Highest risks were in Class 1 women (OR=2.61; 95% CI: 2.46-2.76) and Class 3 women (OR=1.62; 95% CI: 1.55-1.68). Women in Class 4 had the lowest risk of all-cause mortality over an 18-year follow-up. These results confirm the utility of a profile of well-being for predicting all-cause mortality while preserving ability to identify the differences among well-being indicators across classes.

Session 4167 (Symposium)

RECRUITMENT AND RETENTION IN DIVERSE COHORTS: LESSONS FROM COMMUNITY-ENGAGED EFFORTS

Chair: Carrie Nieman Co-Chair: Haera Han
Discussant: George Rebok

Effective behavioral interventions and associated trials reflect the complexity and context of the communities with which they are tailored and the behaviors they seek to address. Community-engaged methodology can serve to capture these complexities, particularly when focusing on health inequities. Significant health and healthcare disparities persist among racial/ethnic minorities and representation of racial/ethnic minorities is lacking within trials that reflects the diversity of the U.S. population. Novel approaches are needed to increase the diversity of participants within behavioral intervention research. This symposium covers the unique barriers and facilitators related to recruitment and retention across a range of populations, including African American and Hispanic/LatinX older adults with hearing loss to diverse dementia family caregivers and community-dwelling older adults. Beyond the challenges and opportunities, the symposium will focus on effective recruitment strategies. The discussion will include 1) findings from 10 years of recruiting older Korean Americans into community-based trials, 2) lessons in tailoring recruitment efforts to dementia family caregivers, 3) the integration of human-centered design into a community-engaged hearing care intervention targeting low-income and African American older adults, 4) successful recruitment and retention efforts in a community-based participatory research trial in a borderlands community, and 5) the deployment of strategies to recruit Latino, Asian, and African American older adults with depression and anxiety in the setting of the COVID-19 pandemic. This symposium seeks to build the evidence related to recruitment of older racial/ethnic minorities in diverse settings, which is fundamental to addressing health inequities through behavioral intervention research.

COMMUNITY ENGAGEMENT AND HUMAN-CENTERED DESIGN: LESSONS FROM HEARS IN INCLUSIVE RECRUITMENT OF OLDER ADULTS

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Within hearing care, significant disparities persist despite the highly prevalent nature of age-related hearing loss and relatively few trials include representation of racial/ethnic minorities. HEARS is an affordable, accessible hearing care intervention delivered by older adult peer mentors. The HEARS randomized controlled trial (NCT03442296) is a community-engaged RCT with an embedded human-centered design practitioner. Recruitment efforts occurred over 18 months in partnership with 13 affordable housing and social centers. The cohort (n=151) includes 43% (n=65) who self-identify as African American and 63.6% (n=96) with <$25,000 annual household income. The cohort represents the largest to-date of African American and low-income older adults with hearing loss. Recruitment efforts entailed 470.5 staff hours and $4,917.26 in supplies, equating to 1.4 hours and $14.13 per 1 individual screened and 3.1 hours and $32.56 for 1 participant randomized. Community-engaged research, partnered with human-centered design, may offer critical approaches to increasing representation within behavioral intervention trials.

COMMUNITY-ENGAGED STRATEGIES FOR RECRUITMENT OF KOREAN AMERICANS IN COMMUNITY-BASED RESEARCH STUDIES

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With increasing numbers of researchers targeting ethnic minorities to address health disparities, it is important to address the unique needs of Korean American (KA) older adults—a “hard to reach” yet one of the most rapidly increasing ethnic and age groups in the nation. The purpose of this paper is to describe the main barriers to research participation and to identify facilitators for recruitment of older KAs. We have analyzed recruitment data pertaining to more than 10 community-based KA research studies we have conducted for the last ten years. There were a number of unique recruitment challenges in regard to the culture, language, and sociodemographic characteristics of the participants. Examples of effective recruitment strategies included: aligning the research agenda with the priorities of the community; establishing collaboration with ethnic churches and ethnic media; recruiting and training bilingual volunteers and community health workers; and placing liaison research staff in the community.

PRIORITIZING COMMUNITY IN RESEARCH DECISION-MAKING THROUGH PARTNERSHIP

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In behavioral intervention research, taking a community-based participatory research approach enhances recruitment...