were incorporated as core observational domains in the application to be tested. Sadness and anxiety were additionally included as self-report items as studies have shown these to be most discordant between individuals with dementia and informants. Conclusions: This research is a first step towards an innovative approach to assessing depression in dementia. Next steps involve evaluation of the application's feasibility and reliability for assessing depression in dementia.

INTERVENTIONS TO REDUCE STIGMA OF DEMENTIA: FINDINGS FROM A SCOPING REVIEW

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Although there is significant stigma attached to dementia, there is a paucity of knowledge on stigma reduction interventions. Guided by a strength-based approach, this presentation consists of two objectives: 1) to identify the literature on interventions to reduce dementia-related stigma; and 2) to recognize the strength-based components of existing anti-stigma interventions. A five-stage scoping review process was used to examine peer-reviewed literature of anti-stigma interventions of dementia from 2008 to 2018. From 744 initial records, 21 articles matched our inclusion criteria and were reviewed. A stigma reduction framework was used for classifying interventions: education (to dispel myths with accurate information), contact (to provide interaction with people with dementia), mixed (education and contact interventions), and protest (to challenge negative attitudes of dementia). A range of education, contact, and mixed interventions were identified. Strength-based components of education interventions included using: facts to dispel myths, multiple mediums to support dementia information, and culturally-informed strategies for specific audiences. Key components of contact and mixed interventions included: showcasing the achievements of people with dementia, relationship-building, and engaging in purposeful learning. Findings from this study can help to inform future interventions to reduce stigma and improve the quality of life for people affected by dementia.

DECIDE, DISCOVER, AND DO: AN INTERVENTION FOR COMMUNITY-DWELLING INDIVIDUALS WITH DEMENTIA

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Decide, Discover, and Do!TM (D3) is a mobile application being developed and evaluated in an NIA-funded Phase 1 SBIR project. The goal of D3 is to enhance the quality of life and care for community-dwelling individuals with dementia (IWD) whose primary care partners (CPs) are their family members. D3 consists of (1) video-based, interactive training for family CPs on best practices in dementia care and (2) evidence-based activities for CPs to facilitate with their loved ones. The study examines the impact of D3 training modules on knowledge transfer and the effects of D3 activities on engagement/affect. The activities are unique in that they create an overarching narrative for daily activities that creates a consistent routine, thereby capitalizing on procedural memory. The activities build upon one another, starting with the IWD choosing a topic (e.g., nature) early in the day, followed by the dyad engaging in a tablet-based activity related to the topic (e.g., reading an article about rainforests), and culminating in an experiential activity (e.g., tasting various foods found in rainforests). In pilot work, when training was implemented with homecare workers, there was a significant increase in knowledge from pre- to post-test (+21.0, p<.01). In addition, similar activities were shown to be highly engaging, with IWD exhibiting significantly higher levels of constructive engagement (+0.40, p<.01), and significant lower levels of other engagement (-0.13, p<.05), when compared to standard programming. This Phase 1 study will be complete by the conference; outcome data will be presented.

THE EPIDEMIOLOGY OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS AMONG ARAB AMERICANS

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In the United States (U.S.), Alzheimer's Disease and Related Dementias (ADRD) afflict over 4.7 million individuals ages 65 or older. Most studies compare the prevalence of ADRD between minorities and whites. Arab Americans are a subgroup of whites, and ADRD is not understood among Arab Americans. The overall goal of this study is to estimate the prevalence of and risk factors for ADRD among Arab Americans ages 45 or older compared to non-Hispanic whites, non-Hispanic blacks, Hispanics and Asian Americans. Data for 2000-2017 from the National Health Interview Survey (NHIS) using the region of birth question was be used (N=222,219). Percents, chi-square and logistic regression will be estimated. Age- and sex-adjusted prevalence of ADRD was 10.3% for foreign-born Arab Americans compared to approximately 7.5% for US-born non-Hispanic whites (NHW), blacks and Asians. The prevalence of ADRD was 8.6% for Hispanics (all p-values <.0001). When controlling for age and sex, Arab Americans were 1.4 times (OR=1.02,1.93) more likely to have ADRD compared to US-born NHW. This is the first study to focus on ADRD among Arab Americans and the findings suggest ADRD is a burden in this population. Future studies should capture other generations of Arab Americans to better understand the trend of ADRD among this understudied, often invisible population.

OLDER ADULTS' PERSPECTIVES OF COGNITIVE HEALTH PROMOTION AND ACTIVITIES TO AMELIORATE COGNITIVE DECLINE

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There is a paucity of research on cognitive health promotion from the perspective of older adults, especially within a