

Background: There is limited data on personal use fall prevention programs, and the relationship of race and ethnicity on fall risk awareness, personal beliefs, behavior change, and response to intervention. **Objective:** The aim of this study was to develop an educational program to prevent falls for ethnically diverse older adults. This program will be a culturally attuned program that values diversity and seeks to eliminate words and behaviors that might be discriminatory based on racial/ethnic or cultural identity. **Methods:** Three steps were used to develop the program: 1) constructing content domains; 2) generating the program draft; and 3) judging the program domain and content. The content domains were constructed based on data from a conventional content analysis of four focus groups from older participants (n=28) and their family caregivers (n=4), and individual in-depth interviews from health care providers (n=8). We generated the program outline with three response choices. Eight older participants and two health care providers rated it. **Results:** The program consisted of risk assessment, outreaching and raising awareness and knowledge. **Risk assessment:** all participants suggested that risk assessment should consist of objective and subjective measures. **Outreaching:** participants agreed that group-teaching and individual learning by peer coaching based on their culture, new blasts, brochures, and family-based approaches were the best outreaching methods that they preferred. They identified that raising awareness and knowledge should include the following topics: performing physical activity with fall risk awareness, medication management, visual care, behavioral adaptation with appropriate accessories /equipment, and environmental safety.

EASILY ACCESSIBLE EVALUATIVE INFORMATION COULD FACILITATE OLDER ADULTS' (BUT NOT ALL) TRUSTWORTHINESS JUDGEMENT

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Facial appearance served great function in social interactions, especially for older adults in making trustworthiness judgements. Previous literatures have consistently shown that when making trustworthiness judgements older adults tended to rely more on facial cues rather than behaviors, due to declines in cognition. However, one question remains unsolved, whether older adults could make accurate trustworthiness judgements if evaluative information (with minimal memory load) is easily accessible. Sixty younger adults (YAs) and sixty older adults (OAs) were recruited, and asked to make investment decisions for different brokers in ninety-six trials. In each trial, brokers' facial appearance (trustworthy and untrustworthy looking) and different behavioral evaluative information (good: Ninety percent positive evaluations, neutral: Fifty percent positive evaluations, bad: Ninety percent negative evaluations) were displayed simultaneously on screen to facilitate investment decisions. Brokers' facial appearances and behaviors were set to be independent to each other. The results indicated that YAs' and the majority of OAs' proportions of correct investment increase, gradually reaching a stable high correction rate, although OAs needed more trials than did YAs. The findings extended prior work by suggesting that both OAs and YAs had similar abilities

to distinguish different brokers according to easily accessible evaluative information. However, and surprisingly, a small subgroup of OAs (with low economic status) still had a lower correction rate even after ninety-six trials, suggesting that they could not distinguish brokers based on their evaluations at all, who might be at risk for fraud.

CAREGIVERS OF OLDER ADULTS: AN ANALYSIS OF THE PCORI FUNDED RESEARCH PORTFOLIO

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A family-centered approach to care is vital, and caregivers play an important role in patient-centered care for older adults. This analysis of the Patient-Centered Outcomes Research Institute's (PCORI) portfolio of clinical comparative effectiveness research (CER) trials explores the extent to which caregiving for older adults is a focus within our funded studies and examines how these studies incorporate interventions and outcomes related to caregivers. Of 116 studies in the portfolio with a caregiving component, only 35 studies focus on caregivers of older adults. Approximately half of these studies (16) were not focused on a specific disease, but rather included older adults with a variety of diseases. Caregivers were the target of a delivered intervention in 18 studies. Among these studies, all but one included caregivers as part of a multicomponent intervention. The most common intervention components were caregiver training (14 studies) and inclusion of caregivers in the delivery of health services, notably coordination of care (17), home visits (9), integrated care (9), multidisciplinary care teams (9), and clinical decision tools (8). Caregiver-focused outcomes were assessed in 26 studies. The most frequently assessed domains include measures of health and well-being (most commonly psychosocial status; n=20), evaluation of care (most commonly satisfaction; n=8), and health behavior (most commonly attitudes; n=6). In general, given stakeholder interest in family-centered research on older adults, future CER research should include caregivers and/or compare interventions focused solely on the unique needs of caregivers of older adults. Inclusion of caregiver-related outcomes should also be promoted.

LANGUAGE DIFFERENCE AS A PREDICTOR OF OUTPATIENT FOLLOW-UP AMONG MIDLIFE SPANISH-SPEAKING PATIENTS

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The purpose of this study is to determine if psychiatrists' level of Spanish proficiency impacts patient adherence with