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

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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

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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

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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

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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.