

Recruitment Challenges In A Pilot MSS Intervention For Chinese-speaking Older Adults With MCI



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Recruiting older Chinese American adults for culturally tailored MCI interventions requires flexible, relationship -based approaches that address barriers in access, communication, study burden, and caregiver/study partner involvement.

INTRODUCTION	METHODS	METHODS (continue)	RESULTS	CONCLUSIONS
Background Mild cognitive impairment (MCI) affects many older adults and increases risk for future cognitive decline. The Memory Support System (MSS) is an evidence-based, non-pharmacological intervention for MCI. This pilot study adapted MSS for Mandarin- and Cantonese-speaking older Chinese American adults and examined barriers to recruitment, enrollment, and retention during implementation. Objective To examine recruitment pathways, participant flow, and implementation barriers during a pilot MSS intervention for older Chinese American adults with MCI.	Study Design Retrospective review of recruitment, screening, enrollment, and retention data collected from 2025 through March 2026. Recruitment Sources Participants were identified through: - Existing Chinese cohort at the Icahn School of Medicine at Mount Sinai - CARE (Collaborative Approach for Asian Americans and Pacific Islanders Research and Education) registry - Flyers/brochures - Community outreach events - Clinical provider referrals	Eligibility Criteria Initial criteria: - Community-dwelling adults - Mandarin/Cantonese primary speakers - Age ≥65 years - Clinical/research diagnosis of MCI - Clinical Dementia Rating (CDR) global score = 0.5 Criteria were later broadened: - Age ≥55 years - MCI eligibility based on: Clinical/research diagnosis, or CDR global score = 0.5, or Subjective cognitive complaints Additional requirements: - Adequate vision and hearing - No recent initiation of nootropic medication - Availability of a study partner	As of March 2026, 362 leads were identified: 307 from the existing Chinese cohort, 54 from the CARE registry, and 1 from outreach events; flyers/brochures and clinical provider referrals yielded no leads. Among 362 leads identified: 108 pending initial contact 48 unreachable/nonresponsive 206 successfully reached Among 206 reached participants: 108 required additional follow-up 54 declined participation 18 interested but pending follow-up 17 ineligible before consent 9 enrolled Retention Outcomes Among Enrolled Participants (N = 9) 5 completed intervention and post-assessment; 2 withdrew; 2 completed baseline assessment and were pending intervention Major barriers included study partner availability, time commitment concerns, difficulty reaching prospective participants, and the need for repeated follow-up.	Recruitment challenges in this pilot reflect structural barriers at multiple stages of participant flow, including contact, eligibility confirmation, and retention. Culturally tailored non-pharmacological trials for Chinese-speaking older adults may require more flexible recruitment pathways and less participant burden while preserving methodological rigor. CONTACT For questions or additional information about this study, please contact: Xinyi Zhang, M.A. spencerzzzang@gmail.com The Li Lab website: https://labs.ica hn.mssm.edu/lilab/ Acknowledgement: This study has been supported by the Alzheimer's Disease Research Center at Mount Sinai, R61AG083582