autonomy, physical environment, and the impossibility of it feeling like home. Overall, 26% percent of residents found that their current setting felt like home. Among residents who perceived their current setting as feeling like home, the most prominent theme was relationships with people at the nursing home (45% of responses). Residents also emphasized the importance of having family or other meaningful relationships from outside the nursing home (22% of all responses) for an environment that was home. Among those who responded that the nursing home did not feel like home, 32% reported that nothing could replace their home. Results indicate that NH can become home environments for their residents and provides additional evidence that relationship building, personal autonomy, and physical environment are likely critical pillars for creating and sustaining feelings of home. Future research will examine variations in responses described here, including resident or facility characteristics, and length of stay.

INCIDENCE OF COGNITIVE IMPAIRMENT AMONG U.S. CHINESE OLDER ADULTS: DOES SOCIAL ENGAGEMENT MATTER?

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The increasing diversity in U.S. aging population warrants improved understanding of risk factors of cognitive aging in minority populations. This study presents the prevalence of incident cognitive impairment (CI) among U.S. Chinese older adults; and the relationship between social engagement and incident CI. Data were obtained from the Population-based Study of Chinese Elderly in Chicago, a prospective cohort study of Chinese older adults. Baseline (collected between 2011 and 2013) and one subsequent wave of data (collected between 2013 and 2015) were used in analyses (N=2,713). Social engagement was measured by the frequency of participation in social and cognitive activities (range=0-65). Cognitive function was assessed by a battery of 5 validated instruments. Incidence of CI was defined as having a follow-up cognition score lower than 1.5 standard deviations below the mean baseline cognition score. Logistic regression analyses were conducted. Nearly 6% of the sample reported incident CI. Chinese older adults who are more socially-engaged had a lower likelihood of developing CI (odds ratio [OR] 0.94, 0.92-0.96). The relationship was consistent across cognitive domains, including episodic memory (OR 0.95, 0.92-0.97), working memory (OR 0.92, 0.88-0.95), and perceptual speed (OR 0.95, 0.92-0.98). Furthermore, older age (OR 1.12, 1.09-1.15), and lower education (OR 0.91, 0.87-0.96) were associated with incident CI. No significant association was observed between gender, income, marital status, household size, acculturation, medical morbidities, depressive symptoms, and incident CI. The findings highlight the importance of social engagement in cognitive aging. Discrepancies with prior literature and implications of these findings will be discussed.

UNDERSTANDING ACCEPTANCE OF HEALTHCARE TECHNOLOGY BY OLDER ADULTS: IMPLICATIONS FOR ADOPTION

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Healthcare Technology (HCT) can support older adults as it is not uncommon for them to be managing one or more chronic diseases at a time. Thus, understanding older adults' willingness to use HCTs can guide introduction of new technologies to help with their health management. The purpose of the research is to understand what influential factors emerged when older adults considered using new HCTs and how well current models of technology acceptance represented these factors. Twenty-three older adults (age 65-84) with hypertension completed a semi-structured interview to gain insight into these factors. During the interview, participants were first presented with a scenario to imagine and one of three HCTs (blood pressure monitor, electronic pillbox, and multifunctional healthcare robot) to consider. The qualitative coding identified: (a) facilitators: perceived advantages, easy to use, familiar, useful, and advice acceptance from a healthcare provider; (b) barriers: good for others, not good for me, disadvantages, and unfamiliar; and (c) transition factors that can lead to acceptance: with advice acceptance from a healthcare provider. These findings provide recommendations which can inform dissemination of new HCTs. Recommendations include: highlight the facilitators when introducing new HCT, understand the barriers and transition factors to give support where needed, and include the care network (i.e., people knowledgeable about the HTC and health conditions) to recommend the technology.

EFFECTS OF SOCIAL SUPPORT NETWORK ON AMERICAN OLDER ADULTS' MEMORY FUNCTIONS

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Background: Previous studies have found older adults' cognitive functions are strongly associated with their social networks, including memory. Yet, few studies have explored the influences of specific social network members, such as siblings and children. Further, little studies examined the impact of the size of older adults' social networks. Hence, this study aimed to investigate how older adults' relationships with their spouses, siblings, and children, as well as the size of their social networks, affect American older adults' memory functions. Methods: Using the 2018 data from NHATS, 5547 samples were included. We adopted a multiple logistic regression model to test the impact of social support network sizes, and how associations of social support networks varied between spouses, siblings, and children. All models were calibrated for age, gender, education, income, and race/ethnicity. Results: Analysis showed that higher socioeconomic status (more education and without Medicaid), being female, and younger age were associated with increased odds of having good self-rated memory functions. Older adults with larger social support networks (>=3 individuals) were more likely to have better self-rated memory function (adjusted odds ratio, 1.182, p<0.05), while holding other variables. Having a spouse also increased odds of higher self-rating memory function, in contrast to having children. Conclusion: This study highlighted the importance of having a larger social network size for older adult's memory function and indicated the necessity of developing intervention programs to expand older adults' social network size, especially for those with lower socioeconomic status.