

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 amnesic 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,<sup>1</sup> Junxin Li,<sup>2</sup> Justine Sefcik,<sup>3</sup> Darina Petrovsky,<sup>4</sup> Glenna Brewster,<sup>5</sup> Nancy Hodgson,<sup>6</sup> and Nalaka Gooneratne,<sup>7</sup> 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 amnesic 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, Philadelphia, 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.

Participants were called weekly for questions/guidance with procedures. Intervention sessions built-in additional time to embed Latino cultural values: familismo, personalismo, confianza and respeto. Study Team Infrastructure, included bilingual/bicultural members/students; and trusted community partners to assist with participant referrals. For Preferences and Beliefs Toward Research, we conducted a series of focus groups to understand beliefs about “memory health” and perceptions of ADRD risks. Strategies yielded effective results. We reached our recruitment goal; started a wait-list of interested participants; had zero (n=0) attrition.

#### RECRUITMENT OF OLDER ADULTS DURING THE COVID-19 PANDEMIC: UTILIZING TWO RECRUITMENT TECHNIQUES

Martha Coates,<sup>1</sup> Justine Sefcik,<sup>2</sup> Zachary Hathaway,<sup>3</sup> and Rose Ann DiMaria-Ghalili,<sup>2</sup> 1. *Drexel University, Bryn Mawr, Pennsylvania, United States*, 2. *Drexel University, College of Nursing and Health Professions, Philadelphia, Pennsylvania, United States*, 3. *Drexel University, Philadelphia, Pennsylvania, United States*

The COVID-19 pandemic has limited in-person interactions and reduced access to research participants. To recruit older adults for a study on the impact of COVID-19 on physical, mental, and social wellbeing we utilized two recruitment techniques: 1) ResearchMatch, a free recruitment database, and 2) a convenience sample of residents in a retirement community. Messages were sent via ResearchMatch to 1,491 adults age 65 and over. In total, 228 individuals responded over 2 weeks; 194 responded in the first 24 hours. Eighty-four completed the online survey. For the retirement community, recruitment information was shared during a Zoom townhall meeting; 44 expressed interest and 30 completed the study (half over the phone with a research assistant). We will discuss differences between the older adults recruited by each strategy (e.g., the ResearchMatch group was highly educated; more staff needed to interview retirement community participants). Overall, these were effective recruitment techniques during challenging times.

#### IMPLEMENTING PHYSICAL ACTIVITY STUDIES DURING COVID-19 AND WINTER STORMS: LESSONS LEARNED

Annalisa Na,<sup>1</sup> Calliope Murphy,<sup>2</sup> Tony Chao,<sup>3</sup> Charles Morrison,<sup>2</sup> Karen Chapman,<sup>2</sup> Ronald Lindsey,<sup>2</sup> and Mary Hastings,<sup>4</sup> 1. *Drexel University, College of Nursing and Health Professions, Drexel University College of Nursing and Health Professions, Pennsylvania, United States*, 2. *University of Texas Medical Branch at Galveston, Galveston, Texas, United States*, 3. *University Of Texas Medical Branch, Galveston, Texas, United States*, 4. *Washington University School of Medicine in St. Louis, St. Louis, Missouri, United States*

Patient recruitment and retention are challenging for longitudinal studies. Stay-at-home restrictions for the Galveston and Houston regions in 2020 for COVID-19 and in 2021 for the Winter Storms shut down elective healthcare activities and created additional recruitment barriers during the implementation of a 12-month study examining the physical function of older adults receiving a total knee arthroplasty. This presentation describes recruitment and retention strategies

during natural disasters. Ten participants started the study during the pandemic and 6 remained through the winter storms (3 withdrew, 1 no showed). Physical activity monitors were distributed and collected through mail, patient reported outcomes were completed online or over the phone, clinician-initiated measures were only collected when clinics were open, and efforts were made to minimize staff burden and follow evolving hospital guidelines. Most importantly, regular communication and follow-up with participants, research team, and department personnel created a sense of community.

#### Session 2300 (Paper)

#### Social Determinants of Health I

##### ADULT CHILDREN'S EDUCATION AND OLDER MOTHERS' HEALTH: ARE OFFSPRING'S PROBLEMS MEDIATORS OR MODERATORS?

Robert Frase,<sup>1</sup> Shawn Bauldry,<sup>2</sup> J. Jill Suitor,<sup>2</sup> and Megan Gilligan,<sup>3</sup> 1. *Purdue University, West Lafayette, Indiana, United States*, 2. *Purdue University, Purdue University, Indiana, United States*, 3. *Iowa State University, Iowa State University, Iowa, United States*

Despite the growing body of literature documenting positive effects of adult children's education on older mothers' health outcomes there is limited research exploring the mechanisms that underlie and influence this relationship. This lack of knowledge limits our understanding of how or under what conditions older mothers benefit from their offspring's resources. In this paper, we draw from theories of the life course, cumulative inequality, and the social foreground to explore how adult children's problems (physical and emotional, personal and financial, and deviant behaviors) mediate and moderate the effect of adult children's education on older mothers' self-rated health and depressive symptoms. To address this question we use data collected from 420 mothers aged 75-85 reporting on their 1,514 adult children, as part of the Within Family Differences Study. Theoretically, this project adds to existing scholarship on intergenerational support in later-life families by identifying the conditions under which adult children's resources improve parents' well-being. Preliminary findings reveal that less educated adult children experience more problems, which in turn, negatively impact mothers' health. Additionally, when adult children experience problems in their own lives, mothers receive less care and financial support from their offspring, even from those who are well-educated and would otherwise have been expected to have shared resources. The findings will have implications for practice by increasing health care providers' awareness that older parents may be at risk for unmet needs for care even when adult children have resources that would have been expected to serve as a safety net.

##### HEALTH AND SOCIAL DETERMINANTS ASSOCIATED WITH DELAY OF HEALTH CARE AMONG RURAL OLDER ADULTS

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Delaying healthcare has the capacity to increase morbidity and mortality, especially among individuals with chronic and