

beliefs about the use and misuse of prescription opioid medications. Multiple regression analyses revealed that gender, age, work, marital status, and education level all had significant results in explaining variance in the statistical models. Even though study participants demonstrated high levels of education and understanding of the potential of addiction to opiates, there were a number of misconceptions revealed about prescription pain medications. This urges the necessity of increased awareness via further research, presentations, and creative discourse to assist in the understanding of precursors of addiction and ways to deal with pain that do not automatically rely on prescription opioid medicines. Implications include outreach to a larger and more diverse sample to address knowledge, beliefs, and attitudes surrounding prescription opioid medications of community living older adults.

THE MEANING OF AGE: IN A CONTEXT OF ELDERCARE AND SUBSTANCE USE

Tove Harnett,¹ and Hakan Jonson,² 1. *Lund University, Lund, Skane Lan, Sweden*, 2. *Lund University, Lund University, Skane Lan, Sweden*

Some people age with substance abuse and social problems and several countries provide members of this population with a type of arrangement referred to as “wet” eldercare facilities. These facilities provide care for people who are judged as unable to become sober, in some cases with a lower age-limit at 50 years. The aim of this study was to investigate the meaning of age for judging the fit between the person and the arrangement. The study was based on interviews with 42 residents, 10 case workers and 21 staff members at five facilities in Sweden. Respondents were asked about the relevance of age and if the facility should include younger people as well. Some staff argued that younger people should be excluded since they could not have the history of multiple failures in treatment that was a prerequisite for admission. Regarding the low age-limit, substance abuse was said to accelerate the process of ageing so that a person aged 50 could be considered 20 years older and in need of eldercare. Residents had a tendency to equate age with activity and argued that people below the age of 50 were active and energetic and the inclusion of younger people would lead to disturbance of the calm pace of the facilities. Given that facilities have been described as “end-stations”, it was puzzling that few respondents linked the question of admitting younger person to the matter of giving up ambitions to make the person sober.

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Alzheimer's Disease and Other Dementias

FACILITY CHARACTERISTICS ASSOCIATED WITH INTENSITY OF CARE OF NURSING HOME RESIDENTS WITH ADVANCED DEMENTIA

Meghan Hendricksen,¹ Susan Mitchell,² Ruth Lopez,³ Kathleen Mazon,⁴ and Ellen McCarthy,⁵ 1. *Hinda and Arthur Marcus Institute for Aging Research, Boston, Massachusetts, United States*, 2. *Hinda and Arthur Marcus Institute for Aging Research, Roslindale, Massachusetts,*

United States, 3. *MGH Institute of Health Professions, Boston, Massachusetts, United States*, 4. *University of Massachusetts Medical School, Worcester, Massachusetts, United States*, 5. *Marcus Institute for Aging Research, Hebrew SeniorLife, Boston, Massachusetts, United States*

Profound variations in care intensity of nursing home (NH) residents with advanced dementia exist for NHs within and across hospital referral regions (HRRs). Little is known about how these levels of influence relate. Nationwide 2016-2017 Minimum DataSet was used to categorize NHs and HRRs into 4 levels of care intensity based on hospital transfer and tube-feeding rates among residents with advanced dementia: low intensity NH in low intensity HRR; high intensity NH in low intensity HRR; low intensity NH in high intensity HRR; and high intensity NH in high intensity HRR. We used multinomial logistic regression to identify NH characteristics associated with belonging to each of 4-levels of intensity as compared to low intensity NH in low intensity HRRs (reference). We found high intensity NHs in high intensity HRRs were more likely to be in an urbanized area, not have a dementia unit, have an NP/PA on staff, have a higher proportion of residents who were male, age <65, of Black race, and had pressure ulcers, and relatively fewer days on hospice. Whereas in low intensity HRRs, higher proportion of Black residents was the only characteristic associated with being a high intensity NH. These findings suggest potentially modifiable factors within high intensity HRRs that could be targeted to reduce burdensome care, including having a dementia unit, palliative care training for NP/PAs, or increased use of hospice care. This study underscores the critical need to better understand the role race plays in the intensity of care of NH residents with dementia.

RISK OF ALZHEIMER'S DISEASE AND RELATED DEMENTIA AMONG ADULTS WITH CONGENITAL AND ACQUIRED DISABILITIES

Elham Mahmoudi,¹ Paul Lin,² Neil Kamdar,² Anam Khan,³ and Mark Peterson,⁴ 1. *University of Michigan, Commerce Township, Michigan, United States*, 2. *University of Michigan, Ann Arbor, Michigan, United States*, 3. *University of Michigan School of Public Health, Ann Arbor, Michigan, United States*, 4. *University of Michigan, University of Michigan, Michigan, United States*

Objective: Adults with congenital (cerebral palsy or spina bifida (CP/SB)) or acquired disabilities (spinal cord injury (SCI) or multiple sclerosis (MS)) have higher incidence of age-related health conditions. There is a gap in the literature about the risk of dementia among adults living with these disabilities. This study aimed to examine time to incidence of Alzheimer's disease and related dementia (ADRD) among these disability cohorts. Method: Using national private payer claims data from 2007-2017, we identified adults (45+) with diagnosis of CP/SB (n=7,226), SCI (n=6,083), and MS (n=6,025). Adults without disability diagnosis were included as controls. Using age, sex, race/ethnicity, cardiometabolic, psychologic, and musculoskeletal chronic conditions, and socioeconomic variables, we propensity score matched persons with and without disabilities. Incidence of ADRD was compared at 4-years. Cox Regression was used to estimate adjusted hazard ratios (aHR) for incident early and late onset ADRD. Results: Incidence of early and late onset

ADRD were substantially higher among people with disabilities compared to their non-disabled counterparts. Adults with CP, SCI, and MS had higher risk for early [CP/SB: aHR=3.35 (95% CI: 2.18-5.14); SCI: aHR=1.93 (95% CI:1.06-3.51); and MS: aHR=4.49 (95% CI:2.62-7.69)] and late [CP: aHR=1.68 (95% CI:1.38-2.03); SCI: aHR: 1.77 (95% CI:1.55-2.02); and MS: aHR=1.26 (95% CI:1.04, 1.54)] onset ADRD. Conclusions: Risk of ADRD was higher among adults with CP/SB, SCI, and MS compared to their matched cohort without disability. Investment in early screening and use of therapeutic or rehabilitative services that may help preserving cognitive function among these patient cohorts is warranted.

SYSTEMS BARRIERS TO MEDICATION MANAGEMENT DURING HOSPITAL TO HOME TRANSITIONS OF OLDER ADULTS WITH DEMENTIA

Maningbe Keita-Fakeye,¹ Rhea Sharma,² Sylvan Greyson,³ Quincy Samus,⁴ Ayse Gurses,⁵ Sara Keller,⁶ and Alicia Arbaje,⁴ 1. *Johns Hopkins University, Parkville, Maryland, United States*, 2. *Virginia Commonwealth University, Virginia Commonwealth University, Virginia, United States*, 3. *Bayview Medical Center, Baltimore, Maryland, United States*, 4. *Johns Hopkins University School of Medicine, Baltimore, Maryland, United States*, 5. *Johns Hopkins School of Medicine, Baltimore, Maryland, United States*, 6. *Johns Hopkins School of Medicine, Lutherville-Timonium, Maryland, United States*

The hospital-to-home transition is a high-risk period for medication errors and adverse events for older adults living with dementia. Researchers conducted a qualitative study using semi-structured interviews and participant solicited diaries. Caregivers of adults ages 55 and older were recruited to understand barriers to medication management during hospital to skilled home health care transitions. We used a human factors engineering approach to guide our understanding of systems level barriers. At least two researchers independently coded each transcript using content analysis and the ATLAS.ti software. We interviewed 23 caregivers and identified five barrier types stemming from systems breakdowns related to: (1) knowledge and information, (2) access to and use of resources and tools, (3) caregiver burden, (4) pandemic concerns, and (5) health limitations. Caregivers grappled with receiving overwhelming, insufficient, incorrect, or conflicting information, and had difficulty managing information from different sources. Latinx caregivers encountered language barriers that impeded role and task clarity. Caregivers expressed mistrust in health systems elements and inability to access resources. Caregivers were in need of additional caregiving assistance, financial aid, and tools to manage medications. Balancing multiple medications and responsibilities left caregivers burdened. The health limitations of the older adult and COVID-19 concerns related to reduced access to resources and ability to deliver and receive in person care complicated task management. Altogether these barriers reflect systems level breakdowns impeding task understanding, execution, and overall management. These findings will inform the development of interdisciplinary strategies to ensure safer care transitions.

THE COST-EFFECTIVENESS OF NON-DRUG INTERVENTIONS THAT REDUCE NURSING HOME ADMISSIONS FOR PEOPLE WITH DEMENTIA

Eric Jutkowitz,¹ Fernando Alarid-Escudero,² Peter Shewmaker,³ Joseph Gaugler,⁴ and Laura Pizzi,⁵ 1. *Brown University, Brown University, Rhode Island, United States*, 2. *Center for Reserach and Teaching in Economics, Aguascalientes, Aguascalientes, Mexico*, 3. *Brown Universtiy, Brown University, Rhode Island, United States*, 4. *University of Minnesota, Minneapolis, Minnesota, United States*, 5. *Health Outcomes, Policy, and Economics (HOPE) Program, Pscataway, New Jersey, United States*

Although people generally want to age in their community, individuals living with dementia are likely to move to a nursing home. In randomized trials, psychosocial interventions reduce the risk of people living with dementia transitioning to a nursing home, but the cost-effectiveness of these interventions is unknown. We used an evidence-based mathematical model to simulate a place of residence (community or nursing home) for people living with dementia. Our model also predicts time caregiving, health care costs, and quality of life. We modeled the reduction in nursing home rate (i.e., hazard ratio (HR) treatment effect) identified from two trials of non-drug interventions for people living with dementia and their caregiver. Using trial data, we account for the disease stage of when interventions are implemented. Specifically, we modeled MIND (HR: 0.63; 18-month effect), an in-home intervention for people with mild-moderate dementia, and the NYU Caregiver Intervention (HR: 0.53; 42-month effect), which is for people with moderate dementia. We evaluated each intervention's cost-effectiveness relative to usual care for the duration of the intervention from a societal perspective. The MIND and NYU Caregiver Intervention resulted in \$23,900, and \$6,600 costs savings relative to usual care, respectively. The model predicted an improvement in the quality of life for people living with dementia for both interventions. The largest cost saving was attributed to reductions in family nursing home spending. Medicare and Medicaid received modest cost savings but are likely to be tasked with paying for these interventions.

USE OF TANGIBLE, EDUCATIONAL, AND PSYCHOLOGICAL SUPPORTIVE SERVICES AMONG CHINESE AMERICAN DEMENTIA CAREGIVERS

Jinyu Liu,¹ Yifan Lou,² Ethan Siu Leung Cheung,² and Bei Wu,³ 1. *Columbia University, Columbia University, New York, United States*, 2. *Columbia University, New York, New York, United States*, 3. *New York University, New York, New York, United States*

Background and Objectives: Though many studies have examined the service utilization of dementia caregivers, there is limited empirical evidence from Asian Americans and the lack of incorporating community resources and sociocultural factors in this field. Guided by the Andersen's Behavioral Model of Health Services Use (ABM), we aimed to understand whether and how predisposing, enabling and need factors were associated with utilizing multiple types of services among Chinese Americans dementia caregivers. **Research Design and Methods:** We collected survey data