

Bridging Gaps in Cognitive Screening Through Shared Decision-Making Support Tools (Share-D Study)

P8-997

Christopher Carey^{1,4}, Sophia Wang^{1,4}, Ruth Adeyemi², Caprice Elliott^{1,4}, Kourtney Byrd³, Deja White⁴, Boyang Dong⁵, Omolola Adeoye-Olatunde³
¹Indiana Alzheimer's Disease Research Center, Indianapolis, IN • ²University of Florida, Gainesville, FL • ³Purdue University, Indianapolis, IN • ⁴Indiana University School of Medicine, Indianapolis, IN • ⁵Howard University, Washington D.C.

Engaging dyads and community health workers surfaced critical barriers — fear, stigma, and structural challenges — and yielded actionable, community-resonant recommendations. The following data contributed to the development of two distinct prototype toolkits for dyads and CHWs.

INTRODUCTION	METHODS	RESULTS	RESULTS CONTINUED	CONCLUSION
Alzheimer's disease and related dementias (ADRD) now affect ~7.2 million U.S. adults aged ≥65. Black and Hispanic older adults are 1.5–2x more likely to develop dementia yet are less likely to receive timely diagnoses or early interventions. Lower cognitive screening rates persist where potential fear, mistrust of healthcare systems, stigma, and low health literacy intersect to limit care engagement. Community health workers (CHWs) are well-positioned as trusted intermediaries but often lack resources to support conversations about cognitive health and screening. OBJECTIVE: Generate actionable recommendations and co-create shared decision-making toolkit prototypes — for dyads and community health workers — to introduce cognitive screening in communities disproportionately affected by ADRD.	- Design: This is the developmental phase of a 2-year pilot using a qualitative, human-centered design (HCD) approach. - Participants (N = 6): - Two dyads (n=4) – older adults (≥50 yrs) with memory concerns and their interpersonal partners - Two community health workers (CHWs) - Session: ~2-hour hybrid co-design session (in-person + Microsoft Teams) in three parts – large-group framing, role-specific breakouts, and synthesis. - Analysis: Rapid thematic analysis across four domains (barriers, recommendations, toolkit components, and synthesis) using a structured template, with independent multi-analyst review and consensus.	Shared Barriers Fear of Diagnosis: Concerns about loss of autonomy and identity Cultural Stigma: Community-level taboo around cognitive decline Limited Knowledge: Unfamiliarity with screening processes Transportation: Logistical barriers to accessing care Healthcare Navigation: Difficulty engaging in clinical interactions	Recommendations Dyads - Advocacy tools and patient-rights resources - Culturally relevant, plain-language education - Conversation guides and question prompts for provider visits CHWs - Step-by-step guides for sensitive conversations - Comprehensive educational resources to build confidence - Tools to educate, reassure, and address fears	Engaging dyads and CHWs surfaced critical barriers — fear, stigma, and structural challenges — and yielded actionable, community-resonant recommendations. Future directions include iterative refinement of the toolkit prototypes and randomized testing of impact on screening attitudes, shared decision-making quality, and screening uptake. CONTACT  Dr. Omolola Adeoye-Olatunde adeoyeo@purdue.edu lab4her.org 