

with ADRD are stable and sensitive over time compared to those without ADRD. We use 2012-2015 Minnesota Resident Quality of Life and Satisfaction with Care Survey data, which 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) 3.0. and facility characteristics data. The final sample contained 12,949 cohort-resident pairs, 8,803 unique residents, and 3,120 residents participated in more than two surveys. QoL scores of residents with and without ADRD were similarly stable over time and sensitive to health status change. We also found that stability of QoL scores may be driven by cognitive impairment as opposed to ADRD diagnoses. Thus, self-report QoL scores can also represent the QoL status for nursing home residents with ADRD diagnoses, and residents with ADRD diagnoses shouldn't be excluded from quality of life surveys based on ADRD diagnoses.

BUILDING COMMUNITY SPACE FOR SUPPORTING RESIDENTS LIVING WITH DEMENTIA IN A HOUSING COMPLEX DISTRICT IN TOKYO, JAPAN

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It is estimated that by 2025 the number of people with dementia will reach around 600 thousand, approximately one out of five in the older population in Tokyo, Japan. At the same time, the number of older people living in a single, couple household is expected to increase. We built a community space for older people in the largest housing complex district in Tokyo, and with the goal of creating a dementia friendly community (DFCs). In this study, we used the community-based participatory research approach to create a model of an inclusive community space with a human-rights-based approach, which is embodied in the PANEL framework by the Alzheimer Scotland organization. The community space where everyone, regardless of with or without dementia, can freely spend their time, and seek consultation on healthcare and older care. It also serves as a Dementia Café, where people with dementia can get together and chat. Places open 3 days a week. Those users can casually seek consultation by physicians, health nurses and psychologists. From April 1, 2017 to March 30, 2018, the average number of visitors was 11.6. Number of consultation was 182 times (female 81.3%, 80s' =31.3%; 70s' =23.1%). Historically, service delivery for the people with dementia was hospital-based in Japan, but our community space established a new method to provide consultation to people with dementia, from a professional perspective, and to cooperate with appropriate social resources and related organizations as needed.

DEMENTIA CAREGIVING, CARE RECIPIENT HEALTH, AND FINANCIAL BURDENS

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Objective: While about 75% of people with ADRD receive care informally by their family members, relatively

little is known about the effect of the quality of caregiving on maintaining carerecipient's health and financial burden of out-of-pocket (OOP) healthcare costs. The goal of this study is to examine the quality of caregiving on the out-of-pocket healthcare costs among ADRD patients and if caregiving prevents deterioration of physical health of carerecipients. Data and Sample: We used a nationally representative sample of people diagnosed with ADRD from the Aging Demographic and Memory Study, subsample of the Health and Retirement Study. The study sample includes carerecipients whose caregivers participated in the survey (N=261). Outcome measures: Primary outcomes were deterioration of carerecipients' health (1=yes, 0=no) and annual OOP healthcare costs. The quality of caregiving is captured by if caregiving made them feel good, feel useful and fee closer to carerecipients. More than 70% caregivers reported that caregiving make them feel good or useful. About 60% of carerecipients' physical health was maintained, and average out-of-pocket costs was \$3,701/year (\$0-\$31,051). Multivariable logit for binary health outcome and OLS regression for OOP cost were estimated. Results: The likelihood of health deterioration was significantly lower for carerecipients whose caregivers reported that caregiving made them feel useful (AOR=5.1, 95% CI: 1.9- 14.5) and lower OOP remained significantly associated with presence of usefulness of caregiving (cost decrease, \$3000 [95% CI: \$6309-\$918]). Positive feeling of caregiving is independently associated with lower OOP cost and deterioration of physical health among ADRD patients.

EVOLUTION OF PUBLIC KNOWLEDGE ABOUT DEMENTIA CAUSES AND SYMPTOMS: A GENDER PERSPECTIVE

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The research objective is to monitor the evolution of public knowledge about dementia causes and symptoms, over a three-year period and by gender. The survey was made available at the Directorate-General of Health website and disseminated by email to relevant health and social stakeholders and through social networks, in 2015 and 2018. Respondents (n=1478 and 1716, respectively), included mostly women (79.4% and 83.3%). In both years, respondents showed a higher knowledge on symptoms than on causes. Total knowledge about symptoms and combined knowledge scores were higher in 2018 compared to 2015 (p=.012 and p=.02), respectively). "Neurological brain changes" were considered the main causes of dementia, by both genders in 2015 and in 2018 (>80% of respondents), with an increase in relative frequency being observed only for women (p=.039). "Psychiatric disease" and "drug consumption" are now less regarded as causes of dementia by both genders, with significant change over time also among women (p=.006 p=.001). On the contrary, in the last survey more women (+3.7%; p=.049) and men (+9.3%; p=.022) considered "stress" as main cause of dementia. "Confusion and disorientation", "wandering and getting lost", "difficulty managing and paying bills", "difficulty remembering things from the day before", and "difficulty managing daily