

AN ASSESSMENT OF DEMENTIA CAREGIVERS' INTERACTION WITH COMMUNITY-BASED SERVICES

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Respite care is an important service to address caregivers' stress and fatigue when caring for a person with dementia (PWD). YouthCare is a non-medical, at-home, intergenerational respite care program that partners trained student volunteers with PWDs. The Family Caregiver Survey was created and distributed to caregivers of PWDs in Los Angeles to better understand interactions with the community and its caregiver services. The survey assesses caregivers' demographics, daily activities, mental health, and the type of respite support needed. The survey findings (n=47) show that 53.2% of caregivers are 54 and older and 83% females. 40.4% of the caregivers listened to the radio primarily in the morning while 61.7% watched television in the afternoon to evening time. For transportation of PWDs to and from destinations, 78.3% of caregivers reported using their own vehicles. In regards to their mental health, 61.7% of the caregivers stated that they felt tired and unmotivated to complete daily activities. When asked why they sought respite services, 40% stated that they were overwhelmed by the responsibilities in addition to their own work. The groups that primarily support caregivers are family and professional respite services. Findings indicate that caregivers are most likely to trust resource recommendations from family and friends. Similar surveys should be administered in other cities and in rural locations to improve the generalizability of our findings.

EARLY COLLABORATION MEASURES AMONG A CROSS-SECTOR STAKEHOLDER GROUP IN A STATEWIDE GWEP

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The AgingME Geriatrics Workforce Enhancement Program (GWEP) uses collaboration across institutions of higher education, community-based organizations, and healthcare entities to imbed transformational healthcare practice change across Maine, a primarily rural state. To explore the factors that influence cross-sector collaboration among a diverse array of partners, a baseline anonymous electronic survey was distributed to the newly formed project steering committee. The survey consisted of the Wilder Collaborative Factors Inventory, an established measure of 22 research-based collaboration factors along with four open response questions on process-level challenges and opportunities for

improvement. A total of eleven responses (N = 11) were received out of 20 Steering Committee members (55% response). Collaboration strengths noted in the assessment include unique purpose of statewide GWEP efforts (M = 4.41 out of 5 points), mutual trust among members (M = 4.32), favorable social and political environment (M = 4.27), and a history of collaboration among partners (M = 4.27). Lower scores were received on the multiple layers of participation (M = 3.45 out of 5 points), and ability to compromise factors (M = 3.45). Qualitative responses reinforced the need for a common understanding of the project's goals and outcomes early on in the collaboration. Barriers to collaboration included scheduling considerations and limited time and energy among partners due to heightened COVID-19 response efforts. Results elucidate: 1) Early collaboration strengths and needs of a newly formed statewide education collaborative; and 2) Strategic action steps and focal points informing early partnership among organizations engaged in interprofessional health education efforts.

IMPLEMENTING A COMMUNITY-BASED COLLABORATIVE PROJECT DURING THE COVID-19 PANDEMIC: A PROCESS EVALUATION

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In-Home Supportive Services (IHSS) caregivers are critical linchpins in our long-term care system, but little research exists to examine the strategies for enhancing their role working in the homes of persons living with dementia (PLWD). The aim of the IHSS+ Alzheimer's Disease and Related Dementias Training Project (IHSS+ ADRD Training Project) is to implement a competency-based dementia training program for 600 IHSS caregivers and their consumers; and evaluate the training program's impact on caregiving, long-term services and supports, and health systems. This project is a partnership between the University of California, San Francisco, Institute for Health & Aging; Center for Caregiver Advancement, a nonprofit organization founded by home care workers; and Alameda Alliance for Health, a non-profit managed care plan created by and for residents of Alameda County, California. The research design and funding of the project was established just prior to the COVID-19 pandemic. As the pandemic evolved, the IHSS+ ADRD Training Project underwent many revisions and pivoted to remote strategies to ensure progress could be made toward the aims. This poster describes a process evaluation of how various challenges were addressed and subsequent changes were made to the methodology. Using a community-based participatory research and program evaluation hybrid model, this project remained nimble, configuring an online dementia training program and evaluation methods that accommodated safety needs of community partners. Benefits and limitations of implementing the IHSS+ ADRD Training Project, using remote strategies, to ensure IHSS caregivers

and their consumers could continue receiving education and support, are highlighted.

OLDER MEN'S PARTICIPATION IN COGNITIVE TRAINING: A REVIEW.

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Background: Cognitive training for healthy older adults living in a community is an essential resource that allows them to live at home for as long as possible. Objective: The purpose of the review is to examine the degree of participation of males and females in longitudinal studies of cognitive training. Moreover, we want to identify if these studies include the gender variable in their analyzes or reflect on its importance. Method: This review considered longitudinal cognitive training studies were published in English and Spanish and conducted with healthy older adults living in a community. Results: The Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) study (in English) and the Memoria Mejor (MM) Longitudinal Study (in Spanish), both illustrate the trend of sex/gender treatment of the studies reviewed: a) high participation of older people seventy and more years b) recruiting stratified by age and sex; c) males are disproportionately underrepresented in cognitive training studies [24% - 14%]; d) the evaluation measures (baseline, follow-up, and final) and dropout data are provided but not stratified by age and sex/gender. Conclusions: Researchers demonstrate awareness about the impact of sex/gender differences but do not focus on it. Understanding sex/gender differences are necessary for understanding not only that these differences occur, but also why they occur; this will allow policies or intervention programs with approaches that are more equitable for both sexes/genders to be formulated.

SOCIAL TRUST, LITERACY, AND LIFELONG LEARNING: A COMPARISON OF THE U.S. AND NORDIC COUNTRIES

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Societal social trust has been shown to be related to economic growth and equality. Low levels of social trust are especially consequential in aging societies and can result in low levels of social capital and greater inequality at older ages. Nordic countries are known for their greater social trust, access to education, economic productivity, and social equality. To better understand social trust promoters, we explored data from the 2012/2014 Program for the International Assessment of Adult Competencies (PIAAC) to examine relationships among social trust, basic skills (i.e., literacy), and non-formal education (NFE) participation for adults ages 45 to 65, in the U.S., Denmark, Finland, Norway, and Sweden. Additionally, through 19 key informant interviews and a review of the literature, we investigated the structure and availability of NFE across the five nations. As compared to the U.S., adults ages 45 - 65 in Nordic countries have higher

levels of social trust (all Nordic countries; $p < 0.001$), lower rates of poor literacy skills (Finland, Norway, and Sweden; $p < .001$), greater rates of participation in NFE (Denmark and Sweden; $p < 0.05$). Through the availability of NFE, such as folk high schools and learning circles in Nordic countries, adults can participate in NFE at little or no cost. Similar programs are not available in the U.S. This research informs policy and practice for the provision of NFE, which is critical to increase levels of social trust, and in turn, to promote economic development, social equality and positive aging in the U.S.

STRATEGIES FOR DEVELOPING AN INCLUSIVE GERIATRIC PHYSICIAN WORKFORCE FOR OLDER ADULTS IN THE U.S.

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The “geriatric imperative” has been part of the aging discourse for more than 30 years but neither geriatric practice nor older adults are homogenous. As the U.S. population ages, elders will become more racially and ethnically diverse; and, their health outcomes will be shaped by lifetime experiences with systemic discrimination and racism. Already, COVID-19 has made clear that older adults and non-Whites, particularly African Americans and Hispanics, disproportionately bear the burden of disease and illness. Research suggests health disparities will continue unless there is change within the health care system. The Institute of Medicine (2001) reported on the problematic nature of the stark contrast between the diversity of patients and the physicians caring for them, including issues with patient trust and communication, yet no significant movement has been made to diversify the physician workforce. Despite being 13% and 16% of the U.S. population, respectively, African Americans and Hispanics make up just 5% and 6% of the practicing physician workforce. Further, practicing geriatricians represent less than 1% of physicians with very few physicians of color. There is a need for more African American and Hispanic geriatricians. In this systematic review, we examine recruitment and retention efforts targeting students of color, and curricula of geriatric medical programs in the U.S. We offer recommendations toward incentivizing physicians of color to enter geriatrics, strategies to support decolonization of geriatric medical curricula in undergraduate medical education programs, and the development of mentorship and pipeline programs to increase diversity in the geriatric physician workforce.

TRAINING CLINIC PROVIDERS ON ADVANCE CARE PLANNING IMPROVES PROVIDER SELF-EFFICACY

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Advance care planning (ACP) is a vital step to ensure patients receive and prioritize the care that best aligns with