

constructs of the ALFCI as 4 main themes: 1) adaptive challenges, 2) adaptive work, 3) adaptive leadership and collaborative work, and 4) technical challenges and technical work. We found that stroke survivors encountered different aspects of challenges (e.g., physical dysfunction vs. mental distress) and utilized various adaptive work (e.g., conserving energy vs. restructuring normality) as well as what stroke survivors needed from healthcare professionals (e.g., basic knowledge about fatigue). The ALFCI provides a useful lens to synthesize qualitative findings regarding fatigue adaptation and therefore researchers can target different problems that need to be tackled for stroke survivors, care partners, or healthcare professionals, respectively.

PROVIDING CARE FOR OLDER RESIDENTS WITH DEMENTIA IN NURSING HOMES IN CHINA: THROUGH THE LENS OF ADAPTIVE LEADERSHIP

Jing Wang,¹ Xueli Bian,² Ruth Anderson,³ Anna Beeber,³ and Junqiao Wang,⁴ 1. *UNC Chapel Hill, Chapel Hill, North Carolina, United States*, 2. *Fudan University, Shanghai, Shanghai, China (People's Republic)*, 3. *University of North Carolina at Chapel Hill, UNC Chapel Hill, North Carolina, United States*, 4. *Fudan University, Shanghai, Shanghai, China (People's Republic)*

This study aims to understand staff's experiences of providing direct care for older residents with advanced dementia in long-term care facilities through the lens of Adaptive Leadership Framework for Chronic Illness (ALFCI). Semi-structured interviews were conducted with health care aides (N=35) from 2 government-owned and 2 private long-term care facilities in urban China. Directed and conventional content analysis were used, drawing upon core constructs of ALFCI. We found that health care aides are confronted with multiple challenges such as high intensity of work, stress from managing older residents' behavioral and psychological symptoms of dementia (BPSD), a lack of access to on-the-job dementia-specific training, and a lack of support from nurses and managing team. Some of the health care aides demonstrated use of their strengths and doing adaptive work to improve work life and care for older residents by using communication cues, enhancing person-centeredness in their care, and facilitate peer interactions.

QUALITATIVE ANALYSIS OF COACHING WITH CARE PARTNERS OF PEOPLE WITH COGNITIVE IMPAIRMENT

Bianca Shieu,¹ Chiao-Hsin Teng,² Ya-Ning Chan,³ Youngmin Choi,³ Cass Dictus,³ Janelle Perez,⁴ Jing Wang,⁵ and Victoria Bartoldus,⁶ 1. *University of Pittsburgh/ School of Medicine, Pittsburgh, Pennsylvania, United States*, 2. *UNC Chapel Hill School of Nursing, Chapel Hill, North Carolina, United States*, 3. *UNC Chapel Hill, Chapel Hill, North Carolina, United States*, 4. *University of North Carolina at Chapel Hill School of Nursing, Chapel Hill, North Carolina, United States*, 5. *Fudan University, Shanghai, China*, 6. *University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States*

We apply the adaptive leadership framework for chronic illness in a care partner-assisted intervention to improve oral hygiene of older adults with cognitive impairment. Care partners receive four coaching sessions which we recorded

and transcribed verbatim. We will describe how our team of seven investigators codes the data using a priori codes from the framework. The data from 17 care-partners contributes 68 individual sessions for coding. We have two subgroups of 7 individuals with mild dementia (MD) and 10 with mild cognitive impairment (MCI). We will discuss the plan for multiple comparisons such as (a) longitudinal across 3 months of intervention, b) within MD and within MCI and c) between MD and MCI. To illustrate, we will discuss our approaches to reaching coding consensus and rigor and will present results of the within group analyses. Finally, we will discuss next steps and the end products we aim to achieve.

Session 2145 (Paper)

Sensory Impairment and Loneliness

HEARING LOSS AND PREVENTABLE HOSPITALIZATIONS

Nicholas Reed, and Emmanuel Garcia Morales, *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

Nearly half of all adults over the age of 60 years have hearing loss. Recent research suggests adults with hearing loss experience increased health care expenditures and hospitalization. However, little is known about whether these are preventable hospitalizations which may indicate poorer healthcare system engagement. In this cross-sectional analysis, we examined data from combined 2016-2018 Medicare Current Beneficiary Survey (MCBS) datasets. Participants are asked to describe their self-perceived trouble hearing. Preventable hospitalizations were defined and generated from administrative claims files based on the Agency for Healthcare Research and Quality identified conditions that should be manageable in ambulatory care settings. Multivariate regression models adjusted for demographic/socioeconomic characteristics and general health determinants were used to explore the association between trouble hearing and outcomes. The combined 2016-2018 MCBS administrative claims files included 18,814 participant-years, 49.8% reported no trouble hearing, 43.4% reported a little trouble and 6.8% a lot of trouble hearing, respectively. A higher proportion of those with a lot of trouble hearing (6.8%) experienced at least one preventable hospitalization compared to those with a little trouble hearing (3.4%) and no trouble hearing (2.5%). In a fully adjusted logistic regression model, hearing loss was associated with 1.35 times the odds of experiencing at least one preventable hospitalization per year (OR=1.35; 95% CI=1.03-1.77). Medicare beneficiaries with hearing loss experience higher rates of preventable hospitalizations. This may be due to avoidance of care due to communication barriers. Further work is needed to understand underlying reasons and whether addressing hearing loss modifies the observed association.

IMPACT OF VISION AND HEARING IMPAIRMENT ON COGNITION AND LONELINESS: EVIDENCE FROM THE MEXICAN HEALTH AND AGING STUDY

Kimberly Hreha,¹ Rafael Samper-Ternent,² Brian Downer,³ Joshua Ehrlich,⁴ Paige Downer,³ Timothy Reistetter,⁵ and