

interprofessional education that will impact people living with dementia and their caregivers at the community, primary care, and acute care levels. Dementia inclusive community initiatives must have this kind of high-level interagency coordination. Our GWEP has successfully implemented Dementia Friends sessions across multiple sectors (Veterans, EMS, clergy, libraries, developmentally disabled, living alone) both in-person and virtually due to COVID-19. This symposium will share the methods to organize at the community level to deliver a unified message community-wide.

FROM AWARENESS TO SOCIAL ACTION: THE ROLE OF DEMENTIA FRIENDS IN SUSTAINING DEMENTIA INCLUSIVENESS

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According to the World Dementia Council, three components are important to effectively engage a community to become dementia inclusive, 1) raising awareness and consequently decreasing stigma, 2) enabling participation, and 3) providing support—including in health and care settings. Too many times these components are separate initiatives thus limiting their effectiveness and sustainability. By applying the collective impact model and utilizing the Dementia Friends program as the link between the three, all dementia inclusive efforts can be enhanced and sustained regardless of the range of activities and approaches a community chooses to adopt. This symposium provides both evidence and examples of how to personalize and employ the Dementia Friends program to optimize the process, outcome, and impact of dementia inclusive initiatives. By engaging the entire community, awareness is raised, the structure is in place to enable action, and cross-sector collaboration will ensure continuation and sustainability of these important efforts.

IMPROVING CARE FOR INDIVIDUALS LIVING WITH INTELLECTUAL DEVELOPMENTAL DISABILITIES AND DEMENTIA

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Ultimately, transformation of communities can only occur through educational efforts delivered to specific community sectors. Although the portion of people with Intellectual Developmental Disabilities who develop dementia as they age is equal to that of the general population, individuals with Down syndrome are at a much higher risk. This symposium will describe how a county health department partnered with the local County Board of Developmental Disabilities to systematically incorporate Dementia Friends for Intellectual Developmental Disabilities with Alzheimer's disease training to their staff and provider network. We will describe who to get on board with the idea, how to organize, and how to deliver specific trainings. Outcomes related to increase in participant knowledge, increases in service provision and outcomes related to staff mentoring will be discussed.

ESTABLISHING A DEMENTIA-INCLUSIVE COMMUNITY: THE EVALUATION OF DEMENTIA FRIENDS IN CLEVELAND HEIGHTS

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Cleveland Heights, in northeast Ohio, is currently working towards becoming a member of the Dementia Friendly America National Network. Utilizing the Dementia Friends curriculum to raise community members' awareness of issues related to dementia is a key component of this initiative. Our initial efforts toward this goal targeted two sectors, namely community member and libraries. Participants completed on-line surveys at the beginning and end of each session. The surveys include the Brief Tool for Dementia-Friendly Education and Training Sessions developed by the Administration for Community Living. Of the 22 participants, nine had not previously attended a Dementia Friends session and completed both pre- and post-session surveys. Results indicated participants felt more confident interacting with people living with dementia at post-session compared to pre-session ($t = -2.83, p = .022$). Changes at the individual level may create more inclusive communities for people living with dementia and those who care for and about them.

Session 4330 (Paper)

Aging and Health and Social Services

COMPARISON OF ASSOCIATION BETWEEN DIVORCE AND ACCESS TO HEALTHCARE SERVICES AMONG MARRIED IMMIGRANTS

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The number of married immigrants is increasing in Korea, and family dissolution is also growing in this population. Although divorce could impact immigrants' health status, it is unclear whether they have difficulties accessing healthcare and medical services. Thus, we examined whether divorce in married immigrants is independently associated with access to healthcare services. A retrospective analysis of 11,778 adults who participated in the 2018 National Multicultural Family Survey. We used three different covariate adjustment methods (multivariate logistic regression, inverse probability of treatment weighting, 1:1 greedy propensity score matching) to examine the association between divorce and access to healthcare services after accounting for various demographic and clinical characteristics. Overall, 5.8% ($n = 691$) of married immigrants reported a history of divorce. The divorce group included 107 (15.5%) males and 584 (84.5%) females, with an average age of 45.17 years ($SD = 10.9$). The non-divorced group included 1992 males (18.0%) and 9095 (82.0%) females, with an average age of 39.1 years ($SD = 10.5$). After propensity score matching, all variables were balanced (all $p > 0.05$). Individuals who experienced divorce were more likely to have difficulties in healthcare service access than those who did not experience divorce (adjusted odds ratio 1.423, 95% CI [1.075, 1.882]). Our findings revealed that divorce increased the risk of limited healthcare services among immigrants in Korea. Healthcare policymakers should be aware of the healthcare access issues in this minority population. In addition, to improve the lifestyles of minority populations, it is necessary to study their overall lives.