

manifestation of gender discrimination. Using national data from LASI-DAD together with information drawn from administrative data, we construct a state-level composite index of gender inequality, following the UNDP definition. We investigate and find strong evidence that cross-state differences in gender inequality are significantly associated with the gender gap in cognition. Women in the most discriminating state (Bihar) perform significantly worse than men (-0.21 s.d.), after controlling for key risk factors such as age and education. The gender gap in the least discriminating state (Kerala) is much smaller (-0.10 s.d.). We also find that gender inequality is strongly associated with education, early marriage, labor force participation, and social activities. This has important implications for public health policy aimed at reducing the risk of cognitive impairment and dementia.

DESIGN AND METHODOLOGY OF THE LONGITUDINAL AGING STUDY IN INDIA—DIAGNOSTIC ASSESSMENT OF DEMENTIA

Jinkook Lee,¹ Pranali Khobragade,² Joyita Banerjee,³ and Sandy Chien,² 1. *University of Southern California, Los Angeles, California, United States*, 2. *University of southern california, Los Angeles, California, United States*, 3. *All India Institute of Medical Sciences, New Delhi, Delhi, India*

Longitudinal Aging Study in India is a nationally representative survey of the health, economic, and social wellbeing of the Indian population aged 45 and older. LASI-DAD is an in-depth study of late-life cognition and dementia, drawing a sub-sample of over 4,000 LASI respondents aged 60 or older. Respondents underwent a battery of cognitive tests, while their informants were interviewed about their cognitive and health conditions. A common set of cognitive tests was selected to enable international comparisons, and additional cognitive tests suitable for illiterate and innumerate populations were also selected. Rich data on risk factors of dementia were collected through health examinations, venous blood assays, and genotyping. The response rate was 82.9%, varying across sex, education, and urbanicity. LASI-DAD provides an opportunity to study late-life cognition and dementia and their risk factors in the older population in India and to gain further insights through cross-country analysis.

MEASUREMENT AND STRUCTURE OF COGNITION IN THE LONGITUDINAL AGING STUDY IN INDIA—DIAGNOSTIC ASSESSMENT OF DEMENTIA

Alden Gross,¹ Pranali Khobragade,² Erik Meijer,² and Judith Saxton,² 1. *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*, 2. *University of southern california, Los Angeles, California, United States*

We tested whether a complex model of human cognitive abilities based on Cattell-Horn-Carroll (CHC) theory, developed in English-speaking samples, adequately describes correlations among tests in the Longitudinal Aging Study in India-Diagnostic Assessment of Dementia (LASI-DAD) (N=3,224). Tests in the neuropsychological battery were chosen for their appropriateness for measuring cognition in older adults in India and suitability for co-calibration with the core LASI survey (N=72,000). We evaluated the factor structure and its conformity with a classical CHC factor model incorporating measurement models for general cognition,

5 broad domains (orientation, executive functioning, language/fluency, memory, visuospatial), and 5 narrow domains (abstract reasoning, attention/speed, immediate memory, delayed memory, recognition memory) of cognitive performance. Model fit was adequate (RMSEA:0.051; CFI:0.916; SRMR:0.060). We demonstrated configural factorial invariance of a cognitive battery in the Indian LASI-DAD using CHC theory. Broad domain factors may be used to rank individuals with respect to cognitive performance and classify cognitive impairment.

VISION AND COGNITION: FINDINGS FROM THE LONGITUDINAL AGING STUDY IN INDIA—DIAGNOSTIC ASSESSMENT OF DEMENTIA

Joshua Ehrlich,¹ Sandy Chien,² and Jinkook Lee,³ 1. *University of Michigan, Ann Arbor, Michigan, United States*, 2. *University of southern california, Los Angeles, California, United States*, 3. *University of Southern California, Los Angeles, California, United States*

Vision impairment (VI) is associated with cognitive decline and dementia, however little research has been conducted in India. Using data from LASI-DAD, linear models tested the association of VI (better-seeing eye <20/60) with cognitive domains including orientation, learning/memory, language, attention, and total cognition. Models were adjusted for age, sex, geographic, and socioeconomic characteristics. VI was significantly associated with lower orientation ($\beta=-0.47$, $p<.01$), learning/memory ($\beta=-4.6$, $p<.01$), attention ($\beta=-1.6$, $p<.01$), and total cognition ($\beta=-8.4$, $p<.01$), but not language ($\beta=-0.14$, $p<.1$) scores. The association of VI with cognitive measures did not vary by sex. For each measure, VI was equivalent to 5-13 years of cognitive aging. In summary, VI is associated with poorer performance in most cognitive domains among older Indian adults. Longitudinal data are needed to determine directionality and causality. Since >80% of VI in India is treatable, poor vision may represent a modifiable risk factor for cognitive decline and dementia.

SESSION 5940 (SYMPOSIUM)

USING VIDEO TELEHEALTH TO SUPPORT FAMILY CAREGIVERS OF PEOPLE WITH DEMENTIA

Co-Chair: Joleen Sussman

Co-Chair: Lauren Moo

Discussant: Michele Karel

In 2030, predictions indicate that dementia will affect 75 million people worldwide and increase to 132 million by 2050. Persons' with dementia (PWD) associated behavioral changes are highly correlated with caregiver burden. Caregivers of PWD commonly report concerns regarding personal and home safety, meaningful activities, advance care planning, and evaluation and diagnosis of dementia of the PWD. Further, caregivers' emotional response to PWD challenging behavior has greater influence than the actual behavior on decisions to place PWD in a nursing home. Caregiver intervention reduces behavioral and psychological symptoms in the PWD, the caregiver's emotional distress from these symptoms, and cost to healthcare systems. Yet, one in four dementia caregivers are not receiving dementia support services. Difficulty attending in person clinic-based