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
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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
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The Covid-19 pandemic has presented a multitude of challenges in conducting research with human subjects. In response, researchers have found creative ways to complete these studies using alternative methods that incorporate social distancing. Fortunately, numerous technologies exist today that allow individuals to connect with one another over short and long distances. The current study describes the development of LifeBio Memory: an app-based product that utilizes artificial intelligence and machine learning to improve an existing life story intervention designed for persons living with dementia (PWD). Seven focus groups (n=35), originally planned in-person, were successfully converted to a virtual setting. Groups were hosted using a Zoom platform, lasted 75-90 minutes (Mean = 85; SD = 5.3), and consisted of participants from 14 different states: One group of community-dwelling PWDs with early-stage dementia (n=5); two groups of current and former users of the original LifeBio program (n=12); and four groups of residential care staff and directors (n=18). Virtual focus group delivery was determined to be an acceptable and feasible alternative to traditional in-person formats. Topics discussed in this poster will include: 1) recruitment procedures, 2) screening protocols, 3) methods for sharing materials, 4) guidance for providing technology support, and 5) communication strategies to increase retention. Further discussion will focus on challenges faced when collecting data in a virtual setting, tips for successful facilitation, advantages to using virtual alternatives, and other lessons learned from the virtual field.

USING LIFE STORY TECHNIQUES WITH DIVERSE COMMUNITIES: LESSONS LEARNED FROM A FOCUS GROUP STUDY
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Providing high quality, cost-effective dementia care remains a major health challenge. Life story work, used in residential care settings, helps engage persons living with dementia (PWD) at a low cost with minimal staff burden. LifeBio, one such intervention, is designed to elicit life history data and care preference information through comprehensive life story interviews. LifeBio Memory, an adaptation of LifeBio, utilizes novel speech-to-text technology to process life story data more efficiently. Seven focus groups were conducted to evaluate the acceptability and feasibility of LifeBio Memory. Three types of focus groups were held (n=35) and audio recorded: 1) One group of early-stage PWDs (n=5); 2) Two groups of current