

Health System. The training is being delivered via online modules and follow-up didactic sessions over a three-year period to clinical and non-clinical staff who interact with patients. To date, 1,948 employees at three of the five hospitals have launched the online training; 1,102 have completed the training. The pilot training took place at the UNC Hospitals-Hillsborough Campus ("Hillsborough Hospital") in 2019. Hillsborough Hospital staff (n=195) who participated in the dementia friendly training completed a survey to assess their ability to recognize symptoms and provide appropriate care to dementia patients pre- and post-training. Clinical staff answered 23 Likert scale self-efficacy questions; non-clinical staff answered the first 12 of these questions. Positive change in self-efficacy ratings from pre- to post-training was significant for every question ( $p < .0001$ ). Additional results will be included in the poster. The dementia-friendly hospital initiative is preparing employees to provide better care for people with dementia and is effective in increasing employee self-efficacy.

#### DEMENTIA ADJUDICATION TRIGGERS ASSOCIATED WITH INCREASED MORTALITY FOR OLDER AUSTRALIANS: EVIDENCE FROM ASPREE

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**Research Aims:** This study seeks to understand whether those with dementia experience higher risk of death, using data from the ASPREE (ASpirin in Reducing Events in the Elderly) clinical trial study. **Methods:** ASPREE was a primary intervention trial of low-dose aspirin among healthy older people. The Australian cohort included 16,703 dementia-free participants aged 70 years and over at enrolment. Participants were triggered for dementia adjudication if cognitive test results were poorer than expected, self-reporting dementia diagnosis or memory problems, or dementia medications were detected. Incidental dementia was adjudicated by an international adjudication committee using the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) criteria and results of a neuropsychological battery and functional measures with medical record substantiation. Statistical analyses used a cox proportional hazards model. **Results:** As previously reported, 1052 participants (5.5%) died during a median of 4.7 years of follow-up and 964 participants had a dementia trigger, of whom, 575 (60%) were adjudicated as having dementia. Preliminary analyses has shown that the mortality rate was higher among participants with a dementia trigger, regardless of dementia adjudication outcome, than those without (15% vs 5%,  $X^2 = 205$ ,  $p < .001$ ). **Conclusion:** This study will provide important analyses of differences in the hazard ratio for mortality and causes of death among people with and without cognitive impairment and has important implications on service planning.

#### DEMENTIA CARE TRAINING REGULATIONS AND DEFICIENCIES OF CARE FOR INAPPROPRIATE PSYCHOTROPICS USE IN NURSING HOMES

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Psychotropics are often used to manage behavioral and psychological symptoms of dementia (BPSD) in nursing homes (NHs), despite their adverse effects and lack of efficacy. NHs can be flagged for inappropriate psychotropics use as a deficiency of care (F-tag 758). To improve dementia care, 15 states require dementia-specific in-service training for NH nursing staff with specific training content and hours. The study aimed to relate the occurrence of F-758 citations to the presence of dementia-specific in-service training regulations, stratified by nurse staffing levels (<75th vs  $\geq 75$ th percentile of nurse hours per resident day, HPRD). Certification and Survey Provider Enhanced Reporting data (n=14,548 NHs) from 2017-18 were used, containing 1,872 NHs with F-758 tags related to care of residents with dementia. NHs in states specifying training content and hours had significantly lower odds of receiving F-758 tags (OR=0.75, 95% CI=0.60-0.94). Among NHs with lower registered nurse HPRD, those in states regulating training content and hours had significantly lower odds of receiving F-758 tags (OR=0.66, 95% CI=0.49-0.89), with similar findings among NHs with lower certified nurse assistant HPRD (OR=0.69, 95% CI=0.51-0.91). This study found that required dementia-specific in-service training may be helpful in facilities with lower staffing. It is recommended that states develop more comprehensive, robust dementia care training regulations for NH nursing staff.

#### DEMENTIA DIAGNOSIS AND CHALLENGES IN MINORITY POPULATIONS

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Alzheimer's disease and related dementias are underdiagnosed in the United States, with potentially higher rates of underdiagnosis among minority groups. Our objective was to examine perceptions of dementia, the utility and timeliness of diagnosis, and experiences obtaining diagnosis and care in minorities. We recruited 17 family caregivers of African American (n=11), Latino (n=3), and Asian (n=3) persons with dementia (PWD) to complete surveys and semi-structured interviews. Caregivers were mostly female (n=14), children of PWD (n=14), and had greater than high school education (n=16). Mean PWD age at diagnosis was 76 years (range 63-90) with mean 17 months from symptom observation to diagnosis (range 0.5-36 months). Interview themes were coded using a grounded theory approach. Emerging themes related to concerns prior to diagnosis, diagnosis experiences,