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 poverty 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