

communities. This session will share evaluation findings on successes and barriers for changing health department capacity to support local dementia efforts. Data from key indicators related to knowledge gain and capacity change will be shared, including the way LHD characteristics influenced success. The session will also cover effective approaches toward advancing health equity in dementia in local communities and plans for future iterations of the initiative.

SESSION 6070 (POSTER)

ALZHEIMER'S DISEASE, FAMILY CAREGIVING, AND SOCIAL RELATIONSHIPS

CORRELATIONS OF GPS-BASED COMMUNITY MOBILITY METRICS BETWEEN PERSONS WITH DEMENTIA AND FAMILY CAREGIVERS

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Currently, the majority of dementia care is provided at home by informal caregivers. Most informal caregivers share a routine with their loved ones and change their activity patterns to adapt to a new routine of persons with dementia (PWDs). Given the dementia caregiving context, caregivers' mobility behaviors and PWDs' mobility may be positively associated. This study aimed to characterize patterns of GPS-derived community mobility in dementia dyads and examine relationships between PWDs' and caregivers' mobility patterns. Six dyads wore a GPS data logger inside and outside the home for 8-11 days. Twelve participants generated valid GPS track files (N=110). Four temporal and spatial mobility metrics were derived from GPS data (total distance, time use, median speed, and convex hull area). Then we calculated Pearson correlation coefficients between PWDs and their caregivers over all tracks. All dyads made active out-of-home trips, indicated by mean daily distance (range: 6,198 - 115,592m for PWDs; 5,125 - 108,857m for caregivers). Median speed of movement ranged from 0.09 to 1.29 km/hour for PWDs, and from 0.21 to 0.97 km/hour for caregivers. The mean size of convex hull over the monitoring period indicates a limited space usage level in both PWDs and caregivers, meaning restricted community mobility despite relatively large distance trips. The correlation coefficient was positive and significant for each metric ($r = 0.70-0.97$, $p < .001$). These results suggest substantial agreement in the mobility metrics between PWD and their caregivers, indicating a high level of dyadic effects of a partner's experience of community mobility.

SOCIAL CONNECTIVITY IS ASSOCIATED WITH INCREASED PERFORMANCE ON MEDIAL TEMPORAL LOBE FUNCTION IN OLDER AFRICAN AMERICANS

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Research links social connectivity to cognitive function in older adults. However, many of the studies relating social connectivity to cognitive function focused on global cognition—orientation/attention, memory, verbal fluency, language, and

visuospatial ability domains. In this study, we aimed to assess the association of social connectivity with generalization, a domain of cognition which relies on hippocampal function, in a population of older African Americans residing in the Greater Newark area. Specifically, we examined the impact of social connectivity on generalization using sensitive measures that tap into medial temporal lobe (MTL) function. Participants (N = 74; M = 73.84) from an ongoing study, Pathways to Healthy Aging in African Americans—a Rutgers University-Newark community partnership fostered over 16 years of community engagement, health education, and public service—responded to measures of cognitive function, social network, social engagement, mental health, and demographic details. Also, they completed a task-based functional Magnetic Resonance Imaging. Results showed that marital status was negatively associated with MTL function, with those that are either single, divorced, or separated outperforming those that are married. Similarly, depressive symptoms had a negative association with MTL function. Further, the linear combination of social network variables and covariates significantly predicted MTL function. Our findings illuminate the benefits of social connectivity and resources on cognitive skills, and amplify the need to study the brain in the social context.

EXAMINING SUBJECTIVE BURDEN AMONG SPOUSAL CAREGIVERS OF PARTNERS WITH DEMENTIA: THE IMPACT ON MARITAL QUALITY

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Although sometimes caregiving is associated with closeness in marriage, at other times the stresses may affect marriage relationships negatively. In the current study we explore how caring for a partner with dementia, and subjective burden are associated with marital quality. We further explore how dementia care and subjective burden might interact (suggesting a pileup of stress) to affect marital quality. Using data from 1,066 spousal caregivers that participated in the NSOC study and their corresponding care recipients from the NHATS study, the current analysis explored cross-sectional associations between spousal caregiving (primary vs. Secondary caregiver, subjective burden, gender, age, education) and partner care recipient characteristics (dementia classification, household income) predicting positive and negative marital quality. Results suggested that dementia classification and subjective burden were associated with lower positive marital quality and higher negative marital quality. The relationship between subjective burden and positive marital quality was moderated by whether or not the care recipient had dementia. Specifically, when dementia was present, the negative association between subjective burden and positive marital quality was stronger. Spousal caregivers often carry substantial burden to help their partners with activities of daily living. Care provision can alter the marriage relationship in negative ways when perceived burden is high. The current study suggests that the negative association between burden and positive marital quality is even stronger when caring for a spouse with dementia. Gender differences need further exploration, as well as how these patterns play out in early vs. later stages of dementia and across time.