

IMPORTANCE OF DIAGNOSTIC IMAGING FOR INTERPRETATION OF SELF-REPORTED SURVEYS OF SHOULDER FUNCTION

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Rotator cuff (RC) tear is highly prevalent in older adults. The American Shoulder and Elbow Surgeon (ASES) survey, which quantifies subjective self-reported shoulder function, was originally validated in adults <60 years, and more recently is suggested to be valid in adults ≥60 years. We tested the hypothesis that ASES score (1) discriminates between adults 60–85 years with and without RC tear and (2) correlates with self-reported health quality and objective shoulder measures. Cross-sectional study: forty-two community-dwelling-older-adult volunteers (mean age, 69.4 ± 5.7 years; range, 61–84 years; male, 45%) with no history of RC surgery completed shoulder magnetic resonance imaging (MRI), shoulder forward flexion (FF) and abduction (ABD) range-of-motion (ROM) testing; and ASES, shoulder-pain and SF-36 (pain/physical function) surveys. Four groups (group-1:-pain,-tear,n=14; group-2:+pain,-tear,n=4; group-3:-pain,+tear,n=12; group-4:+pain,+tear,n=12) were compared using one-way ANOVA with ad hoc pairwise comparisons and Spearman Rank Order Correlation (rho). Age, Charlson co-morbidity index, and SF-36 pain/physical function were not appreciably different among all groups. ASES score (p<0.001), FF-ROM (p=0.032) and ABD-ROM (p=0.018) comparing all groups. ASES score: group-1 versus group-4 (p<0.001); but no difference between group-1 versus group-3 (p=0.999), and group-2 had lowest ASES score. ASES score correlated with SF-36 physical function (rho=0.47,p=0.002), SF-36 pain (rho=0.34,p=0.028), FF-ROM (rho=0.63,p<0.001), and ABD-ROM (rho=0.66,p<0.001). Our results suggest that additional research on ASES score in older adults is needed. Although valid, interpretation of ASES score in older adults should be approached cautiously in studies without shoulder diagnostic imaging tests, since painless RC tears and painful shoulders without RC tear are not rare.

HEALTH CARE PRIORITIES OF OLDER KOREAN IMMIGRANTS: THROUGH THE LENS OF LIFE COURSE THEORY

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More than half of Korean Americans living in the US are immigrants, these immigrants hold unique cultural perspectives, including collectivism and filial piety that originates from Korean culture. Every older adult has life experiences and background that build and shape their own wishes and values for their health care goals. Thus, a qualitative descriptive study was

conducted using the Life Course Theory as a guiding framework to examine older Korean immigrants' health care goals and the influence of their life courses. Twenty six interviews from 13 participants were analyzed using content thematic analysis. Study rigor was ensured by audit trail, peer debriefing, and prolonged engagement. Data were organized under five overarching themes: health care priorities, time, location, linked lives, and turning point. Older Korean immigrants valued painlessness and being independent as health care goals (Health care priorities). They experienced a dynamic historical period in Korea before immigrating to the US (Time). Once they reached the US, they were disconnected from their social support and traditional values (Location). Children and Korean churches constitute older Korean immigrants' primary support system once in the US (Linked lives). Their tumultuous life experiences contributed to their current perspectives on health care goals and priorities (Turning point). In studies of older immigrant populations, it is important to acknowledge individual differences while simultaneously understanding the general life history and cultural background behind individuals' values and perspectives. Life course approach provides both a contextual understanding of older adults' backgrounds and the trajectories of their individual life courses.

ASSOCIATIONS BETWEEN SMOKING CONSUMPTION, TOBACCO CESSATION ATTITUDES, AND AGE AMONG LATINO HEALTHCARE PROVIDERS

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Hospitalization is a good opportunity to offer smoking cessation programs to smokers. Healthcare providers' (HCP) tobacco consumption and cessation attitudes are known to affect the provision of cessation interventions. Lesser known are Latino HCP's tobacco intervention attitudes. This study aimed to examine the associations between tobacco cessation attitudes (TCA), levels of consumption, and demographics among Latino HCP's. A quantitative, correlational, cross-sectional design was used. 66 HCP's working in a public hospital in Santiago, Chile self-reported demographics (age, gender, profession), tobacco consumption, and TCA. TCA's include questions regarding Acceptability of Brief Counseling (ABC), belief whether smoking is harmful for patients, and duty to aid patients quit smoking. Majority of HCP's (34 years old, 83% female, 58.5% technical nurses, 38.5% nurses, 3.1% Kinesiologists) did not consume tobacco (67%). Pearson's correlation revealed that greater HCP age was significantly associated with less belief that smoking is harmful for their patients (r = -.36, p = .004). ABC (M = 22, SD = 5.5) was positively associated with the belief that smoking is harmful for patients (r = .306, p = .016) and duty to help patients quit smoking (r = .574, p = .000). Findings provide evidence that HCP's TCA's are important factors to consider during implementation of a brief counseling for tobacco cessation. Further research should focus on increasing HCP's acceptability of providing cessation care to their patients. Specifically, tailoring education and interventions by age might serve useful to address the differences in TCA's which may subsequently influence their tobacco cessation practices.