between race, advance care planning (ACP), and quality of care among persons with ADRD. The aim of this study was to (1) characterize trends in both ACP and EOL treatment intensity in persons with ADRD and (2) test whether racial differences in ACP mediate disparities in EOL care. We analyzed a population-based cohort of older adults with cognitive impairment or dementia who participated in the Health and Retirement Study (HRS) and died between 2000 and 2014 (n = 5,316). While participation in ACP among persons with ADRD increased from 2000 to 2014 (66% to 83%, P < 0.05), models stratified by race showed that differences in participation rates across white and nonwhite persons with ADRD persisted over the sample period. Racial disparities in the location of death, a proxy for the intensity of EOL care, narrowed from 2000 to 2014. However, next-of-kin surrogates of nonwhite persons with ADRD were much more likely to report the decedent received "all care possible... in order to prolong life". Assignment of a durable power of attorney was found to influence location of death, while both creation of a living will and participation in discussions about EOL care preferences were found to influence the likelihood that decedents received all possible life-prolonging treatments.

REASONS FOR NON-PARTICIPATION IN AN ACTIGRAPHY STUDY IN AN ALZHEIMER'S DISEASE CENTER REGISTRY

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When recruited individuals decline to participate in research, it can lead to sampling bias, increased costs, and extended duration of data collection. Understanding reasons why eligible participants decline participation may improve study enrollment rates. We aimed to understand barriers to recruitment and data collection in older adults with and without Alzheimer's disease in the University of Kansas Alzheimer's Disease Center Registry annual visit. We recruited Registry participants to join an observational sub-study using wrist-worn actigraphy to measure physical activity and sleep. We analyzed reasons for non-enrollment from encounters with non-participating individuals. Of 104 encounters, 37 were never recruited due to appointment cancellation, rescheduling, or no-show. Of the remaining encounters, the most common reasons for non-participation were physical limitations (N = 13), study logistics (e.g., limited supplies; N = 12), participant travel plans (N = 10), and unknown (N = 8). Other categories (N = 6) included disinterest, study partner concerns about pragmatics (e.g., fear that an individual with AD would lose the ActiGraph), problems with the study design (e.g., lack of feedback to participants), and participants' limited availability or deferment to a later date. These findings offer insight into potential avenues to overcome barriers to participation in older adults already engaged in ongoing research through an Alzheimer's Disease Center Registry. Researchers could benefit from adapting study procedures to correct for reasons of non-participation. For example, giving more education and reassurance to potential participants about observation and giving feedback regarding activity patterns.

STIGMATIZATION AND THE EXPERIENCE OF INFORMAL DEMENTIA CAREGIVERS IN NIGERIA

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There is no formal word for dementia in Nigeria. Instead, some Nigerians, in their effort to make sense of dementia symptoms, use descriptions that may result in stigmatization of people living with dementia and their families. With Nigeria's rapid aging, increased risk of dementia, and lack of formal long-term care, this study focused on the impact of stigma on the caregiving experiences of Nigerian women. This exploration is significant as adult females in Nigeria are the pillar of informal caregiving in the country. The study employed a qualitative descriptive method. Semi-structured interviews were conducted with a purposive sample of 12 adult informal female caregivers in Anambra, Nigeria. Data were then transcribed, coded and analyzed for themes. Afterwards, focus groups of 21 adult Nigerians residing in Ohio, US, were conducted to offer more contextual insight on the findings. The three major themes identified were: 1) negative views of dementia symptoms (e.g., witchcraft, madness), 2) caregiving protects against stigmatization (e.g., by keeping family members out of sight), and 3) stigma and caregiving support such as adult children abandoning parents with dementia because of the stigma associated with dementia. Given the overwhelming presence of stigma in all aspects of dementia to include dementia caregiving, results point to the critical need for better strategies to help strengthen informal caregiving in Nigeria. This includes culturally appropriate dementia education for families and caregivers, and formal long-term care policies that include care support in a rapidly aging Nigeria.

STIGMATIZING BELIEFS ABOUT ALZHEIMER'S DISEASE IN DIVERSE ETHNIC GROUPS OF ASIAN AMERICANS

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Cumulative studies have investigated Alzheimer's disease (AD)-related issues among Asian Americans, but few have considered ethnic diversities within the Asian group. Using an ethnic-diverse Asian American sample, the present study explored the prevalence, ethnic variations, and predictors of stigmatizing beliefs about AD: (1) AD is a normal process of aging, (2) it is embarrassing to have a family member with AD, and (3) social interactions with an AD patient should be avoided. Inspired by the sociocultural health beliefs model, a focus was given on the role of immigration and culturerelated variables. Using data from the 2015 Asian American Quality of Life survey (N = 2609, age range = 18-98) that includes Chinese, Asian Indian, Korean, Vietnamese, Filipino, and other Asians, logistic regression was conducted to examine how each of the three stigmatizing beliefs would be predicted by (1) demographic variables and (2) immigration and culture-related variables. Results indicate that the prevalence of the stigmatizing beliefs about AD varied across ethnicities. More than 63% of Vietnamese associated AD with a normal process of aging, and about 10% of Chinese reported