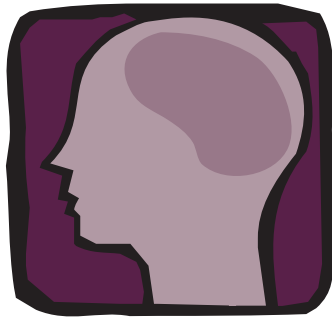




Memory Screening: Who Attends and Why

A Survey of Participants at National Memory Screening Day



The MetLife Mature Market Institute®
The Alzheimer's Foundation of America
The Center for Productive Aging, Towson University

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The Alzheimer's Foundation of America

The Alzheimer's Foundation of America (AFA) is a national nonprofit organization focused on providing optimal care to individuals with Alzheimer's disease and related illnesses, and their families. It unites hundreds of member organizations nationwide that provide hands-on care to meet the educational, emotional, practical and financial needs of families affected by dementia. AFA's services include a toll-free hot line, counseling by licensed social workers, bilingual educational materials, a free quarterly magazine for caregivers, training for healthcare professionals, and national initiatives such as the AFA Quilt to Remember and National Memory Screening Day.

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The Center for Productive Aging at Towson University provides a focal point for aging-related academic, research and community outreach programs of the university. Academic programs at Towson include an undergraduate degree in Gerontology, a Graduate Certificate and Master's Degree in Applied Gerontology. Center faculty are involved in applied research related to the aging workforce, family caregiving and aging in the community.

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Table of Contents

Executive Summary	4
What We Know About Health Screenings	5
Methodology	6
Key Findings	6
◆ Respondent Characteristics	6
◆ Concerned About Memory But Not Always Sharing Concerns – Even With Their Doctor	8
◆ Becoming Forgetful and Wanting a Baseline Score - Most Common Reasons for Participating	8
◆ Print Media and Experience With the Host Facility – Top Vehicles For Learning About Screening Event	9
◆ Health Screening Experience – For 36% Memory Screening Was Their First	10
Conclusions and Implications	11
Endnotes	11



Executive Summary

An estimated 4.5 million Americans currently have Alzheimer's disease with that number projected to grow to between 11.3 and 16 million by the year 2050.¹ It is a disease that significantly impacts both individuals with the disease and the families who care for them. Findings from *The MetLife Foundation Alzheimer's Survey: What America Thinks* indicate that outside of cancer, there is no other illness—not heart disease, stroke or diabetes—that people fear more than Alzheimer's disease and that adults over age 55 fear Alzheimer's disease as much as cancer.²

The MetLife Mature Market Institute, the Alzheimer's Foundation of America and the Center for Productive Aging at Towson University conducted a survey of those who participate in memory screenings. It was conducted in conjunction with the third annual National Memory Screening Day sponsored by the Alzheimer's Foundation of America in November 2005.

A total of 2,562 participants (13% of those screened) completed the survey, which examined the reasons for participation, prior experience with health screenings, contact with physicians, memory concerns and demographic characteristics of respondents.

Key findings of this survey include the following:

- ◆ The majority of participants responding to the survey were over the age of 61 (82%) and lived in the community (96%). More than half reported they lived with a spouse and 34% were living alone. Most were retired (72%), with 13% working full-time and 11% working part-time.

- ◆ Most respondents (73%) reported they had memory concerns, with a much larger percentage of women (74%) than men (29%) expressing concerns about their memory. Nearly one-third (30%) of respondents had not spoken with anyone about their concerns. Those concerned were most likely to talk about it with their spouses (41%).
- ◆ There were a number of reasons given for participating in the screening including having a relative with Alzheimer's disease (21%), becoming forgetful themselves (50%) and wanting to get a baseline score (56%) as those most frequently cited.
- ◆ While 84% of screening participants had seen their doctor within the previous six months, only 24% of those who were concerned about their memory had discussed these concerns with their doctor.
- ◆ More than a third (36%) reported that they had never participated in a health screening before their memory screening.

Health screening is an important component of health services for people of all ages. Screenings can provide a gateway to needed health services and increase awareness about conditions. National Memory Screening Day provided individuals around the country with screening services and, for 36% of the survey respondents, an opportunity to experience their first health screening event.



What We Know About Health Screenings

Health screenings are a common and popular activity that further the goal of health promotion for participants. The literature indicates that older individuals attend more health promotion activities than younger people. Findings from a study conducted by Loeb, O'Neill and Gueldner (2001) to determine the "health motivation" of older adults to participate in health screenings suggest that those who attended the most screenings were most likely to be motivated by external factors such as being encouraged to attend by others and the location of the screening. Those with high levels of "health motivation" were primarily motivated by internal factors and were selective about the screenings in which they participated. When asked where they would prefer to attend health screenings, most replied that where they were living or someplace close by would be the best.³

Hatchett and Duran (2001) report that respondents preferred to attend screenings that were available at no cost and for which transportation was provided. Like the individuals surveyed by Loeb and colleagues, these respondents reported that the types of screenings they would be interested in included blood pressure, glaucoma, diabetes and cholesterol screenings as well as information about nutrition and exercise.⁴

Engebretson, Mahoney and Walker (2005) compared participants in health screenings with non-participants, and found three areas that motivated individuals to participate in screening were (1) self-care orientation, (2) interpersonal influences and (3) accessibility of the screening.

Screening participants were more likely to be:

- ◆ actively involved in assessing their own health and/or monitoring a condition

- ◆ attending for companionship and/or as a result of encouragement of others
- ◆ influenced by convenience, location, economic considerations and/or cultural or language sensitivity.

Non-participants:

- ◆ did not perceive a need for the screen and/or had anxiety about the test results
- ◆ were concerned about a lack of confidentiality and suspicious of screenings
- ◆ reported a lack of time to participate, concern with the financial costs associated with screening and/or cultural or linguistic conflicts.⁵

Memory screenings are a relatively new type of screening in most communities and may invoke suspicion or anxiety, at least until they become more common. Participation in memory screenings can be encouraged by friends and family members, convenience and ease of access as well as familiarity with the location. Since participants in health screenings may be attending the screening as a substitute for a physician's visit, we might predict that the influence of a physician on participation is neutral.

While little was known about those who participate in memory screening prior to this 2005 survey, the work of Cutler and Hodgson (2003) provides insight into attitudes toward being tested for Alzheimer's disease. They examined a sample of middle-aged respondents, comparing a group of individuals who had a parent with Alzheimer's disease with a second group that did not. A majority of the sample reported that they would take a test for the disease, but interestingly the group that had a parent with Alzheimer's disease was not more likely than the comparison group to report they would take a test for the disease were there a reliable one available. The most important factor reported for taking the test was in order to plan for the future. For those who would not participate in a test the reasons included limited treatment options and fear of discrimination.⁶



Methodology

To increase the awareness about Alzheimer's disease and to provide information about services to those concerned about memory impairment, the Alzheimer's Foundation of America organizes and sponsors a National Memory Screening Day each November. This annual event, initiated in 2003, serves as an umbrella for organizations around the country to conduct memory screening for the communities they serve. Each site administers its own screening instrument, provides educational materials and referral services, and organizes activities around the event.

In 2005, 700 sites in 49 states participated in National Memory Screening Day, screening nearly 20,000 individuals around the country. The screenings are free and confidential, and they are administered face-to-face by qualified healthcare professionals. They are held in community settings, including social service agencies, community centers, assisted living residences, physicians' offices, bank branches and pharmacies.

The Alzheimer's Foundation of America provides information and templates to participating organizations that help them manage the event. Materials provided include sample consent forms, informational booklets and a letter that participants can take to their primary healthcare provider for discussion. Screeners emphasize that the screening results do not represent a diagnosis, and suggest that clients follow up with full-scale medical examination if the results are below normal.

For this study, a voluntary, anonymous survey was designed in order to gather basic information about the participants in the memory screening event, the reasons they participated, how they heard about the screening event and their experience with health screening in general. The research instrument was reviewed and approved by the Institutional Review Board of Towson University. Participating community organizations were asked to distribute the survey to

those who came in for screening and to mail the completed surveys to Towson University in an enclosed addressed envelope for collating and analysis. An estimated 13% of those who participated in the memory screening completed the survey. There are a total of 2,562 completed surveys included in the database.

Key Findings

Respondent Characteristics

The majority of the 2,562 survey respondents were female (70%) with an average age of 69.9 years. The men who responded to the survey at an average age of 71.3 were slightly older than the women (69.3 on average.) Table I below displays the age breakdown by gender of respondents.

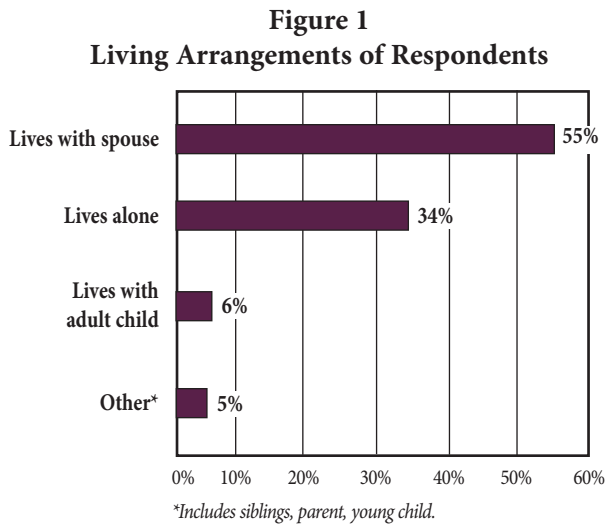
Table 1
Respondent Population by Age and Gender

Age	Female	Male	% of Sample
18-29	71%	29%	.8%
30-40	74%	26%	1.3%
41-50	83%	17%	4.6%
51-60	76%	24%	11.2%
61-70	71%	29%	28%
71-80	65%	35%	17.5%
81-90	65%	35%	17.5%
91+	72%	28%	3.6%
Total Sample	70%	30%	100%

Not surprisingly, most respondents in the survey (72%) were retired. Twenty-four percent of the respondents were working, with 13% working full-time and 11% working part-time. Two percent of respondents were unemployed and another 2% had never worked.

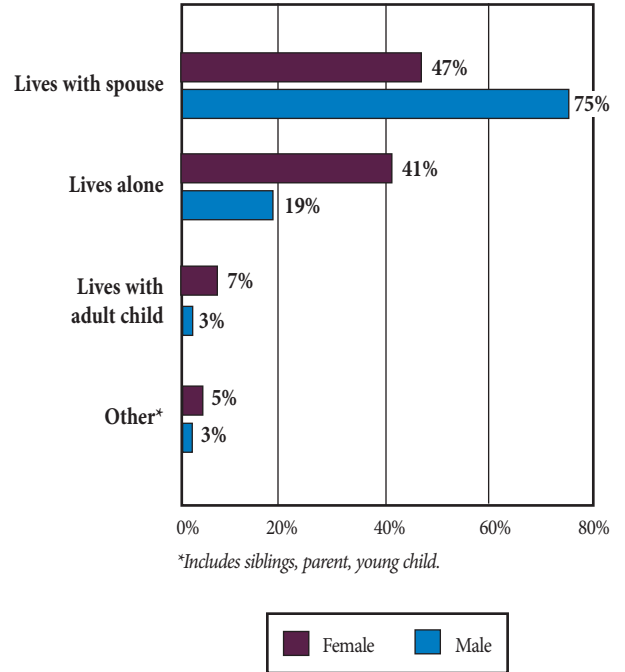


The majority of respondents (96%) lived in the community, with only 4% reporting that they lived in a senior residence such as an assisted living facility. More than a third lived alone and more than half lived with their spouse. Figure 1 below summarizes their living arrangements.



Gender differences in living arrangements are consistent with the older population that has a larger percentage of women. Women were more than twice as likely to report that they lived alone. Three out of four men lived with a spouse as compared with less than half of the women. A very small number of respondents were living with an adult child, but the percentage of women doing so was more than twice that of men. Figure 2 breaks down living arrangements by gender.

Figure 2
Living Arrangements by Gender



Most of the respondents indicated that they were Caucasian but a number of other ethnicities were part of the sample. The ethnic breakdown is provided in Table 2 below.

Table 2
Ethnic Background of Respondents

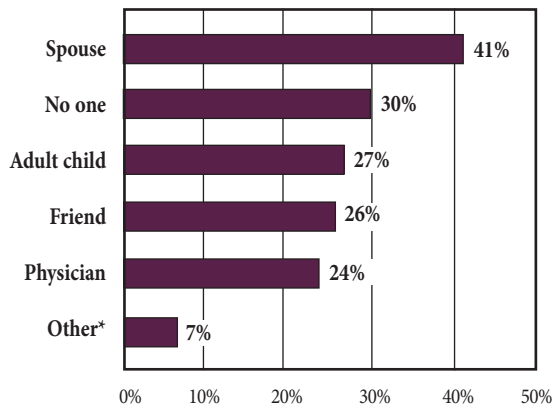
Caucasian	84%
Hispanic	4%
African American	6%
Asian	1%
Native American	4%
Other	1%



Concerned About Memory But Not Always Sharing Concerns – Even With Their Doctor

Respondents were asked about any concerns they had regarding their memory. The majority of respondents (73%) reported that they were concerned, with 69.5 being the average age of those expressing memory concerns. Of note is the fact that a much larger percentage of women expressed concerns about their memory (74%) than men (29%). Those that had concerns were asked whom they had spoken with about these concerns. Figure 3 below summarizes their responses.

Figure 3 - Individuals With Whom Participant Discussed Memory Concerns*



*Respondents were asked to indicate all that applied.

Gender differences were present in the reported discussion with others about memory concerns. More men, for example, reported speaking with their spouse (55%) than women (31%). On the other hand, more women discussed their concerns with an adult child (39%) than men (15%). And, finally, women (28%) were more likely to discuss their concerns with a friend than men (14%).

Of particular note was the fact that fewer than one in four of those who had memory concerns had discussed them with their doctor, even though as a

group the majority (84%) had seen their primary physician within the previous 6 months. Table 3 reports the time since participants had last seen their doctor and the average age of participants in the various time categories.

**Table 3
Time Since Last Physician Visit**

When	Percentage	Average Age
In the past month	42%	70 years
Within past 6 months	42%	70 years
Within past year	11%	68 years
Within past 2 years	2%	63 years
More than 2 years	3%	60 years

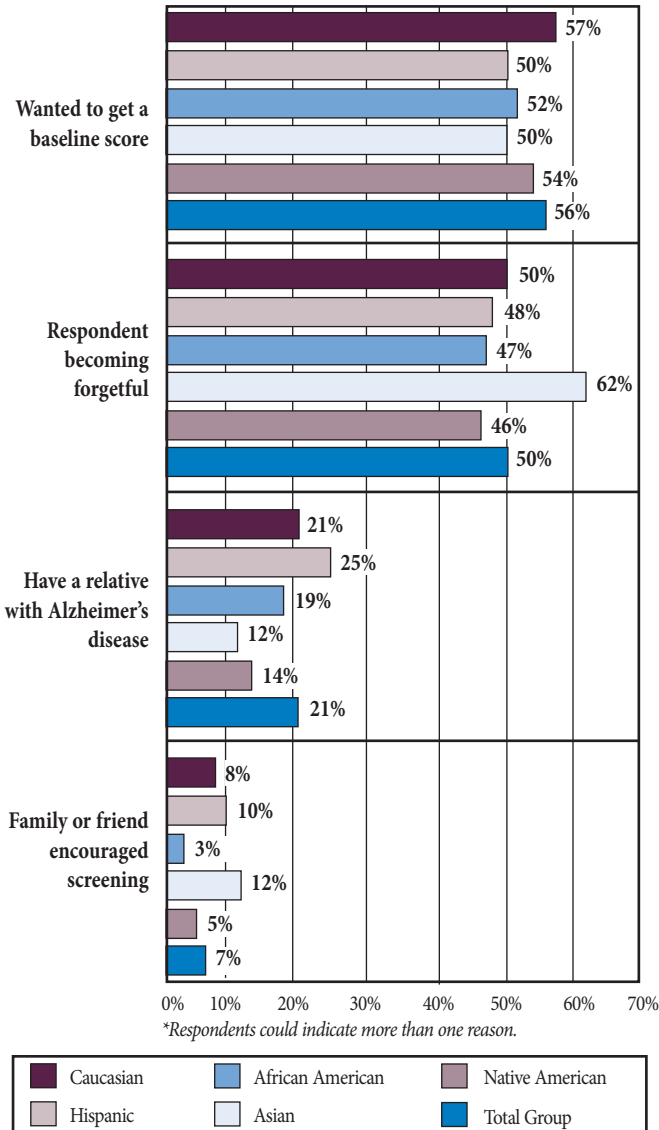
As would be expected, on average, it had been a longer time since younger participants had seen their physician. However, there were no major differences related to either gender or ethnicity in how recently participants had seen their doctor. There were very high levels of physician contact for all ethnic groups. For example, 83% of Caucasian, 88% of Hispanic, 91% of African American, 90% of Asian and 83% of Native American participants reported they had seen their physician in the past six months. There were also no significant differences by either gender or ethnicity in how frequently individuals had discussed memory concerns with their doctors.

Becoming Forgetful and Wanting a Baseline Score - Most Common Reasons for Participating

There were a number of reasons given for participating in the memory screening event. However, becoming forgetful, wanting a baseline score and having a relative with Alzheimer's disease were the most frequently cited reasons across gender and ethnic groups. The distribution of reasons across ethnic groups can be found in Figure 4.



Figure 4 - Reasons for Participating in Memory Screening by Ethnic Group*



The average age of individuals indicating each of the reasons above for attending memory screening ranged from a low of age 66 for those citing “having a relative with Alzheimer’s disease” to a high of age 71 for those citing “family or friend encouraged them to be screened.”

In regard to gender differences, of note is the fact that a greater percentage of women than men reported having a relative with Alzheimer’s disease. Additionally, men were twice as likely as women to report that they were encouraged by family

or a friend to attend the screening. Reasons for participating by gender are summarized in Table 4.

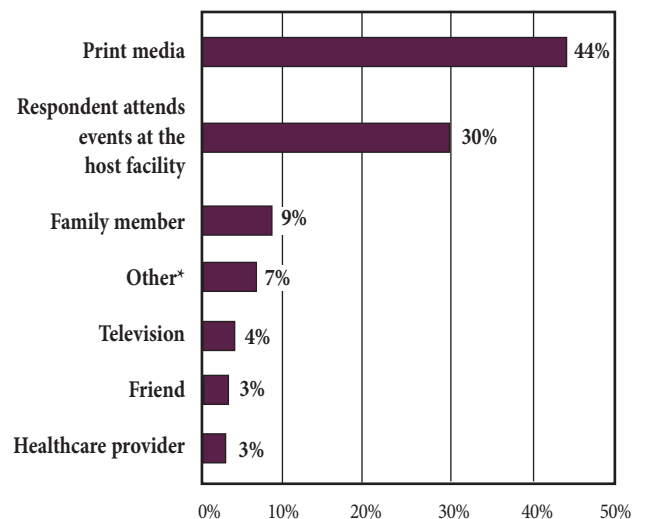
Table 4 - Reasons for Participation in Memory Screening by Gender

	Female	Male
Baseline score	58%	52%
Getting forgetful	50%	50%
Relative with Alzheimer’s disease	22%	17%
Encouraged by family or friend	5.5%	12.5%

Print Media and Experience With the Host Facility – Top Vehicles For Learning about Screening Event

Respondents were asked how they learned about the screening. Figure 5 below illustrates the percentage of those selecting each category as it relates to their learning about the Memory Day Screening.

Figure 5 - How Participants Learned About Memory Screening Event



*The “other” category represents all sources selected by 2% or less of the sample and includes Radio, Local Alzheimer’s Association, AFA Web site, Other Web site and Church Bulletin.

The breakdown in Figure 5 suggests that a print advertisement or article seen either by the participant or a family member was a prime source of information about the event, as was information about the event provided at the host facility.



Health Screening Experience – For 36% Memory Screening Was Their First

Respondents were provided with a list of health screenings and asked to indicate whether they had ever participated in them. Tables 5 and 6 below display the findings regarding health screening participation. Multiple response categories were possible in this question so the percentages will not total 100%.

Table 5
Participation in Previous Health Screenings by Ethnic Group*

	Blood Pressure	Diabetes	Depression	Cholesterol	Cancer	Glaucoma	Other Memory Screening	Bone Density
Caucasian	50%	21%	6%	40%	12%	18%	5%	2%
Hispanic	47%	22%	0%	36%	7%	15%	6%	0%
African American	64%	37%	8%	47%	15%	26%	14%	5%
Asian	56%	28%	4%	40%	12%	8%	12%	4%
Native American	58%	22%	6%	40%	12%	23%	8%	1%
Total	51%	22%	6%	40%	12%	19%	6%	2%

*Participants were asked to indicate all that applied.

Table 6
Participation in Previous Health Screenings by Gender

	Blood Pressure	Diabetes	Depression	Cholesterol	Cancer	Glaucoma	Other Memory Screening	Bone Density
Female	50%	22%	5%	39%	10%	17%	6%	2%
Male	54%	24%	6%	42%	14%	22%	6.6%	.9%

*Participants were asked to indicate all that applied.

When asked about health screenings, 64% reported that they had previously attended at least one other health screening, with 36% having never previously participated in a health screening of any type. While 64% of respondents had participated in previous health screenings, it is interesting to see a relatively large group who had not. This included

36% of women and 33% of men. The ethnic breakdown in the percentages of those reporting that this was their first health screening is as follows: Hispanic (41%), Caucasian (36%), Asian (32%), Native American (30%) and African American (23%).



Conclusions and Implications

This survey of National Memory Screening Day participants provides increased understanding of the reasons people seek memory screening, how they find out about it and the extent to which they are comfortable talking to other people about their own concerns. It reinforces some of the findings from previous research on health screening participation and provides new information related to memory screening in particular. Several of the findings related to memory and memory screening are notable:

- ◆ The majority of respondents indicated that they were concerned about their memory. Women were much more likely to express concern than men.
- ◆ Among individuals who were concerned about their memory, 30% had not discussed their concerns with anyone.
- ◆ While 84% of respondents had seen their primary physician within the previous six months, less than one in four respondents who reported memory concerns had discussed these with their physician.
- ◆ Becoming forgetful and wanting to get a baseline score were the most common reasons cited for attending the memory screening.
- ◆ While the majority of respondents had participated in previous health screenings, for 36% memory screening was their first screening ever.

The findings suggest that while individuals are concerned about their memory, many may be reluctant to share those concerns. There is a need to raise awareness and provide education about memory issues and concerns, and the importance of evaluation to determine whether one may or may not have a problem that requires intervention.

The 700 community sites involved in the event provided an important link to information and services to those who have personal concerns about their memory or whose family has expressed concerns. Regardless of the outcome of the screening and the steps taken by the participants after the screening, those who participate in a memory screening event obtain information and education, important benefits of any health screening event.

Endnotes

- ¹ Herbert, L.E., Scherr, P.A., Bienias, J.L., Bennett, D.A., Evans, D.A. "Alzheimer Disease in the U.S. Population; Prevalence Estimates Using the 2000 Census." *Archives of Neurology*, 60 (8): 1119 – 1122.
- ² *MetLife Foundation Alzheimer's Survey: What America Thinks*, MetLife Foundation, May 11, 2006, www.metlife.org.
- ³ Loeb, S.J., O'Neill, J., Gueldner, S.H. (2001). "Health motivation: A Determinant of Older Adult's Attendance at Health Promotion Programs." *Journal of Community Health Nursing*, 18, 151-165.
- ⁴ Hatchett, B. & Duran, D. (2001). "Older Adults Share Opinions: Senior Health Fairs." *Activities, Adaptation & Aging*, 25, 59-72.
- ⁵ Englebretson, J., Mahoney, J., Walker, G. (2005). "Participation in Community Health Screenings: A Qualitative Evaluation." *Journal of Community Health Nursing*, 22 (2), 77-92.
- ⁶ Cutler, S.J. & Hodgson, L.G. (2003). "To Test or Not to Test: Interest in Genetic Testing for Alzheimer's Disease Among Middle-Aged Adults." *American Journal of Alzheimer's Disease and Other Dementias*, 18, 9-20.

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