

Exposure Therapy. Articles were screened if they were published between 2000 through 2020. Fifteen studies met the criteria, with ten utilizing a randomized controlled trial. The VR based interventions in those studies included virtual physical exercises, virtual forests or natural landscapes, and virtual basic living activities. The results of these studies show that VR as a display medium can greatly improve decision-making, hearing, vision, motor ability, and memory in people with dementia residing either in the community or in long term care settings. Our review demonstrated that VR showed positive benefits through various applications for people with dementia. Future research is needed to make VR interventions more customized toward effectively meeting the needs of people with dementia.

SESSION 2892 (POSTER)

AGING IN PLACE (HS)

AMBULATORY CARE PREFERENCES OF OLDER PEOPLE AGE 80 AND OVER: A SYSTEMATIC REVIEW OF QUALITATIVE STUDIES

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According to the United Nations, the number of people aged 80 and over is expected to treble by 2050 globally. But research on the preferences for care of this age group grows slowly. To achieve high-quality patient-centered care, we need to understand the oldest people's specific living circumstances, care preferences and goals. The aim of the study was to synthesize findings about ambulatory care preferences, experiences and expectations of people aged 80 and over. We systematically searched Medline, CINAHL, PsycInfo, Web of Science Core Collection and Google Scholar for qualitative studies published until October 2019 and additionally conducted forward and backward citation search for included studies. Two independent reviewers assessed studies for eligibility criteria and quality. We performed a thematic synthesis of study findings as developed by Thomas and Harden using MAXQDA-20 content analysis software. Twenty-three studies were included. They were mainly conducted in Europe, used face-to-face interviews, reported on ambulatory home care and used qualitative content or thematic analysis. The meta-synthesis revealed two fundamental themes from the perspective of older people: feeling safe and feeling valued in their relationships with caregivers and in their care environment. This was shown, for instance, in preferences for coordinated care, high continuity of caregivers, personal attention and interactions based on trust and respect. In practice, the older persons' preferences should be integrated into care planning and policies to ensure patient-centered care.

CARE MANAGERS HAVE FEW OPTIONS FOR HOME MODIFICATION BECAUSE THEY ARE NOT SPECIFIED IN ARCHITECTURE

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In this paper, we aim to clarify the cause of the difficulty in home modification. The aging society becomes larger where older people have difficulty in living home because of weakened body functions. To maintain quality of life, it is important to modify houses. In Japan, home modification is conducted by care managers, who are originally from nurses, helpers, and so on. However, to modify houses, we hypothesized that it is needed to have knowledge about not only body function but also architecture. Because of this, home modification should be difficult for care managers. For this problem, we aim to clarify the difficulty in home modification. In November 2018, we took part in the teaching course for care managers about home modification and asked care managers the number of home modification they conducted and what they have difficulty in. As a result, we asked for 57 care managers, who have experience as care managers for 39 months in average. Home modification was mainly conducted for setting handrails (four for a care manager in average). It was also revealed that experience of modification for handrails and doors are larger when the experience of care manager becomes longer, but other modification is not the case. The care managers told us that they cannot understand architecture. This result indicates that care managers cannot think of many options for modification because of their little knowledge about architecture. Therefore, it should be needed to combine the architects and care managers for appropriate home modification.

EFFECT OF PERCEIVED SOCIAL SUPPORT ON MORTALITY RATE AMONG OLDER CHINESE AMERICANS

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Most existing studies have examined the relationship between social support and health in cross-sectional data. However, the changing dynamics of social support over time and its relationship with all-cause mortality have not been well explored. Using data from the Pine Study (N = 3,157), this study examined whether social support was associated with time of death at an 8 years follow-up among older Chinese Americans. Social support from a spouse, family members and friend were collected at the baseline using an HRS social support scale. Perceived social support and time of death were ascertained from the baseline through wave 4. Cox proportional hazard models were used to assess associations of perceived support with the risk of all-cause mortality using time-varying covariate analyses. Covariates included age, sex, education, income, and medical comorbidities. All study participants were followed up for 8 years, during which 492 deaths occurred. In multivariable analyses, the results showed that positive family support [HR 0.91; 95% CI (0.86, 0.98)] and overall social support [HR 0.95; 95% CI (0.92, 0.98)] were significantly associated with a lower risk of 8-year mortality. Results demonstrate robust association in which perceived positive family and overall social support over time had a protective effect on all-cause mortality risk in older Chinese Americans. Interventions could focus on older adults with low social support and protect their health and well-being. Future studies could further