## LONGITUDINAL ENGAGEMENT IN MODIFIABLE LIFESTYLE BEHAVIORS AND DEMENTIA RISK

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Dementia is a major public health threat as there are currently no definitive methods to prevent, treat, and cure the disorder. Recent efforts have focused on modifiable lifestyle behaviors to reduce dementia risk. Yet, the majority of these studies have utilized cross-sectional data or are limited to specific geographic areas. The purpose of this study was to explore how longitudinal engagement in modifiable lifestyle behaviors (physical activity, smoking, and social contacts) influence dementia risk. This study analyzed eight annual waves (2011-2018) of prospective data from the National Health and Aging Trends Study, a large nationally representative U.S. sample of older adults. Each wave, physical activity was measured as engagement in vigorous physical activities; smoking was measured as current engagement in cigarette smoking; and social contacts was measured as visiting friends/family outside of their home. The dependent variable was number of years to a new dementia diagnosis. Multivariate analyses were conducted using the Cox proportional hazards model with survey sampling weights applied for a national sample of 6,800 community-dwelling older adults dementia-free at baseline. After controlling for sociodemographics (age, sex, race, etc.) and health (physical health, chronic disease, etc.), longitudinal engagement in physical activity significantly decreased dementia risk (Hazard Ratio [HR]=0.60, p<.05), however, there was no significant relationship with smoking (HR=1.12, p=.58) and social contacts (1.06, p=.83). Our findings indicate physical activity is a promising modifiable lifestyle behavior for prevention. Future research should explore physical activity interventions that are most effective in reducing dementia risk, such as strength-based or aerobic-based activities.

## LOUISIANA GERIATRIC WORKFORCE ENHANCEMENT PROGRAM: ANALYSIS OF LEARNING OUTCOMES FROM DEMENTIA TRAINING

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A recent Alzheimer's Association report noted that by year 2050, the number of Americans diagnosed with Alzheimer's disease and related dementias (ADRD) will triple to over 15 million. The report referred to primary care as the front line for meeting this demand, yet the nation faces a severe shortage of ADRD trained, primary care professionals (PCPs). Louisiana Geriatric Workforce Enhancement Program (LA-GWEP) addresses this demand. The purpose of this study was to examine preliminary data respective to LA-GWEP effectiveness with interdisciplinary education and training seminars, primarily aimed at medical, nursing, and social work PCPs. Three seminars were conducted in south Louisiana: Seminars 1 and 2 addressed effective communication, verbal and nonverbal, among persons with ADRD and caregivers; Seminar 3 offered basic overview of dementia symptomology, stages, and behaviors. Pre- and post-training session data were collected on-site. Participants completed questionnaires that included a 10-item knowledge assessment and 20-item Dementia Attitudes Scale (DAS). These measures contained Likert response formats; higher scores indicating greater levels of ADRD knowledge, in patient and caregiver contexts. Paired sample t-tests were conducted to observe any significant pre-to-post improvement, Cohen's d for effect size. Seminar 1 revealed no significant pre-to-post difference: t = -1.019, p = 0.320. Adjusting content from audience feedback, Seminar 2 revealed significant pre-to-post difference: t = -7.516, p < .001, Cohen's d = 1.2. Seminar 3 yielded significant improvement on DAS scores: t = -2.96, p < .01, Cohen's d = 0.34. Implications for seminars in future years of LA-GWEP are discussed.

## PREVALENCE OF DIAGNOSED ALZHEIMER'S DISEASE AND RELATED DEMENTIAS IN MEDICARE ADVANTAGE

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A third of Medicare beneficiaries are enrolled in Medicare Advantage (MA); however, little is known about MA beneficiaries diagnosed with Alzheimer's disease and related dementias (AD/ADRD). MA plans have incentives that may influence the type of beneficiaries who enroll/disenroll from plans and the documentation of diagnoses. We calculated the prevalence of diagnosed AD/ADRD in 2014 and 2016 in three MA plans representing ~30% of the MA market. We identified beneficiaries ≥65 years of age enrolled in the MA plans in 2014 and 2016. Among eligible beneficiaries, we identified individuals with AD/ADRD using ICD-9 (2014) and ICD-10 (2016) codes included in the Medicare Chronic Conditions Warehouse algorithms for AD/ADRD. We determined the age and sex of beneficiaries diagnosed with AD/ADRD, and whether they disenrolled from the MA plan for any reason (e.g., death, enrollment in a different MA plan, enrollment in traditional Medicare or discontinuation of a plan) within 364 days from the date they were first identified has having AD/ADRD (i.e., index date). In 2014 and 2016 the prevalence of AD/ADRD diagnoses was 5.7% and 6.5%, respectively. In 2016, AD/ADRD beneficiaries were on average 82.4 (SD=7.3) years of age, 61.8% female, and had multiple comorbidities. By 364 days post-index, 32% of beneficiaries with diagnosed AD/ADRD had disenrolled from their plan. The characteristics of 2014 beneficiaries with diagnosed AD/ADRD were similar to their 2016 counterparts. In conclusion, MA beneficiaries with AD/ADRD are predominately female, have multimorbidity, and the age-stratified prevalence of AD/ADRD diagnoses is lower than rates reported in traditional Medicare.