and social goal (Estimate = -0.97, SE = 0.15, p<0.0001) progress was higher. Similarly, adult-child caregivers’ daily stress was lower on days when their health goal (Estimate = -0.67, SE = 0.19, p<0.001) and social goal (Estimate = -0.52, SE 0.24, p=0.03) progress was higher. Results support the hypothesis that maintaining personally-meaningful goals can alleviate caregiver stress, and is a promising tool for caregiver health promotion.

**ENHANCING ACTIVE ENGAGEMENT FOR DEMENTIA CAREGIVERS: A SYNTHESIS OF INTERVENTIONS**
Jacqueline Eaton, University of Utah, University of Utah, Utah, United States

In a recent meta-analysis of interventions for dementia caregivers, psychoeducational interventions were found to be effective only if they required caregivers to apply knowledge and skills through active engagement. This emphasizes the importance of understanding which intervention components enhance application in order to improve caregiving interventions and the mechanisms by which they work. The purpose of this presentation is to identify and assess elements of active engagement within dementia caregiving interventions. Articles included in this review were published between 2009 and 2018 and identified as psychoeducational dementia caregiving interventions. Each intervention was assessed to describe: 1) how active engagement was defined, 2) the logistics for implementing the active engagement techniques, and 3) the process for evaluating active engagement components. Of 36 articles meeting inclusion criteria, 25 mentioned active engagement components of the intervention. Active components included discussion, problem-solving, practice, role-play, action plans, and homework. Only five articles provided partial descriptions of the active components, five mentioned assessing active engagement, and only one study examined the efficacy of an engagement technique. This demonstrates a significant gap in our understanding of interventions for dementia caregivers. Active engagement enhances outcomes, yet to our knowledge, the specific steps taken to engage caregivers actively and the mechanisms by which these work are unclear. This is a barrier to optimizing active engagement within intervention delivery. Clarifying processes and methods for testing mechanisms of action can further enhance caregiver engagement with interventions.

**LONGITUDINAL EFFECTS OF STRESS AND COGNITIVE FUSION IN ANXIETY AND DEPRESSIVE SYMPTOMS OF FAMILY CAREGIVERS**
Samara Barrera-Caballero,1 Rosa Romero-Moreno,2 Carlos Vara-García,3 Javier olazarán,4 María del Segueros Chaparro,5 Lucía Jiménez-Gonzalo,6 José Adrián Fernandes-Pires,4 and Andrés Losada-Baltar,2 1. Rey Juan Carlos University, Alcorcón, Madrid, Spain; 2. Universidad Rey Juan Carlos de Madrid, Madrid, Spain; 3. Universidad Rey Juan Carlos, Madrid, Spain; 4. HGU Gregorio Marañón, Madrid, Spain; 5. Universidad Autónoma de Madrid, Madrid, Spain; 6. Rey Juan Carlos University, Alcorcón, Madrid, Spain

Dementia caregiving has been commonly associated with negative psychological consequences in caregivers. Cognitive fusion, that is, the tendency for been overly influenced by cognition, has been linked to psychological distress in caregivers in cross-sectional studies. Female caregivers and those who are exposed to more stressors such as behavioral and psychological symptoms of dementia report higher levels of distress. However, longitudinal analysis of predictors of caregivers levels of distress are sparse, with no available study analyzing the longitudinal effect of cognitive fusion. The aim of this study is to analyze the longitudinal effect of cognitive fusion in depressive and anxiety symptoms of family dementia caregivers, after controlling for other relevant variables. Face to face interviews were conducted each year through a two-year period (three assessments) with 143 caregivers. Linear mixed models analysis were used to analyze the associations between time-varying values for cognitive fusion, frequency and reaction to care-recipient behavioral problems and depressive and anxiety symptoms, after controlling for caregivers’ age and gender, daily hours and time caring, care-recipient functional capacity and caregivers’ transitions (cessation of caregiving). Results suggest that increases in cognitive fusion and in reaction to behavioral problems, being a female caregiver and being younger, significantly predicted increases in anxiety symptoms over time. Also, increases in cognitive fusion and in reaction to behavioral problems, decreases in care-recipient’s functional capacity and ending of the caregiving role significantly predicted increases in depressive symptoms. Psychological strategies aimed at reducing cognitive fusion and stress levels may be especially helpful for reducing caregivers’ distress.

**MET AND UNMET NEEDS OF COGNITIVELY IMPAIRED OLDER ADULTS AND BURDEN AND BENEFITS OF THEIR CAREGIVERS**
Pildoo Sung, Johan Suen, Nawal Hashim, Rahul Malhotra, and Angelique Chan, Duke-NUS Medical School, Singapore, Not Applicable, Singapore

Previous studies typically assess caregiver needs when trying to interpret caregiver burden. We propose that both met and unmet needs of care recipients translate into different caregiving experiences with varying levels of benefits and burden combined. We use data on 263 caregivers of community-dwelling Singaporean older adults with cognitive impairment who participated in a community-based dementia care study conducted in 2018-2020. Our analysis produces three major findings. First, latent class analysis identifies three distinct types of caregiving experience based on caregiver-reported burden and benefits of caregiving: intensive (high burden and high benefits, 11% of caregivers), satisfied (low burden and high benefits; 54%), and dissatisfied (low burden and low benefits; 35%). Second, multinomial logistic regression shows that both met and unmet needs of care recipients are positively associated with the intensive caregiving experience, while only met needs are positively associated with the satisfied caregiving experience, in comparison to dissatisfied caregiving experience. Third, met needs in the areas of daytime activities, memory assistance, and mobility are positively related to the satisfied caregiving experience, compared to the dissatisfied caregiving experience. In other words, caregivers are more likely to be satisfied in their caregiving experiences (i.e., low burden and high benefits) if their care recipients’ problems with memory, mobility, and finding suitable and adequate daytime activities are
properly managed. Our findings thus call for interventions to fulfill care recipients’ needs in a more tailored manner in order to increase satisfaction among caregivers.

**Session 3055 (Symposium)**

**HEALTH DISPARITIES IN ALZHEIMER'S DISEASE: A WAKEUP CALL FOR TRANSFORMATION**

Chair: Allison Gibson Co-Chair: Lenora Smith  
Discussant: Robert Turner

It is well documented in the scientific literature that health disparities exist within the Alzheimer’s disease and related dementias (ADRD) population, particularly among socially disadvantaged individuals experiencing limited opportunities to achieve optimal health. In this symposium, presenters will introduce some of the significant health disparities observed across varying ADRD research. The first presentation, by Robinson-Lane and colleagues, examines caregiving coping and health among Black ADRD families. Findings suggest in addition to traditional stress and coping strategies, additional interventions are needed that improve physical health for family caregivers. Next, Yu and colleagues will discuss the higher levels of emotional distress reported among individuals diagnosed with mild cognitive impairment, compared to their cognitively normal counterparts. In the third presentation, Lin and colleagues share their work on changes in dementia-related behavioral symptoms observed by hospice staff during COVID-19. The pandemic has affected nearly every aspect of healthcare delivery, and many hospice staff are reporting patients diagnosed with dementia have also felt the effects. Next, Xu et al identified that non-Hispanic Black older adults in their help-seeking behaviors and diagnosis process of ADRD, and often were not seen in healthcare settings by an ADRD specialist compared to their White counterparts. In the final session, Agboji will speak on the issue on findings from a systematic examination of the literature that demonstrates apathy being underrecognized and undertreated in healthcare settings. This symposium will conclude with a discussion on how researchers can disrupt these disparities by promoting health equity across ADRD healthcare and social services.

**PRELIMINARY FINDINGS OF A NATIONAL SURVEY OF BLACK ADRD FAMILY CAREGIVERS**

Florence Johnson, Nicholas Mazzara, Kayla DeMarco, Iyavlo Dinov, and Sheria Robinson-Lane, 1. University Of Michigan School Of Nursing, Ann Arbor, Michigan, United States, 2. University of Michigan School of Nursing, Ann Arbor, Michigan, United States  

The National Caregiver Survey aims to capture a representative sample of Black Alzheimer’s disease and/or related dementias (ADRD) family caregivers who are 55+ to better understand the relationships between adaptation to caregiving, coping, and health. Following targeted social media marketing, ADRD family caregivers (n=60) completed an electronic survey capturing over 200 data elements. Analysis was completed using Spearman correlation coefficients. Preliminary results suggest that 55% of participants were hypertensive (n=33) and 27% (n=16) had diabetes. Participants were generally overweight with an average BMI of 29. 28% (n=17) of the sample were smokers. A negative correlation was identified between the level of care needs of the recipients (IADLs) and alcohol use (p=0.037). There was also a correlation between identifying positive aspects of caregiving and adaptive coping (p=0.045). Caregiver support programs should facilitate development of effective coping strategies for new family caregivers, with particular attention on smoking cessation, brain-healthy diet, and exercise.

**COMPARING THE EMOTION STATUS OF INDIVIDUALS WITH MCI TO THEIR COGNITIVELY NORMAL COUNTERPARTS: I-CONNECT PROJECT**

Katherine Wild, Lisa Silbert, Jeffrey Kaye, Hiroko Dodge, and Kexin Yu, 1. Oregon Health & Science University, Portland, Oregon, United States, 2. USC, LA, California, United States

Socially isolated older adults with MCI are at greater risk of developing ADRD. This study compares the emotional status of older adults with MCI to their cognitively normal counterparts within a socially isolated sample. We used baseline data from the Internet-based Conversational Engagement Clinical Trial (NCT02871921). MCI status was determined according to clinical diagnosis. Three emotion domain scores were calculated: negative affect, social satisfaction, and psychological wellbeing. Linear regressions were conducted for all 17 Emotion Battery measures and 3 domain scores. The 127 participants’ mean age was 81.1 (SD=4.6). About 54% were diagnosed with MCI. Older adults with MCI had more negative affect, yet no difference was observed in social satisfaction and psychological wellbeing. Individuals with MCI had higher levels of fear, perceived hostility, perceived stress, sadness, and lower self-efficacy. Better understanding the emotional status could inform the development of behavioral health interventions and early detection of MCI.

**CHANGES IN DEMENTIA-RELATED BEHAVIORAL SYMPTOMS OBSERVED BY HOSPICE STAFF DURING COVID-19**


COVID-19 infection control precautions (e.g., social distancing) and associated isolation and changes to routines can worsen dementia-related behavioral symptoms. A cross-sectional online survey was administered to 101 hospice staff (95% female; mean age 49) to investigate what dementia-related behavioral symptoms in their care recipients had changed from before to after the COVID-19 outbreak. Of the 101 participants, 47 (46.5%) reported changes in symptoms, three (3%) had not been able to physically observe/assess their care recipients, two (2%) reported changes in routines, and 49 (48.5%) reported no changes. The most common changes in symptoms were increased agitation (N=19), depression (N=16), confusion (N=10), and anxiety (N=6). Some participants (N=14) also commented on...