

lower UFOV risk scores ($p = .000$). Older adults' ($M = 2.15$, $SD = .945$) and younger adults' ($M = 1$, $SD = 0$).

RATINGS OF PERCEIVED EXERTION: PREDICTING MOBILITY DISABILITY AND RESPONSE TO PHYSICAL ACTIVITY IN OLDER ADULTS

Erta Cenko,¹ Thomas M. Gill,² Nancy W. Glynn,³ Marco Pahor,¹ Peihua Qiu,¹ Vincenzo Valiani,⁴ Lu You,¹ and Todd M. Manini¹, 1. *University of Florida, Gainesville, Florida, United States*, 2. *Yale School of Medicine, New Haven, Connecticut, United States*, 3. *University of Pittsburgh, Department of Epidemiology, Pittsburgh, Pennsylvania, United States*, 4. *University of Bari, Bari, Italy*

Ratings of perceived exertion (RPE) during exercise are linked to several physiological indices and are often elevated in older adults. This study evaluated the association between RPE of walking and incident major mobility disability (MMD) as well as response to a physical activity (PA) program. Older adults ($n=1633$) at-risk for mobility impairment were randomized to a structured PA or health education (HE) program. During a 400m walk, participants rated exertion as “none”, “light”, “somewhat hard” or “hard”. An MMD event was defined as the inability to complete the 400m walk. Transitions between RPE states and an MMD event—when RPE was not collected—were assessed over the follow-up (every 6 months for an average of 2.6 years). Participants rating their exertion as “hard” at baseline 400m walk had nearly 3-fold higher risk of MMD compared with those rating as “light” (HR: 2.61, 95%CI: 2.19-3.11). During follow-up, the PA group was 25% more likely to transition from “light” to “hard” RPE (1.25, 1.05-1.49), but was 27% (0.73, 0.55 – 0.97) less likely to transition from a “hard” RPE to MMD than the HE group. Additionally, the PA group was more likely to transition from an MMD event to a “hard” RPE (2.09, 1.38-3.17) than the HE group (i.e. recovery). Older adults rating “hard” effort during a standardized walk test were at increased risk of MMD. A structured PA program increased transition from light to hard effort, which may reflect greater capacity to perform the test and increased recovery from an MMD event.

STARTING THE CONVERSATION: RESULTS FROM AN INTERPROFESSIONAL WORKSHOP ABOUT ADVANCE CARE PLANNING

Stacy L. Barnes,¹ Susan Breakwell,¹ and Jordan Cannon², 1. *Marquette University, Milwaukee, Wisconsin, United States*, 2. *Medical College of Wisconsin, Milwaukee, Wisconsin, United States*

Advance care planning is more than documenting end of life medical decisions; it should be the beginning of an important and ongoing conversation about personal values, goals, and preferences. Health profession students must be prepared to have these conversations and overcome any existing barriers to effective patient-provider communication. To this end, a multidisciplinary planning team from Marquette University and the Medical College of Wisconsin developed a 2-hour workshop directed at students in the health professions. It was designed to be highly interactive, including guided self-reflection, drawing, writing, videos, small group work, case presentations, and large group discussion. The workshop was

scheduled to coincide with National Healthcare Decisions Day (April 16th). A total of 149 students participated, representing the disciplines of medicine, nursing, physician assistants, counseling psychology, speech pathology, and biomedical sciences. Feedback from both students and faculty was overwhelmingly positive, indicating interest and need for this type of program. A post-event questionnaire, which included a retrospective pre/post-test, assessed learners' gains in knowledge and self-efficacy. Significant (< 0.001) gains were found on all measured items. Data from an electronic follow-up survey suggested the majority of participants took additional actions steps related to advance care planning in the month following the workshop. In conclusion, this is a low-cost, replicable workshop that aligns with current recommendations for advanced care planning (IOM, 2015), is well received by students and faculty in the health professions, and may serve as a springboard for increasing the number of advance care planning conversations.

“THEY SHOULD PUT ALZHEIMER’S GROUPS IN THE CHURCHES”: A SYNTHESIS OF AFRICAN AMERICAN CAREGIVERS’ LIVED EXPERIENCES

Erin R. Murphy,¹ Destony Brooks,¹ Julie Bryant,¹ Noelle L. Fields,² and Ling Xu², 1. *University of Texas at Arlington, School of Social Work, Arlington, Texas, United States*, 2. *University of Texas at Arlington, Arlington, Texas, United States*

Alzheimer’s disease and related dementias (ADRD) are challenging chronic health conditions that disproportionately impact African Americans. Caring for a family member with ADRD can be a taxing experience that impacts the mental, social, and physical realms of the caregiver’s life. Chronic fatigue and high levels of anxiety, depression, and agitation have all been associated with caregiving. The extant literature on caregivers is limited by being conducted primarily in settings with White participants, excluding the cultural attitudes and values that may impact caregiver experience. As part of a larger, mixed-methods team studying the impact of an innovative psychoeducational intervention, the researchers conducted a qualitative interpretive meta-synthesis (QIMS) to better understand the experiences and perceptions of African Americans who care for family members with ADRD. A QIMS was chosen as the methodology for this study because of its ability to create a more holistic understanding of the phenomenon, while maintaining the integrity of the original studies. An exhaustive literature search yielded 1,285 potentially relevant studies. Studies were compared across a priori inclusion criteria. Findings of this study indicate that overall knowledge of ADRD is relatively low among caregivers and participants are unsure of how to access educational materials. Synthesis of these studies also indicate a need for incorporating spiritual well-being into caregiving services. Results of this study may help social workers and other health care professionals to better understand cultural perceptions of the disease and how to better provide psychoeducational interventions related to the specific needs of African American caregivers.

EXPANDING BENEVOLENT AGEISM: MEASURING EXPERIENCES OF OLDER ADULTS

Jennifer F. Sublett,¹ and Toni L. Bisconti¹, 1. *The University of Akron, Akron, Ohio, United States*