

performance between obese and normal weight participants in global cognition ($p=.134$), executive function ($p=.164$), or episodic memory ($p=.708$). Additionally, age did not moderate this relationship. However, there was a significant effect of education on all three domains. When stratified by education, participants with some college or higher, had a significant time*obesity*age interaction ($F[3,328]=3.016$, $p<.05$). For the oldest-old participants, executive function scores were higher for obese participants at follow-up compared to normal weight participants, but not at baseline. These findings suggest that level of education may serve as a form of cognitive reserve which compensates for deficits due to obesity.

UP NORTH AND DOWN SOUTH: REGIONAL DIFFERENCES IN PAIN, RELIGIOUS COPING, AND NEGATIVE AFFECT IN OSTEOARTHRITIS

Katherine Cheesman,¹ Patricia Parmelee,² and Dylan Smith,³ 1. *The University of Alabama, Tuscaloosa, Alabama, United States*, 2. *University of Alabama, Tuscaloosa, Alabama, United States*, 3. *Stony Brook University, Stony Brook, New York, New York, United States*

Objective: This research examines regional differences (Northern vs. Southern) in pain, religious coping, and negative affect among African Americans (AA) and non-Hispanic Whites (NHW) over the age of 50 with physician-confirmed knee osteoarthritis (OA). **Methods:** As part of a larger study of racial/ethnic differences in everyday quality of life with OA, 116 persons were recruited from sites in Alabama ($n = 64$) and New York ($n = 52$). Participants completed global measures of pain (PGC Pain Scale) and religious coping (Brief RCOPE); daily variability in pain, coping, and affect was assessed using a daily diary methodology consisting of 4 daily phone calls over 7 days. Site comparisons were conducted using one-way multivariate analysis of covariance (MANCOVA) with covariates of race, sex, education, and marital status. **Results:** There was a significant multivariate effect of site on pain, religious coping, and affect, $F(5, 104) = 3.846$, $p = .003$, Wilk's $\Lambda = .844$, partial $\eta^2 = .156$. Follow-up univariate tests and mean examinations revealed that Southerners reported statistically more daily pain ($M = 2.023$, $SD = .89$), religious coping ($M = .618$, $SD = .427$), and negative affect ($M = 6.556$, $SD = 2.661$) than Northerners ($M = 1.810$, $SD = .719$; $M = .386$, $SD = .417$; $M = 5.865$, $SD = 1.446$). **Implications:** Results contribute to a growing understanding of how individuals use their religious beliefs to cope with daily pain. (Supported by R01-AG041655 D. Smith and P. Parmelee, PIs.)

SESSION 2950 (POSTER)

NURSING HOME, ASSISTED LIVING, AND LONG-TERM CARE

ASSESSMENT OF A POTENTIAL UTI-USING VIDEOS TO ANALYZE A SIMULATED NURSING HOME EXPERIENCE

Donna Owen,¹ Alyce Ashcraft,² Kyle Johnson,³ and Huaxin Song,³ 1. *Texas Tech University Health Sciences*

Center, Houston, Texas, United States, 2. *Texas Tech University Health Sciences Center, Lubbock, Texas, United States*, 3. *Texas Tech University Health Sciences Center, Lubbock, Texas, United States*

In the past, urinary tract infections (UTIs) have been attributed to poor hygiene, the natural course of aging, an unfortunate corollary of nursing home (NH) residence, and a condition routinely treated empirically with antibiotics. Recent UTI management consensus statements foretell a very different future and support the need to consider all UTIs in the NH as complex infections. Improving assessment capabilities of the NH nurse workforce is essential for improving quality of care. This study aimed to determine how, using simulation, licensed vocational nurses (LVNs) integrated a mobile decision-support app (MDS-app) into assessment of a NH resident with a potential UTI. The MDS-app directed the LVN to examine or question the resident (mannequin) to identify signs and symptoms developed as part of a simulated clinical scenario. MDS-app items were based on UTI practice guidelines. A descriptive, participant observation design (video-taped) was used with ten practicing LVNs. An observation checklist was used to examine audiovisual recordings and included frequency of verbal interaction (17.9 ± 7.2), and eye contact (10.6 ± 4.1). Participants (47%) were "glued to" the MDS-app without making resident eye contact or touching residents during the assessment. 60% of participants deviated from the app to ascertain urine odor and color; irrelevant symptoms for UTI diagnosis. Assessments required $11.20 (\pm 4.67)$ minutes to complete. The MDS-app provided LVNs with needed focus on data driven by guidelines and not individual LVN preferences. Training LVNs should focus on integration of communication, assessment skills, and MDS-app use for evidence-based data collection as a basis for UTI treatment decisions.

CHARACTERIZING MEALTIME VERBAL INTERACTIONS AMONG NURSING HOME STAFF AND RESIDENTS WITH DEMENTIA

WEN LIU,¹ Kristine Williams,² Melissa Batchelor,³ Yelena Perkhounkova,¹ and Maria Hein,¹ 1. *University of Iowa, Iowa City, Iowa, United States*, 2. *University of Kansas, Lawrence, Kansas, United States*, 3. *The George Washington University, Washington, DC, United States*

Mealtime difficulties are common in residents with dementia, leading to negative outcomes. Interaction with staff are critical to engage residents in eating. This study characterized dyadic verbal interactions (descriptive statistics), and relationships among verbal behaviors and between verbal behaviors and individual characteristics (bivariate analyses). This secondary analysis of 110 videotaped mealtime observations involved 25 residents and 29 staff (42 unique dyads) in 9 nursing homes (NH). Verbal behaviors (utterances) were coded using the Cue Utilization and Engagement in Dementia mealtime video-coding scheme, addressing 8 positive behaviors and 4 negative behaviors. Staff spoke three times more frequently (76.5%) than residents (23.5%). Nearly all staff utterances were positive (99.2%). 85.1% of residents' utterances were positive and 14.9% negative. Staff positive utterances were associated with staff negative utterances ($p=.02$), and resident positive