resistiveness to care using 70 videos that were taken when 23 persons with dementia received oral care in long-term care facilities at baseline, month 3 and month 6. The behavior patterns of care providers and resistiveness to care of persons with dementia were extracted in the form of the frequency of each behavior using a coding scheme for behavioral observation. The coding scheme for behavior patterns of care providers consists of 2 dimensions: person-centered behaviors including 18 items and task-centered behaviors including 4 items. In addition, the coding scheme for resistiveness to care of persons with dementia includes 13 items. The data were analyzed using a linear mixed model analysis considering the repeated measured data. Among person-centered behaviors, 'assessing the comfort of resident,' and 'cooperatively negotiating' were less likely to occur resistiveness to care. However, 'physically controlling' was the most significant to increase the occurrence of resistiveness to care of persons with dementia. Therefore, it is recommended that care providers try to understand the causes of discomfort for persons with dementia and meet his/her needs rather than to physically control when providing oral care.

CHINESE AMERICAN CAREGIVERS OF OLDER ADULTS WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIAS: A SCOPING REVIEW

Mengyao Hu, Laura Grunin, and Bei Wu, *New York University, New York, New York, United States*

With the rapid growth of aging populations, the number of older adults with dementia is increasing worldwide. While there is a significant amount of research on dementia caregivers, we know very little about Chinese American (the largest subgroup of the Asian American population in America) caregivers. Therefore, the aims of this study are to 1) conduct a scoping review by identifying existing studies on Chinese American dementia caregivers, 2) present the current state of the science on Chinese American dementia caregiving, and 3) provide direction for future research. Twenty-one studies were included in the final review with 3 main themes synthesized (care experience, utilization of programs/services, and recruitment for caregivers). Care experience included illness perception towards Alzheimer's Disease and related dementia (ADRD) such as stigma and normalization of the disease process. Filial piety was another important cultural belief underpinning care experience. An underutilization of supportive programs/services among this population was identified. Additionally, the few existing programs/services for Chinese American caregivers as well as the barriers encountered when seeking these programs/services were seen in the literature. The strategies and barriers of the included research articles for recruitment of Chinese American caregivers are also discussed in this study. These findings provide an overview of the current knowledge about Chinese American caregivers and serve as a stepping stone for future studies on similar populations in promoting caregiver's health and developing culturally sensitive caregiver support services.

CONTENT ANALYSIS OF CHURCH LEADERS' PERCEPTIONS AND ATTITUDES TOWARD DEMENTIA

Kimberly Foster,[1] and Fayron Epps,[2] *1. Georgia State University, Atlanta, Georgia, United States, 2. Emory University, Georgia, United States*

Individuals with dementia face many challenges, including the reactions others have to their diagnoses and associated symptoms. Those affected by dementia often seek support from their faith communities and find many of their faith leaders are unable to respond to their needs due to a lack of awareness. In an effort to transform the perception of dementia within the faith community, dementia educational workshops for church leaders were held at three African American churches in Metropolitan Atlanta. As part of the dementia workshop education, an exercise was used to assess attendees' perceptions and attitudes toward dementia pre and post workshop. One hundred and eight participants took part in this exercise. At the beginning and end of the workshop, participants were asked to write a word or short phrase that came to mind when they thought of dementia. Qualitative content analysis was conducted and 15 codes were extracted and categorized into 3 groups: positive (e.g., supportive); negative (e.g., horrified); and neutral (e.g., information-seeking). Before the workshop, participant responses trended towards negative responses (e.g., fear, loss, damn). After the workshop, participants expressed in writing more neutral and positive phrases and words (e.g., support, hopefulness, caring). The findings indicate that with training, church leaders can change their perceptions and attitudes toward dementia to a more accepting and positive stance. Ultimately, continued education in the faith communities may allow for families affected by dementia to feel comfortable seeking help from their church, a very important resource in their community.

DELIVERING AND EMBEDDING DEMENTIA-FRIENDLY TRAINING IN A HEALTHCARE SYSTEM

Ellen Schneider,[1] Maureen Dale,[2] Krista Wells,[3] John Gotelli,[3] Carol Julian,[2] Cristine Henage,[2] Jan Busby-Whitehead,[2] and Ellen Roberts[2], *1. University of North Carolina at Chapel Hill, Raleigh, North Carolina, United States, 2. University of North Carolina School of Medicine, Chapel Hill, North Carolina, United States, 3. UNC Health Care, Hillsborough, North Carolina, United States*

Alzheimer's disease is the 4th leading cause of death in North Carolina for people 65 and older. People with dementia are hospitalized more often and have prolonged stays, poorer outcomes, higher costs, and increased readmission rates. Hospital employees have expressed the desire to have specialized training to learn how to more effectively communicate with and provide better care to patients with dementia. To address identified patient and hospital employee needs, the University of North Carolina (UNC) Center for Aging and Health is disseminating hospital-specific dementia-friendly training at five hospitals within the UNC