

Nearly 50% of poll respondents (n=1,025) perceived themselves as being somewhat or very likely to develop dementia. Worry about developing dementia was higher among respondents who had a family member with dementia (66.3% vs. 31.8%; Pearson's Chi squared,  $p < 0.001$ ) and those who had been a caregiver of a person with dementia (65.2% v. 38.9%; Pearson's Chi squared  $p < 0.001$ ). Only 5% of respondents had discussed preventing dementia with their doctor. In contrast, many respondents endorsed pursuing a variety of strategies to help maintain their memory. For example, 55% did crossword puzzles or other brain games; more than 30% reported taking fish oil or omega-3 supplements. Finally, 44% of respondents said they were likely to participate in studies to test a new medicine to prevent dementia and to test a new treatment for dementia. According to this NPHA, while many adults age 50 to 64 in the U.S. are worried about developing dementia, fewer are willing to participate in research to prevent or treat dementia. The low percentage who discussed dementia prevention with their doctor is concerning, particularly because many report using non-evidence-based prevention strategies such as dietary supplements.

#### PERMANENT TRANSITION OF HOMECARE RECIPIENTS WITH DEMENTIA TO NURSING HOMES IN NYS: RISK FACTORS

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**Objective.** To determine predictors associated with the permanent transition to nursing homes among home care recipients with dementia. **Methods.** Retrospective cohort study (01/2007-12/2012). Study participants (n=48,338) include older adults age 65+ with dementia who received home health services in NYS for at least 2 months prior to permanent transition to nursing homes. Permanent transition is defined as discharge from a home care agency to a nursing home where participants must reside for 3+ months continuously. Two data sets were used—the Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS). Multivariate logistic regression was used to quantify the association between predictors and permanent transition to nursing homes. **Results:** 29% of home care recipients with dementia made permanent transitions to nursing homes. The mean age was 83 years old ranging from 65-111. Among the permanent transition group, 47% were age 85+, 68% female, 75% white, 13% black, 9% Hispanic, 29% with both urinary & bowel incontinence, and 15% with depression. Risk factors associated with permanent transition included increasing age (OR=1.1; 95% CI 1.03-1.18); being white (OR =1.25; 95%CI 0.83-0.94) compared to black, urinary and bowel incontinence vs. continence (OR=1.46; 95% CI 1.37-1.56); depression vs. no depression (OR=1.2; 95% CI 1.11-1.25); hip fracture vs. no hip fracture (OR=2.63; 95% CI 2.27-3.05), and 3+ hospitalizations vs. no hospitalization (OR=3.02; 95% CI 2.77-3.29). **Conclusion:** Two potential modifiable risk factors related to permanent transition to nursing homes are depression and incontinence. Early diagnosis and treatment may delay or avert nursing home entry.

#### RACIAL-ETHNIC DIFFERENCES IN NURSING HOME QUALITY OF LIFE FOR ALZHEIMER'S DISEASE AND DEMENTIA RESIDENTS

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Nursing homes (NHs) are often racially segregated, and minority residents admitted to NHs usually have more advanced stages of dementia at the time of admission than their white counterparts, with different care needs. Previous work has shown that racial disparities in NH quality of life (QoL) were partially due to different case mix of white and minority residents; it is unclear if disparities persist when comparing residents with similar ADRD diagnoses. The 2011-2015 Minnesota Resident Quality of Life and Satisfaction with Care Survey data contain in-person resident responses from a random sample of residents of all Medicare/Medicaid certified NHs in the state, about 40% of whom have AD/ADRD. These data were linked to the Minimum Data Set (MDS) and facility characteristics data. The population consists of 25,039 White, 580 Black, 94 Hispanic, 229 Native Americans, and 99 Asian/Pacific Islander NH residents with ADRD residing in 376 NHs. Racial/ethnic minority residents reported significantly lower QoL scores compared to their white counterparts, with the largest disparities in the food and relationships domains. We adjusted for resident (age, marital status, education, sex, length of stay, anxiety/mood disorder, activities of daily living scores) and facility characteristics (proportion of minority residents, ownership, urban vs rural, size, and occupancy ratio) using a multivariate random intercept model. After adjustment, significant differences remained in total QoL score and several QoL domains for Black, Asian and Hispanic residents (no significant differences for Native American residents). Practice guidelines should consider different care needs of racial/ethnic minority NH residents with ADRD.

#### THE BUDDY PROGRAM: IMPACT ON PERSONS LIVING WITH DEMENTIA AND FAMILY CAREGIVERS

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Psychosocial interventions have the potential to offer substantial benefit to people with dementia and their family caregivers. The Buddy Program is an experiential learning program that pairs students with persons with dementia for activities and relationship-building. Previous studies have demonstrated the program's positive impact on student knowledge and attitudes. New York University's (NYU) Alzheimer's Family Support Program began replicating the Buddy Program in 2017 and has enrolled 80 students. Northwestern University's (NU) Buddy Program, in its 22nd year, has enrolled 260. This presentation describes the impact of the program on the mentors (NU) and the caregivers (NYU). Post program focus groups with mentors and student journals describing interactions with the caregiver were thematically analyzed. Mentors describe feelings of pride