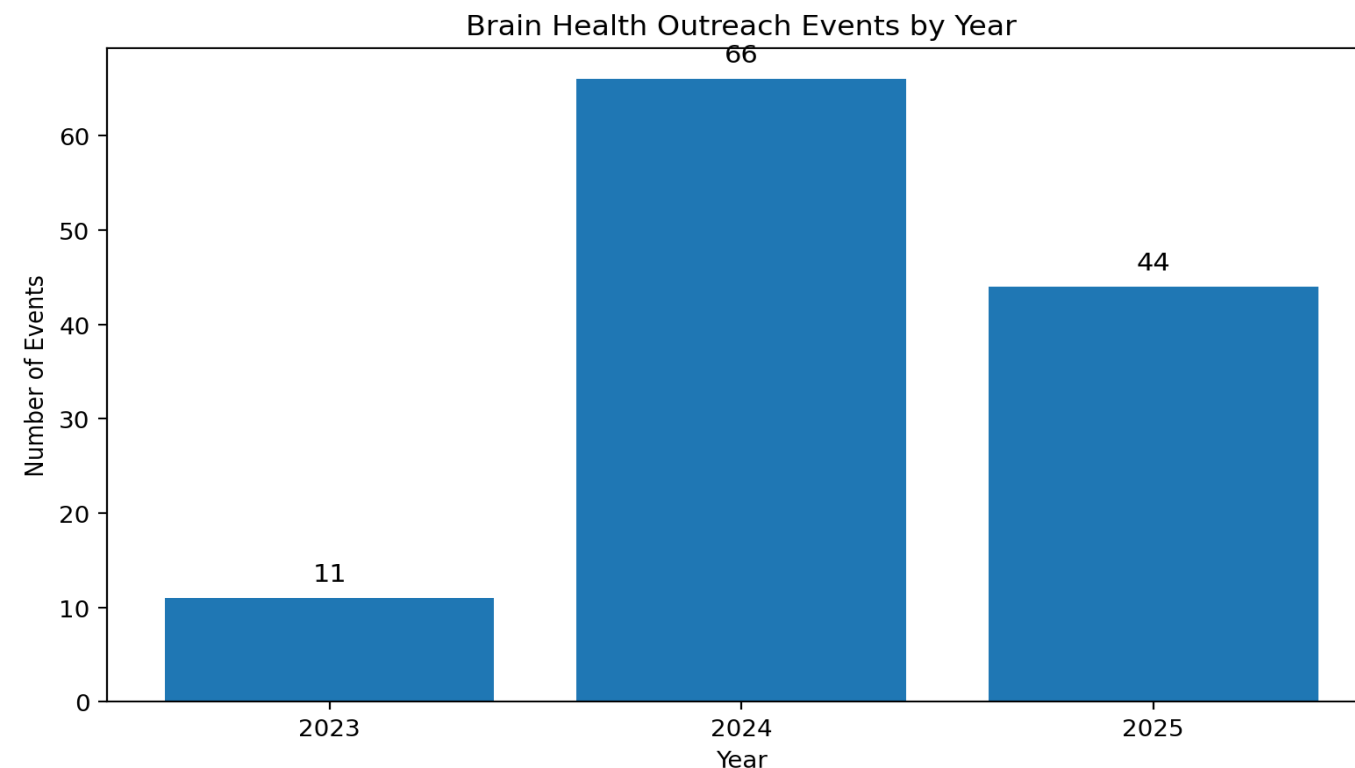
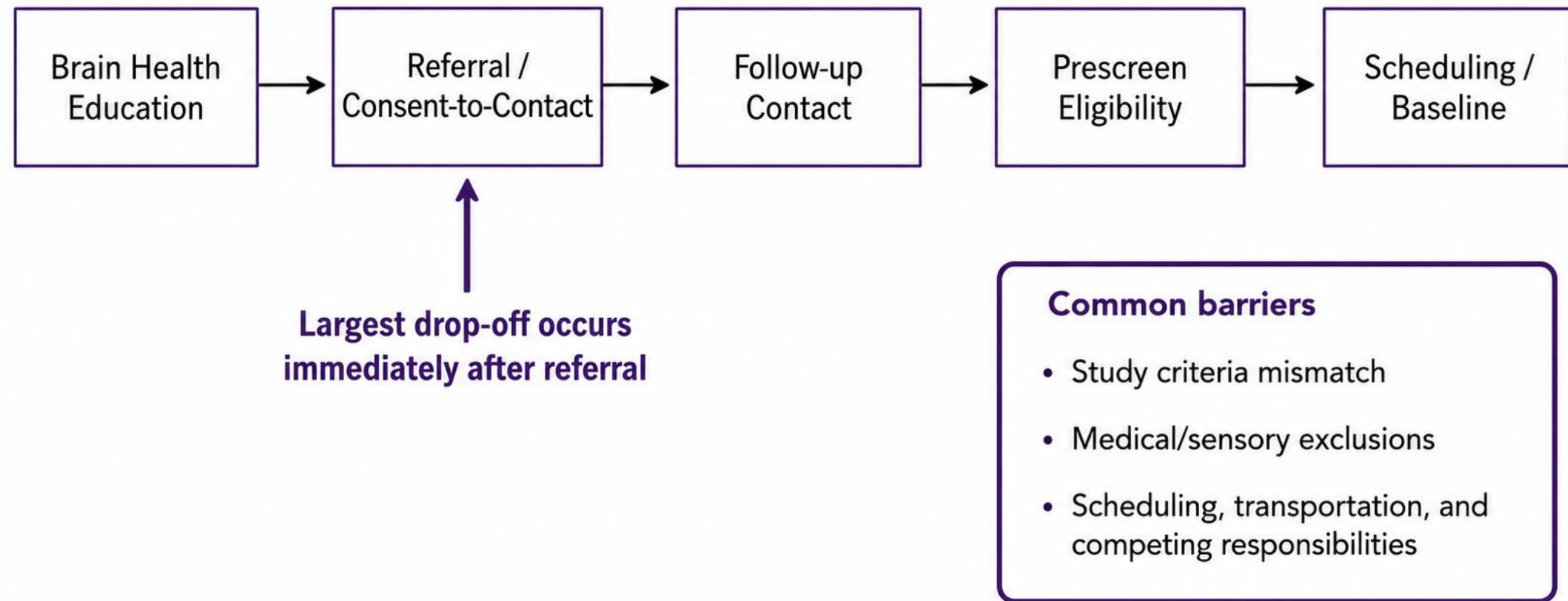


Bridging Awareness to Enrollment: Operational Lessons From a Brain Health Education-Driven Recruitment Pipeline for Older Adults

Triana Abel Encarnacion, Alexandra Ortega, Kirsten Crenshaw, Sofia Ramirez, Elizabeth Crocco, David Loewenstein, Rosie Curiel

Department of Psychiatry, University of Miami Center for Cognitive Neuroscience and Aging, Miami, FL, USA

- Educational presentations generated higher-quality referrals than community health fairs.
- Largest drop-off occurred immediately after referral, highlighting the need for same-day intake and rapid follow-up.
- Flexible scheduling, home-based assessments, and caregiver-inclusive communication improved follow-through.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES																
Community brain health education is widely used to increase awareness of Alzheimer’s disease (AD), but its downstream effect on research participation is often not systematically measured. Recruitment of Black/African American older adults into AD research remains affected by operational barriers, including study-criteria mismatch, medical or sensory exclusions, transportation, scheduling, and caregiver decision-making. Within the 1Florida Alzheimer’s Disease Research Center (1FL ADRC) ORE Core, the University of Miami CNSA site implemented a standardized education-to-enrollment workflow to examine which outreach approaches generated actionable research referrals.	Study period: September 2023 to December 2025. Setting: recurring community brain health education and outreach across trusted settings: faith-based organizations, senior centers, community health fairs, civic groups, and educational workshops. Workflow: literacy-sensitive education, information cards, consent-to-contact, structured follow-up, prescreening, scheduling, and baseline neuropsychological assessment or study-specific procedures. Tracking: referrals were entered into a database and monitored across follow-up contact, prescreen eligibility, scheduling, and baseline completion. Outcomes: referral volume and yield by event type; quality referrals were defined as successful follow-up, prescreen eligibility, and completion of scheduling and/or baseline assessment.	1. Outreach Events by Year <table><caption>Brain Health Outreach Events by Year</caption><thead><tr><th>Year</th><th>Number of Events</th></tr></thead><tbody><tr><td>2023</td><td>11</td></tr><tr><td>2024</td><td>66</td></tr><tr><td>2025</td><td>44</td></tr></tbody></table> Total outreach events across the study period: 121 • Educational presentations generated more quality referrals: participants were more often reachable for follow-up and more likely to meet prescreen criteria. • Community health fairs produced a higher proportion of non-actionable referrals because of incomplete contact information and limited follow-through. • Operational facilitators included flexible scheduling, proactive rescheduling support, home-based assessments, and caregiver-inclusive communication. • Findings identify both high-yield outreach formats and modifiable causes of screen failure. 2. Recruitment Pipeline and Drop-off Point <pre>graph LR; A[Brain Health Education] --> B[Referral / Consent-to-Contact]; B --> C[Follow-up Contact]; C --> D[Prescreen Eligibility]; D --> E[Scheduling / Baseline];</pre> Common barriers • Study criteria mismatch • Medical/sensory exclusions • Scheduling, transportation, and competing responsibilities 3. Qualitative Comparison of Outreach Formats <table><tr><th>Educational Presentations</th><th>Community Health Fairs</th></tr><tr><td> Higher-quality referrals</td><td> More non-actionable referrals</td></tr><tr><td> Better follow-up reachability</td><td> More incomplete contact information</td></tr><tr><td> Greater prescreen eligibility</td><td> More limited follow-through</td></tr></table>	Year	Number of Events	2023	11	2024	66	2025	44	Educational Presentations	Community Health Fairs	Higher-quality referrals	More non-actionable referrals	Better follow-up reachability	More incomplete contact information	Greater prescreen eligibility	More limited follow-through	Quantifying the education-to-enrollment pipeline identified high-yield outreach formats and modifiable causes of screen failure. Brain health education is most effective when embedded within a standardized tracking and rapid follow-up workflow. Same-day intake, caregiver-inclusive communication, flexible scheduling, and home-based assessments may improve recruitment efficiency and support more representative enrollment in neuropsychological and AD research. OPERATIONAL LESSONS • Same-day intake improves referral actionability. • Rapid follow-up reduces early drop-off. • Educational presentations may generate fewer but higher-quality referrals. • Transportation, home visits, and caregiver involvement reduce logistical barriers.	1. Alzheimer’s Association. 2024 Alzheimer’s disease facts and figures. Alzheimers Dement. 2024. 2. National Institute on Aging. National Strategy for Recruitment and Participation in Alzheimer’s and Related Dementias Clinical Research. CONTACT Triana Abel Encarnacion Department of Psychiatry University of Miami Center for Cognitive Neuroscience and Aging (CNSA) Miami, FL, USA Abstract: 2026-A-5679-AAIC  ALZHEIMER’S ASSOCIATION AAIC >26
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