sleep; and 3) training caregivers in timed morning, afternoon, and evening activities. Outcomes included: PLWD quality of life, sleep, and neuropsychiatric symptoms. Sleep-wake patterns were assessed using wrist actigraphy and proxy-reported measures. The main intervention effects were tested using ANCOVA. The average age of participants was 73.4 years, 67% were female, 80% were African American/Black. At 4 weeks, the intervention group demonstrated less sleep-related impairment \( (p = 0.0031) \) and reported higher quality of life than the control group \( (p = 0.0074) \). These results provide new fundamental knowledge regarding the effects of timing activity on sleep and well-being.

**A CULTURALLY ADAPTED TIMED-ACTIVITY RCT FOR LATINOS WITH ADRD AND CAREGIVERS: FEASIBILITY, ACCEPTABILITY, AND EFFECTS**


Latinos are twice as likely to develop Alzheimer’s disease (AD) compared to non-Latino whites, yet, account for <2% of clinical trial participants in AD research. This randomized controlled trial examined the feasibility, acceptability and effects of a culturally-adapted timed-activity intervention designed to promote quality of life (QOL) and reduce behavioral symptoms in older Latinos with AD and their caregivers. Healthy Patterns [Pautas Saludables] was implemented among 40 Spanish-speaking dyads. Measures assessed at baseline and 4 weeks post-intervention, indicate improvements in sleep efficiency \( (p=0.06) \) and QOL \( (p=0.01) \) among intervention participants. Pautas Saludables was found to be feasible and acceptable. Intervention attendance rate was >90% with low attrition \( (n=0) \); no adverse events. Most (74%) rated timed-activity sessions as helpful and appropriate; 58% recommended refreshers. Results provide evidence that Latinos with AD will participate in clinical trials and can improve on key health outcomes, when interventions are adapted to meet their cultural needs.

**EFFECTIVE RECRUITMENT STRATEGIES FOR COMMUNITY-DWELLING PERSONS LIVING WITH DEMENTIA AND THEIR CAREGIVERS**


Recruitment of diverse community-dwelling persons living with dementia (PLWD) and their caregivers (dyads) into randomized controlled trials (RCT) is challenging, time consuming and expensive. This presentation will describe community outreach efforts used over a one-year period to recruit dyads of PLWD and their caregivers in Healthy Patterns RCT. Community outreach yielded 296 inquiries, such that people expressed interest in joining the study. Of the 296 inquiries, almost all (95.6%) identified as African American, and 91 (30.7%) consented to join the study. Presentations at senior centers yielded the highest number of inquiries \( (n=148) \), followed by staff presence at various community events such as health fairs and senior galas \( (n=145) \) and referrals \( (n=3) \). We found that community outreach was an effective recruitment strategy to generate inquiries among diverse PLWD and their caregivers to enroll in Healthy Patterns. We will discuss these strategies and provide suggestions for recruiting diverse dyads into clinical trials.

**THE ROLE OF CAREGIVER MASTERY IN ANXIETY SYMPTOMS IN PEOPLE LIVING WITH DEMENTIA**

Nancy Hodgson,¹ and Yeji Hwang,², 1. University of Pennsylvania, School of Nursing, Philadelphia, Pennsylvania, United States, 2. University of Pennsylvania, School of Nursing, Philadelphia, Pennsylvania, United States

Anxiety symptoms in people living with dementia (PLWD) are the most distressing symptoms for caregivers. While caregiving is bidirectional relationship, little is known how caregivers can influence anxiety in PLWD. The purpose of this study was to examine the relationship between caregiver mastery and anxiety symptoms in PLWD. Secondary data analysis was conducted using baseline data from Healthy Patterns Study. The conceptual model of Factors Associated with Behavioral and Psychological Symptoms of Dementia guided this study. Among the 169 study PLWD, 23.1% \( (n=39) \) reported having anxiety symptoms. In a multivariate logistic regression, adjusting for age, dementia stage, sleep, and depression, better caregiver mastery was significantly related to lower odds of having anxiety in PLWD \( (OR=0.87, p=0.046) \). These results suggest that interventions aimed at improving caregiver mastery may improve anxiety symptoms in PLWD.

**SOCIAL AND HEALTH EQUITY**

**ADDRESSING SYSTEMIC RACISM BY CREATING A DIVERSITY, EQUITY, AND INCLUSION DEPARTMENT INITIATIVE**

Stephanie Chow,¹ Katherine Brown,² Martine Sanon,² Sasha Perez,² Amy Kelley,¹ and Noelle Marie Javier,² 1. Icahn School of Medicine at Mount Sinai, New York, New York, United States, 2. Icahn School of Medicine at Mount Sinai Hospital, Icahn School of Medicine at Mount Sinai, New York, United States

Background: Catalyzed by social injustice and worsening racial inequities highlighted by the COVID-19 pandemic, a diverse academic geriatrics and palliative medicine department in NYC launched a DEI initiative. This report presents key program components and lessons learned in launching this initiative in the interprofessional academic medicine setting.

Methods: First, DEI core and departmental administration met 2-4 times/month to plan and review program activities, vision, and mission. The team conducted confidential roundtable discussions about DEI issues and 1:1 interviews to