

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

tasks”, were considered the most common symptoms, but only the last two significantly increased in 2018 ( $p=.018$  and  $p=.000$ ). Women knowledge increased regarding more causes and more symptoms compared to men. These findings will help to inform public debate and decision-making on gender-based policies to address awareness and stigma about dementia.

#### FROM INFANTILIZING TO COLLABORATING: INTERACTIONS IN AN ADULT DAY CENTER IN TAIWAN

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Many studies have found that interactions in long-term care settings are characterized by infantilizing speech towards older adults, which was principally interpreted as detrimental to older adults’ health and self-esteem. These studies, however, focused on how caregivers talked to older adults and were conducted primarily in Western countries. How older adults respond to and make sense of such speech has received little empirical investigation (Marsden & Holmes, 2014). In this paper, I re-examined issues related to infantilizing speech based on 6 months of fieldwork in an ADC in Taiwan, which serves 33 older adults (aged 66-94), including 16 diagnosed with dementia. My data (including observational fieldnotes, 72 hours of video-recordings of naturally-occurring interactions, and conversations/interviews with caregivers, older adults and their family members) show that the ADC was discursively co-constructed as a learning place with frequent didactic interactions that occurred both ways. Many older adults (those with dementia included), with little or no education before, cherished the opportunity to be “students” for the first time. Caregivers also appreciated learning various things from the older adults. Furthermore, didactic interactions co-occurred or were interspersed with relational interactions, including teasing, humor, and bodily interactions that show mutual friendliness and care. By taking into account the wide variety of interactions, attending to the contributions of all parties, and situating these interactions in the personal as well as social histories, this study demonstrated that even didactic or so-called infantilizing interactions were used by caregivers and older adults as they collaborated to create strong positive relationships.

#### GO LOCAL: INNOVATING LOCAL HEALTH DEPARTMENTS' ENGAGEMENT ON ALZHEIMER'S

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The aging Baby Boom generation is a major force behind projected increases in the prevalence of Alzheimer's, which is expected to grow from 5.8 million (2020) to 13.8 million (2050). Local health departments play a major role connecting people living with dementia (and their caregivers) to services, supports, and education, and to ensure safe, accessible environments where they can flourish. From September 2019-July 2020, two local health departments (from San Diego County and the City of Boston) participated in a yearlong collaborative pilot project with the Alzheimer's Association to advance cognitive health, dementia, and caregiving issues in their local jurisdictions. The National Association of County

and City Health Officials (NACCHO) provided expert guidance and input throughout the collaboration. As part of the project, the local health departments: scanned their current work on healthy aging, identified existing data sources, and examined how existing healthy equity initiatives can apply to cognitive health, dementia, and caregiving issues. Action plans were developed, with a focus on policy mechanisms to initiate and sustain these projects and workforce development initiatives. Plans corresponded to actions of the Healthy Brain Initiative Road Map, helping elevate recommendations to change systems, policies, and environments. In fall 2020, LHDs will be able to use best practices, case studies, and tools developed from San Diego's and Boston's pilots to address Alzheimer's as a chronic condition. The tools will help them engage health officials, develop action plans, and train the public health

#### IMPROVING DEMENTIA CLINICAL RESEARCH PARTICIPATION: STRATEGIES FROM A PORTLAND, OREGON, PILOT STUDY

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The NIA's strategy to improve ADRD clinical research participation emphasizes local community collaboration. Literature that focuses on a person with dementia's decision to participate in research does not speak to specific state or local factors nor the effects of local efforts. This study aimed to develop strategies to improve dementia research participation in the Portland, OR metropolitan area. A community advisory board comprised of clinicians, researchers, advocates, people with dementia, family caregivers, and older African Americans was established for this project. Thirty-three interviews were conducted with clinicians, researchers, advocates, people with ADRD, and family caregivers. The Robert Wood Johnson Foundation's Culture of Health Action Framework was used to conceptualize motivation strategies and reflect elements that describe research participation among people with dementia. Strategies were identified to improve dementia clinical research participation: 1) Identify and promote local champions for ADRD clinical research participation; 2) Promote policies and processes that incentive cross-sector collaboration; 3) Recognize caregivers as full research participants; 4) Include people with ADRD and caregivers in the research design process; 5) Offer alternative options to reduce participation burden; 6) Evaluate and improve relationships between healthcare/research staff and patients/participants. These strategies can be used in conjunction with the Culture of Health Action Framework as a roadmap to form organization-community partnerships, facilitate motivation and empowerment, give decision-making power to people with ADRD and promote a local culture of research. Studies should be conducted in a larger context or as pilots in other communities to determine contextual relevance and generalizability for other areas.