

among older adults in China, Japan, and Korea, where they share some cultural values but the development and conditions of economic status, health care system, and education system vary. A total of 10,111 participants aged 65 years and older were included from three harmonized datasets at baseline CHARLS, KLoSA, and JSTAR. Guided by the Healthy People 2020 Framework, five domains of social determinants were included: education levels, economic stability (total income, working for pay), social and community context (social engagement, living with children), health care access (medical center utilization), and neighborhood (rural vs. urban). Regression models showed that working for pay, social engagement, and medical center utilization were significant predictors for SRH in three countries. However, unique predictors have also been observed in China and Korea, which will be discussed in the presentation.

#### CO-CALIBRATION OF COGNITIVE DOMAINS ACROSS DIFFERENT COUNTRIES WITHOUT COMMON LINKING ITEMS

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Modern psychometric methods allow for cocalibration of cognition across cross-national surveys, given the presence of common tests across studies. For narrow cognitive domains, there may not be common tests due to cultural and linguistic differences in testing. We developed a novel method to facilitate cocalibration that entails (1) identifying a common score across studies highly correlated with the focal domain; (2) deriving scores separately in each study for the domain of interest; and (3) applying stratified equipercenile equating to equate domain scores in (2) to the distribution of the common metric in (1). We tested this method by equating executive functioning in the Harmonized Cognitive Assessment Protocols (HCAP) in the US (N=3496), India (N=4096), and England (N=1273). The method preserves the rank order of executive functioning derived separately ( $r > 0.99$  in England;  $r > 0.99$  in India), while preserving between-study differences observed in general cognitive functioning. We discuss limitations and future directions.

### Session 4210 (Symposium)

#### CULTURAL ADAPTATIONS TO RECRUITMENT STRATEGIES AND COMMUNITY-BASED INTERVENTIONS FOR DEMENTIA CAREGIVERS

Chair: Lauren Parker

Co-Chair: Katherine Marx

Discussant: Maria Aranda

Nearly 30 years after the 1993 National Institute of Health Revitalization Act, minority groups' low participation in research remains (which required the inclusion of women and racial/ethnic minority groups into government-funded clinical trials). This is particularly the case for participation in research on Alzheimer's Disease and related dementias (ADRD). Deeply rooted historical race-based mistreatment in research and in the health care system at large persist as barriers to low-participation of minorities (i.e.

Black/African American, Hispanic/Latino) and immigrants in research studies, who remain at disparate risk for adverse ADRD health outcomes and expedited mortality. The use of culturally adapted approaches in recruitment strategies and community-based interventions might be helpful to encourage the participation of underrepresented groups into research. As such, this presentation highlights three studies that seek to use cultural adaptation to inform recruitment strategies and community-based interventions. First, Dr. Parker will present how tenets from Critical Race Theory can be used to inform culturally-adapted recruitment strategies of Black/African American caregivers into community-based research by drawing upon two ongoing studies: a randomized trial providing caregiver support through Adult Day Services (ADS) and the evaluation of impact of ADS on stress levels of Black/African American using biomarker measures. Next, Ms. Johnson will present results on cultural adaptations to the ADS-Plus Program for Spanish-speaking populations. Finally, Dr. Nkimbeng will present on the process of culturally-tailoring dementia education for African immigrants in Minnesota. Findings from this presentation identify opportunities for researchers to use cultural adaptations to encourage participation of underrepresented populations into ADRD research.

#### THE USE OF CRITICAL RACE THEORY TO INFORM CULTURALLY ADAPTED RECRUITMENT STRATEGIES FOR COMMUNITY-BASED RESEARCH

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Black/African American participation in non-pharmacological randomized trials and community-based research on Alzheimer's Disease and related dementias (ADRD) remains low. This presentation introduces Critical Race Theory (CRT), its tenets and how it can be used in tandem with national strategies to encourage participation of Black/African Americans in ADRD research. CRT is a transdisciplinary methodology that draws on anti-racist tenets to study and transform the relationships among race, racism, and power. We describe how CRT constructs (e.g., race consciousness, counter-storytelling) can be used to inform recruitment strategies to enroll Black/African American ADRD caregivers into community-based research by drawing upon two ongoing studies: a randomized trial providing caregiver support through Adult Day Services (ADS) and the evaluation of impact of ADS on stress levels of Black/African American using biomarker measures. In the spirit of CRT this presentation is a call for action and transformation of dementia care research to actively include Black/African Americans.

#### THE AFRICAN IMMIGRANT DEMENTIA EDUCATION PROJECT: A COMMUNITY-UNIVERSITY PARTNERSHIP

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