vulnerability to adverse health outcomes at any age. Frailty challenges health care providers, as frail patients are more likely than non-frail patients to experience diseases, hospitalization, and death. We showed that frailty occurs not only in humans, but also in aging rodents. It can be measured with a "frailty index" (FI) based on age-related health deficit accumulation as originally established in humans. We found that maladaptive changes in heart structure and function in late life are correlated more so with frailty than age and are closely graded by FI score, especially in male mice. Adverse effects of frailty originate at cellular/subcellular levels and scale up to organ and system levels, predisposing towards cardiovascular disease. Poor overall health, quantified with an FI, may drive maladaptive cardiac remodeling, especially in older males.

Session 1125 (Symposium)

RECRUITING ELIGIBLE AND INTERESTED STUDY PARTICIPANTS WITH COGNITIVE IMPAIRMENT

Chair: Meghan Mattos
Discussant: Jennifer Lingler

Recruiting and enrolling older adults with cognitive impairment is challenging under the best of circumstances. This symposium will begin with an introduction to best practices for recruitment of older adults living with cognitive impairment, followed by four presentations describing recruitment successes and challenges across multiple settings. The first presentation describes COVID-19 pandemic-related factors that have influenced recruitment and enrollment of older adults with cognitive impairment in an intervention study of a physical activity smartphone app. Strategies and procedural alterations to facilitate achievement of enrollment goals for technology-based interventions are discussed. The second presentation describes researchers' recruiting experiences with older adults with mild cognitive impairment (oaMCI)-care partner dyads for a pilot, platform trial of biopsychosocial interventions. There were differences in study disinterest between oaMCI and study partners that may require specialized communication messaging and strategies for dyad engagement. The third presentation features recruitment adaptations for an Internet-delivered behavioral intervention study with oaMCI and insomnia. Anticipated concerns of oaMCI using technology or accessing the Internet were not significant barriers to recruitment, while fewer oaMCI endorsed sleep concerns than expected. The last presentation demonstrates the potential for telephone-based outreach to increase dementia knowledge and cognitive risk. Working with faith-based health educators to reach rural, ethnically-diverse older adults, researchers will describe how to promote inclusivity and successfully recruit oaMCI within the community. Presenters and participants are encouraged to dialogue on how recruitment and retention barriers may be avoided as well as to share success stories from their own research with oaMCI.

LESSONS LEARNED FROM CLINICAL RECRUITMENT OF OLDER ADULTS WITH MCI FOR AN INTERNET-DELIVERED INTERVENTION STUDY

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Clinical research involving participants with mild cognitive impairment (MCI) presents challenges to recruitment that may be further compounded by concerns when delivering a behavioral intervention via the Internet. The purpose of this talk is to describe recruitment adaptations for an Internet-delivered behavioral intervention study with older adults living with MCI and insomnia. Over the course of study recruitment, unforeseen barriers to recruitment were discovered, including fewer older adults with MCI endorsing sleep concerns than expected. The most substantive changes made to improve clinical recruitment were related to eligibility criteria, yielding 50% of the overall sample. Anticipated concerns of older adults with MCI using technology or accessing the Internet were not significant barriers to recruitment. Study findings support Internet-delivered intervention use in this population, which in the context of the COVID-19 pandemic, presents a potentially efficient and effective method for recruiting and delivering behavioral interventions in this difficult-to-enroll population.

THE DYAD DILEMMA: STRATEGIES TO RECRUIT STUDY PARTNERS FOR MILD COGNITIVE IMPAIRMENT CLINICAL TRIALS

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Mild cognitive impairment (MCI) research faces challenges to successful enrollment, especially with clinical trial studies. This study explores researchers' experiences recruiting from a U.S. Alzheimer's Disease Center for a pilot, platform trial of biopsychosocial interventions for MCI dyads. Individuals with MCI that met the inclusion criteria for the study were invited to participate (n=39). Thematic analysis of recruitment case notes was utilized to track participants' and study partners' interest in participation. In most cases, participants with MCI were interested and willing to enroll and study partners were not. Recruiting persons with MCI and their study partners for clinical trials research may require specialized communication messaging such as education about how interventions address the needs of MCI, along with training on the relationship of MCI to cognitive decline. This presentation highlights effective strategies to engage study partners into recruitment for MCI research such as creating more flexible participation roles and offerings.

RECRUITING OLDER ADULTS WITH COGNITIVE IMPAIRMENTS FOR A SMARTPHONE INTERVENTION DURING COVID-19

Stacey Schepens Niemiec,[1] Lon Schneider,[1] Jeanine Blanchard,[1] Rafael Wagas,[2] Liberty Teodoro,[2] and