symptoms in their caregivers. Our findings suggest that ADCs serve a complex population with high rates of poverty and chronic conditions, but ADCs can have a meaningful impact on users’ health and well-being by leveraging innovative programming. We conclude by discussing how standardization of data collection efforts could enable researchers and policymakers to evaluate ADCs’ impact and target funding towards services that maximizes users’ health and well-being.

EVIDENCE FOR THE NEED TO STANDARDIZE DATA COLLECTION ON PATIENT OUTCOMES ACROSS ADULT DAY CENTERS IN THE UNITED STATES
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Researchers’ ability to measure the impact of adult day centers (ADCs) on participants’ health has been hampered by a lack of large-scale data. We examined categories of data ADCs across the United States are collecting related to patients’ health and health outcomes with the idea of developing a future national cohort of centers. We distributed an electronic survey to ADCs in 50 states on current data collection efforts. Forty states were represented (N=250). Only 32% of ADCs collect patient level data for research and analysis. Vital signs, nutritional risk, falls, and activities of daily living data were most commonly collected. However, validated assessment tools were used in less than 50% of cases. Researchers’ ability to pool data on clinical outcomes among ADC users is limited by lack of data collection and use of uniform outcome measures across ADCs. Standardizing data collection is critical to strengthening ADC programs and demonstrating their effectiveness.

ADVANCING ADULT DAY SERVICES RESEARCH: THE 2016 AND 2018 NATIONAL STUDY OF LONG-TERM CARE PROVIDERS
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This presentation demonstrates how researchers can leverage data from the 2018 redesign and new content from the forthcoming NSLTCP survey of adult day services centers (ADSC) conducted by National Center for Health Statistics. For the first time, NSLTCP data will allow analyses at the services-user level. New policy-relevant topics about centers and ADSC participants include reasons for hospitalization, medication use, patient-centered and end-of-life care, staffing turnover, and unmet needs. Additionally, the presentation highlights latest findings from the 2016 survey. About 53% of centers were primarily medical model. Almost 79% of participants in medical model centers used Medicaid, compared to 51% in social model centers. About 4% of participants had at least one 90-day hospitalization. 40% of participants had difficulty bathing. The most prevalent chronic conditions were hypertension (50%), arthritis (38%), and diabetes (31%). Nearly 40% of participants had an advance directive. Findings are contextualized within the broader understanding of ADSCs.

ADULT DAY SERVICES AS A PLATFORM FOR INNOVATION: MOVING BEYOND SIMPLY ATTENDANCE
Keith Anderson, University of Texas at Arlington, Arlington, Texas, United States

At the most basic level, adult day services (ADS) provide a congregate environment for participants and respite for caregivers. Researchers often evaluate the impact of ADS on participants and caregivers in terms of attendance; however, what happens in ADS (e.g., specific programs and interventions) may be equally or even more important than simply attendance. In this presentation, we review four recent innovative studies conducted in the ADS setting with participants: (a) a board game intervention to improve cognitive functioning; (b) a cognitive behavioral intervention to improve sleep; (c) an aromatherapy intervention to address behavioral issues; and (d) a dance and movement intervention to stimulate physical activity. While these interventions had varying levels of effectiveness, they do support a growing body of evidence that ADS can serve as a platform for innovation and suggest that attendance may be simply one facet of the overall ADS experience.

ADULT DAY SERVICE USE DECREASES LIKELIHOOD OF DEPRESSIVE SYMPTOMS AMONG BLACK DEMENTIA CAREGIVERS
Lauren Parker,1 and Laura Gitlin,2 1. Johns Hopkins Medicine, Baltimore, Maryland, United States, 2. Drexel University, Philadelphia, Pennsylvania, United States

Black Americans are more likely than others to age with Alzheimer’s Disease (AD) in the community and rely on family members for support. Despite reported positive aspects of caregiving, Black caregivers report greater need for daytime respite and caregiving support. Little is known regarding the health-promoting benefits of daytime respite, like adult day services (ADS), among Black caregivers. Using a sample of 190 Philadelphia-area Black caregivers for community-living persons with dementia, pooled from two behavioral intervention trials: Advancing Caregiver Training and Care of Persons with Dementia in their Environments, the study examined the association between ADS use and depressive symptoms. About 36% of the caregivers used adult day services for their family member with AD. Controlling for demographic variables, social support, self-rated health, religious coping, caregiver burden, and number of years caregiving Black caregivers who utilized ADS had lower depressive symptoms (β = -1.60, p<.05) relative not using ADS.

SESSION 5740 (SYMPOSIUM)

SLEEP CHARACTERISTICS, NEIGHBORHOOD FACTORS, FUNCTION, MOOD, AND WELL-BEING IN OLDER ADULTS WITH DEMENTIA
Chair: Miranda McPhillips
Discussant: Nancy Hodgson

The number of people with dementia is increasing worldwide. Circadian rhythm disorders and sleep problems are very common in this population and can have profound effects on well-being. Healthy Patterns Clinical Trial (NCT03682185) is a home-based activity intervention designed to improve circadian rhythm disorders and quality of life in people with dementia and their family caregivers. This symposium is designed to discuss the relationship between
sleep characteristics and neighborhood environment, function, and psychological well-being in people with dementia. All analyses in this session were conducted on baseline data from participants enrolled in the Healthy Patterns Clinical Trial. We enrolled 170 individuals (67% female), aged (73.35 ± 8.74) with mean Clinical Dementia Rating (CDR) scores of (0.74 ± 0.51), Session 1 describes the role of neighborhood factors as influencing factors affecting sleep. Session 2 focuses on the relationship between sleep and mood. Session 3 focuses on the relationship between sleep and function. Session 4 focuses on the relationship between sleep and quality of life. Implications for future research and intervention development for people with dementia will be discussed.

**RELATIONSHIP BETWEEN SLEEP AND FUNCTION IN OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT**

Miranda McPhillips,1 Junxin Li,2 Darina Petrovsky,1 and Nancy Hodgson,1 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. Johns Hopkins School of Nursing, Baltimore, Maryland, United States, 3. University of Pennsylvania, Cherry Hill, New Jersey, United States

Our objective was to examine relationships between sleep characteristics and function in community-dwelling older adults with cognitive impairment. Sleep measures included actigraphy (total sleep time, wake after sleep onset, efficiency, awakenings), Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale. Promis Physical Function Short Form and Promis Item Bank Social were used to measure physical function and social activity. We used Spearman's correlation and multivariate linear regression. In bivariate analyses, physical function was significantly related to daytime sleepiness, wake after sleep onset and awakenings; social activity was significantly related to sleep quality, daytime sleepiness, total sleep time, wake after sleep onset and number of awakenings. Controlling for cognition and age, sleep quality was independently associated with physical function (β= -0.80; p= 0.002). Relationships between sleep and social activity did not remain significant in multivariate analyses. Preliminary results suggest subjective sleep quality is most related to physical function.

**INFLUENCE OF NEIGHBORHOOD FACTORS ON SLEEP IN HOME DWELLING MULTETHNIC OLDER ADULTS WITH DEMENTIA**

Adriana Perez,1 Augustine Boateng,1 Sonia Talwar,1 and Nancy Hodgson,2 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. University of Pennsylvania, Cherry Hill, New Jersey, United States

Current scientific paradigms inadequately capture complex clinical, behavioral, and sociocultural factors impacting health and well-being in persons living with dementia (PLWD). The purpose of this study was to identify differences in individual and neighborhood-level factors contributing to sleep among multi-ethnic PLWD. Wrist actigraphy measured objective sleep characteristics. Subjective sleep was assessed using the PROMIS sleep measure. GIS mapping analyzed neighborhood-level factors (walkability, green space, crime index, density). Walkability was significantly associated with subjective sleep (p=0.006) controlling for age and dementia stage. Number of night awakenings was significantly associated with density, crime and housing value (p<0.001). PLWD in neighborhoods with higher population density, annual crime, low median home and low walkability would benefit from interventions targeting unsupportive neighborhood environments to improve sleep.

**HOW IS SLEEP RELATED TO ANXIETY OR DEPRESSION IN OLDER ADULTS WITH DEMENTIA?**

Yei Hwang,1 and Nancy Hodgson,2 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. University of Pennsylvania, Cherry Hill, New Jersey, United States

Anxiety and depression are one of the most distressing symptoms for the family caregivers. Little is known about the relationship between sleep impairments and anxiety/depression in this population and how objective and subjective sleep measures differ in relation to anxiety. This study was designed to examine the relationship between sleep impairments and anxiety/depression in people with dementia, using both subjective and objective sleep measures. Among the 170 study participants, 50% (n=85) reported to have anxiety/depression. In univariate logistic regression analyses on anxiety/depression, adjusting for dementia stage, people with more subjective sleep impairment had higher odds of having anxiety/depression (OR=1.111; 95% CI: 1.020-1.211, p=0.016) and people with poorer subjective sleep quality had higher odds of having anxiety/depression (OR=1.702; 95% CI: 1.046-2.769, p=0.032). Objective sleep measures from actigraphy did not show any significant relationships to anxiety/depression. The results suggest that subjective sleep measures are closely related to anxiety/depression in this population.

**RELATIONSHIP BETWEEN SLEEP AND QUALITY OF LIFE IN OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT**

Darina Petrovsky,1 Miranda Varasse,1 and Nancy Hodgson,2 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. University of Pennsylvania, Cherry Hill, New Jersey, United States

Our objective was to examine the independent relationship between sleep characteristics and quality of life (QOL) in community-dwelling older adults with cognitive impairment. Objective sleep variables were derived from actigraphy and included total sleep time, wake after sleep onset (WASO), efficiency, and number of awakenings. Subjective sleep quality was measured using Pittsburgh Sleep Quality Index and daytime sleepiness was measured with the Epworth Sleepiness Scale. Caregiver reported QOL-AD was used for QOL. Analyses included Spearman's correlation and multivariate linear regression. In bivariate analyses, QOL was significantly related to clinical dementia rating scale, sex, depression, daytime sleepiness, sleep quality, WASO, and number of awakenings. Controlling for depression, daytime sleepiness remained independently associated with QOL (β= -0.24; p= 0.03). In addition, number of awakenings trended towards significance (β= -0.13; p= 0.07). Results suggest daytime sleepiness and awakenings are associated with QOL in this population.

**SESSION 5745 (SYMPOSIUM)**

**SOCIAL CONTEXTS OF SUBJECTIVE AGING PERCEPTIONS**

Chair: Ella Cohn-Schwartz
Co-Chair: Liat Ayalon