

using population-based data on LGBTQIA+ caregivers in terms of caregiving burden and mental health. Shana Stites will present results from the Health and Retirement Study highlighting differences among same-sex spouses in terms of caregiving patterns and research participation. Next, Ethan Cicero will present prevalence estimates of care needs and challenges among diverse transgender adults living with memory problems. Finally, we will highlight a promising intervention for LGBTQIA+ caregivers of persons with ADRD. Jason Flatt will describe the adaptation and feasibility of the Savvy Caregiver program for LGBTQIA+ caregivers. Joel Anderson, an expert in LGBTQIA+ caregiving for persons with ADRD, will facilitate a conversation about these results and place them in the context of current LGBTQIA+ and ADRD research.

HEALTH CONCERNS FOR LGBTQ+ CAREGIVERS OF PEOPLE WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

Krystal Kittle,¹ Joel Anderson,² Jennifer Pharr,³ Sheniz Moonie,³ and Jason Flatt,³ *1. University of Nevada, Las Vegas, Las Vegas, Nevada, United States, 2. University of Tennessee at Knoxville, Knoxville, Tennessee, United States, 3. University of Nevada Las Vegas, Las Vegas, Nevada, United States*

We examined four states with data on LGBTQ+ identity and the ADRD caregiving modules from the 2019 Behavioral Risk Factor Surveillance System. Multivariable regression models examined the associations between LGBTQ+ identity and health outcomes. Among the ADRD caregivers, 55,920 (4.7%) identified as LGBTQ+. Compared with non-LGBTQ+ caregivers, LGBTQ+ caregivers were younger and more likely to live in rural counties. Half of LGBTQ+ caregivers spent 20+ hours per week providing care, and nearly 72% reported helping with personal care. LGBTQ+ caregivers reported more days when their mental health was not good than non-LGBTQ+ caregivers ($B = 8.01$; 95% CI = 2.32-13.75). Female caregivers overall were twice as likely than males to experience depression (OR = 2.11; 95% CI = 1.29-3.45). These findings provide insight into characteristics of LGBTQ+ caregivers and their health concerns. Interventions that promote mental health and reach diverse LGBTQ+ caregivers in rural communities are crucial in supporting LGBTQ+ caregivers of people with ADRD.

PATTERNS AMONG SAME-SEX SPOUSAL COUPLES: DIVERSE SOCIOCULTURAL REPRESENTATION IN ALZHEIMER'S RESEARCH

Shana Stites, *University of Pennsylvania, Philadelphia, Pennsylvania, United States*

Emerging evidence shows that understanding characteristic patterns between study partners (SP) and subjects can inform initiatives to diversify representation of sociocultural groups in ADRD research. This study examined same-sex spousal dyads with the goal of identifying bellwethers of opportunities to build diversity in ADRD research. Descriptive analysis of The Aging, Demographics and Memory Study (ADAMS), which enrolled a subset of subjects from the Health and Retirement Study and a SP for each subject. Eight same-sex spousal couples were among 718 SP-subject dyads (1.1%). Gay men were 3 times as likely to be spousal

SPs ($n=6$) than lesbians ($n=2$), even though women far outnumber men overall. Patterns in caregiving and other characteristics also differed. Same-sex couples are underrepresented in ADRD research. Patterns among those enrolled suggest masculine and feminine norms may drive research engagement. This is discussed in the context of increasing sociocultural diversity in ADRD research across key social groups.

MEMORY-RELATED LIMITATIONS AND CARE NEEDS OF GENDER MINORITY BIPOC ADULTS

Ethan Cicero,¹ Nickolas Lambrou,² Whitney Wharton,³ and Jason Flatt,⁴ *1. Emory University School of Nursing, Atlanta, Georgia, United States, 2. University of Wisconsin, Madison, Madison, Wisconsin, United States, 3. Emory University, Atlanta, Georgia, United States, 4. University of Nevada Las Vegas, Las Vegas, Nevada, United States*

Limited research exists investigating cognitive impairment and Alzheimer's disease and related dementias (ADRD) among gender minority (GM) adults (transgender/non-binary), including examining memory-related challenges among GMs who also identify as Black, Indigenous, or People of Color (BIPOC). 2015-2019 Behavioral Risk Factor Surveillance System data were used to explore care needs of GM and cisgender (CG) adults with subjective cognitive decline (SCD, $N=441$), which may be the first clinical manifestations of ADRD. Regression models examined SCD-associated functional limitations and care needs among GM-BIPOC, GM-White, CG-BIPOC, and CG-White adults. GM-BIPOC and GM-White were 2-4x more likely to have SCD-related limitations, require assistance with daily tasks, be unable to do day-to-day or social activities when compared to CG-White. GM-BIPOC were 2-5x more likely to be uninsured and experience cost-related healthcare barriers compared to GM-White and CG-White/BIPOC. Additional research is needed to improve care and well-being for this understudied population.

EVALUATION OF THE SAVVY CAREGIVER PROGRAM FOR LGBTQIA ADULTS LIVING WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

Jason Flatt,¹ Kiera Pollock,² Yeonsu Song,³ Whitney Wharton,⁴ and Joel Anderson,⁵ *1. University of Nevada Las Vegas, Las Vegas, Nevada, United States, 2. Los Angeles LGBT Center, Los Angeles, California, United States, 3. UCLA, Los Angeles, California, United States, 4. Emory University, Atlanta, Georgia, United States, 5. University of Tennessee at Knoxville, Knoxville, Tennessee, United States*

Approximately 350,000 LGBTQIA+ older adults in the U.S. currently have Alzheimer's disease and related dementias (ADRD), with projections nearing 1 million by 2030. LGBTQIA+ older adults face challenges in receiving adequate and inclusive care and caregiving support due to the inability to rely on traditional family networks, greater disability, and discrimination when seeking aging services. Working with the Los Angeles LGBT Center Aging in Community Initiative, we evaluated the: 1) Adaptation of the Savvy caregiver training program for care providers of LGBTQIA+ persons living with ADRD; and 2) Feasibility and acceptability of the program. Care providers were very satisfied with the program, strategies, information, and activities