

program was effective only to decrease the fear of dementia of the older adults. Knowledge, attitude toward dementia, and healthy behaviors may be difficult to change in a short period of time. However, the integrated dementia prevention program may be effective to decrease negative emotions, particularly, fear toward dementia among older adults. The fear of dementia needs to be further assessed individually in order to identify particular causes and triggers and provide tailored interventions.

EXPLORING FACTORS THAT SHAPE ADHERENCE TO TECHNOLOGY-BASED COGNITIVE INTERVENTIONS

Erin Harrell,¹ Nelson Roque,² Walter Boot,³ and Neil Charness,³ 1. *University of Alabama, Tuscaloosa, Tuscaloosa, Alabama, United States*, 2. *University of Central Florida, University of Central Florida, Florida, United States*, 3. *Florida State University, Tallahassee, Florida, United States*

A cognitive intervention study was conducted to explore methods to improve adherence to a technology-based cognitive intervention and uncover individual differences that predict adherence (N = 120). The study was divided into two phases: (1) in which participants were asked to follow a prescribed schedule of training that involved gamified neuropsychological tasks administered via a tablet, and (2), in which participants were asked to play as frequently as they wished. Positively and negatively framed messages about cognitive health were delivered via the software program, and measures of cognition, technology proficiency, self-efficacy, technology attitudes, and belief in the benefits of cognitive training were collected. We computed an aggregate measure of adherence during each of the two phases, as well as a measure of daily engagement. Across data modeling approaches, the finding was consistent: only during Phase 2, was there evidence that positively-framed messages encouraged greater adherence over negatively-framed messages. Measures of memory and self-efficacy demonstrated some, but limited, ability to predict individual differences in adherence.

FEASIBILITY AND BARRIERS OF AN OLFACTORY TRAINING INTERVENTION

Tomiko Yoneda,¹ Natalia López-Bago Cid,¹ Nathan Lewis,¹ Michael Willden,¹ Anna Nelson,¹ Nadia Semenoff,² Andrea Piccinin,¹ and Jamie Knight,¹ 1. *University of Victoria, Victoria, British Columbia, Canada*, 2. *University of Calgary, Calgary, Alberta, Canada*

Olfactory dysfunction is a common issue in late-life and can be an early indicator for neurodegenerative diseases. Further, olfactory interventions not only improve olfaction but have shown promise for the delay and treatment of dementia. This study aimed to better understand the feasibility and barriers of implementing an olfactory intervention. Participants (N=23) between the ages of 52-86 (mean=71) years were recruited from the community. A demographic questionnaire showed participants were all non-smokers and identified as women (70%), men (26%), and transgender (4%). The majority were married (61%), while some were separated or divorced (17%), widowed (13%), or single (9%). Four focus groups, guided by both structured and open-ended questions, were conducted and audio-recorded with 3-7 unique participants per group. Data were

transcribed, thematically analyzed, and independently coded, which resulted in three overarching themes: (1) cognitive, genetic, and environmental factors of smell, (2) methods to reduce barriers and increase the feasibility of an intervention, and (3) flexibility with technology use. Findings suggest that implementing an olfactory intervention is feasible and of interest to older populations especially when provided with detailed training protocols that have flexibility in the amount of technology used within the study. Barriers included sensitivity to smells, allergies, and dexterity issues. Reducing these barriers will facilitate implementation and decrease the likelihood of attrition. Consulting the target population provides insights into barriers, participant interest, and can assist with the development of training and intervention programs.

RESEARCH WITH OLDER ASIAN AMERICAN FAMILY CAREGIVERS PRE- AND DURING THE PANDEMIC: CHALLENGES AND LESSONS LEARNED

Jung-Ah Lee,¹ and Hannah Nguyen,² 1. *University of California, Irvine, Irvine, California, United States*, 2. *California State University, Dominguez Hills, Carson, California, United States*

Research with hard-to-reach, monolingual adults from ethnic minority communities can present a multitude of challenges throughout the research process. This presentation will highlight challenges and lessons learned from two pilot studies with Vietnamese-, Cambodian-, and Korean-American family caregivers aged 50 and older. The first study (n=9) implemented a one-on-one, telephone-based psychosocial intervention before the COVID-19 pandemic; the second is an ongoing study (n=12) consisting of a group-based intervention via Zoom. Throughout recruitment, the following challenges arose: addressing the lack of familiarity with research among caregivers, earning the trust of caregivers, and identifying creative ways to recruit caregivers to participate. During study implementation, common challenges included: caregivers' unpredictable daily schedule that made it difficult to participate in the scheduled classes, caregivers feeling apprehensive about technology and Zoom, access to reliable internet, and facilitating participation and engaging the voices of caregivers over the phone or via Zoom. Strategies were identified to address these barriers: engaging the support and collaboration of trusted, bilingual and bicultural community-based providers, building culturally-responsive rapport with caregivers, and seeking continuous feedback from caregivers to improve the appeal of the project implementation. The COVID-19 pandemic added an additional layer of difficulty to the research, requiring creativity and flexibility in implementation that took into consideration caregivers' heightened anxiety, distress, lack of participation due to around-the-clock care, and loss and grief. The challenges and lessons learned from these studies could guide the development of future research efforts and strategies to effectively engage older hard-to-reach, monolingual Asian American caregivers.

THE FOCUS GROUP MUST GO ON: LESSONS LEARNED FROM CONDUCTING VIRTUAL FOCUS GROUPS

Ashlee Cordell,¹ Christa Wilk,² Silvia Orsulic-Jeras,¹ Sara Powers,¹ Farida Ejaz,¹ and Lisbeth Sanders,³ 1. *Benjamin Rose Institute on Aging, Cleveland, Ohio*,