

Motivational Interviewing Knowledge and Attitudes Test. Feedback from students on curricular design was obtained via a post-curriculum survey. Of the 17 students enrolled, 100% (17/17) completed the pretest and posttest and 94% (16/17) completed the post-curriculum survey. Previous MI training ranged from 0 to 12 hours. Students felt more confident in their MI skills ( $p < 0.05$ ) after the curriculum. Aggregate knowledge scores did not achieve statistical significance. Feedback indicated that students enjoyed practicing with SPs and processing feedback and would have preferred more student diversity and a more advanced curriculum. While limited by sample size, this pilot demonstrated that a brief geriatric-specific curriculum was well received and improved student confidence in MI skills. Larger studies should explore tailoring teaching methods of MI knowledge and skills in a diverse learner population working with older adults to promote health behavior change.

#### SOCIODEMOGRAPHIC AND HEALTH DISPARITIES IN USE OF PREVENTIVE HEALTHCARE SERVICES

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**Introduction:** Older adults experience multiple health problems necessitating medical care. However, studies have shown that healthcare is not equally accessible for older adults in the US. In 2011, Medicare introduced Annual Wellness Visits to improve access to preventive healthcare including influenza vaccination. **Objectives:** Ascertain whether sociodemographic factors, multimorbidity, and other health indicators pose a barrier for older adults to access Annual Wellness Visits and influenza vaccination. **Methods:** We analyzed data from the 2012 and 2014 waves of the Health and Retirement Study linked with Medicare records. 4,858 older adults aged 65+ years were included in Conditional Random Forests to identify the most important predictors of Annual Wellness Visits and influenza vaccination during this two-year period. The predictors included: age, sex, race/ethnicity, partnered, geographical region, wealth, educational level, Medicaid coverage, body mass index, activities and instrumental activities of daily living, proxy interview, cognitive impairment, dementia diagnosis, and multimorbidity. **Results:** In total, 1,142 (23.6%) older adults had an Annual Wellness Visit and 3,316 (68.4%) older adults received an influenza vaccination. 11.9% were non-Hispanic black, 6.3% were Hispanic, with a median of 6 chronic conditions and 16.9% had dementia. The most important predictors of Annual Wellness Visits were region, wealth, dementia diagnosis, and race/ethnicity. The most important predictors of influenza vaccination were multimorbidity, race/ethnicity, educational level, and wealth. **Conclusion:** The importance of geographical region for Annual Wellness Visits suggests that the service has not been adopted equally throughout the US, whereas multimorbidity is the most important factor for receiving influenza vaccination.

#### CREATIVE STORIES FROM A MEMORY CARE COMMUNITY: VALUES, NORMS, IDENTITIES, AND EXPERIENCES

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As an arts-based, creative storytelling program for persons living with Alzheimer's Disease and related dementias (ADRD), TimeSlips involves a facilitator showing a picture to participants, who then exercise their imagination to create a story. The program has shown to benefit participants' well-being, possibly because of the opportunity to express themselves. Although they may reflect participants' values and identities, the content of such stories had not been the focus of investigation. The aim of this study is, therefore, to identify major themes of such stories through a qualitative content analysis. We implemented a creative storytelling program at Silverado Onion Creek Memory Care Community (currently, The Auberge) in Austin, and offered 6 weekly sessions with 4 small groups of residents. A total of 26 residents participated in the study, creating 24 collective stories in total. Three researchers first open-coded these stories and then met to reach consensus concerning the themes that emerged. Ten themes were identified: family values, generativity, religious reference, reference to love, reference to home, cultural norms, uncertainty and worries, positivity, negativity, and dissonance and disagreements. The first 6 themes represent the values, beliefs, and norms of the participants, with the remaining 4 reflecting their personal identities, personalities, and experiences. The findings suggest that they continue to value families and religion, care about others, and make judgements about people, things, and circumstances that they face. Researchers, practitioners, and care partners can benefit from "listening to" creative storytellers more closely to learn about their opinions, expectations, and preferences.

#### USABILITY OF AN ONLINE DISCUSSION PLATFORM: DEVELOPMENT OF A CODING SCHEME

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Online discussion platforms have the potential to support or even improve older adults' well-being. Nonetheless, potential health benefits are often shaped by the usability of such platforms. Improving usability is imperative to maximize these potential benefits. As a part of a qualitative analysis of a study of an online community for older adults with frailty symptoms, we developed and refined a coding scheme targeting usability. The scheme was derived by reviewing contemporary literature on user experience, usability, and health information technology in older adults. Our review revealed challenges to apply commonly used terms to summarize our qualitative data. For example, the concept of perceived usability has different meanings and definitions in existing frameworks as they pertain to user engagement and technology adoption (specifically, the Technology

Acceptance Model) than usability in an online discussion context for older adults. Because none of the meanings of usability fully encompassed the breadth of this concept for older users, we developed a coding scheme that is practical and captures a broad range of older adults' perceptions of usability. Through qualitative analysis of the online discussion content using the newly developed coding scheme, new themes emerged such as confusing layout (e.g., difficulty in locating discussion boxes), insufficient instruction or training (trouble posting discussions), unwanted results (e.g., pressed a wrong key), and memory issues and cognitive burden. This presentation describes the process of developing a coding scheme, illustrates nuances of meanings in concepts related to usability, and presents preliminary results of our qualitative analysis.

#### **SOCIABILITY AMONG PERSONS LIVING WITH DEMENTIA IN A CREATIVE GROUP STORYTELLING CONTEXT**

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Considering healthcare costs related to Alzheimer's Disease and related dementias, shifting attention to the relatively malleable abilities of persons living with dementia holds promise for improving their well-being while reducing care burden. Defined as the ability to successfully interact with others, social intelligence is found to benefit well-being. Nevertheless, no known prior study has examined social intelligence among persons living with dementia. The purpose of this study is, therefore, to fill this gap by identifying the themes of social intelligence in this group. We used video-recorded data from an arts-based, creative group storytelling program (TimeSlips) that we implemented at Silverado Onion Creek Memory Care Community (currently, The Auberge) in Austin. The program is designed for persons living with dementia and involves a facilitator encouraging participants to use their imagination to collectively create a story from a staged picture. We offered 6 weekly sessions with 4 small groups of their residents (N = 26) in fall 2018 and spring 2019, and videotaped the sessions. Three researchers open-coded how participants interacted during storytelling sessions, and then met to reach consensus concerning verbal and non-verbal indicators of social intelligence. Major themes that emerged from our analysis are social awareness, initiating social interactions, and social diplomacy. Our findings suggest that those with lower cognitive function scores do not necessarily lack sociability. These findings add to social intelligence and dementia literatures, with potential implications for future research that can investigate the relationship between sociability and well-being among persons living with dementia.

#### **DEMENTED OLDER ADULT'S SALIVARY CORTISOL LEVELS AND PHYSICAL STRESS INDEX AS STRESS INDICATOR**

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Demented older adults experience many internal and external stress inducers that are thought to be a source of

behavioral and psychological symptoms of dementia(BPSD). The purpose of this study was to compare the stress index among older adults through salivary cortisol levels and physical stress index. This study was cross-sectional design, including 139 participants who recruited until May of this year(104 demented older adults who visited hospital outpatient neurology and 35 non-demented older adults as control group). The physical stress index was measured by heart rate variability and salivary cortisol levels(4 samples/day, 1 days). Salivary cortisol levels were measured at four times after wake up, after breakfast, before dinner and after dinner. The data were analyzed using independent t-test and generalized estimating equations. In salivary cortisol levels measured after wake up, the demented older adults reported about 1.5 times higher than non-demented older adults( $p=.042$ ). And the salivary cortisol levels measured after breakfast were about 2.3 times higher in the demented older adults than in control groups( $p=.002$ ). Accordingly, the results can be concluded that demented older adults have higher stress levels than control groups in the morning. Also the physical stress index through heart rate variability(HRV) in the demented older adults( $6.30\pm 0.65$ ) had higher than control groups( $6.00\pm 0.55$ ,  $t=2.45$ ,  $p=.016$ ). There are significant differences in salivary cortisol levels and physical stress index between demented older adults and control groups. As stress inducers affects BPSD for the demented older adults, nursing intervention should be tailored to proper way based on their stress inducers.

#### **THE ASSOCIATION OF MORTALITY WITH DEMENTIA IN VETERANS ENROLLED IN A MEMORY DISORDERS CLINIC: THE EFFECT OF FRAILTY**

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Dementia is a syndrome of deterioration in cognition and ability to perform everyday activities. Frailty, a state of vulnerability to stressors leading to increased morbidity, mortality and utilization is a determinant of dementia. The aim was to determine if dementia leads to increased mortality in Veterans and whether frailty affects this association. We conducted a retrospective cohort study of 308 Veterans enrolled in VA memory disorders clinic during 2016-2019. Dementia was diagnosed based on complete clinical assessments, brain imaging and neuropsychological testing. A 44-item frailty index (FI) was constructed using demographics, comorbidities, medications, laboratory tests, and activities of daily living. Patients were divided into non-Frail ( $FI < 0.21$ ) and Frail ( $FI \geq 0.21$ ). After adjusting for age, race, ethnicity, income, education, substance abuse, BMI, comorbidities, hospitalizations, medication use, the association of dementia with mortality was assessed using Cox proportional hazards regression. Patients were 55.2% White, 74% non-Hispanic, and the mean age was  $74.4 \pm 8.3$  years. 113 patients were diagnosed with dementia out of which 27 died. Over a median follow-up period of 526 days (Interquartile Range: 431.5 days), there were 27 deaths. There was a significant and