

36% rate of past-year prescription pain reliever (PPNR) use in the 50+ age group in 2018, a decrease from 40% in 2015, but still significantly higher than for younger age groups. Little research has, however, focused on older adults' dual recreational and/or medical marijuana and PPNR use. This study, based on the 2015-2018 National Survey of Drug Use and Health, examined rates and correlates of dual marijuana and PPNR use and misuse among those aged 50+ who reported past-year marijuana use (N=2,632). Our findings showed that 43.6% of past-year marijuana users did not use any PPNR, 47.1% used PPNR but did not misuse, and 9.4% misused PPNR in the past year, showing that one in six dual marijuana and PPNR users reported misusing PPNR. The risks of PPNR use/no misuse and PPNR misuse were higher among those who had more chronic medical conditions and major depressive episode. Additionally, the risk of PPNR use/no misuse was associated with high frequency and medical marijuana use; and the risk of PPNR misuse was associated with younger marijuana initiation age and marijuana and other illicit drug use disorders. Thus, correlates of dual marijuana and PPNR use/misuse among older adults are poor physical and mental health problems and problematic marijuana use. Older adults with marijuana and PPNR misuse need access to evidence-based treatments for pain management and substance misuse.

SESSION 2852 (POSTER)

ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

ADAPTING RESOURCES FOR ENHANCING ALZHEIMER'S CAREGIVER HEALTH FOR DEMENTIA-CAPABLE SERVICES

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The overall goal of the PRISMA Health - REACH (PH-REACH) project was to reduce caregiver burden and improve caregiving skills among caregivers of community-living Alzheimer's disease and related dementia patients and, as a result, improve care and quality of life for both the patients and their caregivers. This evidence-based, person-centered program emphasizes positive aspects of caregiving and provides tools to improve stress management, caregiver self-care, and coping skills for managing problem behaviors. PH-REACH provided in-home caregiver training, support, and service referral to 126 caregivers in the Greenville area. Trained coaches delivered the program to caregivers of persons with moderate to severe dementia in its original format but later adapted it to better fit the caregivers' needs. Analysis of pre- and post-test data showed that both the standard and adapted interventions provided benefits across multiple caregiver outcomes, including reduced caregiver burden, ability to manage disruptive behaviors of the care recipient, increased caregiver self-efficacy, reduced depression, and a slight improvement in the number of chronic health conditions. This supports and expands on previous

research that has demonstrated the ability of this program to translate across different community-based and clinical settings. The tailored version of PH-REACH succeeded in assisting these caregivers, meeting them where they were in their caregiving journey, and provided measurable benefits to both their mental and physical health. Overall, this project provided evidence of the utility of the PH-REACH intervention and laid the groundwork to extend caregiver training and support to other institutions, both inside and outside the health system.

ADVOCACY TRAINING AS A WAY TO INCREASE DEMENTIA LITERACY AMONG COLLEGE STUDENTS

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In 2017, WHO passed the Global Action Plan on Dementia and declared the effort to increase dementia literacy around the world. Although dementia is mostly associated with older adults, the prevalent rate of the early on-set and the need to take care of people with dementia has mostly fallen on younger family members. Therefore, the purpose of this paper is to develop an intervention aiming to increase dementia awareness among college students. Through training and action plans, 85 university students from 9 different departments formed 12 groups to develop creatively and to conduct advocacy or public education in various communities. A questionnaire of pre- and post-test was conducted after students had completed their action plans. The response rate was 86% and the results were three-folds: (1) 31% of the students had someone in the family with dementia; (2) 35% of the students indicated that they were familiar with dementia; and (3) the pre- and post-scores on dementia awareness ($p<0.001$) and dementia attitudes ($p<0.001$) had significant improvement. This study demonstrated that there is a need to start the effort to increase dementia literacy because one-third of college-age students might be potential caregivers for their family loved ones with dementia. Preparing the students before graduating from college is a good entry because they can become health professionals to take better care of dementia patients and their family members. In conclusion, policy and practice implications will be discussed so the communities can become more dementia friendly in the future.

ARE QUALITY-OF-LIFE SCORES STABLE AND SENSITIVE OVER TIME FOR NURSING HOME RESIDENTS WITH AND WITHOUT DEMENTIA?

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The proportion of older adults with Alzheimer's Disease and Related Dementias (ADRD) in nursing homes (NHs) has been increasing over time and creates a mandate to meaningfully examine their care. There is also a growing recognition that person-centered measures are important for dementia care, and consensus about the need to maximize residents' quality of life (QoL). Yet, because QoL is fundamentally subjective, and residents with ADRD experience declines in cognitive function, their ability to make complex judgments about QoL has been questioned. This presentation will longitudinally assess whether QoL scores for residents

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