

Among non-pharmacological interventions to address behavioral problems of residents with dementia, Music and Memory (M&M), a popular individualized music listening program, has been shown to have potential to improve quality of life among residents. To examine facilitators and barriers to implementation and sustainability of the M&M program in nursing facilities, a statewide (online and mail) survey of nursing homes was conducted in Wisconsin where the statewide implementation of the program occurred. The response rate was 41% (N=161). Descriptive statistics and content analysis were conducted. Over 80% of facilities provided the M&M program, and 86% of them planned to continue the program. The majority of respondents found the M&M to be beneficial to residents but also reported that the program was not equally effective for everyone, and M&M was time and labor intensive. Barriers to sustainability were: lack of buy-in by direct care staff, use of technology, costs of equipment, inconsistent volunteers, and families not supportive or helpful. Facilitators were: support of facility personnel, family, and volunteers; observing positive effects of program, M&M training provision and support, family involvement, and accessibility of equipment. Targeted resident selection is needed to identify the residents most likely to benefit from the program to avoid possibility of increased agitation or discomfort. Careful consideration is needed for facilities to identify realistic costs, labor, and staff buy-in to promote success.

THE VOICES OF PERSONS LIVING WITH DEMENTIA: EXPLORING THEIR INFORMATION NEEDS TO LIVE WELL

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There are unique challenges and considerations when receiving the diagnosis of dementia. There are interventions, services, and supports for people with dementia and their care partners, yet they are often unknown, disconnected, and may not be widely available or easily accessible. Health literacy was defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Using a descriptive qualitative design, the purpose of this study was to describe how persons living with dementia and their care partners obtain, understand, and use information to make health decisions to live well with dementia. The convenience sample consisted of 28 care partners and 15 people living with dementia participating in 6 separate focus groups. To illuminate findings, data was analyzed using a hybrid approach (deductive followed by inductive). Four themes emerged deductively as persons gain health literacy in dementia (access, understand, appraise, and understand). The notable finding is the trend at diagnosis where they first are “seeking the expert”, and as they move from dependence and gain understanding they are “becoming the expert”, and finally as they apply information they are “acting as the expert” for themselves and others. Engaging them in research not only gave them a voice but more importantly it influenced the health information that will be developed and implemented by them. These findings suggest there is a wealth of knowledge to be gained by persons living with dementia and their care partners.

TRIPLE JEOPARDY? STRESS AMONG DEMENTIA CAREGIVERS THROUGH THE LENS OF INTERSECTIONALITY

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Despite the benefits to economy and public health, caregivers are negatively affected by caregiving activities. Dementia caregivers, compared to other caregivers, are experiencing higher levels of stress, due to reasons such as the care recipients' changes in personalities and behaviors. Previous studies have documented differences in caregiver stress across gender and racial/ethnic groups. However, few studies have looked into caregiving differences within both gender and race/ethnicity through an intersectionality framework. This paper seeks to explore what are the differences in caregiving stress across the intersectionality of race and gender. Using Round 5 and Round 7 of NSOC and NHATS data, we examined differences in caregiver stress across and within different gender and racial/ethnic groups in terms of financial, emotional, and physical stress. 1,206 caregivers were included with 61% female, 50% White, and 32% Black caregivers. Logistic regression results indicate that female is less likely to have financial stress, but more likely to experience emotional stress. Compared to White, Black caregivers are worse off financially but better off physically. Both Black and other racial/ethnic caregivers are less likely to have emotional stress. Within the intersectionality framework, compared to White female, Black male are 3.4 times more likely to experience financial stress, all the other groups are 38%-71% less likely to have emotional stress, and Black female are 53% less likely to have physical stress compared to White female. The findings highlighted that in order to develop more effective interventions or policies, unique areas are to be focused for different population subgroups.

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COGNITION AND COGNITIVE ASSESSMENT

A MULTIPLE STAKEHOLDER PERSPECTIVE FOR EVALUATING COMMUNITY-BASED DEMENTIA CARE

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For holistic interventions and research on dementia, it is fundamental to understand care experiences from the perspectives of carers, care recipients, and care professionals. While research on care dyads and triads have highlighted the effects of communication and interactional aspects on care relationships, there is a lack of knowledge on how individual-contextual and relational factors shape the provision and receipt of care in terms of decision-making processes, resource allocation, and expectations of care outcomes. Thus, this paper sheds light on (i) how carers negotiate care provision with other important life domains such as employment, household/family roles and conflicts, as well as their own health problems, life goals, values, and aspirations for ageing; (ii) how older adults with dementia perceive support and those who provide it; (iii) the structural constraints faced by care professionals in delivering a team-based mode of dementia care; and, taken together, (iv) how community-based dementia care is impeded by barriers at the individual,