

on dementia and a lack of knowledge of dementia symptoms among diverse older adults and their families were also major risk factors. In the U.S., there was a lack of literature, especially around the development of identity with dementia and older adults' perspectives on available services. Also, there were insufficient U.S.-based studies that explored the challenges of psychological adjustment among racial and ethnic minority groups. Future research could benefit from taking a life course perspective to assess ESD within the context of one's life and examine challenges associated with ESD across all four themes to promote empowerment.

#### RELIGION AND SPIRITUALITY MEASURES IN DEMENTIA: AN INTEGRATIVE REVIEW OF THE LITERATURE

Katherine Britt,<sup>1</sup> Gayle Acton,<sup>2</sup> and Jung Kwak,<sup>3</sup> 1. *University of Texas at Austin, Austin, Texas, United States*, 2. *University of Texas at Austin, The, Austin, Texas, United States*, 3. *The University of Texas at Austin, Austin, Texas, United States*

Literature documents positive effects of religion and spirituality on health including improved cognitive function, quality of life, and well-being. Extant research suggests that persons living with dementia (PWD) are more likely to have spiritual needs and rely on others to support their spiritual well-being than those without dementia. However, spiritual care is absent or minimally present in dementia care. To effectively address spiritual needs of PWDs, accurate screening and assessment is critical. We conducted an integrative review of the current literature on measures of religion and spirituality for PWDs by searching five databases (ATLA Religion, CINAHL, PsychInfo, PubMed, and SocIndex) and identified 14 studies that were peer-reviewed original research articles focusing on assessment of religion/spirituality among PWDs and published between 2000-2020 in English. Most were conducted in Europe (n=7), included PWD in mild stage (n=68) from various settings, and were cross-sectional in design (n=8). Of a total of 17 measures identified, 6 were originally developed for the general population and then adapted for PWD, and only 3 were validated for PWD. A majority of the studies were limited in sample size, generalizability, methodological rigor, and measure validation. More research is needed using diverse samples and rigorous study designs to develop valid screening and assessment tools for this population. Improving religious and spiritual measures could greatly impact public health by improving quality of life for millions of individuals suffering from dementia and their caregivers who carry a heavy burden.

#### SOCIAL DETERMINANTS OF HEALTH AND THE ONSET OF DEMENTIA IN LATER LIFE

Darren Liu,<sup>1</sup> Takashi Yamashita,<sup>2</sup> Betty Burston,<sup>3</sup> and Chetana Guthikonda,<sup>1</sup> 1. *Des Moines University, Des Moines, Iowa, United States*, 2. *University of Maryland, Baltimore County, Baltimore, Maryland, United States*, 3. *University of Nevada, Las Vegas, Las Vegas, Nevada, United States*

Dementia is a debilitating neurodegenerative syndrome characterized by deterioration in memory, cognitive,

behavioral, and physical capacity. Recent research has indicated that some early-life social determinants of health (SDH), which vary by race/ethnicity may hold clues to the onset of dementia. Although early life clinical risk factors of dementia have been identified, early-life SDH such as education, sociodemographic and socioeconomic characteristics are yet to be collated. This review study focused on early-life (less than 18 years of age) SDH in relation to cognitive decline in later life and differences across racial/ethnic groups in the U.S. A systematic review of articles in and after January of 1999 was conducted using Scoping Reviews - an approach for evidence synthesis to determine the coverage of a body of literature. Studies that report the impact of early-life social determinants on late-life cognitive decline were identified through the searches of CINAHL, Global Health, PsycINFO, PubMed and Scopus databases. Our initial database search resulted in 823 studies, and of those, 102 studies satisfied the inclusion criteria. The systematic review identified the following risk factors: lower education (34%), lower socioeconomic status (25%), Adverse Childhood Experiences (ACEs) (14%), exposure to environmental toxins (11%), food insecurity (6.8%), and rural residence (4%). Although education and socioeconomic status are well-known risk factors of cognitive decline in later life, other understudied factors such as food insecurity and residing in rural areas are yet to be explored. Implications in terms of understanding the link between early life SDH and dementia in later life are discussed.

#### VIRTUES AND CHARACTER STRENGTHS IN PERSONS WITH MILD ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

Jocelyn McGee, and Michaela McElroy, *Baylor University, Waco, Texas, United States*

The Values in Action (VIA) framework, from positive psychology, consists of 6 virtues (wisdom, courage, humanity, justice, temperance, and transcendence) which can be broken down into 24 strengths of character (Peterson & Seligman, 2004). Although this framework has been used to understand virtues and strengths in various populations, persons with Alzheimer's disease and other progressive dementias have been largely excluded from such studies. The aims of our study were to utilize the VIA framework to: 1) examine the expression of virtues and character strengths in a sample of persons diagnosed with probable AD (who were clinically designated as having mild disease based on neuropsychological assessment); and 2) provide implications for further strengths-based research and clinical practice with this population. Twenty-eight older adults, between the ages of 56 and 93 (M = 77.88, SD = 9.88), participated in the study. All had a Clinical Dementia Rating Scale (CDR) of 1 which suggested mild dementia. The Dimensions of Living with Dementia Interview (DLD; McGee & Carlson, 2013) was utilized for data collection. Interviews lasted approximately 45 minutes per participant. The interviews were professionally transcribed, audit checked, and uploaded to NVivo (2018) for analysis. Directed content analysis (Hsieh & Shannon, 2005) was utilized to extend the VIA framework to this sample. The virtues of wisdom, courage, humanity,