

### PERSPECTIVES OF PERSONS WITH DEMENTIA, FAMILY, AND HEALTHCARE PROVIDERS ON AN ADVANCE CARE PLANNING DECISION AID

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Few evidence-based interventions to engage persons living with dementia in advance care planning (ACP) exist. We developed and explored the acceptability and appropriateness of an ACP decision aid for PLWD/family caregiver dyads living in the U.S. We conducted a mixed-methods study with 10 persons with dementia-caregiver dyads, and 4 healthcare providers. Content analysis and descriptive analysis were conducted. Major and subthemes included: (1) the role of caregivers during ACP discussion: clarifier, guide, and proxy; (2) decisional needs of persons with dementia for ACP: lack of knowledge and decisional conflict; and (3) perceptions of the decision aid: lack of clarity between advance directive types, a need to remove any questions that may be conceptually different, but appear similar to users, and need to include summary of decision-support needs. Findings provide implications for how healthcare providers can use a decision aid to facilitate ACP conversations with persons with dementia and caregivers.

### SESSION 7185 (SYMPOSIUM)

#### PARTNERSHIPS MATTER IN SUCCESSFUL AGING: COLLABORATIONS THAT PUT RESEARCH INTO PRACTICE ACROSS THE COMMUNITY

Chair: Tina Sadarangani

Discussant: Bei Wu

Healthy aging begins and ends in the community with age friendly health systems and communities. In order to promote healthy aging and help older adults make healthy choices we must engage them as partners in healthcare with access to appropriate information and resources. This symposium will examine four community based studies that engage stakeholders to improve care quality through evidence-based interventions for older adults. These programs are all novel as they seek to engage stakeholders, perform pragmatic interventions, and improve outcomes in non-academic, community-based settings which are often overlooked. Promoting healthy behavior through peer coaching, using early detection and treatment to impact cognitive decline in social day care programs, evaluating the feasibility of screening for palliative care in assisted living and implementing evidence-based dementia care in hospice settings are all explored. Analysis of these initiatives showed improvements in perceived-health, reductions in unnecessary healthcare utilization, and improvements in the physical and emotional health of caregivers, and positive changes in health behaviors. Our discussion will underscore the importance of engaging key stakeholders in study design and implementation to yield better outcomes. Community engagement is an essential part of facilitating aging-in-place, and findings illustrate that this can be achieved through innovative collaborations between researchers and community-based organizations across a variety of settings.

### ADAPTING THE KAER FRAMEWORK TO SUPPORT EARLY DIAGNOSIS AND TREATMENT OF DEMENTIA IN ASIAN AMERICANS

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Asian Americans (AAs) are frequently diagnosed with dementia in advanced disease stages and have difficulty accessing services. The NYU Center for the Study of Asian American Health, set out to culturally adapt The Kickstart-Assess-Evaluate-Refer (KAER) framework to support earlier detection of dementia in AA communities. Working with Bangladeshi, Chinese, and Korean senior centers, we used a participatory action approach to assess cultural relevancy, usability and acceptability of KAER to improve timely diagnosis and access to care. We found that community-based organizations (CBOs), not physicians, were often “first responders” in identifying and managing dementia. However, CBO staff felt unprepared to “Kickstart” discussions, found certain KAER questions were not culturally appropriate, and encountered barriers in communicating their concerns to physicians. Adaptations to KAER can maximize its impact and reach in AA communities. Suggestions include group education, as opposed to individualized screening, and stronger linkages between physicians and CBOs to ensure care continuity.

### PARTNERING WITH HOSPICES TO DEVELOP, TEST, AND IMPLEMENT ALIVIADO DEMENTIA CARE IN A 25-SITE PRAGMATIC TRIAL

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Almost half of hospice patients currently have a diagnosis of dementia. However, few pragmatic, evidence-based, programs have been developed and tested in this setting overall, and targeting persons living with dementia and their caregivers specifically. Furthermore, limited academic-hospice research partnership exist. We thus undertook efforts to develop and test Aliviado Dementia Care-Hospice Edition, a complex multi-modal quality improvement intervention, as part of the HAS-QOL Trial, a 2-phase, 25 site embedded pragmatic clinical trial, through partnership and engagement with hospice and caregiver stakeholders. We discuss methods for engagement and barriers to implementation. Stakeholders assisted with alignment of the intervention to their needs and how to flexibly implement, substantially strengthening the intervention. They also provided important input regarding