**CULTURALLY ADAPTING THE KAER TOOLKIT TO SUPPORT DEMENTIA CARE FOR ASIAN AMERICANS**

Jennifer Zanowiak, MA1, Janet Pan, MPH1, Stella Yi, PhD1, Tina Sadarangani, PhD, RN, ANP-BC, GNP-BC2, Simona Kwon, DrPH, MPH1

1Department of Population Health, NYU Grossman School of Medicine, 180 Madison Ave., 8th Flr, New York, NY 10016; 2NYU Rory Meyers College of Nursing, 433 First Avenue, 424, New York, NY 10010

**BACKGROUND:** Early symptoms of dementia are often unreported to medical professionals by Asian Americans (AA), leading to under-detection of cognitive impairment and diagnosis in advanced disease stages. This can become increasingly problematic as the AA older adult population is projected to double from 5.7% to 9.1% between 2016-2060. Community-based organizations (CBOs) often provide informal care and services to AA communities and can play a significant role in supporting early detection and preparing patients and families for changes with disease progression. However, challenges to providing support often include difficulty in accessing services and finding culturally and linguistically appropriate materials and programs.

**METHODS:** The Kickstart-Assess-Evaluate-Refer (KAER) framework developed by the Gerontological Society of America supports early detection of cognitive impairment with assessments and tools for primary care providers. Working collaboratively with Chinese, Korean, and Bangladeshi CBO senior and adult daycare programs, we are culturally adapting this toolkit using a mixed-methods approach to assess cultural relevancy, usability and acceptability of KAER resources and tools to improve detection, timely diagnosis, and community-clinical linkages to care for cognitive impairment for older AA adults.

**RESULTS:** Preliminary findings suggest that CBO staff often felt unprepared to identify and manage cognitive impairment; facing challenges with “Kickstarting” discussions and with communicating their concerns to physicians. Feedback on the toolkit found certain KAER questions and content were not culturally appropriate. Suggestions to aid CBO staff in coordinating care for older AAs with cognitive impairment include developing practical how-to guides and referrals protocols, providing training on best practices for CBO staff, expanding caregiver resources and education, developing culturally tailored education and messaging, and addressing stigma.

**CONCLUSIONS:** Community engagement in adaptation of toolkits to provide culturally tailored “best practices,” facilitate referrals and strengthen linkages between providers and community organizations can support a greater continuity of care and maximize impact and reach in AA communities.

**CONTENT CATEGORY:** Clinical Science

**KEYWORDS:** *Community-based organization, Dementia, Asian Americans, Older adults*