Bridging the Gap in Dementia Care

Using the Mini-Cog Screening Tool in Community Settings

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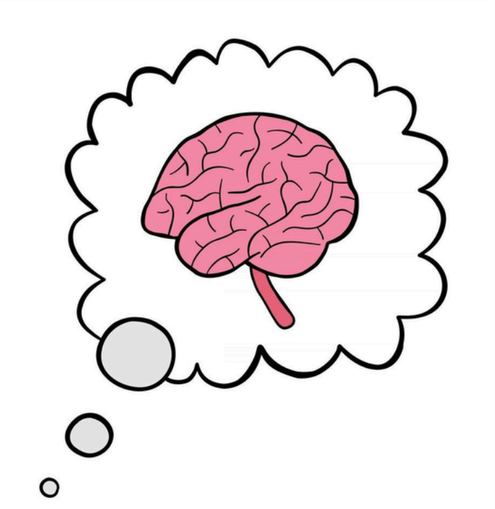
Introduction

NHBP is a federally recognized Tribal government with more than 1,500 enrolled Tribal Members, gained federal recognition December 19, 1995. Through our partnership with Indian Health Services, we received a grant to be trained on administering the Mini-Cog test which screens for dementia

Jesse Roder is a member of the Mackinaw Bands. He has spent the last 24 years working as a Critical Care Paramedic and is now using his education and skills to serve the tribal community of NHBP as a CHR while he counties his education journey with pursuing his Master of Public Health.

Lisa Walker is a member of NHBP and proud to be serving her tribal community as a CHR. While serving as a CHR Lisa has obtained her Master of Public Health and is pursuing a second Master's degree in Healthcare Administration. Lisa’s compassion and empathy serve her clients and community well.

Overview



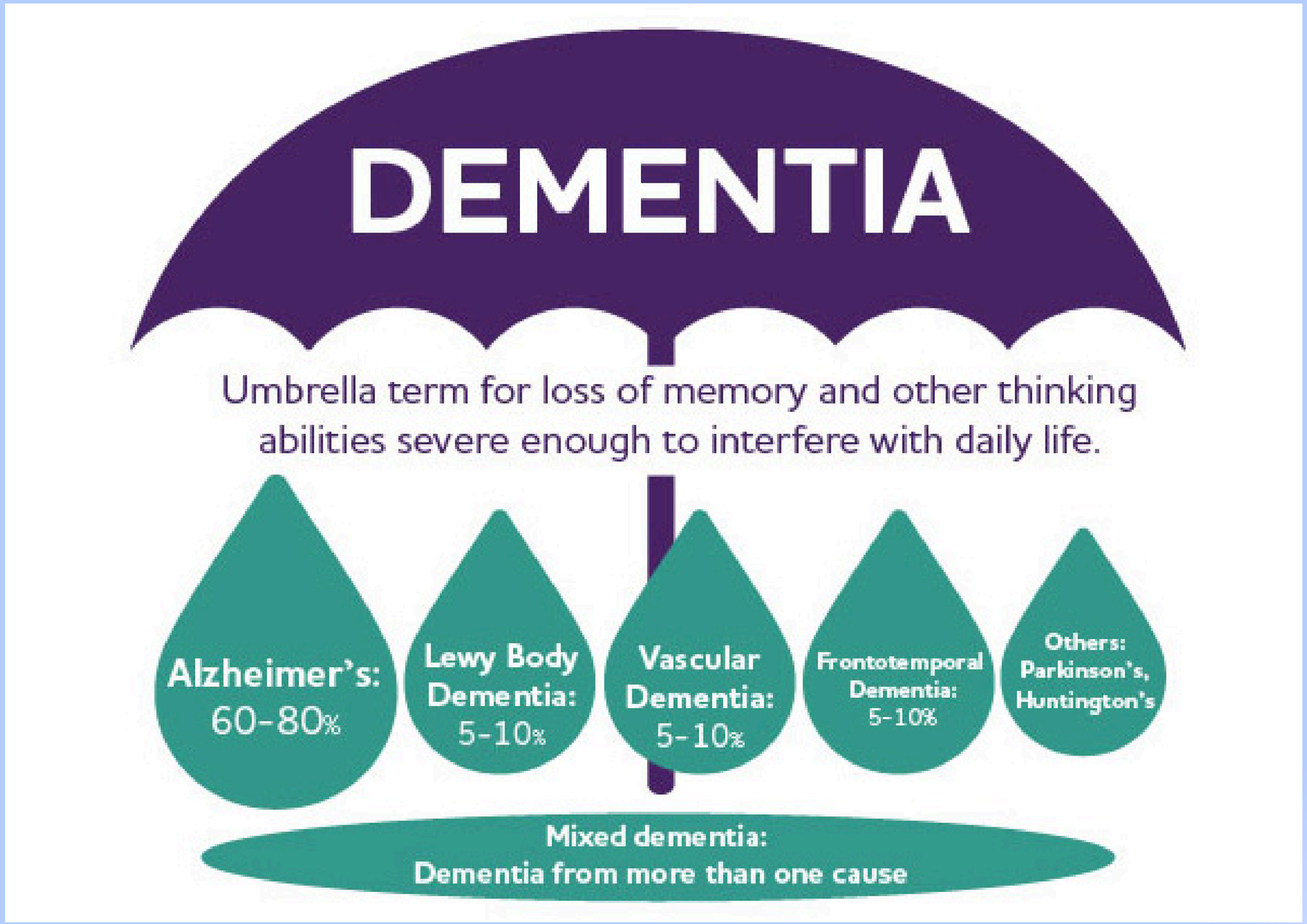
True or False

- Alzheimer’s disease and dementia are the same
- People living with dementia don’t understand what is happening around them
- You should correct a person living with dementia when they make a verbal mistake
- Only elderly people can get dementia

(Indian Health Services, 2025)

Dementia

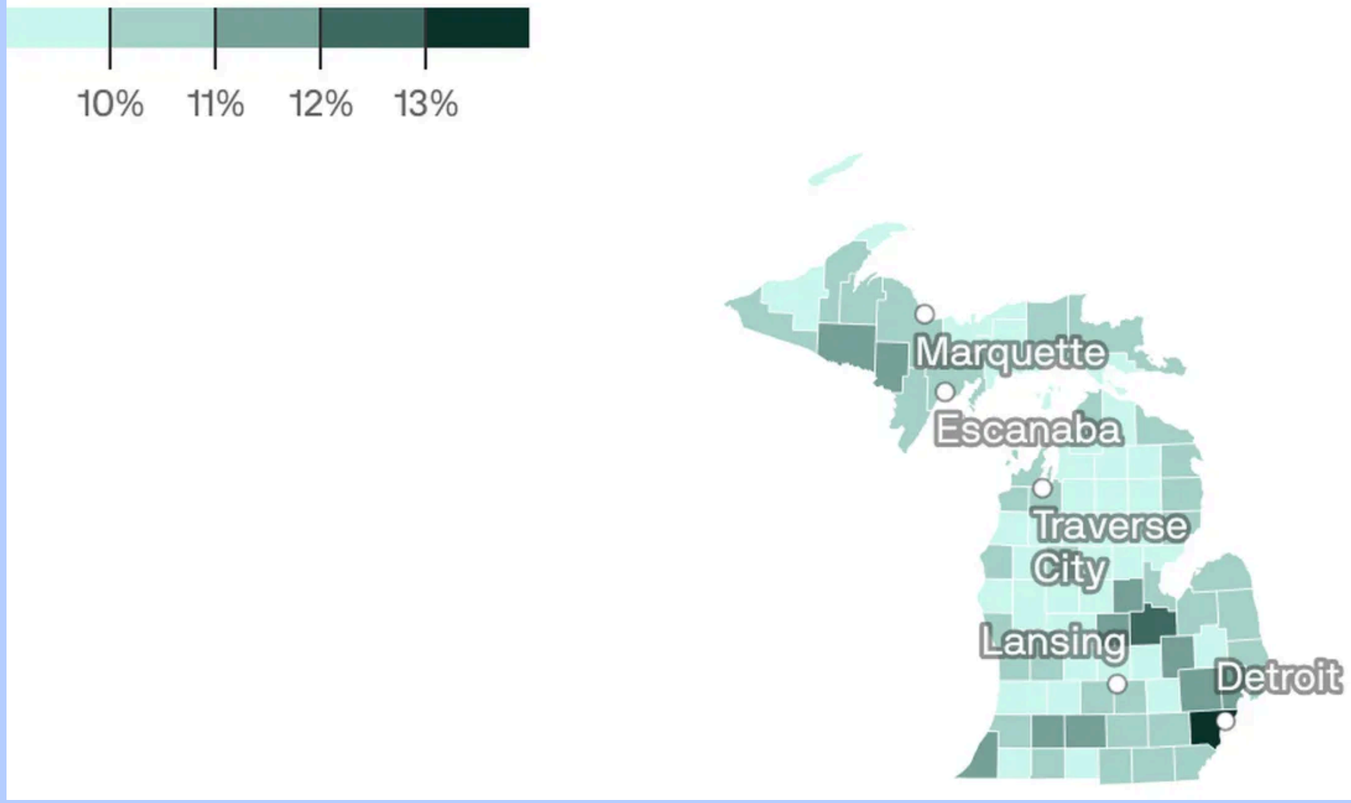
- Umbrella term that encompasses over 200 subtypes of Cognitive Impairment
- Dementia is a decline in brain function that impacts a person ability to think, recall, and reason.
- Cognitive Impairment is a new term providers are shifting to



(Tranquility, 2022)

Estimated share of older adults in Michigan with Alzheimer's disease

Among residents ages 65 and older; As of 2020



(Fitzpatrick, 2023)

Risk Factors

Age

Genetics

Health Conditions

Lifestyles

Race

Untreated Sensory Loss

History of Brain Injury

Early Signs and Symptoms

- Forgetting things more often
- Trouble following conversation
- Trouble navigating familiar places
- Missing appointments or social events
- Unable to find the right words
- Changes in temperment
- Losing train of thought
- Difficulty making decisions
- Anxiety or depression

Dementia Managment

- Medical Treament
  - Treat underlying causes
  - Medication

- Care Planning
  - Advance care planning and legal decision-making
  - Involove family and caregivers early

- Cognitive Support
  - Structured daily routines
  - Memory aids

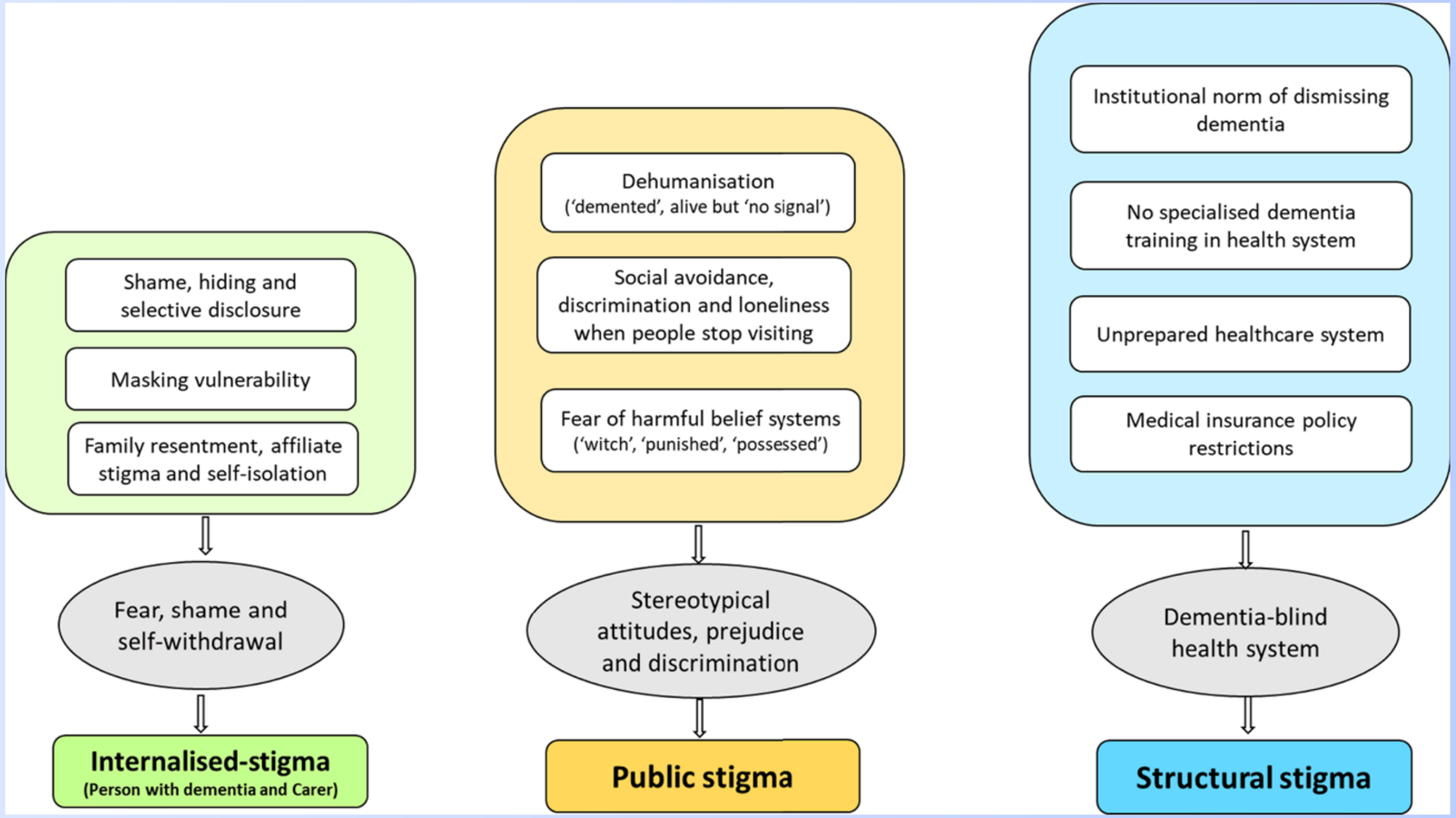
Dementia Managment

- Environmental Adaptations
  - Declutter
  - Mobility Aids

- Behavioral Strategies
  - Redirection
  - Break task into smaller steps
  - Monitor triggers for agitation

- Community Resources
  - Adult day programs
  - Dementia-freindly support groups
  - In-home caregivers

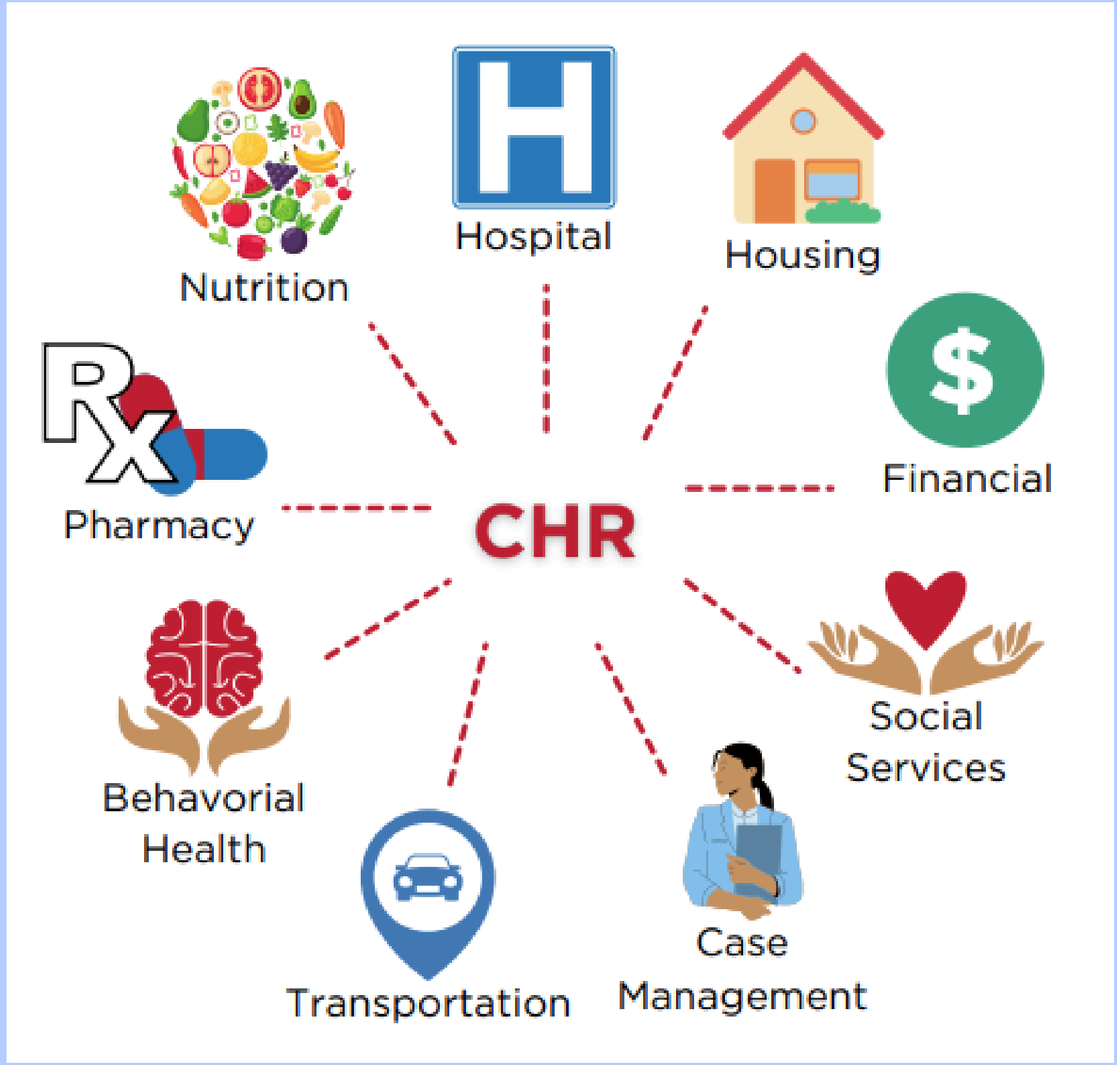
Managing Dementia: Stigma



(Jacobs et. al, 2022)

CHR Roles in Addressing Dementia

- C3 Council’s core roles and competencies are at the center of this effort
- The core roles and competencies provide a big-picture view of the scope of services CHRs can offer



(Indian Health Services, 2025)

CHW Core Roles

Cultural Mediation

Culturally Appropriate Care

CHW Core Roles

Care Coordination

Coaching & Social Support

(Indian Health Services, 2025)

CHW Core Roles

Advocacy

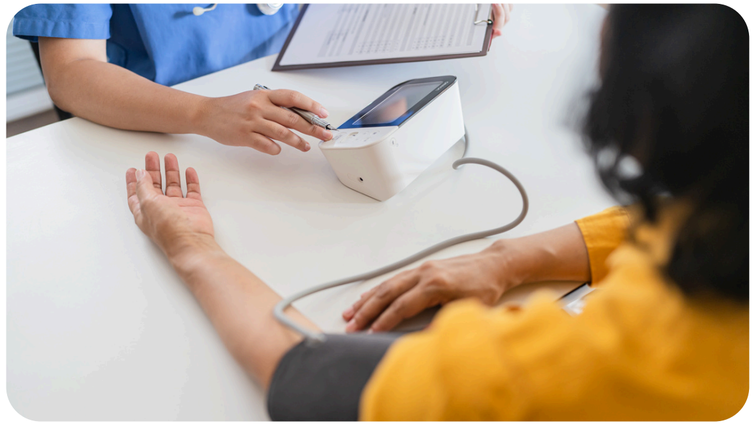
Assessments

(Indian Health Services, 2025)

CHW Core Roles

Capacity Building

Direct Services

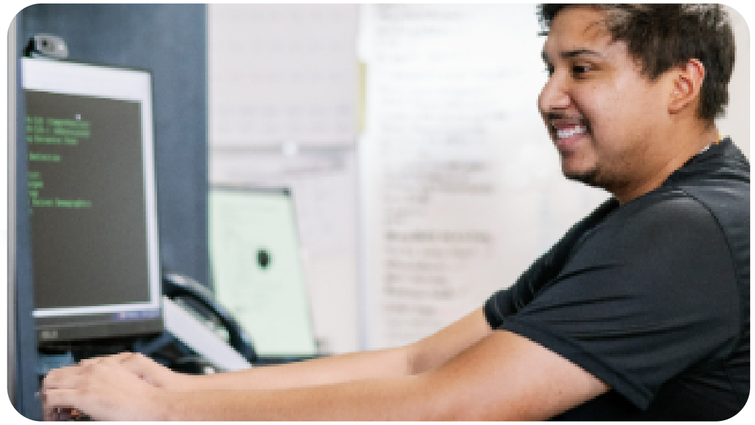


CHW Core Roles

Outreach

(Indian Health Services, 2025)

Evaluation & Research



(Indian Health Services, 2025)

Using and scoring the Mini-Cog

Mini-Cog©

Instructions for Administration & Scoring

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.[13] For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

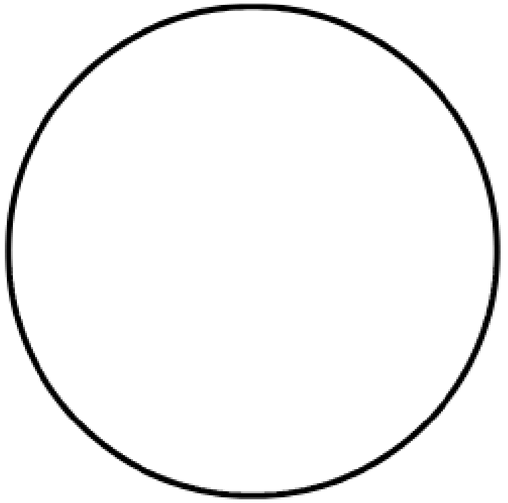
Word List Version: _____ Person's Answers: _____ _____ _____

Scoring

Word Recall: _____ (0- 3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the cor- rect sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are point- ing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0- 5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recom- mended as it may indicate a need for further evaluation of cognitive status.

Clock Drawing

ID:_____ Date: _____



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2. Borson S, Scanlan JM, Watanabe J et al. Improving identification of cognitive impairment in primary care. Int J Geriatr Psychiatry 2006;21: 349–355.
3. Lessig M, Scanlan J et al. Time that tells: Critical clock-drawing errors for dementia screening. Int Psychogeriatr. 2008 June; 20(3): 459–470.
4. Tsoi K, Chan J et al. Cognitive tests to detect dementia: A systematic review and meta-analysis. JAMA Intern Med. 2015; E1-E9.
5. McCarten J, Anderson P et al. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. J Am Geriatr Soc 2011; 59: 309-213.
6. McCarten J, Anderson P et al. Finding dementia in primary care: The results of a clinical demonstration project. J Am Geriatr Soc 2012; 60: 210-217.
7. Scanlan J & Borson S. The Mini-Cog: Receiver operating characteristics with the expert and naive raters. Int J Geriatr Psychiatry 2001; 16: 216-222.

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Scoring the Mini-Cog

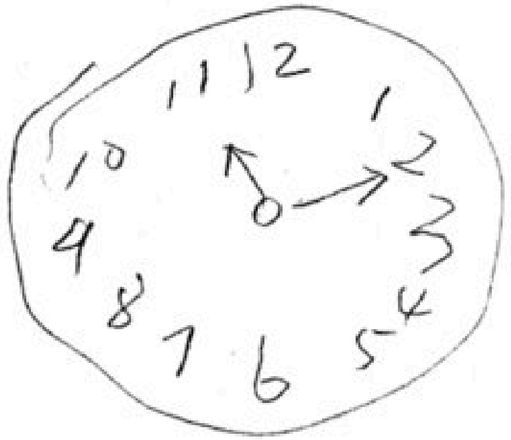
- **Recall Score (Total Possible Score: 0-3)**
  - 1 point for each word correctly recalled without prompt

- **Clock Drawing Score (Total Possible Score: 0-2)**
  - 2 points for a normal clock or 0 (zero) points for an abnormal clock drawing.
  - A normal clock must include all numbers (1-12), each only once, in the correct order and direction (clockwise).
  - There must also be two hands present, one pointing to the 11 and one pointing to 2.
  - Hand length is not scored in the Mini-Cog© algorithm.

A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

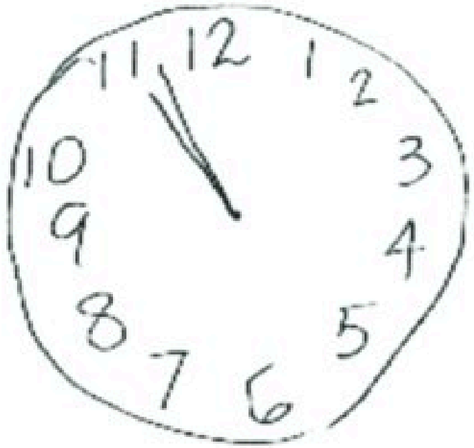
Scoring the Mini-Cog

Normal Clock



Abnormal Clock

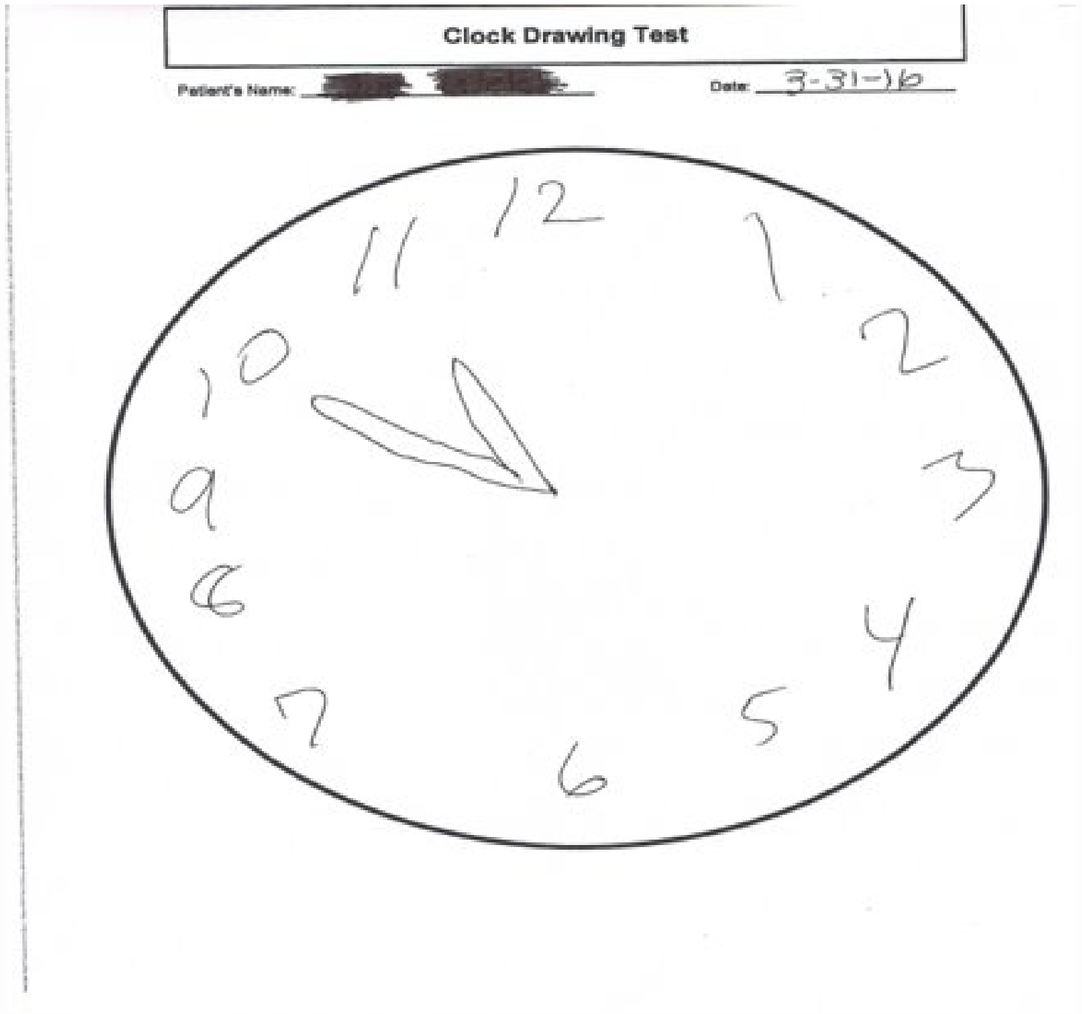
(abnormal hands)



Abnormal Clock

(missing number)

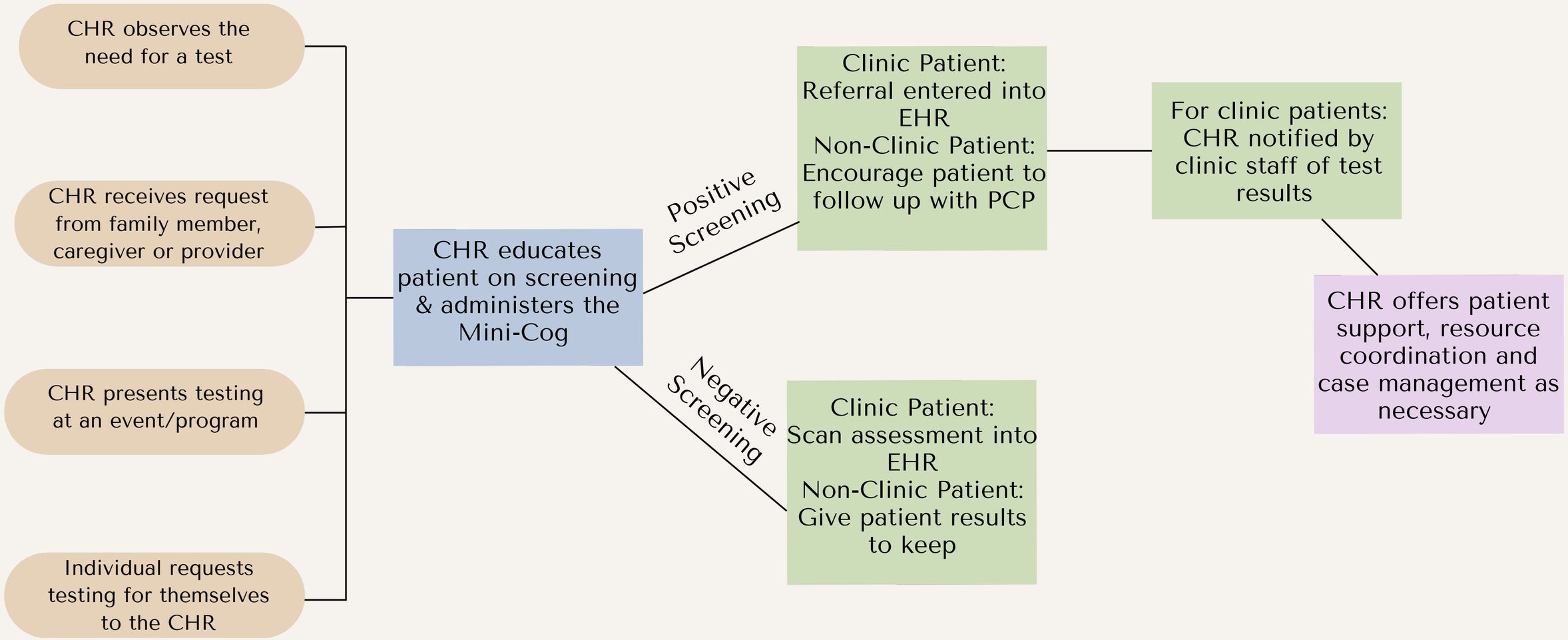
Abnormal or normal clock?



Now you've screened positive (0-3)

- **Positive screening is NOT a diagnosis. Don't label them with dementia or Alzheimer's or automatically refer them to organizations specifically for the disease – the Mini-Cog is only a screening tool and positive findings are not a diagnosis**
- Share information in a calm, matter of fact reassuring way in a quiet time/place
- If you find it useful, consider a second screening tool called the AD-8 that you can use with family or significant others

NHBP MINI-COG FLOWCHART



Mini-Cog Data

	Total # of Screenings	Postive Screens	Negative Screens	Native Americans Screens	Refered for further testing	Referals Completed	Confrimed Cases of CI
Jan	1	0	1	1	0	0	0
Feb	4	1	3	3	1	1	0
Mar	8	0	8	3	0	0	0
Apr	0	0	0	0	0	0	0
May	4	0	4	1	0	0	0
Jun	5	0	5	5	0	0	0
Jul	5	0	5	5	0	0	0
Totals	27	1	26	23	1	1	0

Educating about Dementia

Educational Booths at events such as our Pow Wow, and senior expos

Public Health Social Meida Ad Campaigns

Presenting at MIEA, MPPC, Lunch and Learn, educating clinical team

Conclusions: Bridging the Gap Together

Dementia impacts our communities in deep and personal ways — early detection, understanding, and support are key.

CHRs and CHWs are uniquely positioned to provide culturally responsive, community-centered care that fosters dignity and trust.

By using tools like the Mini-Cog and embracing our role as advocates and educators, we can empower families, reduce stigma, and promote better outcomes.

Together, we are not just identifying dementia — we are building a bridge to compassionate care.

References

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