

Existing mobility limitations and chronic conditions increase likelihood of adopting mobility-related devices such as canes and walkers. Prior research has not considered how recent acute events such as falls and hospitalizations contribute to the adoption of mobility devices. We studied 4,592 older adults who responded to the 2015 and 2016 National Health and Aging Trends Study surveys, and classified adoption of mobility devices as: (i) Never users (did not use mobility devices either year) and (ii) New users (started using mobility devices in 2016). We determined through chi-square tests, that predisposing characteristics from 2015 that were significantly associated with being a New User in 2016 were: being female, aged 80+, minority race, having a high-school education or lower, living alone, being obese, and having a history of dementia, arthritis, stroke, mobility difficulties, falls, and hospitalization (all  $P$ 's<0.05). We used logistic regression to determine the contribution of recent precipitating events on the adoption of mobility devices among older adults after controlling for 2015 characteristics that were significantly associated with being a New user. Precipitating events were significantly associated with being a New user of mobility equipment. Specifically, older adults who, between the 2015 and 2016 interviews, experienced a fall (OR=1.7; 95% CI=1.1-2.9), hospitalization (OR=3.7; 95% CI=2.3-5.9) or increase in mobility difficulties (OR=3.7; 95% CI=2.3-5.9) were more likely to be New users. Study findings reveal the importance precipitating events on the adoption of mobility devices, signaling the importance of assessing for need for mobility devices after these events.

#### STEPPING OUT: A NOVEL PILOT FALLS PREVENTION PROGRAM FOR INDIVIDUALS WITH MILD COGNITIVE IMPAIRMENT

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**Objectives:** Falls are the leading source of accidental injury and hospitalization among adults over the age of 65. Relative to people with intact cognition, individuals with cognitive impairment are at increased risk for falls; however, few falls prevention programs exist to specifically reduce and prevent falls in this population. To address this issue, we developed a novel, multifactorial, cognitively-based falls prevention program, Stepping Out. Based on the popular and effective evidenced-based program, Stepping On, Stepping Out was modified and tailored to the learning needs of individuals with Mild Cognitive Impairment (MCI). We hypothesized that older adults with MCI would find the program understandable, and that program participants would demonstrate reduced falls. **Methods:** Sixteen veterans, mean age of 77.5, diagnosed with MCI and at increased risk for falls participated in Stepping Out. Falls were collected for the six months prior to intervention and the six months during and after program participation. All participants completed post-program evaluations. Falls incidence was compared using a Wilcoxon paired signed rank test. **Results:** Stepping Out

was found to be feasible and comprehensible by all participants. Program participants exhibited significantly reduced falls, with median reduction of two falls ( $p = 0.0020$ ), and a range of zero to 12 falls. **Discussion:** With appropriate modifications, individuals with MCI were able to benefit from a cognitively-based falls prevention program and to reduce accidental falls incidence. Falls are an important and feasible target to address among individuals with cognitive impairment.

#### THE MEDIATING ROLE OF OPTIMISM ON THE RELATIONSHIP OF ACTIVITIES OF DAILY LIVING AND WELL-BEING AMONG OLDER ADULTS

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Limitations on activities of daily living (ADL) and instrumental activities of daily living (IADL) can be deleterious to an older person's life satisfaction and overall feelings of wellbeing. This study explored the possible mediating role of optimism on relationship between changes in ADL/IADL and life satisfaction over time. Using 2006-2016 data from the Health and Retirement Study ( $n=11,869$ ), growth curve modelling was used to account for intra-individual and inter-individual changes in life satisfaction trajectories. All models controlled for age, sex, marital status, years of education, self-rated health, labor force status, log of household income, and attrition. In the baseline model without optimism and with all controls, coefficients for ADL (Beta=-0.13,  $P<0.01$ ) and IADL (Beta=-0.12,  $P<0.01$ ) were negatively significantly associated with life satisfaction. When optimism was introduced to the model, coefficients for both ADL and IADL increased by 0.01 and remained statistically significant, which suggests some mediating effects. When interaction terms between ADL/IADL and optimism were introduced, coefficients for ADL and IADL became statistically insignificant. However, the interaction between ADL and optimism (Beta=-0.02,  $P<0.05$ ) was negatively significantly associated with life satisfaction. Findings suggest that optimism may protect against the negative impact of ADL/ IADL on life satisfaction. While changes in physical functioning and mobility may influence mental health status (e.g., depression, feelings of isolation), such consequences are not inevitable. Efforts are needed to highlight the positive aspects of aging and opportunities for life enrichment to increase morale and optimism among older adults.

#### SESSION 2999 (PAPER)

##### EXPERIENCES IN LONG-TERM CARE

##### ADDRESSING UNDER-DETECTION IN MINIMUM DATA SET BEHAVIORAL MEASURES USING NIH STAGE III/IV EMBEDDED TRIAL DESIGN

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