a study on exploring the idea of an LGBT online senior center, and Dr. Karen Rose will describe stigma associated with recruiting persons with Alzheimer’s disease and other dementias, and their family caregivers, including best practices from the literature coupled with lessons learned from experiences. Shared strategies and solutions will assist researchers in identifying and addressing recruitment challenges and help to ensure recruitment of diverse groups of older adults and/or family caregivers for studies that use various research methodologies, including leveraging the power of professional and community-based networks. Increasing research participation will yield the knowledge necessary for improving health outcomes for older adults and their family caregivers living with serious chronic illnesses such as Alzheimer’s disease and related dementias.

RECRUITMENT OF FAMILY CAREGIVERS OF AFRICAN AMERICAN OLDER ADULTS WITH DEMENTIA
Karen O. Moss,1 Kathy Wright,2 Glenna Brewster,3 Karen Rose,4 Celia E. Wills,2 and Todd Monroe2, 1. The Ohio State University, Columbus, United States, 2. The Ohio State University, Columbus, Ohio, United States, 3. Emory University, Atlanta, Georgia, United States, 4. University of Tennessee, Knoxville, Knoxville, Tennessee, United States

Multiple factors influence decision-making of family caregivers of African American older adults with dementia about participation in end-of-life care research. Existing literature on best practices for research recruitment includes little on recruitment strategies for this specific population. The purpose of this presentation is to analyze successful recruitment strategies used with family caregivers of African American older adults with dementia. Sixty-five caregivers of African American older adults with dementia were recruited over 11 months throughout a southeastern state from local communities and Program of All-Inclusive Care for the Elderly. Community partnership strategies such as community-based networking, purposively-targeted presentations, and leveraging of existing social networks provided a strong basis for successful recruitment. These strategies were credible to the participant population and effective in engaging both research participants and community partner stakeholders in working on shared goals of improving older adult and caregiver outcomes near the end of life.

RECRUITING LGBT OLDER ADULTS FOR RESEARCH
Anyah Prasad,1 Alice Fisher,2 Michael Immel,2 Kathrin Boerner,1 Kamal Jethwani,1 Timothy Hale,3 and Amanda Centi1, 1. University of Massachusetts Boston, Boston, Massachusetts, United States, 2. Osher Lifelong Learning Institute, Boston, Massachusetts, United States, 3. Connected Health Innovation – Partners Health Care, Boston, Massachusetts, United States

LGBT older adults constitute a rare population and so are methodologically difficult to recruit. Due to stigma, many of them may not disclose their sexual/gender identity, which makes it challenging for researchers to reach out to them. Due to history of discrimination, LGBT older adults may not trust researchers. The purpose of this presentation is to discuss strategies used to recruit LGBT older adults to a study on exploring the idea of an online senior center for LGBT older adults in Massachusetts. Building a rapport with community stakeholders, developing trust and having LGBT older adults themselves as part of the research team were important tools to help overcome these challenges. LGBT older adults are very diverse and focused efforts should be made to recruit them from various racial/ethnic backgrounds, rural areas; also, those who are not publicly open about their identity, and who are home bound due to restricted mobility.

RECRUITING FAMILY CAREGIVERS OF PERSONS LIVING WITH DEMENTIA FOR PARTICIPATION IN AN ONLINE INTERVENTION
Glenna Brewster,1 Fayron Epps,2 Rachel Nash,3 Patricia Griffiths,4 Janice Phillips,5 Joe Nocera,2 Raj Shah,1 and Kenneth Hepburn4, 1. Emory University Nell Hodgson Woodruff School of Nursing, Atlanta, Georgia, United States, 2. Georgia State University, Atlanta, Georgia, United States, 3. Emory University, Atlanta, Georgia, United States, 4. Atlanta VA Medical Center, Decatur, Georgia, United States, 5. Rush University, Chicago, Illinois, United States, 6. Emory University Nell Hodgson Woodruff School of Nursing, Atlanta, Georgia, United States

Responsibilities of caregiving for persons living with dementia make it challenging to participate in in-person research studies. Caregivers may be more willing to participate in studies that are online. This presentation will highlight recruitment strategies of a 4-site telehealth caregiver intervention for caregivers of persons living with dementia. Thus far, we have recruited 596 participants over the period of 2 years: 76, 189, 164 and 167 from each of the sites, respectively. Community partnership strategies such as presentations at churches and events organized by the Alzheimer’s Association, and the Alzheimer’s Disease Research centers, using a handshake protocol, and using social media sites such as Facebook and Twitter have all been effective at recruiting participants. Ongoing communication among the staff at different sites is also an important aspect of successful recruitment. These strategies have enabled recruitment to continue at a consistent rate and enabled the maintenance of relationships within the community.

THE IMPACT OF DEMENTIA STIGMA IN RECRUITING PARTICIPANTS INTO RESEARCH STUDIES
Karen Rose,1 and Ruth Palan Lopez2, 1. University of Tennessee, Knoxville, Tennessee, United States, 2. University of Tennessee, Knoxville, Knoxville, Tennessee, United States

Despite efforts to increase awareness and education about Alzheimer’s disease and other dementias, persons with dementia and their family caregivers experience stigma. Dementia related stigma is associated with negative repercussions for those with the disease and their family caregivers. In our prior work, we identified shame as a mechanism by which stigma is enacted and results in isolating and delaying access to supportive services for family caregivers. As such, stigma may influence decisions to participate in research studies. Healthcare providers, friends and family, and society,
in general, play roles that further perpetuate stigma in dementia. Best practices from the literature, coupled with our experiences and findings in recruiting persons with dementia and their family caregivers in to research studies will be examined.

RECRUITING OLDER ADULTS WITH DEMENTIA FOR NEUROIMAGING RESEARCH: BARRIERS AND SOLUTIONS
Sebastian Atalla,1 Kathy Wright,1 Alison Anderson,2 Karen O. Moss,1 Ronald Cowan,2 Ann McDaniel,1 and Todd Monroe1, I. The Ohio State University, columbus, Ohio, United States, 2. Vanderbilt University, Nashville, Tennessee, United States

Recruiting participants with dementia for magnetic resonance imaging (MRI) research is prone to inherent barriers including caregiver schedules, mistrust, transportation, expertise of MRI technologists, claustrophobia, and MRI safety requirements. This pilot study aimed to identify barriers and develop strategies for increasing recruitment and retention of persons with dementia in neuroimaging studies and to gauge improvements in recruitment outcomes associated with dedicated recruitment staff. Over a period of five years of active recruitment, a dedicated recruitment specialist and a full-time research assistant screened and enrolled an average of eight participants with dementia per month (8.16), of which, approximately two participants (1.97) successfully completed the MRI testing. The most common barrier was difficulty obtaining surgical records for MRI safety clearance. The most common solutions were thorough prescreening and maintaining a positive rapport with MRI technologists. Our study findings will assist others with engaging persons with dementia and their caregivers in MRI research.

SESSION 3105 (PAPER)

SUICIDE AND END OF LIFE

CARING FOR OLDER INDIGENOUS PEOPLE WITH CO-MORBIDITIES AT END OF LIFE
Kathleen R. Mason,1 Tess H. Moeke-Maxwell,1 and Merryn Gott1, I. University of Auckland, Auckland, New Zealand

The number of deaths among older Māori, the indigenous people of New Zealand, are expected to increase by 48% by 2030. Colonization has had a varied impact on Māori ways of being and end-of-life care has become more difficult. Many have become disenfranchised from their families, peoples, lands and culture. Pae Herenga, a for-Māori by-Māori qualitative research project, investigated the traditional Māori end-of-life care customs that Māori families used while caring for someone who was dying. An online education resource was developed to support Māori families, their communities and the palliative care sector. Interviews were conducted with 60 Māori participants including older many people (aged over 70). The findings found that families rich in cultural knowledge were proficient in caring for a loved one at end-of-life irrespective of their social or economic position. Cultural care values such as unconditional love, companionship, reciprocity, supportive relationships and collective decision making safeguarded care preferences of the dying. Access to traditional knowledge and traditional healing practices, and an understanding of spirituality helped to strengthen and prepare the dying person, and their families, on the end-of-life journey. The study also found that those families connected to communities’ rich in Māori cultural resources, such as knowledgeable older Māori people, were well supported by the community at end-of-life. This study highlights that Māori use of traditional care customs in all care settings can better support a ‘good death’ from a cultural perspective.

END-OF-LIFE DECISION SUPPORT NEEDS OF DEMENTIA FAMILY CAREGIVERS
Jung Kwak,1 and Lisa Geshell2, I. The University of Texas at Austin, Austin, Texas, United States, 2. School of Nursing, The University of Texas at Austin, Austin, Texas, United States

One third of older adults die with dementia. At the end of life (EOL), persons with dementia require surrogate decision-makers, often their family caregivers, to make important EOL decisions. However, only a handful of evidence-based interventions exist to guide dementia caregivers in surrogate-decision making. In order to examine the acceptability and appropriateness of a decision coaching intervention developed for dementia caregivers, we conducted cognitive interviews (n=4), and one focus group (n=9) with dementia caregivers, and two focus groups with healthcare professionals (n=14) from a large healthcare system and a managed long-term care organization. Guiding questions for interviews and focus groups included: (1) types of decisions (what), and circumstances or triggers (when and how) that call for decision-making support by healthcare professionals, (2) barriers to families receiving decision-making support, and (3) decision support needs of family caregivers. All face-to-face interviews were audio-recorded, transcribed verbatim, and verified for accuracy. Content analysis was conducted to identify and organize themes and patterns emerging from the interview transcripts. Two main themes and subthemes emerged: (1) decision-making challenges and barriers: lack of advance care planning, caregivers’ acquiescence with dementia progression and caregiving role, discontinuing life sustaining therapies, and lack of communication between providers; and (2) decision support for families: advance care planning at different stages of dementia, preparing caregivers for life after the patient’s death, and providing adequate information about benefits and harms of treatment options specific to the practical concerns of patient and family caregivers. These findings provide implications for practice and future research.

ETHNIC DIFFERENCES IN FACTORS INFLUENCING ATTITUDES TOWARD SUICIDE AND PHYSICIAN-ASSISTED SUICIDE AMONG ELDERS
Ruben Martinez1, I. Michigan State University, East Lansing, Michigan, United States

This study examines differences in attitudes toward suicide and physician-assisted suicide in chronic pain scenarios among Latino and White elders. Face-to-face interviews were