in the this feasibility study. The study examined the impact of D3 training modules on knowledge transfer (16% mean increase in care partner knowledge across three courses); satisfaction with the training modules (96% satisfaction across three courses); and satisfaction with the activities programming (91% satisfaction across all items for persons living with dementia and 99% for care partners). No distal changes related to care partner stigma nor caregiver burden were seen in this short study.

EMERGENCY DEPARTMENT NURSES' EXPERIENCES IN CARING FOR OLDER ADULTS WITH DEMENTIA

YuJin Park,[1] Eun-Hi Kong,[2] and Hyejin Kim,[3] *1. Gachon Gil Hospital, Incheon, Republic of Korea, 2. Gachon University, Incheon, Republic of Korea, 3. Chung-Ang University, Seoul, Republic of Korea*

The aim of this study was to describe emergency-department nurses' experiences in caring for older adults with dementia. A qualitative descriptive method was employed. A convenience sampling method was used to recruit nurses from seven regional emergency medical centers. Data were collected through to in-depth interviews and field notes until data were saturated. A total of 23 emergency-department nurses participated in the first interview and 18 of them participated in the second interview. Data were analyzed using qualitative content analysis with the ATLAS. ti 8.2 software program. Through data analysis of interview data, 36 codes and 10 categories were identified. Finally, four themes emerged from data analysis: lack of preparation for dementia care, tired of caring for older adults with dementia, an inappropriate emergency-department environment for older adults with dementia, and needs for improvements in dementia care. Emergency-department nurses felt completely unprepared for dementia care and felt exhausted after caring for older adults with dementia. In addition, the emergency department is considered to be an environment that does not consider older adults with dementia and thus is unsuitable for older adults with dementia. Also, nurses require systematic support when caring for older adults with dementia and improvement in awareness in the emergency department. Study results provide important data to develop educational material for emergency care including criteria for emergency medical assessments and policies of emergency medical institutions. In addition, the results provide evidence for clinical practice guideline for nurses who care for older adults with dementia in the emergency departments.

EXPLORING THE EXPERIENCES OF PERSONS LIVING WITH DEMENTIA AND THEIR CARE PARTNERS IN A MEMORY CAFÉ-STYLE PROGRAM

Morgan Bunting,[1] Inga Antonsdottir,[2] Marti Bailey,[3] and Quincy Samus,[2] *1. Johns Hopkins University, Halethorpe, Maryland, United States, 2. Johns Hopkins University, Baltimore, Maryland, United States, 3. Club Memory, Washington, D.C., United States*

Community-based supportive care interventions are needed to address unmet needs and maximize quality of life for persons living with dementias and their care partners (care dyad). Memory cafés and similar programs serve as a potentially important vehicle to reduce dementia stigmatization, improve inclusiveness, promote well-being, socialization and meaningful activity engagement, and disseminate dementia-related education and knowledge. Despite gaining popularity, little is known about how these programs impact participants or how they work best. The Club Memory® program in Washington, D.C. is an enhanced memory café-style program that delivers a normalizing environment, decreased negative stigma and a chance to experience a catalyst for change despite disease progression. Using qualitative methods, we investigated the perceived impact, benefits, and weaknesses of Club Memory from multi-stakeholder perspective, to explore how this program might be improved and standardized for broader implementation. We conducted two focus groups, one of care partners and one of persons living with dementia (N=12). Upon analyzing transcriptions, five common themes emerged among the focus groups: Atmosphere, Sense of Community, Skill-Building, Tools and Strength in Staff. Integrating perspectives from the care dyad revealed congruent thoughts on program perception, benefits and strengths, and opportunities for improvement. Club Memory® appears to be a valuable model that creates a stigma-free supportive environment, educates and engages the care dyad to foster understanding, confidence, curiosity and empowerment. Our findings contribute to a deeper understanding of the impact community-based strategies can positively impact the care dyad's life.

HOW WELL DO VIDEOS ON YOUTUBE MEET INFORMATION NEEDS OF ADRD FAMILY CAREGIVERS? A QUALITATIVE ANALYSIS

Shinyi Wu,[1] Katherine Foster,[2] Magaly Ramirez,[3] Haomiao Jin,[1] and Elizabeth Joe,[4] *1. University of Southern California, Los Angeles, California, United States, 2. University of Southern California, Fountain Valley, California, United States, 3. University of Washington, Seattle, Washington, United States, 4. Keck School of Medicine, USC, Los Angeles, California, United States*

Family caregivers need access to information, education, and support for taking care of individuals with Alzheimer's disease and other dementia (ADRD). As YouTube is increasingly being used for sharing health information, videos regarding the disease and caregiving are becoming an important source of information to support family ADRD caregivers. This study aimed to assess the types and quality of information available on YouTube videos related to ADRD caregiving. A framework categorizing information needs of family ADRD caregivers was developed through a qualitative study with caregivers (N=21) and with healthcare and community stakeholders (N=6). The framework was used to conduct content analysis of YouTube videos. Nineteen categories of information needs were identified, including information about ADRD, healthcare services and treatment, available community resources, caregiving skills, and short- and long-term care. YouTube videos that met the keywords, language, and view selection criteria were evaluated by two coders on a developed rating scale to measure their relevance and helpfulness. A neurologist verified the ratings in 10% of the coded videos for quality assurance. There were 48 English and 23 Spanish videos met the selection criteria. More English (89.6%) than Spanish (56.5%) videos provided tips on handling specific ADRD symptoms. The majority categories of information needs (15 of the 19) were