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The Nurses Improving Care for Health System Elders (NICHE) program aims to improve geriatric care competencies for improved care quality. A quantitative descriptive design utilizing secondary data analysis was done to evaluate geriatric workforce enhancement efforts in one acute healthcare system. Data were collected using the Geriatric Institutional Assessment Profile (GIAP) from 2008 and 2013. The GIAP measures perceived professional issues (disagreements among staff and families, limited access to geriatric services, vulnerability to legal action, intensity and burden of behavioral problems) on a Likert scale from best=0 to poor=10. Staff perception of the Geriatric Care Environment was scored by the GIAP as: age sensitive care delivery (0-40), institutional values (0-28), resource availability (0-32) and capacity for collaboration (0-12). Higher scores on the Geriatric Care Environment reflected improvements. Independent sample t-tests examined changes in baseline scores. Post-NICHE implementation, compared to peer hospitals by teaching status and bed size in 3 hospitals there were significantly ( $p < 0.05$ ) improved scores for: access to geriatric services (2.79-3.21), burden of behavioral problems (2.40-3.15), aging sensitivity care delivery (26.05-29.53), institutional values (18.85-19.59) and resource availability (19.51-19.97). Peer hospitals had significantly ( $p < 0.05$ ) better scores for: disagreements among staff about treatment of older adults (1.63-1.94) and capacity for collaboration (7.72-7.99). Findings indicate improvement in perceived professional issues and need for improvement in the geriatric care environment and care redesign to progress to becoming an Age-Friendly health system. This was an initial step in a health system to improve care quality through health workforce development.

#### PERSONS LIVING WITH COGNITIVE IMPAIRMENT SHARE THEIR VIEWS ON TECHNOLOGY

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The purpose of this study was to examine the experience of adults living with cognitive impairments and that of their care partners with digital technology including current use of, ease with and openness to using smart assistive technologies (SATs). SATs for older adults with (and without) cognitive impairments have become increasingly commonplace. Research on various digital devices has focused primarily on supporting users' independence and care partner concerns for safety and security. Our qualitative, interview-based research project provided digital devices chosen by participants to address a specific personal goal. Interviews were conducted in the home and set-up assistance was provided during the initial interview. At the conclusion of the trial period, a second interview was conducted in the home. We describe the participants' commendations for, expectations of, and frustrations with current technology as well as recommendations for potential, helpful digital technology. Current technology offers great promise but a disconnect between the design of

digital technologies and the needs and wishes of the end-user still exists. This study will help inform additional user-driven application SATs, including those aimed at enhancing enjoyment and a higher quality of life.

#### TOGETHER THROUGH DEMENTIA: MEASURING RELATIONSHIP SATISFACTION FOR VETERANS WITH DEMENTIA AND THEIR SPOUSES

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Current and prior relationship quality can have significant impacts on the mental and physical health of individuals with dementia (IWD) and their spousal caregivers (CGs). Yet, marital satisfaction is not often assessed. This poster examines use of the Dyadic Adjustment Scale (DAS), a widely-researched marriage counseling tool, for contextualizing interpersonal factors beyond established measures of quality-of-life (QoL), burden, and depression. Community-dwelling spousal CGs ( $n = 49$ ) and Veterans with dementia ( $n = 37$ ) completed self-report measures including dyadic relationship satisfaction/distress, mutuality, QoL, depression, burden, and the IWD's cognitive status. Descriptive statistics, bivariate correlations, and regressions were performed. Scores on the DAS significantly correlated with CG QoL (.567,  $p < .001$ ), CG depression (-.525,  $p < .001$ ), CG burden (-.428,  $p = .002$ ), IWD's cognitive status (.355,  $p = .034$ ), and IWD social engagement (-.424,  $p = .011$ ). IWD-reported DAS scores were positively correlated with IWD QoL (.381,  $p = .024$ ), CG QoL (.340,  $p = .043$ ), and IWD subjective health (.360,  $p = .031$ ). Regression analysis showed CG DAS ( $b = .188$ ,  $\beta = .464$ ,  $p = .002$ ) and IWD social engagement ( $b = -2.806$ ,  $\beta = -.37$ ,  $p = .012$ ) are significantly predictive of CG QoL;  $F(2, 32) = 15.865$ ,  $p < .001$ ;  $R^2 = .495$ . Findings suggest that the DAS provides important relationship quality insights and may improve QoL needs assessments for caregiving support and respite services, including CG willingness to continue in the CG role. Examining the DAS longitudinally could also inform intervention delivery as dementia severity progresses.

#### CULTURE-RELATED TASK DIFFICULTIES AND NEGATIVE CONSEQUENCES FOR CAREGIVERS FROM DIVERSE COMMUNITIES

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The Diverse Elders Coalition, in partnership with its six member organizations and the Benjamin Rose Institute on Aging, completed a national survey of 840 family and friend caregivers from diverse racial, ethnic, and sexual orientation communities to understand their unique caregiving issues and challenges. Data from a subsample of 404 caregivers identifying as Hispanic/Latino, Asian, Southeast Asian or from multiple ethnicities were examined to determine