

## Culturally safe health and wellbeing assessment methods for dementia in older Indigenous adults: A scoping review protocol

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**ADMINISTRATIVE INFORMATION****Support** - See funding information below.**Review Stage at time of this submission** - The review has not yet started.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202660119**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 26 June 2026 and was last updated on 26 June 2026.**INTRODUCTION**

**Review question / Objective** This scoping review aims to address the following question: What resources and guidelines exist to inform the culturally safe assessment of older Indigenous peoples with, or at risk of, dementia?

**Background** Indigenous populations across the world possess diverse and distinct cultures, lands, resources, histories and lived experiences. There are an estimated 476 million Indigenous people living in more than 90 countries whose social, cultural, economic, and political systems differ from the dominant populations surrounding them (Department of Economic and Social Affairs; Moloney et al., 2023). Importantly, Indigenous peoples have historical continuity with land and communities that existed prior to colonisation and are dedicated to the ongoing preservation, practice and transmission of culture to subsequent generations (Department of Economic and Social Affairs, 2004).

Indigenous Elders play a crucial role in the transfer of intergenerational knowledge, upholding cultural worldviews and safeguarding community, land and cultural connections. Health and wellbeing for Indigenous peoples is often defined by a collective and holistic worldview, incorporating spiritual, environmental, cultural, and social dimensions alongside physical and mental health (World Health Organization, n.d.). Despite this comprehensive worldview, Indigenous peoples frequently experience barriers to health care and have poorer health outcomes than non-Indigenous populations, including high age-specific rates of dementia affecting the health and wellbeing of Elders and their communities (Carty et al., 2020; Clarke et al., 2024; Jacklin et al., 2012; Lo Giudice et al., 2016; Radford et al., 2015; Russell et al., 2021; Smith et al., 2008). This increased age specific dementia prevalence is linked to the long-term consequences of colonisation, including disruption to culture and community, intergenerational trauma, and structural disadvantage embedded within the social determinants of health. Persistent inequities in access to quality healthcare,

education, and secure employment have contributed to disproportionate health burdens. In turn, higher rates of midlife chronic illnesses such as diabetes and renal disease, are understood to play a significant role in increasing dementia risk (Russell et al., 2025).

**Rationale** Applying a framework of cultural safety is important both for addressing these inequities and to recognise the ongoing impacts of colonisation and racism in health care (Gerlach, 2012; Papps & Ramsden, 1996). Cultural safety in health care requires both service and practice-level approaches involving careful reflection and analysis of power imbalances as well as respect and acknowledgement of cultural values, strengths and differences (Australian Institute of Health and Welfare, 2023; Meechan et al., 2024; Papps & Ramsden, 1996). These principles must be applied throughout all levels of service delivery, including during the assessment process.

Comprehensive assessment of dementia should include client and carer reports of cognition, function, mental health and wellbeing. Several tools encompassing these assessment domains have been co-designed or adapted for use with older Indigenous peoples, particularly in the context of dementia care (Bezerra et al., 2024; Dudley, 2020; Jacklin et al., 2020; LoGiudice et al., 2006; Smith et al., 2016; Smith et al., 2021; Smith et al., 2024). However, the availability of such tools does not in itself ensure that assessment processes are conducted in a culturally safe manner. Clearer guidance is required in how health practitioners can integrate cultural safety into assessment practice in ways that are respectful, appropriate and responsive to the needs of older Indigenous peoples. Thus, the guidance and methodology of the use of such tools is as important as the tools themselves.

## METHODS

This protocol was developed using the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis (Aromataris et al., 2024), and additionally informed by the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) checklist where applicable to scoping reviews (Moher et al., 2015). The scoping review will be performed in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018) and the JBI Manual for Evidence Synthesis (Aromataris et al., 2024).

**Strategy of data synthesis** The databases to be searched for this review include: PubMed/MEDLINE; Embase; Cumulative Index of Nursing and Allied Health (CINAHL); PsycINFO; Web of Science; Google Scholar; and Informit, Health and Indigenous Collections. The Embase, MEDLINE, and PsycINFO databases will be searched via the Ovid platform. The CINAHL database will be searched via the EBSCOhost platform. Databases will be searched from their start date to the time at which the scoping review will be performed.

Grey literature will also be searched via the Google search engine and targeted websites such as the Australian Indigenous HealthInfoNet and the National Collaborating Centre for Indigenous Health in Canada. Searches conducted in Google and Google Scholar will be performed using an incognito or private browsing window, with all cookies and cache cleared beforehand. For each Google and Google Scholar search, only the results appearing within the first five pages will be considered for potential inclusion in the data set. An abridged version of the keywords detailed further below will be used when searching Google and Google Scholar.

Any potentially relevant sources identified outside the formal database searches will be documented and screened against the predefined eligibility criteria. The reference lists of included sources will be screened manually to identify additional eligible evidence.

**Eligibility criteria** The resulting scoping review will be international in breadth, encompassing all available English language publications, including grey literature, which describe approaches to conducting culturally safe health assessments for Indigenous peoples aged 45 years and older. The review will specifically focus on Indigenous populations in Australia, Aotearoa New Zealand, Canada and the United States of America.

The following exclusion criteria will be applied:

- publications not in English;
- publications discussing theoretical concepts;
- publications solely focused on the content of an assessment tool rather than assessment processes and delivery;
- commentaries, editorials, conference abstracts, books and dissertations; and,
- publications where the full text is not available.

**Source of evidence screening and selection** At least two reviewers will complete the screening process, involving removal of duplicate references, followed by title and/or abstract scanning for

relevance. Adaptions will be made for grey literature screening, for example, screening for title and/or scanning website, resource or report summaries. Remaining publications identified as potentially meeting the pre-determined eligibility criteria will be read in full by reviewers. If the reviewers are unable to agree on the inclusion of a publication, an additional reviewer from the research team will be consulted for a consensus agreement. Inter-rater reliability between reviewers will be assessed using Cohen's kappa, to quantify agreement during the screening process.

**Data management** The scoping review process will be managed using the Covidence systematic review tool (Covidence, Melbourne) and EndNote reference management software (Clarivate, London).

**Reporting results / Analysis of the evidence** Data extraction will be conducted by at least two authors using a data extraction template in Microsoft Excel. The template will include information such as document title, author, publication type, publication year, population of interest, setting, and Indigenous perspectives, involvement, collaborations and outcomes. A narrative summary will be provided to present key findings.

**Language restriction** We will search for publications in English only.

**Country(ies) involved** Australia and Canada.

**Search strategy** The search strategy for the review will encompass three concept groups: Indigenous peoples; older people; and cultural safety. An example search string for the PubMed database is detailed below. The syntax will be adapted as required for additional database searches.

```
(
  (Indigenous[Title/Abstract]) OR
  (Aboriginal[Title/Abstract]) OR
  ("Torres Strait"[Title/Abstract]) OR
  ("Alaska Native"[Title/Abstract]) OR
  ("American Indian"[Title/Abstract]) OR
  ("First Nation*" [Title/Abstract]) OR
  ("Indigenous Canadian" [Title/Abstract]) OR
  (Inuit[Title/Abstract]) OR
  (Māori[Title/Abstract]) OR
  (Maori[Title/Abstract]) OR
  (Metis[Title/Abstract]) OR
  (Métis[Title/Abstract]) OR
  ("Native American"[Title/Abstract]) OR
  ("Native Hawaiian"[Title/Abstract]) OR
  ("Native Hawai'ian"[Title/Abstract]) OR
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("Indigenous Peoples"[MeSH Terms]) OR
("Australian Aboriginal and Torres Strait Islander Peoples"[MeSH Terms]) OR
(Oceanians[MeSH Terms]) OR
("Indigenous Canadians"[MeSH Terms]) OR
(Inuit[MeSH Terms]) OR
("Maori People"[MeSH Terms]) OR
("American Indian or Alaska Native"[MeSH Terms]) OR
("Native Hawaiian or Pacific Islander"[MeSH Terms])
)
AND
(
  (Ageing[Title/Abstract]) OR
  (Aging[Title/Abstract]) OR
  ("Middle Aged"[Title/Abstract]) OR
  (Elder*[Title/Abstract]) OR
  (Older[Title/Abstract]) OR
  (Geriatric*[Title/Abstract]) OR
  (Senior*[Title/Abstract]) OR
  (Aging[MeSH Terms]) OR
  (Aged[MeSH Terms]) OR
  ("Middle Aged"[MeSH Terms]) OR
  (Geriatrics[MeSH Terms])
)
AND
(
  (Guideline*[Title/Abstract]) OR
  ("Best Practice"[Title/Abstract]) OR
  (Resource*[Title/Abstract]) OR
  ("Cultural Safety"[Title/Abstract]) OR
  ("Culturally Safe"[Title/Abstract]) OR
  ("Cultural Competence"[Title/Abstract]) OR
  ("Culturally Competent"[Title/Abstract]) OR
  ("Cultural Competency"[Title/Abstract]) OR
  ("Cultural Appropriateness"[Title/Abstract]) OR
  ("Culturally Appropriate"[Title/Abstract]) OR
  ("Culturally Specific"[Title/Abstract]) OR
  ("Cultural Protocol"[Title/Abstract]) OR
  ("Cultural Protocols"[Title/Abstract]) OR
  ("Cultural Acceptability"[Title/Abstract]) OR
  ("Culturally Acceptable"[Title/Abstract]) OR
  ("Cultural Security"[Title/Abstract]) OR
  ("Culturally Secure"[Title/Abstract]) OR
  ("Cultural Sensitivity"[Title/Abstract]) OR
  ("Culturally Sensitive"[Title/Abstract]) OR
  ("Cultural Awareness"[Title/Abstract]) OR
  ("Culturally Aware"[Title/Abstract]) OR
  ("Cultural Responsiveness"[Title/Abstract]) OR
  ("Culturally Responsive"[Title/Abstract]) OR
  ("Cultural Relevance"[Title/Abstract]) OR
  ("Culturally Relevant"[Title/Abstract]) OR
  ("Cultural Congruence"[Title/Abstract]) OR
  ("Culturally Congruent"[Title/Abstract]) OR
  ("Trauma Informed"[Title/Abstract]) OR
  ("Trauma Aware"[Title/Abstract]) OR
  ("Trauma Awareness"[Title/Abstract]) OR
```

("Practice Guidelines as Topic"[MeSH Terms]) OR  
 ("Culturally Competent Care"[MeSH Terms]) OR  
 ("Cultural Competency"[MeSH Terms])  
 )

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**Overlapping Authorship** Several authors have previously published work in this area which may potentially be included in the scoping review.

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**Keywords** Indigenous; ageing; cultural safety; best practice; resources; guidelines.

**Dissemination plans** The scoping review will be submitted for publication in an academic journal.

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