ADRD were substantially higher among people with disabilities compared to their non-disabled counterparts. Adults with CP, SCI, and MS had higher risk for early [CP/SB: aHR= 3.35 (95% CI: 2.18-5.14); SCI: aHR=1.93 (95% CI:1.06-3.51); and MS: aHR=4.49 (95% CI:2.62-7.69)] and late [CP: aHR=1.68 (95% CI:1.38-2.03); SCI: aHR: 1.77 (95% CI:1.55-2.02); and MS: aHR=1.26 (95% CI:1.04, 1.54)] onset ADRD. Conclusions: Risk of ADRD was higher among adults with CP/SB, SCI, and MS compared to their matched cohort without disability. Investment in early screening and use of therapeutic or rehabilitative services that may help preserving cognitive function among these patient cohorts is warranted.

SYSTEMS BARRIERS TO MEDICATION MANAGEMENT DURING HOSPITAL TO HOME TRANSITIONS OF OLDER ADULTS WITH DEMENTIA

Maningbe Keita-Fakeye,[1] Rhea Sharma,[2] Sylvan Greyson,[3] Quincy Samus,[4] Ayse Gurses,[5] Sara Keller,[6] and Alicia Arbaje,[4] *1. Johns Hopkins University, Parkville, Maryland, United States, 2. Virginia Commonwealth University, Virginia Commonwealth University, Virginia, United States, 3. Bayview Medical Center, Baltimore, Maryland, United States, 4. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States, 5. Johns Hopkins School of Medicine, Baltimore, Maryland, United States, 6. Johns Hopkins School of Medicine, Lutherville-Timonium, Maryland, United States*

The hospital-to-home transition is a high-risk period for medication errors and adverse events for older adults living with dementia. Researchers conducted a qualitative study using semi-structured interviews and participant solicited diaries. Caregivers of adults ages 55 and older were recruited to understand barriers to medication management during hospital to skilled home health care transitions. We used a human factors engineering approach to guide our understanding of systems level barriers. At least two researchers independently coded each transcript using content analysis and the ATLAS.ti software. We interviewed 23 caregivers and identified five barrier types stemming from systems breakdowns related to: (1) knowledge and information, (2) access to and use of resources and tools, (3) caregiver burden, (4) pandemic concerns, and (5) health limitations. Caregivers grappled with receiving overwhelming, insufficient, incorrect, or conflicting information, and had difficulty managing information from different sources. Latinx caregivers encountered language barriers that impeded role and task clarity. Caregivers expressed mistrust in health systems elements and inability to access resources. Caregivers were in need of additional caregiving assistance, financial aid, and tools to manage medications. Balancing multiple medications and responsibilities left caregivers burdened. The health limitations of the older adult and COVID-19 concerns related to reduced access to resources and ability to deliver and receive in person care complicated task management. Altogether these barriers reflect systems level breakdowns impeding task understanding, execution, and overall management. These findings will inform the development of interdisciplinary strategies to ensure safer care transitions.

THE COST-EFFECTIVENESS OF NON-DRUG INTERVENTIONS THAT REDUCE NURSING HOME ADMISSIONS FOR PEOPLE WITH DEMENTIA

Eric Jutkowitz,[1] Fernando Alarid-Escudero,[2] Peter Shewmaker,[3] Joseph Gaugler,[4] and Laura Pizzi,[5] *1. Brown University, Brown University, Rhode Island, United States, 2. Center for Reserach and Teaching in Economics, Aguascalientes, Aguascalientes, Mexico, 3. Brown Universtiy, Brown University, Rhode Island, United States, 4. University of Minnesota, Minneapolis, Minnesota, United States, 5. Health Outcomes, Policy, and Economics (HOPE) Program, Pscataway, New Jersey, United States*

Although people generally want to age in their community, individuals living with dementia are likely to move to a nursing home. In randomized trials, psychosocial interventions reduce the risk of people living with dementia transitioning to a nursing home, but the cost-effectiveness of these interventions is unknown. We used an evidence-based mathematical model to simulate a place of residence (community or nursing home) for people living with dementia. Our model also predicts time caregiving, health care costs, and quality of life. We modeled the reduction in nursing home rate (i.e., hazard ratio (HR) treatment effect) identified from two trials of non-drug interventions for people living with dementia and their caregiver. Using trial data, we account for the disease stage of when interventions are implemented. Specifically, we modeled MIND (HR: 0.63; 18-month effect), an in-home intervention for people with mild-moderate dementia, and the NYU Caregiver Intervention (HR: 0.53; 42-month effect), which is for people with moderate dementia. We evaluated each intervention's cost-effectiveness relative to usual care for the duration of the intervention from a societal perspective. The MIND and NYU Caregiver Intervention resulted in $23,900, and $6,600 costs savings relative to usual care, respectively. The model predicted an improvement in the quality of life for people living with dementia for both interventions. The largest cost saving was attributed to reductions in family nursing home spending. Medicare and Medicaid received modest cost savings but are likely to be tasked with paying for these interventions.

USE OF TANGIBLE, EDUCATIONAL, AND PSYCHOLOGICAL SUPPORTIVE SERVICES AMONG CHINESE AMERICAN DEMENTIA CAREGIVERS

Jinyu Liu,[1] Yifan Lou,[2] Ethan Siu Leung Cheung,[2] and Bei Wu,[3] *1. Columbia University, Columbia University, New York, United States, 2. Columbia University, New York, New York, United States, 3. New York University, New York, New York, United States*

Background and Objectives: Though many studies have examined the service utilization of dementia caregivers, there is limited empirical evidence from Asian Americans and the lack of incorporating community resources and sociocultural factors in this field. Guided by the Andersen's Behavioral Model of Health Services Use (ABM), we aimed to understand whether and how predisposing, enabling and need factors were associated with utilizing multiple types of services among Chinese Americans dementia caregivers. Research Design and Methods: We collected survey data