cigarettes everywhere. It's like people try not to smoke, but in Vietnam, when you meet someone, men often offer you a cigarette or tea, so it becomes a challenge. If you don't smoke, you have to smoke."

ENGAGEMENT IN BRAIN HEALTH

English:
"It's being aware of what this does to you... what healthy foods benefit you as a person, and seeing the body as something that's sacred."

Low SES:
Keeping up healthy habits could be affected by "stress," "weather," "consistency" and "how well activities were promoted."

Arabic:
"I feel like our food is just healthy in itself, we eat a lot more grains and stuff than a lot of other cultures. We generally have different salads like tabbouleh and Fattoush on the side of whatever we are eating"

Spanish:
"I think about eating fresh fruits and vegetables and cooking at home and sharing food with others."
"I remember spending a lot of time with my grandmother. These social traditions are very important for healthy behaviours."

Chinese
"In mainland China, playing mahjong is often seen as a way to prevent dementia. I'm not sure if there's scientific evidence for this, but it's a common belief"

CONCLUSION

Dementia risk reduction strategies that overlook cultural and contextual realities are unlikely to achieve durable behavior change across diverse populations. Integrating qualitative evidence on lived experience, social context, and identity can strengthen public health approaches to brain health promotion. Broadening dementia research beyond Western paradigms promotes inclusivity and is necessary to advance equitable and effective global approaches to dementia risk reduction and population brain health.

GET IN TOUCH

joyce.siette@westernsydney.edu.au



A/Prof Joyce Siette