partners' ADRD onset. Even larger impacts were observed for women and for non-Hispanic whites. Increased amounts of caregiving were associated with increases in depressive symptoms after a partner's ADRD onset. In all, ADRD has substantial impacts on family. Improved support mechanisms, including enriched community resources, clinician focus on dyadic needs, respite care, and policy efforts such as tax credits for caregivers, will be needed to meet the needs of couples increasingly affected by ADRD.

FEASIBILITY OF THE ACTPLAN PROGRAM FOR AFRICAN AMERICAN DEMENTIA CAREGIVERS: A SELF-DIRECTED MULTIMEDIA DELIVERY

Yashika Watkins,[1] William Collinge,[2] Alysha Hart,[3] Rita Tharpe,[4] Neelum Aggarwal,[5] and Gloria Bonner,[6], *1. Chicago State University, Cliffside Park, New Jersey, United States, 2. Collinge and Associates, Inc., Eugene, Oregon, United States, 3. University of Illinois at Chicago College of Nursing, Chiavgo, Illinois, United States, 4. University of Illinois at Chicago College of Nursing, Chicago, Illinois, United States, 5. Rush University, Chicago, Illinois, United States, 6. Unversity of Illinois at Chicago College of Nursing, Chicago, Illinois, United States*

African Americans (AA) are less likely than White Americans to complete advance care plans or end-of-life treatment documents. They face significantly greater risk of Alzheimer's Disease, a silent epidemic for this population, and other dementias. The healthcare system's lack of dementia support for AAs contributes to disparate care. A four-session caregiver group education program was conducted on advance care planning for AA dementia family providers. The program was based on Kolb's Experiential Learning Model and initially found effective in an R01 study using in-person delivery by a professional. The present pilot assessed feasibility of delivering the program in a self-directed multimedia format without professional facilitation, using Session 1 on tube feeding decisions as the test session. Twenty-six AA dementia caregivers completed the session in groups of 5 to 8 at a church equipped with a large TV screen. On-screen prompts guided navigation through the program which included recorded lecture, slides, short videos on decision-making, and group discussions. Using quantitative and qualitative methods, pre-and post-survey instruments were administered and interviews conducted. Usability ratings averaged 84%. Knowledge and self-efficacy gains exceeded those of the R01, with a 35% increase in correct responses on knowledge items, versus 18% for the R01 subjects; and increase in perceived decisional self-efficacy of 31% versus 30% for the R01 subjects. Qualitative feedback was universally positive. These findings confirm the feasibility of the self-guided multimedia approach to delivery of the program. A large RCT is planned which, if successful, will support wide dissemination to AA caregivers in need.

HOME-VISIT INTERVENTION TO REDUCE STRESS OF UNDERSERVED FAMILY CAREGIVERS FOR PERSONS WITH DEMENTIA

Jung-Ah Lee,[1] Seyed Amir Hossein Aqajari,[2] Eunae Ju,[2] Priscilla Kehoe,[2] Lisa Gibbs,[3] and Amir Rahmani,[2] *1. University of California, Irvine, Irvine, California, United States, 2. University of California Irvine, Irvine, California, United States, 3. UC Irvine Health, UC Irvine Health, California, United States*

Immigrant family caregivers for persons living with dementia (PWD) have constant stress due to the 24/7 responsibility. These family caregivers of PWD often have high morbidity and mortality. We provided a cultural and language specific home-visit intervention for these vulnerable family caregivers. There is a lack of an objective measure of stress for caregivers. We assessed caregivers' stress by measuring heart rate variability (HRV), a physiological measure of stress, using a smartwatch for a one-month intervention. Weekly home visits for a month were provided to dementia family caregivers by trained community health workers with stress reduction techniques: mindful breathing and compassionate listening. Linear mixed-effect models were used to analyze the trends for the daily stress levels as measured by HRV from the smartwatch. We had 22 participants who completed the 4-week intervention (8 Latinos, 8 Koreans, 6 Vietnamese). The models showed a significant decrease in the stress level of all participants for 3 weeks (all Ps<0.01). At 28 days (4 weeks) all three groups showed a decrease in stress: Korean group (Beta= -0.405, P<0.001), Vietnamese group (Beta = -0.150, P=0.028), Latino group (Beta= -0.154, P=0.073) and all caregivers (Beta = -0.235, P< 0.001). The findings demonstrated a reduction of immigrant family caregiver stress with a home-visit weekly intervention for one month using mindful breathing and compassionate listening by culturally/linguistically appropriate community health workers. Large-scale studies to determine long-term outcomes of family dementia caregivers are necessary and should be carried out.

NEGATIVE IMPACT AND POSITIVE VALUE OF CAREGIVING IN SPOUSE CARERS OF PERSONS WITH DEMENTIA IN SWEDEN

Marcus Johansson,[1] Kevin J McKee,[1] Lena Dahlberg,[1] Martina Summer-Meranius,[2] Christine Williams,[3] and Lena Hammar,[4] *1. Dalarna University, Falun, Dalarnas Lan, Sweden, 2. Mälardalen University, Västerås, Vastmanlands Lan, Sweden, 3. Florida Atlantic University, Boca Raton, Florida, United States, 4. Mälardalen University / Dalarna University, Västerås, Vastmanlands Lan, Sweden*

As welfare providers struggle to meet the care needs of persons with dementia (PwDs), most of their needs are being met by a family carers, most often a spouse. The situation for spouse carers is unique, e.g., with grief, loneliness and loss of intimacy combining with stress and poor health. Research is needed to develop adequate support for spouse carers based on evidence of what influences negative and positive outcomes of care. The present study investigated psychosocial correlates of spouse carers' (i) negative impact and (ii) positive value of caring. Data from a cross-sectional survey of 165 spouse carers community-resident in Sweden was analysed in two hierarchical regression models to predict negative impact and positive value of caring. Results found that negative impact and positive value were explained by different variables, significant predictors for negative impact included carer stress, health, and emotional loneliness, and change in intimacy with the care-recipient, while positive value was predicted by mutuality, change in closeness to the care-recipient and quality of support. Negative impact and