impairment and take into account their subjective ratings regarding recipients' cognitive function. Although a high degree of agreement between recipient-rated and caregiver-rated cognitive function is desirable to reduce conflicts in developing plans, disagreement between the two may exist. This cross-sectional study is the first to examine the correlation between recipient-rated and caregiver-rated cognitive function in the LT population. Sixty pairs of adult LT recipients (mean age 60.4±6.9) and their caregivers (mean relationship with recipients 35 years) participated in this study. Two versions of Modified Everyday Cognition (ECog), one for LT recipients and the other for caregivers, were used to assess recipient-rated and caregiver-rated cognitive function in six domains, including memory and planning. Significant intra-class correlations were found in the ECog total and domain scores. The correlation coefficient of the ECog total score was 0.48, indicating a fair correlation, and the coefficients of the ECog domains ranged between 0.35 and 0.56, indicating poor to fair correlations based on the guideline of Cicchetti (1994). These findings suggest that a tailored approach to addressing the poor agreement between recipients and caregivers should be adopted to develop successful treatment plans for cognitive impairment. Future studies should examine the degree of agreement between objective (e.g., cognitive tests) and subjective ratings of cognitive function.

THE ASSOCIATION BETWEEN DIABETES AND COGNITION AMONG OLDER HISPANICS IN THE UNITED STATES AND MEXICANS IN MEXICO

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The objective is to assess if the effect of diabetes on cognition differs by race/ethnicity in the U.S. and how this association differs between older Hispanics in the U.S. and older Mexicans in Mexico. Data comes from a sample of older adults 50 and older with direct interviews from the 2012 waves of the Health and Retirement Study (N=17,810) and the Mexican Health and Aging Study (N=13,270). Cognition was measured as a total cognition score. OLS regressions were used to test the association between diabetes and cognition by race/ethnicity in the U.S. and among older Mexicans in Mexico. Results showed that Non-Hispanic Whites (NHW) had the highest cognition scores in the U.S., followed by Hispanics and non-Hispanic blacks (NHB). Mean cognition score of older Mexicans was higher than for NHB and Hispanics in the U.S. but lower than NHWs. The prevalence of diabetes was highest among Hispanics (32.3%), followed by NHB (30.6%) and NHW (19.9%). The prevalence of diabetes in Mexico was like those NHW in the U.S. (19.9%). In the U.S., the effect of being NHB and Hispanic (compared to white) on cognition was equivalent to having 5.3 and 2.4 fewer years of education, respectively. However, the effect of diabetes on cognition did not differ by race/ethnicity. The final analysis will include a direct comparison between Hispanics in the U.S. and a matched sample of older adults in Mexico with similar sex and age

to test differences in the effect of diabetes on cognition between these two samples.

THE RELATIONSHIP BETWEEN DAILY RAPID-EYE MOVEMENT SLEEP AND COGNITIVE FUNCTIONING IN OLDER ADULTS

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Previous cross-sectional research suggests that age-related decreases in Rapid-Eye Movement (REM) sleep may contribute to poorer cognitive functioning (CF); however, few studies have examined the relationship at the intraindividual level by measuring habitual sleep over multiple days. Applying a 14-day daily diary design, the current study examines the dynamic relationship between REM sleep and CF in 69 healthy older adults (M age=70.8 years, SD=3.37; 73.9% female; 66.6% completed at least an undergraduate degree). A Fitbit device provided actigraphy indices of REM sleep (minutes and percentage of total sleep time), while CF was measured four times daily on a smartphone via ambulatory cognitive tests that captured processing speed and working memory. This research addressed the following questions: At the within-person level, are fluctuations in quantity of REM sleep associated with fluctuations in next day cognitive measures across days? Do individuals who spend more time in REM sleep on average, perform better on cognitive tests than adults who spend less time in REM sleep? A series of multilevel models were fit to examine the extent to which each index of sleep accounted for daily fluctuations in performance on next day cognitive tests. Results indicated that during nights when individuals had more REM sleep minutes than was typical, they performed better on the working memory task the next morning (estimate = -.003, SE = .002, p = .02). These results highlight the impact of REM sleep on CF, and further research may allow for targeted interventions for earlier treatment of sleep-related cognitive impairment.

SESSION 2884 (POSTER)

DEMENTIA

BEHAVIORAL PATTERNS OF CARE PROVIDERS AND RESISTIVENESS TO CARE OF PERSONS WITH DEMENTIA

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Resistiveness to care in persons with dementia is a distinct obstacle for care providers to provide oral care. It is necessary to find out specific behaviors of care providers that affect resistiveness to care. This is a secondary data analysis to identify behaviors of care providers related to

resistiveness to care using 70 videos that were taken when 23 persons with dementia received oral care in long-term care facilities at baseline, month 3 and month 6. The behavior patterns of care providers and resistiveness to care of persons with dementia were extracted in the form of the frequency of each behavior using a coding scheme for behavioral observation. The coding scheme for behavior patterns of care providers consists of 2 dimensions: person-centered behaviors including 18 items and task-centered behaviors including 4 items. In addition, the coding scheme for resistiveness to care of persons with dementia includes 13 items. The data were analyzed using a linear mixed model analysis considering the repeated measured data. Among person-centered behaviors, 'assessing the comfort of resident,' and 'cooperatively negotiating' were less likely to occur resistiveness to care. However, 'physically controlling' was the most significant to increase the occurrence of resistiveness to care of persons with dementia. Therefore, it is recommended that care providers try to understand the causes of discomfort for persons with dementia and meet his/her needs rather than to physically control when providing oral care.

CHINESE AMERICAN CAREGIVERS OF OLDER ADULTS WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIAS: A SCOPING REVIEW

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With the rapid growth of aging populations, the number of older adults with dementia is increasing worldwide. While there is a significant amount of research on dementia caregivers, we know very little about Chinese American (the largest subgroup of the Asian American population in America) caregivers. Therefore, the aims of this study are to 1) conduct a scoping review by identifying existing studies on Chinese American dementia caregivers, 2) present the current state of the science on Chinese American dementia caregiving, and 3) provide direction for future research. Twenty-one studies were included in the final review with 3 main themes synthesized (care experience, utilization of programs/services, and recruitment for caregivers). Care experience included illness perception towards Alzheimer's Disease and related dementia (ADRD) such as stigma and normalization of the disease process. Filial piety was another important cultural belief underpinning care experience. An underutilization of supportive programs/services among this population was identified. Additionally, the few existing programs/services for Chinese American caregivers as well as the barriers encountered when seeking these programs/services were seen in the literature. The strategies and barriers of the included research articles for recruitment of Chinese American caregivers are also discussed in this study. These findings provide an overview of the current knowledge about Chinese American caregivers and serve as a stepping stone for future studies on similar populations in promoting caregiver's health and developing culturally sensitive caregiver support services.

CONTENT ANALYSIS OF CHURCH LEADERS' PERCEPTIONS AND ATTITUDES TOWARD DEMENTIA

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Individuals with dementia face many challenges, including the reactions others have to their diagnoses and associated symptoms. Those affected by dementia often seek support from their faith communities and find many of their faith leaders are unable to respond to their needs due to a lack of awareness. In an effort to transform the perception of dementia within the faith community, dementia educational workshops for church leaders were held at three African American churches in Metropolitan Atlanta. As part of the dementia workshop education, an exercise was used to assess attendees' perceptions and attitudes toward dementia pre and post workshop. One hundred and eight participants took part in this exercise. At the beginning and end of the workshop, participants were asked to write a word or short phrase that came to mind when they thought of dementia. Qualitative content analysis was conducted and 15 codes were extracted and categorized into 3 groups: positive (e.g., supportive); negative (e.g., horrified); and neutral (e.g., information-seeking). Before the workshop, participant responses trended towards negative responses (e.g., fear, loss, damn). After the workshop, participants expressed in writing more neutral and positive phrases and words (e.g., support, hopefulness, caring). The findings indicate that with training, church leaders can change their perceptions and attitudes toward dementia to a more accepting and positive stance. Ultimately, continued education in the faith communities may allow for families affected by dementia to feel comfortable seeking help from their church, a very important resource in their community.

DELIVERING AND EMBEDDING DEMENTIA-FRIENDLY TRAINING IN A HEALTHCARE SYSTEM

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Alzheimer's disease is the 4th leading cause of death in North Carolina for people 65 and older. People with dementia are hospitalized more often and have prolonged stays, poorer outcomes, higher costs, and increased readmission rates. Hospital employees have expressed the desire to have specialized training to learn how to more effectively communicate with and provide better care to patients with dementia. To address identified patient and hospital employee needs, the University of North Carolina (UNC) Center for Aging and Health is disseminating hospital-specific dementia-friendly training at five hospitals within the UNC