

Feasibility Of A Decentralized, Community-based Protocol For Cognitive Aging Research: Findings From The RAPID Pilot Study

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Introduction

- ❖ Racial and ethnic diverse populations are underrepresented in Alzheimer’s Disease and Related Dementia (ADRD) research while carrying disproportionate disease burden.
- ❖ Barriers to research participation include limited disease awareness and time constraints.
- ❖ The Resilience in Aging for the Prevention and Intervention of Dementia (RAPID) abbreviated study was developed to evaluate the feasibility of conducting research assessments onsite at community events to reduce burden, enhance research accessibility, and recruit a more diverse sample.

Methods

Participants, aged ≥18 years, were enrolled at two community events.
The protocol included (Fig.1):

- ❖ Electronic capture of informed consent
- ❖ Questionnaires on personal and medical histories, mood and thinking changes (RAPID survey)
- ❖ Tablet-based cognitive assessment (the Boston Cognitive Assessment, BoCA)
- ❖ Blood collection using the Mitra remote sampling kit.

Permission to access the electronic health record and interest in future research were surveyed.

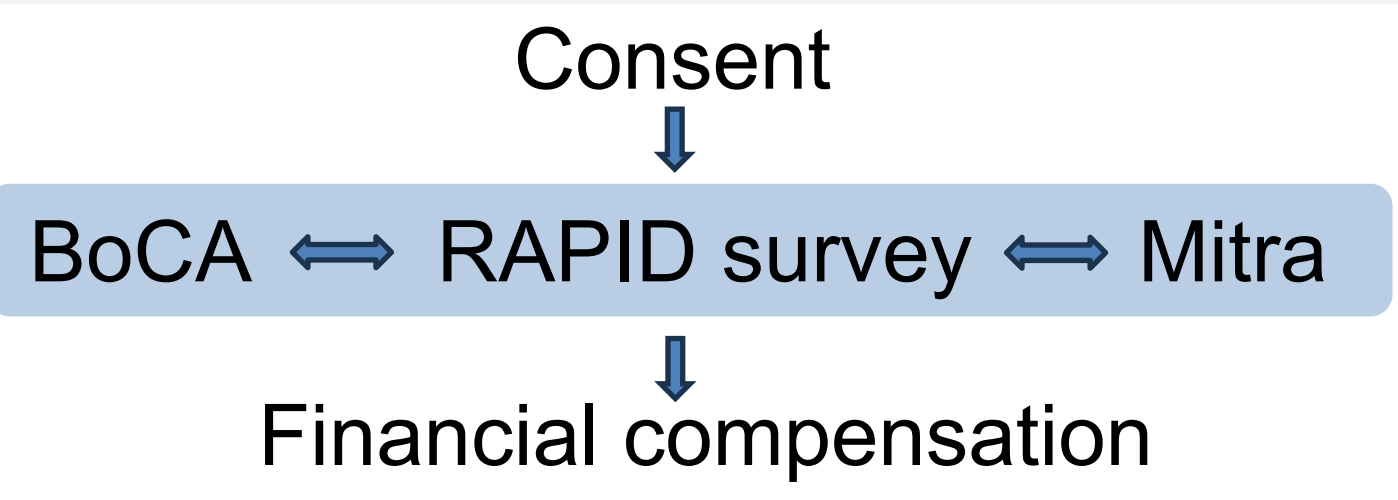


Fig.1 Procedure Flow Chart

Study Aims

- ❖ Leverage clinical data to evaluate dementia risk and cognitive decline in diverse adults across the continuum from cognitively unimpaired to dementia.
- ❖ Evaluate biological biomarkers, medical, and lifestyle factors that may shape risk and resilience to cognitive decline.
- ❖ Recognizing that Cedars Sinai cares for a diverse population and the current landscape of ADRD in minority populations is less well understood, this protocol aims to specifically include LGBTQ+ and ethnically and racially diverse participants through integration at culturally-significant community events.

Results

- A total of 47 participants enrolled (mean age = 59.46 ± 17.45 years).
- ❖ Survey data (N=41) indicated:
 - ❖ 78.0% of the cohort identified as cisgender female, 19.5% as cisgender male, and 2.4% as transgender male
 - ❖ The ethnic and racial composition of the cohort (N=43) was 2.3% American Indian, 39.5% Asian, 2.3% Black, 2.3% Middle Eastern, and 53.5% White
 - ❖ Cardiometabolic conditions were the most frequent comorbidities including high cholesterol and/or triglycerides (48.9%), hypertension (29.8%), and diabetes (19.1%) (Fig.2)
 - ❖ The mean BoCA score was 26.47 ± 3.17 (30 total points)
 - ❖ Of 41 respondents, 83% were interested in future research (Fig.3) (41% interventional, 73% observational, 34% brain/tissue donation (Fig.4))

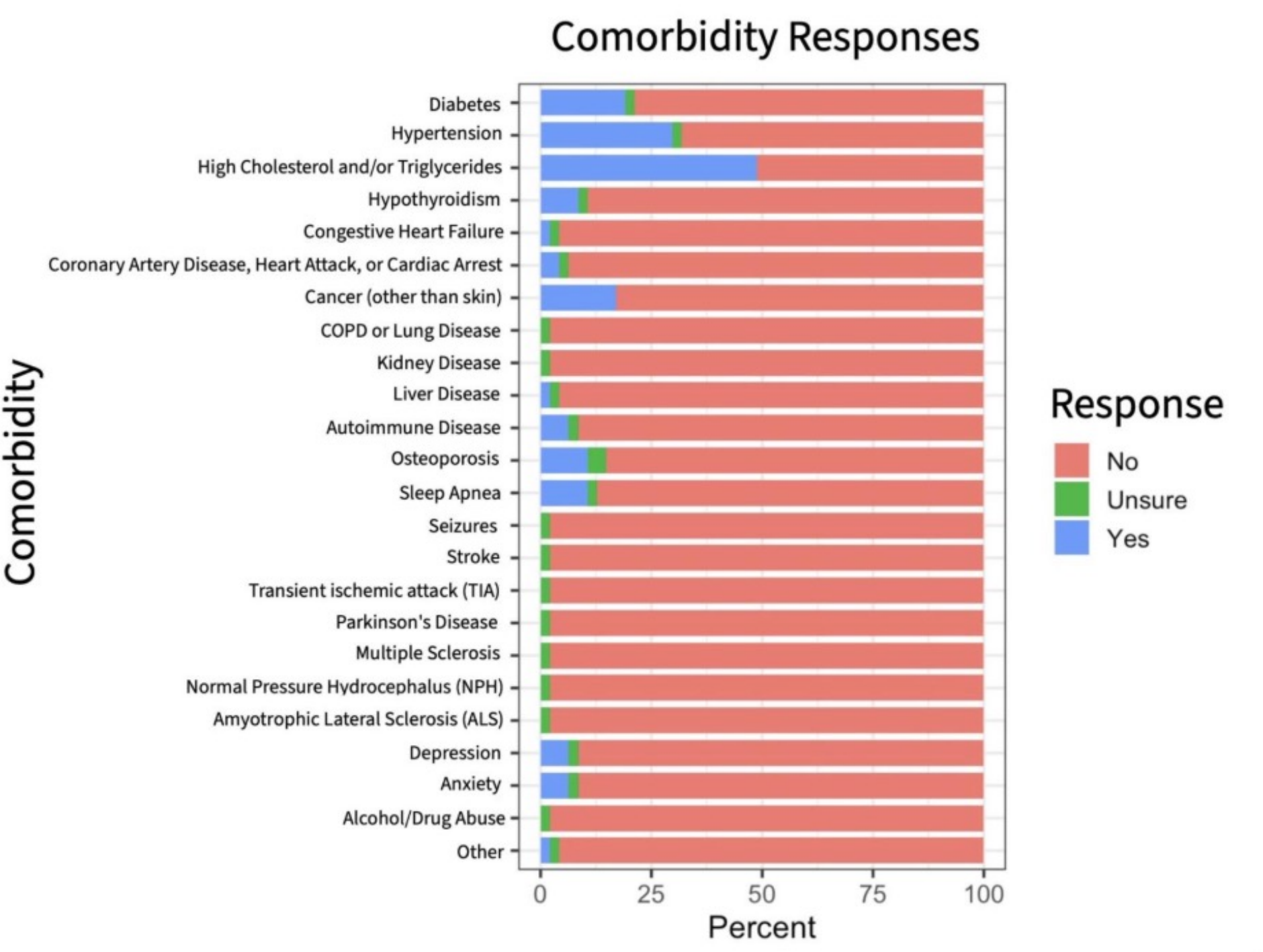


Fig.2 Comorbidity Distribution

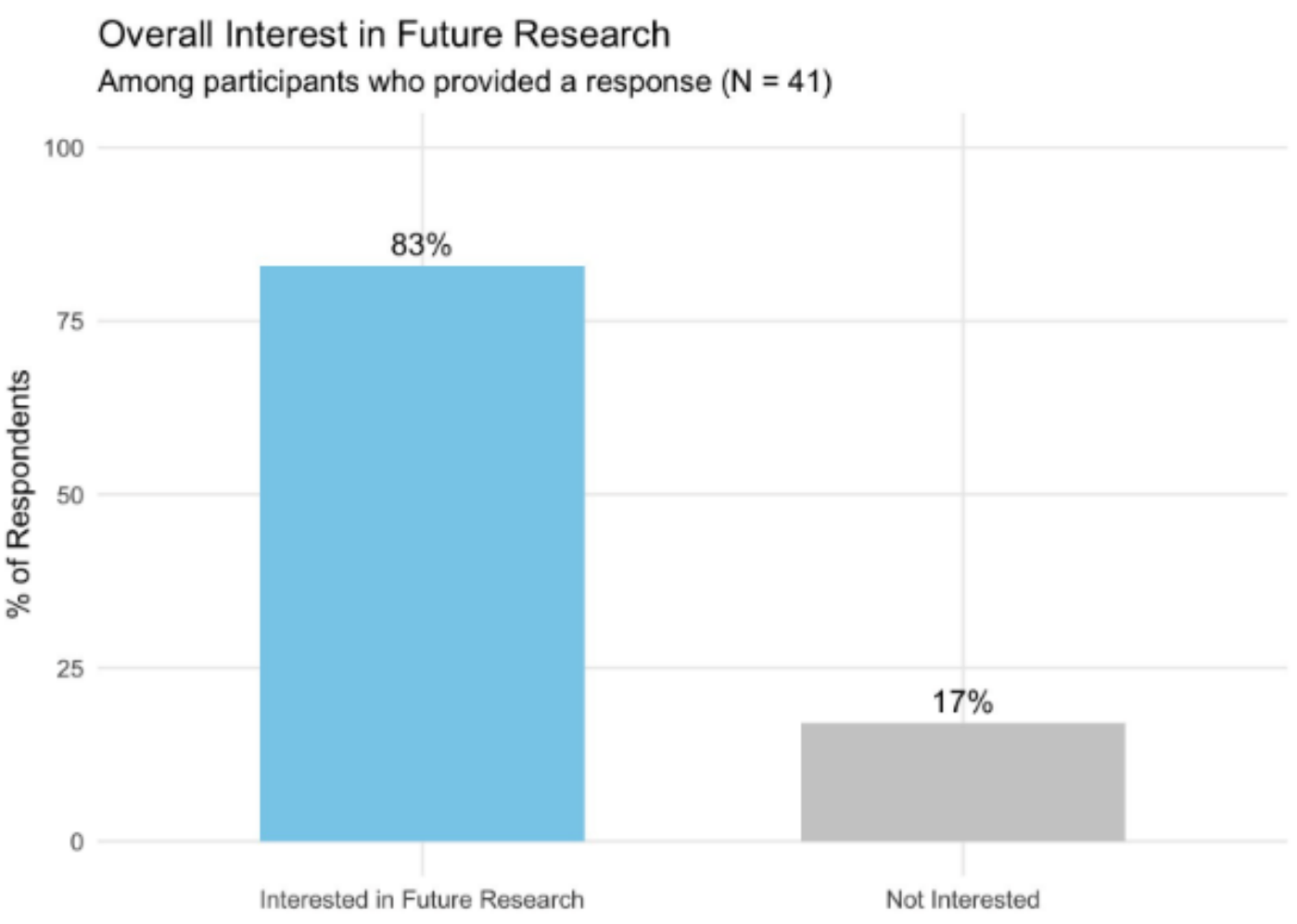


Fig.3 Overall Interest in Future Research

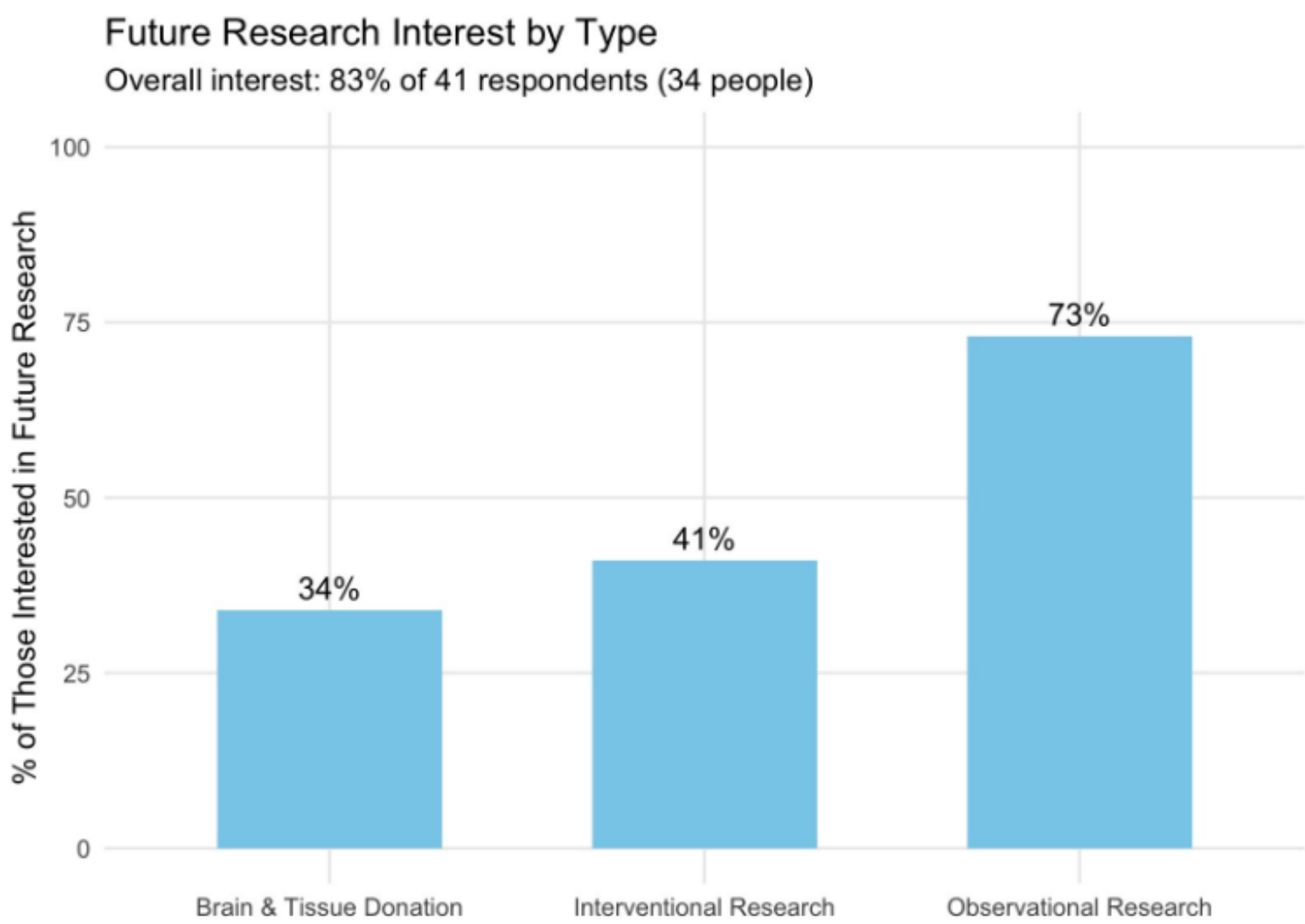


Fig.4 Interest in Future Research by Type

Conclusion

- ❖ Enrollment and data collection at public events facilitated recruitment of a demographically diverse sample with strong representation of Asian Americans
- ❖ Cognitive, demographic, and health-related data was successfully collected from participants representative of those at elevated ADRD risk, such as those with cardiometabolic conditions.
- ❖ The results support the use of decentralized community-based protocols as a method to enhance research participation and representation.

Limitations

- ❖ Modest sample size (n=47)

Acknowledgements

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Citations

Alzheimer's Association. (2026). *2026 Alzheimer's disease facts and figures*.
Marchant, N. L., et al. (2025). A multiperspective investigation of the underrepresentation of minoritized ethnic participants in dementia research. *Alzheimers & Dementia*, 21(4), e70129.