receptor blockers (14.5% vs 17.5%), aldosterone antagonists (20.8% vs 23.4%), and beta-blockers (65.1% vs 68.3%), but more likely to receive symptomatic treatment with loop diuretics (56.4% vs 48.0%).

Session 2295 (Symposium)

RECRUITMENT, ENROLLMENT, AND RETENTION: CREATIVE TECHNIQUES TO OVERCOME OBSTACLES

Chair: Justine Sefcik

Discussant: Darina Petrovsky

The process of recruiting, enrolling, and retaining older adults in research studies has been challenging, even prior to the COVID-19 pandemic. This symposium presents research conducted and lessons learned on recruiting, enrolling, and retaining older adults, including those with cognitive impairment. Insights are provided on what techniques are most beneficial for improving rates of research participation, spanning time prior to and during the pandemic. The first presentation reports on qualitative perspectives of persons living with dementia and their caregivers as to what helped them decide to enroll into a clinical trial together. The second presentation speaks to how variations in incentive payment allocations played a role in consent decisions of patients with amnestic mild cognitive impairment and their study partners. The third presentation discusses the effectiveness of an adapted framework and strategies to increase the recruitment and retention of older Latinos with Alzheimer's Disease and Related Dementias (ADRD) into a clinical trial. The fourth presentation shares techniques for recruiting older adults for a survey study during the pandemic. The fifth presentation defines challenges during a longitudinal study when the pandemic and other natural disasters occurred and strategies for success. Taken together, these presentations will inform researchers on techniques that could be used to improve recruitment, enrollment, and retention of older adults in clinical research.

DYADS' PERCEPTIONS: RECRUITING PERSONS LIVING WITH DEMENTIA AND CAREGIVERS IN A CLINICAL TRIAL

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Recruiting persons living with dementia (PLWD) and their caregivers (dyads) into research is challenging and costly. The purpose of this study was to better understand factors that influence dyads decisions to enroll in a clinical trial. We used Ajzen's Theory of Planned Behavior (TPB) to develop a qualitative interview guide and analyze the data with a directed content analysis. We conducted semi-structured telephone interviews with 12 PLWD and 9 caregivers who all enrolled in one clinical trial. Aligning with the TPB we found the following positively influenced enrollment: 1) wanting to learn, in-person meetings with knowledgeable staff, and the money always helps (attitudes toward joining); 2) to support another person (perceived norm); and 3) easy to participate (perceived behavioral control). Flexible scheduling and the study taking place in the home was comfortable and convenient for participants. Findings can inform future recruitment efforts and research studies.

VARIATIONS IN PAYMENT ALLOCATION TO PERSONS LIVING WITH COGNITIVE IMPAIRMENT AND STUDY PARTNERS

Miranda McPhillips,[1] Junxin Li,[2] Justine Sefcik,[3] Darina Petrovsky,[4] Glenna Brewster,[5] Nancy Hodgson,[6] and Nalaka Gooneratne,[7] *1. University of Pennsylvania, University of Pennsylvania, Pennsylvania, United States, 2. Johns Hopkins University, Baltimore, Maryland, United States, 3. Drexel University, College of Nursing and Health Professions, Philadelphia, Pennsylvania, United States, 4. Rutgers University, Philadelphia, Pennsylvania, United States, 5. Nell Hodgson Woodruff School of Nursing Emory University, Atlanta, Georgia, United States, 6. University of Pennsylvania, School of Nursing, Philadelphia, Pennsylvania, United States, 7. University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, United States*

There is a paucity of research focused on monetary incentives for recruiting dyads (participants with cognitive impairment and study partners) into research. Our objective was to evaluate if two different variations in allocating compensation among dyads changed consent rates in one clinical trial, Memories2. This trial is evaluating cognitive and functional outcomes of obstructive sleep apnea treatment in patients with amnestic mild cognitive impairment (aMCI). Prior to phone screening, participants were randomly assigned to one of two groups (1) $200 to participant with aMCI or (2) $100 to participant with aMCI and $100 to study partner at consent visit. Allocating all the payment to the participant with aMCI yielded a 2.6% consent rate, while splitting the payment yielded at 1.7% consent rate. We will also discuss how demographic factors affected consent decision by group. This study provides insight into novel strategies that may enhance enrollment of dyads into clinical trials.

RECRUITMENT AND RETENTION FRAMEWORK FOR A TIMED-ACTIVITY INTERVENTION AMONG OLDER LATINOS WITH ADRD

G. Adriana Perez, *University of Pennsylvania School of Nursing, Phildelphia, Pennsylvania, United States*

Latino participation in ADRD research is essential to advance cognitive health equity. We present results of an adapted framework to increase recruitment and retention of older Latinos with ADRD and caregivers (CGs) in a timed-activity intervention. Framework factors include 3 structures with strategies informed by a Latino Community Advisory Board. For Characteristics of Study Processes, we included linguistically equivalent data collection procedures/measures, scheduled at times most convenient for participants/CGs.