

to those who rated their health as good ($M=185.25 \pm 85.1$ seconds) and very good/excellent ($M=149.25 \pm 95.3$ seconds). Stroop CW results demonstrated that those in the fair/poor health category scored lower ($M=17.22 \pm 6.6$) than those in good ($M=19.70 \pm 8.5$ words/minutes) and very good/excellent health categories ($M=18.73 \pm 8.2$ words/minute). In sum, the results suggest SRH is related to executive function such that lower categories of SRH are indicative of poorer executive function. SRH might be used as a proxy for executive function and as a tool that community leaders can use to identify individuals at high risk of ADRD in need of behavioral interventions.

THE AFRICAN IMMIGRANT MEMORY LOSS PROJECT: A UNIVERSITY-COMMUNITY PARTNERSHIP

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The few studies on dementia prevalence in immigrant communities show that immigrants from diverse racial/ethnic backgrounds have a higher prevalence of dementia compared with their U.S.-born counterparts. However, this body of work is small, resulting in a lack of reliable estimates of dementia prevalence among African immigrants. The AIMLP is a partnership between the African Career, Education, and Resources, Inc. (ACER) and the Families and Long-Term Care Projects (FLTC) of the University of Minnesota School of Public Health. Guided by an advisory board, the goal of this project is to develop culturally informed instruments, and use these to collect data to identify dementia care needs, knowledge, and resources in the African immigrant community. Study implementation started in August 2019, five advisory board meetings have been convened and 2 pilot focus groups have occurred. Twelve individuals participated in the focus groups. The majority (90%) were from Liberia and 60% were over the age of 55. Two participants currently care for a family member with dementia. Preliminary findings reveal a great need for education on dementia, and general lack of awareness on management, and limited access to services/supports. Focus groups will be finalized in March and the study survey will be developed and administered in the summer. These survey findings will be available and presented at the conference in November 2020. This is the first project to identify the extent of dementia care needs and resources among African immigrants; which will inform interventions for this population.

THE ASSOCIATION BETWEEN HEARING LOSS AND COMPLETION OF ADVANCE CARE PLANNING AMONG OLDER ADULTS

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Background: Ensuring access to quality end-of-life (EOL) care for all older adults is emerging public health concern. Hearing loss (HL) is the third most common chronic disease affecting older adults and a major impediment to

access healthcare services. However, little is known about the impact of HL on advance care planning for older adults. Method: A sample of 1,862 older adults (≥ 65 years) was drawn from the National Health and Aging Trends Study (NHATS). HL was determined by self-report and advance care planning was measured by asking if an individual completed living wills or the Durable Power of Attorney for Health Care (DPAHC). Covariates included age, gender, race, marital status, education, religion, nativity, depression, region, facility status, regular doctor availability, Medicaid, hospitalization, cognition, perceived health status and a presence of chronic disease. Results: Descriptive statistics revealed that nearly 67% of older adults with HL completed the DPAHC, and the majority of them (71%) also had living wills. Multivariable logistic regression analyses showed that HL was significantly associated with completion of DPAHC and living wills, after controlling for a list of covariates ($OR=0.50$, $p<0.05$). Conclusions: The findings show HL is a significant predictor of completion of any type of advance directives. Facilitating effective communication in advance care planning for older adults with HL is needed. Healthcare provider should make health information accessible to them to get quality EOL care.

THE GENDERED EFFECTS OF EDUCATION AND ACCULTURATION ON OLDER KOREAN IMMIGRANTS' COGNITIVE FUNCTION

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This study advances knowledge concerning older immigrants' cognitive health by examining the role of gender in the context of education, acculturation, and cognitive function. Guided by an emerging Gendered Process of Acculturation framework, we hypothesized that the cognitive health of men and women would benefit differently from a high level of education and acculturation. Cognitive health was measured with the Mini-Mental State Examination. Data were drawn from the Study of Older Korean Americans (SOKA), a multi-site survey of Korean Americans aged 60 and over ($N = 2,061$). Multivariate linear regression analyses were conducted to investigate the moderating role of gender in the effects of (1) education, (2) acculturation, and (3) the association of education and acculturation on cognitive function. Gender was found to be a significant moderator in the relationship of education and acculturation with cognitive health: the positive effect of both education and acculturation was greater among women than men. Furthermore, the three interaction among education, acculturation, and gender was significant: the positive impact of education on cognition was particularly pronounced among women with low acculturation and eliminated gender differences in cognitive status. Our findings suggest that gender plays a critical role in determining the cognitive health benefit arising from education and acculturation singularly and in concert, highlighting the vulnerability of women with low education and acculturation. These findings have implications for social interventions targeting immigrant populations.