

compared to non-H/L White individuals. Although H/L individuals make up roughly 18% of the U.S. population, they are vastly underrepresented in ADRD research. For example, less than 9% of individuals in the National Alzheimer's Coordinating Center (NACC) data set are H/L. Collaborative efforts like the ECHAR Network are working to increase the representation of H/L individuals in ADRD research across the U.S. A non-exhaustive list of barriers to H/L participation include limited health literacy, perspectives on aging, and preferences for family-centered care that aligns with H/L cultural values (e.g., familismo). For example, H/L individuals are less likely to have a medical conceptualization of the Spanish translation for dementia. The cognate "demencia" is more likely to be conflated with alternative meanings like insanity, which may create barriers when developing community-facing recruitment and study materials.

LESSONS LEARNED FROM FOCUS GROUPS AND COMMUNITY EDUCATION PROVISION IN THE AFRICAN AMERICAN COMMUNITY

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The present symposium will synthesize themes derived from eight different projects designed to better understand dementia in Minnesota (MN) within the African American community (where individuals are disproportionately susceptible to dementia and the tolls of dementia care). These projects included focus groups, community outreach, community education, networking with aging service providers, and community forums. Projects were funded by and conducted in partnership with the MN Department of Human Services, the Alzheimer's Association, the MN Board on Aging, and the MN Leadership Council on Aging's Diverse Elders Coalition. Themes included the unique ways that African American elders share their viewpoints and the importance of faith-based outreach. Another major theme, which connects to the other symposium talks, was the importance of three S's: Stigma, Shame, and Silence as cultural considerations in the African American, West African, and Latino/a/x/e communities as they apply to access to information and training to better understand AD/ADRD.

Session 4135 (Paper)

Spirituality and Health

CARING FOR A FAMILY MEMBER WITH MILD DEMENTIA: PERCEPTIONS, CONNECTIONS, AND RELATIONAL DYNAMICS WITH THE SACRED

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Researchers define spirituality as the search for or connection with the "sacred", which is transcendent and considered blessed, holy, or revered. For some, the sacred is connection with a divinity (e.g., God, gods) and for others, a close relationship with something else bigger than themselves (e.g., the Universe, Nature, a life philosophy). Current research reports that family caregivers with a strong connection to

the sacred, as compared with those who do not, have fewer symptoms of depression, more positive perceptions of the caregiving experience, improved coping, and bolstered resilience. However, there is limited research on the impact of spirituality on the perceptions of familial caregivers whose loved ones have recently been diagnosed with dementia. In this study, 27 family caregivers of persons with mild dementia (CDR=1) were interviewed using the Dimensions of Caregiving Interview (DCI, McGee & Carlson, 2013). The DCI identified positive psychological aspects of the caregiving experience, including spirituality. Three heuristic themes emerged from Directed Content Analysis: perceptions about the sacred reflect variability in the early part of the caregiving journey; specific characteristics, traits, and functions of the sacred shape caregiver coping and adjustment; and the relational dynamics between caregivers and the sacred inform adaptation. Recommendations for clinical practice and additional research are provided.

EITHER SENT BY GOD OR USED BY GOD: IMPACT OF COVID-19 ON THE RELIGIOUS LIVES OF BLACK FAMILIES WITH DEMENTIA

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The COVID-19 pandemic has underscored systemic disparities and laid its effects on the Black community. Often overlooked is how health disparities heighten stress and affect the emotional well-being of Black American caregivers. The purpose of this study is to explore the impact of COVID-19 on church engagement for Black families affected by dementia. A qualitative design was employed to collect data from current caregivers, faith/church leaders, and persons with cognitive impairment. Participants (n = 17) were predominantly female, all identified as Black. During semi-structured interviews, participants were asked how COVID-19 has impacted their participation in faith practices. The following themes emerged: (a) ability to continue faith practices, (b) increased church engagement, (c) new normal, (d) importance of fellowship, and (e) role of technology. Participants believed COVID-19 did not impact their faith practice partly due to the ability to continue with faith traditions in a virtual format. Online worship services enabled more families affected by dementia to participate. Many church leaders expressed the intent of continuing to provide online worship services post-pandemic. Families highlighted their need to have fellowship with other parishioners. Technology was perceived as a double-edged sword that serves as both a motivator and a barrier to religious engagement. These findings will support faith leaders and churches in understanding the needs of their congregation during the COVID-19 pandemic, specifically, it will allow families living with dementia to continue engaging in religious activity and living in meaningful ways.

GIVE THANKS IN ALL CIRCUMSTANCES? GRATITUDE TOWARD GOD AND HEALTH IN LATER LIFE AFTER MAJOR LIFE STRESSORS

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