THE DO IT MYSELF VILLAGE: BUILDING A VILLAGE-LIKE SUPPORT SYSTEM WITHOUT A VILLAGE

Allen Glicksman,1 Lauren Ring,1 and Carrie Graham2, 1. Philadelphia Corporation for Aging, Philadelphia, Pennsylvania, United States, 2. University of California Berkeley, Berkeley, California, United States

Villages provide members with a wide range of support including socialization, vetted vendors and other services that assist the older to age in place. While not every Village offers the same types of support many older adults join Villages to gain benefits they may have lost (such as an informal support network) or ones they cannot find (such as identifying reliable providers of home repair). However, Villages are not available everywhere and there are barriers to Village membership, especially cost. Do older adults without access to a Village simply “do without” or do some of them create the same type of support system on their own? This presentation, using data collected in focus groups and interviews for a study of aging in community will describe the ways in which older adults have fashioned their own set of services and socialization opportunities to achieve the same goals as Village membership.

THE VILLAGE MODEL, WHAT’S NEXT?

Carrie Graham,1 and Andrew Scharlach1, 1. University of California Berkeley, Berkeley, California, United States

Researchers at UC Berkeley will present some key findings of their research on Villages spanning the last decade. First, results of a longitudinal study of operational Village organizations in the US (conducted in 2009, 2012, and 2016) reveals that the Village model has expanded and developed over time, with some changes in organizational structure. A national survey of Village members (N=2000) shows that Village remain homogeneous, and impact different types of members in different ways, with older, more frail members perceiving more quality of life benefit, while younger, healthier members perceive more benefits in the areas of social engagement. Finally, two studies looking at Village retention/participation show that issues such as lack of diversity, focus on social engagement can be barriers to inclusion, retention and ultimately, scalability of the model.

SESSION 2155 (PAPER)

ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

MY PARENT'S BODY IS SACRED: LATINO PERSPECTIVES ON BRAIN DONATION FOR ALZHEIMER'S DISEASE RESEARCH

Yadira Montoya,1 Guillerme M. Balbim,2 Crystal M. Glover3, and David X. Marquez2, 1. NORC at the University of Chicago, Chicago, Illinois, United States, 2. University of Illinois at Chicago, Chicago, Illinois, United States, 3. Rush Alzheimer's Disease Center, Chicago, Illinois, United States

Brain donation is a critical part of advancing research addressing Alzheimer’s disease and related dementias (ADRD). Latinos are at a higher risk of developing ADRD compared to non-Latino Whites. However, there is limited knowledge regarding causes and mechanisms related to ADRD health disparities among Latinos partially due to lower research participation and brain donation rates. Family members play a pivotal role in increasing brain donation rates, particularly, among underrepresented groups. In this study, we examine the perceptions of brain donation among adult children of older Latinos. We invited Latino men and women (N=15) with a parental-figure who was 65 years and over to participate in one of three focus groups. During the focus groups, participants discussed the meaning of brain donation for research, reasons to donate or not, and their reactions to the possibility of their parental-figure being a brain donor. All focus groups were audio-recorded and transcribed with transcripts used for data analysis. We used a Grounded Theory Approach to analyze focus group data. Results yielded three themes: (1) social and cultural factors influencing a family’s willingness to support organ donation; (2) lack of knowledge about the brain donation process; and (3) recommendations for engaging more Latinos in ADRD research and brain donation. Findings provide insight into how family participation may facilitate increased brain donation rates in ADRD studies among older Latinos. A main recommendation for researchers is to adopt a family-centered approach throughout the research process with a focus on addressing information gaps - from recruitment to dissemination.

PERCEPTIONS OF BRAIN HEALTH AND INTEREST IN PARTICIPATING IN BRAIN HEALTH RESEARCH AMONG ADULTS AGE 50 TO 64

Erica Solway,1 Donovan Maust,2 Matthias Kirch,3 Dianne Singer3, Jeffrey Kullgren2, and Preeti Malani4, 1. Institute for Healthcare Policy and Innovation, University of Michigan, Ann Arbor, Michigan, United States, 2. University of Michigan, Ann Arbor, Michigan, United States, 3. University of Michigan Medical School, Ann Arbor, Michigan, United States

Evidence suggests it may be possible to reduce the risk of developing dementia during midlife. The University of Michigan National Poll on Healthy Aging (NPHA), a nationally representative online survey, sought to determine to what extent adults age 50 to 64 anticipate and worry about developing dementia, are taking steps to prevent dementia, and are likely to participate in dementia-related research.
RACIAL-ETHNIC DIFFERENCES IN NURSING HOME QUALITY OF LIFE FOR ALZHEIMER’S DISEASE AND DEMENTIA RESIDENTS

Tetyana P. Shippee,1 Stephanie Jarosek,1 Xuanzi Qin,2 and Mark Woodhouse1. 1. University of Minnesota, Minneapolis, Minnesota, United States, 2. University of MN, Minneapolis, Minnesota, United States, 3. School of Public Health, University of Minnesota, Minneapolis, Minnesota, United States

Nursing homes (NHs) are often racially segregated, and minority residents admitted to NHs usually have more advanced stages of dementia at the time of admission than their white counterparts, with different care needs. Previous work has shown that racial disparities in NH quality of life (QoL) were partially due to different case mix of white and minority residents; it is unclear if disparities persist when comparing residents with similar ADRD diagnoses. The 2011-2015 Minnesota Resident Quality of Life and Satisfaction with Care Survey data contain in-person resident responses from a random sample of residents of all Medicare/Medicaid certified NHs in the state, about 40% of whom have AD/ADR. These data were linked to the Minimum Data Set (MDS) and facility characteristics data. The population consists of 25,039 White, 580 Black, 94 Hispanic, 229 Native Americans, and 99 Asian/Pacific Islander NH residents with ADRD residing in 376 NHs. Racial/ethnic minority residents reported significantly lower QoL scores compared to their white counterparts, with the largest disparities in the food and relationships domains. We adjusted for resident (age, marital status, education, sex, length of stay, anxiety/mood disorder, activities of daily living scores) and facility characteristics (proportion of minority residents, ownership, urban vs rural, size, and occupancy ratio) using a multivariate random intercept model. After adjustment, significant differences remained in total QoL score and several QoL domains for Black, Asian and Hispanic residents (no significant differences for Native American residents). Practice guidelines should consider different care needs of racial/ethnic minority NH residents with ADRD.

THE BUDDY PROGRAM: IMPACT ON PERSONS LIVING WITH DEMENTIA AND FAMILY CAREGIVERS

Darby Morhardt,1 Mary Mittelman,2 Ann Burgunder,2 and Thea Miccoli2. 1. Northwestern University, Chicago, Illinois, United States, 2. New York University, New York, New York, United States

Psychosocial interventions have the potential to offer substantial benefit to people with dementia and their family caregivers. The Buddy Program is an experiential learning program that pairs students with persons with dementia for activities and relationship-building. Previous studies have demonstrated the program’s positive impact on student knowledge and attitudes. New York University’s (NYU) Alzheimer’s Family Support Program began replicating the Buddy Program in 2017 and has enrolled 80 students. Northwestern University’s (NU) Buddy Program, in its 22nd year, has enrolled 260. This presentation describes the impact of the program on the mentors (NU) and the caregivers (NYU). Post program focus groups with mentors and student journals describing interactions with the caregiver were thematically analyzed. Mentors describe feelings of pride...