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Background

- Amyloid-targeting therapies (ATTs) offer benefits
- ATT access limited in lower resource communities like Alabama (AL)
 - AL is high poverty, medical shortage state

Objective

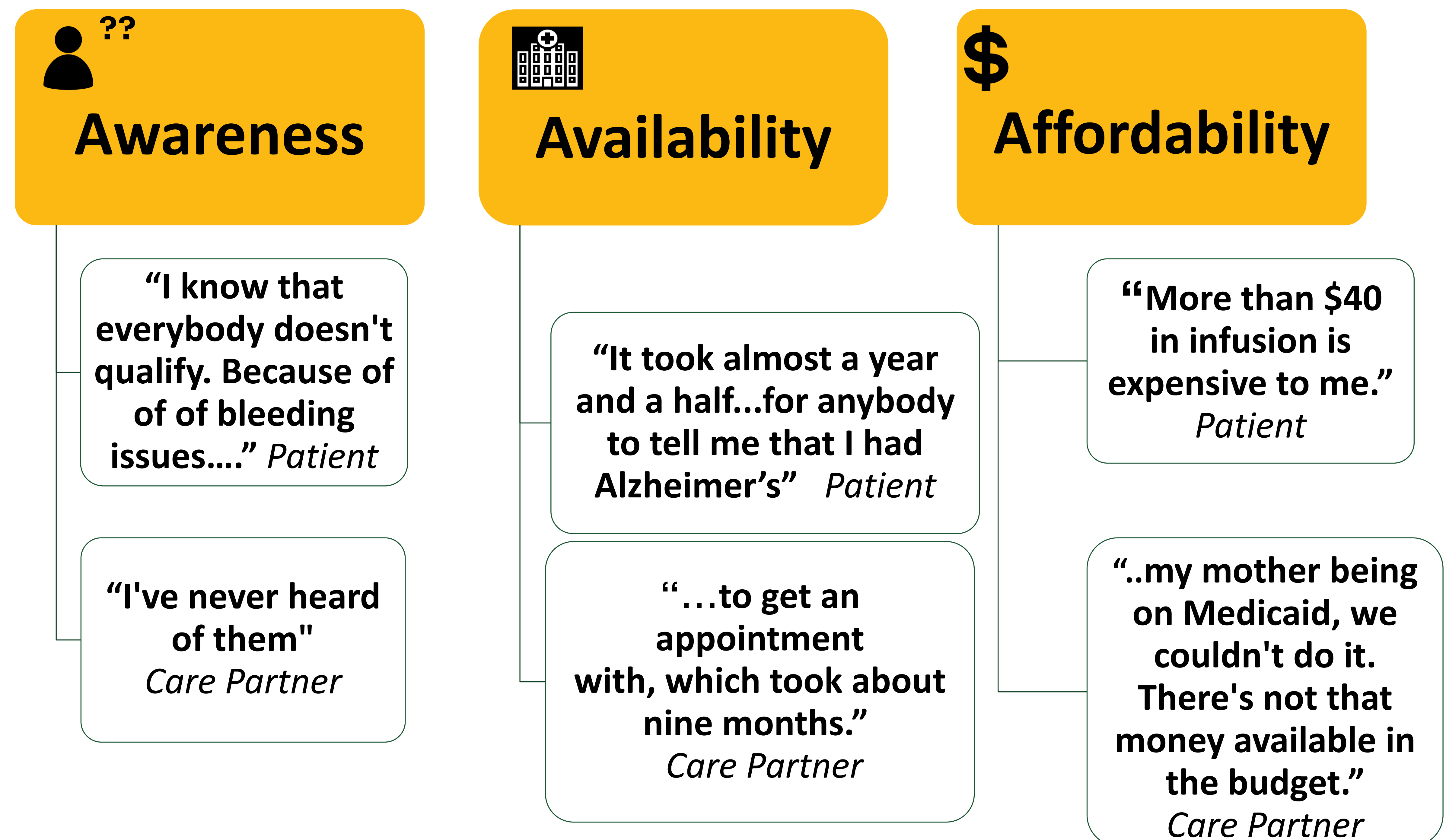
To explore challenges to ATT access in AL

Methods

- Semi-structured interviews: AD & MCI patients + care partners (CP)
- Focus groups: CP
- Interview guides based on Penchansky & Thomas access to care domains
- Inductive thematic analysis

Patients (14), CP (43) Characteristics	
Female	77.2%
African American	56.1%
Living in Non-Urban Areas	36.8%
AD Patients	71.4%
MCI Patients	28.6%

Results



Conclusions and Implications for Research and Practice

Key barriers to accessing ATTs include **(1)** low awareness of the treatments, **(2)** cost concerns, **(3)** shortage of prescribing neurologists, and **(4)** long wait times to access specialty care

Future research should further explore these barriers to identify effective strategies for enhancing optimizing the use of ATTs when beneficial for patients with AD