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POSTER ABSTRACT

Promising Practices in Diabetes and Dementia Care for Older Adults: Findings from an Environmental Scan

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Background: Mississauga is one of Canada's most culturally diverse cities, with immigrants making up 30 percent of the population and diabetes rates up to 66 percent higher than the provincial average. Older immigrants living with both diabetes and dementia face compounded challenges due to cultural and language barriers, alongside a 40 percent increase in long-term care waitlists, making Mississauga a critical setting for developing inclusive, community-based interventions that support aging in place.

Objective: s: This environmental scan sought to identify promising practices and integrated care models for diabetes management in older adults with dementia, with a focus on applicability to immigrant populations. Specifically, we explored: (1) promising practices that address the unique needs of this population; (2) components of integrated care models that contribute to improved outcomes; and (3) clinical, quality of life, and process outcomes associated with these models.

Methods: We reviewed published and grey literature from 2020–2025 including academic databases Ovid Medline, PsycInfo, EMBASE and the Cochrane library. Relevant search terms captured the population (older adults), concepts (diabetes, community-living, dementia, cultural care models) and context (Canada and similar health systems [UK, Australia, US]). The search strategy was developed in consultation with Partners Community Health, our key community partner, and a librarian. Partners Community Health is a not-for-profit organization delivering integrated, people-centered healthcare in Mississauga and West Toronto, including managing Wellbrook Place's two long-term care homes and Seniors Hub. Data were classified and analyzed using a structured framework incorporating the EPOC taxonomy.

Results: We screened 1884 citations and 132 full-text articles, resulting in 21 studies that met inclusion criteria, including nine that explicitly addressed cognitive impairment in older adults with diabetes. The studies represented diverse geographic and cultural contexts, including African American, Hispanic/Latino, Vietnamese, Korean, and Black-British populations. Interventions ranged from occupational therapy and computerized cognitive training to

community health worker-led education, mobile health (mHealth), and telemonitoring. Interventions incorporated cultural tailoring, such as language adaptation, dietary relevance, and family involvement, and were associated with improvements in diabetes self-management, glycemic control, cognitive function, and psychosocial outcomes. Eleven interventions were co-designed with community members.

Mapping to the EPOC taxonomy revealed that most interventions focused on healthcare recipients, particularly through tailored interventions (n=18), educational materials (n=15), and patient-mediated strategies (n=11). Delivery arrangements were also prominent, especially group-based education (n=7) and home or community-based care (n=10). Coordination of care (n=8) and digital health tools (n=4) were moderately represented along with team-based care (n=2), care pathways (n=2), and telemedicine (n=3).

Implications: While integrated care models for diabetes and dementia are emerging, there is a clear gap in culturally responsive approaches tailored to immigrant older adults. This scan highlights the need for inclusive, community-informed interventions that reflect the intersection of chronic disease and cultural diversity. These insights will directly inform the co-design and evaluation of a culturally tailored intervention in Mississauga contributing to more equitable and integrated care for aging immigrant populations.