fit with recommendations from 2020 NIA Research Summit on Dementia Care and next-steps in refinement and testing.

DOES ANXIETY AFFECT PERFORMANCE ON ATTENTION TASK (DIGIT SPAN FORWARD) ON THE MOCA TEST? A CLINICAL CORRELATION STUDY

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It is unknown if anxiety affects performance on Digit span forward (DSF) in memory clinic patients. We performed a retrospective chart review of memory clinic patients in the south shore of Boston from 2010 to 2020. We correlated anxiety screen data (GAD7) to Digit Span Forward (DSF) scores obtained from the MoCA. As the data were not normal, we performed univariate analyses with Spearman correlation. A multivariate regression model estimated the relationship of DSF to covariates of GAD7, age, sex, and race. We hypothesized a negative correlation between anxiety levels scored by GAD7 and DSF. H0: Digit span forward DSF ~ GAD7+Age+Sex+Race. A chart review found 965 patients attending the memory clinic between 2010 to 2020 had analyzable data. 433 patients with available DSF and 737 had available GAD7. The patients were 58.7% female and 84.7% caucasian. The mean age was 70.1±14.4, DSF 0.8±0.4 and GAD 5.6±5.7. DSF correlated significantly to race (ρ=-0.25, p=<0.001), but not to gender (ρ=0.05, p=0.149), age (ρ=-0.04, p=0.3), or GAD7 (ρ=-0.018, p=0.71). There was no significant association of DSF to race, age, gender or GAD7 on the multivariate model. In memory clinic subjects there exists no correlation between anxiety levels scored by GAD7 and DSF performance.

EARNING THE TRUST OF AFRICAN AMERICAN COMMUNITIES TO INCREASE REPRESENTATION IN DEMENTIA RESEARCH

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Black/African American populations are underrepresented as participants in dementia research. A major barrier to participation of African American older adults in dementia research is a tendency to distrust research institutions owing to a legacy of racism. Building on the Ford framework, the objective of our study was to examine factors that influence participation in dementia research among African American older adults and caregivers, with an emphasis on understanding factors related to trust. Data were collected from 10 focus groups with African American older adults (n=91), 5 focus groups with caregivers (n=44), and interviews with administrators of community-based organizations (n=11), and meetings with our Community Advisory Board. Inductive/deductive content analysis was used to identify themes. The results identified an overall tension between distrust of researchers and a compelling desire to engage in dementia research. This overarching theme was supported by six themes that provided insights about the multiple layers of distrust, as well as expectations about the appropriate conduct of researchers and academic institutions. Strong commitment to the community was identified as a priority. The findings suggest that a paradigm shift is needed to increase the representation of African Americans in dementia research. In this new paradigm, earning the trust of African American communities becomes a systemic endeavor, with academic, state and national institutions deeply committed to earning the trust of African American communities and guiding researchers in this endeavor. The findings also generated actionable recommendations to help improve representation of African American older adults in dementia research.

GUIDELINES FOR USING TELE-TECHNOLOGY TO DELIVER MIND-BODY INTERVENTIONS FOR PEOPLE WITH MILD COGNITIVE IMPAIRMENT

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Individuals with Mild Cognitive Impairment (MCI) may have limited access to intervention programs that support their mental and physical health. The COVID-19 pandemic has put them at an even greater risk of not having access to such programs. While there is currently no cure, there is growing evidence that intervention programs may attenuate the progression from MCI to dementia, particularly those which 1) have potential to reduce the level of cardiovascular risk factors, 2) employ cognitively stimulating activities, and 3) create opportunities for social interaction (Petersen, Lopez, Armstrong et al., 2018; Wayne, Yeh, & Mehta, 2018; Mortimer, Ding, Borenstein et al., 2012). Many mind-body interventions, such as tai chi, yoga, and mindfulness classes, contain these three elements and have been shown to benefit individuals diagnosed with MCI, including improving cognition (e.g., Wells, Kerr, Wolkin, et al. 2013; Yang, 2016). Tele-technology (i.e., technology that supports communication between people who are not co-located) can aid in overcoming the logistical barriers by bringing instructors and interventions to these individuals to help them stay engaged and attend activities more frequently from the comfort and convenience of their home. We will present recent findings from a user study with 8 stakeholders (4 subject matter experts, 2 individuals with MCI, 2 care partners) to assess barriers and facilitators to using tele-technology to bring instruction of mind-body interventions to individuals diagnosed with MCI. This poster will present guidelines for delivering such interventions based on our findings from the user study, including safety and training protocols.

INFLUENCES OF DEMENTIA ON LONG-TERM SURGICAL OUTCOMES IN OLDER ADULTS AFTER HIP FRACTURE

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Older adults with dementia are more prone to have adverse health outcomes following hip fracture surgery. However, individuals with dementia and hip fracture are older and have more co-morbidities; these baseline

differences can bias estimates of the influence of dementia. This study aims to investigate how dementia influences disposition, mortality rates and readmission rates at 365 days after hip surgery in older adults over age 65, after accounting for baseline factors such as socioeconomic status, health behaviors, co-morbidities, and type of hip fracture repair. A cohort of 1172 patients who had hip fracture surgery between October 2015 and December 2018 was extracted from electronic health records; among those, 376 had a diagnosis of dementia. Inverse probability of treatment weighting using propensity scores method was used to reduce the influence of factors that may confound the relationship between dementia status and hip surgery outcomes. Logistic regression was applied to estimate influences on discharge disposition and Cox proportional hazards model for one-year mortality. To account for competing risk of death, a Fine and Gray regression model was used to calculate subdistribution hazard ratios of readmission. Disparities in long-term surgical outcomes in patients with dementia were found. Results show that dementia was a significant predictor for being discharged to facilities (OR=1.92, 95% CI 1.09, 3.39, p=.025), death (HR=1.98, 95% CI 1.50-2.62, p<.0001) and being readmitted within one year (HR=1.31, 95% CI 1.15-1.50, p<.0001). These findings call for more efforts in developing effective multidisciplinary perioperative assessments and rehabilitation for patients with dementia.

INTERVENTIONS TO REDUCE STIGMA OF DEMENTIA: FIRST INSIGHTS FROM A RURAL COMMUNITY-BASED PARTICIPATORY STUDY

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Age is the greatest risk factor for dementia, and the number of rural older adults is rising. Although dementia-related stigma is widely documented, few studies focus on ways to reduce stigma, especially within rural communities. This late breaker presentation aims to: 1) explore the contributing factors of dementia-related stigma in rural communities; and 2) identify interventions to reduce stigma of dementia in rural communities. Drawing on a community-based participatory approach, data were collected through semi-structured interviews with 18 older adults, and a focus group with 7 community leaders in rural Saskatchewan, Canada. Thematic analysis was used to identify key themes and patterns within the data. Contributing factors of dementia-related stigma ranged from fear to lack of dementia knowledge. Several anti-stigma interventions were identified including: forming support groups; hosting educational workshops; inviting guest speakers with dementia; talking openly about dementia; learning more about dementia; asking questions; sharing your lived-experiences; being inclusive; developing inter-generational programs; and avoiding assumptions and hurtful jokes. As the rural population ages, there is a growing need for interventions, programs, and policies to address stigma of dementia. Engaging in rural partnerships and collaborative research is essential to developing community-informed strategies to reduce dementia-related stigma and improve the quality of life for people with dementia.

LIFESTYLE INTERVENTIONS FOR PERSONS WITH DEMENTIA: SINGING YOUR WAY TOWARD WELLNESS

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Arts-based interventions represent an inexpensive, non-pharmacological, and non-invasive approach to help mitigate negative symptoms and improve quality of life for persons with dementia (PwD). The present study examined whether a social singing intervention can modulate patterns of cognitive change and whether select biopsychosocial indicators exhibit concomitant within-person time-varying covariation. Participants with dementia (n=32, mean age=79.6 years; 53% female) engaged weekly in the Voices in Motion project, an intergenerational, social-cognitive choral intervention spanning up to 18 months and 9 individual assessments. The Mini Mental State Examination (MMSE), gait velocity, and positive and negative affect were assessed using an intensive repeated-measures design, with multilevel models of change employed to disaggregate both between- and within-person effects. Across months of the social intervention, several significant within-person time-varying associations were observed; on occasions when a given individual performed one unit faster on gait velocity (p<.05) or one unit lower on negative affect (p<.01), relative to their personal average, there were corresponding improvements in cognitive function. Notably, in contrast, MMSE change remained relatively stable over the course of the 18-month intervention (-0.105, p=0.12), with little between-subject variability in rates of change. These findings imply that, within-persons, reducing comorbidities associated with dementia (e.g., elevated negative affect and its corresponding impact on cognitive resource competition) through participation in a lifestyle intervention may facilitate increases in cognitive, physiological, and psychological function. Implications are discussed with regard to the merits of invoking virtual lifestyle interventions for socially isolated individuals (e.g., PwD and those in residential care).

PAIN INTENSITY AND UNPLEASANTNESS IN PEOPLE WITH VASCULAR DEMENTIA: A CROSS SECTIONAL STUDY

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Pain is a multidimensional sensory and affective experience. People with Vascular Dementia (VaD) experience pain more intensely and have negative emotional responses. Further investigation is needed to understand the neurobiology of pain in VaD. We used experimental thermal pain in a cross-sectional design to determine if adults (age>64) with probable VaD experience increased pain intensity and increased pain unpleasantness during "mild" and "moderate" thermal pain. The final sample included 46 sex- and age-matched adults (23 VaD; 12 female) and controls (23 cognitively intact; 12 female) with an average age of