

to best implement TAC for older adults in community-based care settings and aiding in the development of a tool for measuring preferences.

FORMAL AND DAILY CARE DECISION-MAKING INVOLVEMENT IN AFRICAN-AMERICAN DEMENTIA DYADS

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Decision-making involvement (e.g., verbal and/or nonverbal communication) of persons with dementia (PWD) has been associated with quality of life of PWDs and their caregivers, underscores personhood, and reduces ethical dilemmas for caregivers regarding the PWD's care. Yet, no study has explored the decision-making involvement in formal and daily care of both members of African-American dementia dyads (i.e., African-American PWDs and their African-American caregivers), limiting our understanding of how these dyads navigate decision-making during the dementia trajectory. This study took a closer look through in-depth, semi-structured interviews with African-American dementia dyads as they reflected on their decision-making surrounding formal and daily care. A pilot study of five dyadic interviews, each averaging 45 minutes, was completed. We used a combination of quantitative content analysis, decision-making matrices and I-poems created from I-statements of the dyad regarding their decision-making involvement. Decision-making matrices (i.e., diagrams of the degree of sharing, the balance of power within the dyad, and the final decision maker in formal and daily care) were constructed across interviews. The pairing of traditional analyses with the novel use of I-poems traces participants' sense of self, ensuring their voice is retained. There was agreement within all five dyads regarding the final decision maker(s) in formal and daily care. Between dyads, daily decision-making involvement was led by African American PWDs; whereas, formal care decision-making involvement of African American PWDs varied. Findings highlight the importance of a deeper understanding of formal and daily care decision-making involvement within and between African-American dementia dyads and potential clinical implications.

WHAT IS AGEISM?: A REVIEW AND ANALYTICAL CRITIQUE OF CURRENT MEASURES OF AGEISM

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The past two decades have been marked by a rapidly aging population in the U.S. (U.S. Census Bureau, 2018), making prejudicial attitudes toward older adults (i.e., ageism) and the impact of such attitudes more relevant. Understanding ageism is necessary to change institutionalized beliefs and reduce prejudice toward older adults. However, it requires the availability of valid and reliable measures of ageism. The purpose of the present research was to: (1) provide an analytical review of three existing self-report measures of ageism (i.e., Fabroni Scale of Ageism [FSA]; Relating to Older People

Evaluation [ROPE]; Ambivalent Ageism Scale [AAS]); and (2) examine the reliability and convergent validity of these ageism measures. A total of 473 undergraduate students completed the FSA, ROPE, and AAS online. The results indicated that the FSA, subscales of the ROPE (i.e., positive and negative ageism), and subscales of the AAS (i.e., benevolent and hostile ageism) were generally positively associated with one another, with two exceptions. First, positive ageism was negatively correlated with the FSA. Second, positive ageism was not significantly correlated with hostile ageism. Importantly, there was notable variability in the magnitude of the correlations between the measures, as correlations were mostly weak to moderate in magnitude (r s ranged from $-.13$ to $.65$). These associations are below the recommended threshold of $r = \pm .70$ for convergent validity (Carlson & Herdman, 2012), suggesting conceptual problems with current ageism measures as they do not appear to reflect a common construct, which has practical implications for future theoretical and empirical work.

AN ANALYSIS OF C-REACTIVE PROTEIN AND COGNITIVE FUNCTION IN OLDER CHINESE ADULTS

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Recent evidence suggests that inflammatory markers may reflect cerebral disease mechanisms related to dementia. However, whether and how inflammation is associated with cognitive function in older Chinese is unknown. The current study is to analyze the association between high-sensitivity C-reactive protein (CRP), an indicator of chronic inflammation, and domain-specific cognitive function (i.e., mental status, memory, and overall cognition) among older adults aged 65 years and over in China. Data of the study ($n=2,438$) were selected from the 2015 China Health and Retirement Longitudinal Study (CHARLS) and were analyzed using linear regression models. Results of the study show that for every 1.00 mg/L increase in CRP, the scores of mental status and overall cognition both decreases by 0.03 unit and higher levels of CRP are observed in men than women. The findings might be useful in interpreting the biological mechanisms of dementia and add value in dementia prevention and health promotion for the general older population.

LOSS, SLEEP, AND HEART RATE VARIABILITY: GENDER DIFFERENCES

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Death of a significant other is consistently found to have a detrimental effect on cardiovascular functioning, and such relationship may be stronger when loss is accompanied by low-quality sleep. Using data from the Biomarker project of Midlife in the United States study ($n=1,310$), we examined whether quality-of-sleep has an additive effect on the relationship between loss and heart rate variability (HRV). Loss was measured as losing someone close within a year of data