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Dementia awareness training alone does not improve care or outcomes for patients living with dementia. Effective dementia education programs for family caregivers and healthcare providers can lead to improved care practices and patient outcomes. The Dementia Immersion Simulation Experience (DISE) is a face-to-face 2-hour educational program that includes simulation, videos, a virtual reality station, group debriefing, and a didactic session delivered by faculty with dementia caregiving expertise. The purpose of this project was to evaluate the effectiveness of DISE in a group of 48 interdisciplinary healthcare providers, trainees and administrative staff. A program evaluation and pre and post knowledge questionnaires were administered. Prior to the activity, the mean score of all participants was 8.85. After the activity, the mean score was 10.1 (p<0.0001). 35.4% of all participants were well informed on dementia before DISE and 70.8% were well informed after the activity (p<0.0005).

Qualitative analysis of the comments section of the program evaluation showed that 95% of the participants mentioned empathy for those living with dementia. Participants rated DISE on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree) across ten categories, covering objectives, relevance, effectiveness, and value of the learning experience. Over 95% of respondents agreed or better (score = 4 or 5) with each evaluation statement and at least 85% strongly agreed with each statement. The evaluation scores are further evidence of an effective program. DISE is an effective tool to teach and support family caregivers, healthcare workers, and healthcare professionals and trainees.

CHILDHOOD SOCIOECONOMIC STATUS AND SENSE OF CONTROL OVER COGNITIVE AGING: DO GENES MODERATE?
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Individuals who lack a sense of control over cognitive aging (SOC-CA) believe little can be done to optimize their cognitive functioning. While prior research indicates that higher SOC-CA is a protective factor against age-related cognitive decline, few studies have examined predictors of change in SOC-CA. To address this gap, we used data from the Midlife in the United States (MIDUS) study. Guided by prior research on linkages between socioeconomic status (SES) and control beliefs, we examined childhood SES as an early life course influence on changes in SOC-CA. The analytic sample consisted of 663 White participants, ages 34 to 81, who were interviewed in 2004 and approximately nine years later. SOC-CA was measured by using three items from the Personality in Aging Context scale, and childhood SES encompassed retrospective reports of parental education and occupational status. A hierarchical linear model was estimated, which modeled SOC-CA at baseline, as well as change over the study period, controlling for gender, age, ancestry, and adult SES. While childhood SES was not associated with SOC-CA at baseline nor over time, a statistically significant gene-environment interaction was found over the 9-year study period. Specifically, participants who scored high on a polygenetic measure for cognitive ability and reported high childhood SES demonstrated a faster rate of decline in SOC-CA. These findings indicate that inter-individual differences stemming from early life influence people’s SOC-CA as they age. Overall, results suggest the importance of subgroup differences within efforts to engage individuals in preventive measures to optimize healthy brain aging.

FAMILY CONFLICT: A WELL KEPT SECRET IN LATINO DEMENTIA CAREGIVING
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The number of Latino older adults living with Alzheimer’s disease and related dementias (ADRD) could increase more than six-fold, from fewer than 200,000 in 2004 to more than 1.3 million by 2050. One-third of Hispanic households report having at least one family caregiver (36%). 63% of Latino family caregivers are in high burden situations compared to 51% of non-Latino caregivers. Although in recent years research with Latino caregivers has increased, studies examining the family as a unit in a culture in which familismo is a central value, remain limited. The purpose of this study was to describe the experience of Latino families caring for loved ones living with ADRD along the illness trajectory. Group interviews were conducted with families caring for individuals in different stages of dementia. Interviews were conducted in English or Spanish, transcribed verbatim, and analyzed in the source language by bilingual investigators. In contrast to the numerous positive aspects of caregiving reported by individual Latino caregivers in previous studies, preliminary analysis of family group interviews revealed predominantly negative perceptions of the family caregiving experience. Families reported conflict between family members, feelings of resentment, lack of family member involvement, and uneven distribution of caregiving duties. The complex nature of fulfilling family duties as dictated by familismo appears to have idealistic and realistic consequences for families. Further exploration of Latino family dynamics in the context of dementia caregiving is needed.

PERCEPTIONS, ACCEPTABILITY, EXPECTATIONS, AND CONCERNS OF SMART HOME TECHNOLOGIES AMONG OLDER ADULTS
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