

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.