solutions to meet the health care needs of affected older adults. As part of a study aimed at implementing a telehealth intervention for primary care patients with dementia in two rural North Carolina counties, we examined baseline dementia prevalence and compared health care use between patients with and without dementia. Electronic health records from January 2018 to December 2018 were examined for 2,288 patients aged 65 or older. A zero-inflated Poisson regression model was used to compare healthcare use between patients with and without dementia adjusting for patients' demographic and clinical characteristics. Dementia prevalence was 8.7% based on diagnosis codes. Most patients with dementia were women (70%), not married (55%), Medicare-insured (78%), and had more comorbidities (mean: 2±2) than non-dementia patients. Dementia patients had a significantly higher number of primary care visits, emergency department visits, inpatient visits, and preventable hospitalizations than patients without dementia (risk ratio = 1.1, 1.8, 2.18, and 1.3, respectively; all P< 0.05). Dementia burden was higher among women and use of acute care services by patients with dementia in this rural setting was higher than patients without the disease, similar to urban settings. These findings suggest opportunities to improve care coordination and access to resources to help reduce the need for acute care services among patients with dementia and can help tailor interventions to address the health care needs of this group.

POST DISCHARGE WALKING ACTIVITY AND 30-DAY READMISSION IN OLDER ADULTS

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The Centers for Medicare and Medicaid Services has determined high rates of unplanned 30-day readmission to be an indicator of substandard care. More research is needed to identify strong, objective markers of readmission risk. The purpose of this analysis was to investigate the utility of average steps per day as a biomarker in determining the 30-day readmission risk of recently discharged older adults. 133 men and women, aged 65 and older, who were capable of walking on their own, recently hospitalized with an acute illness, and discharged to home were given a StepWatch Activity Monitor and monitored for up to 30 days following discharge. Average steps per day and clinical characteristics were assessed and compared with 30-day readmission. 20 of 133 participants were readmitted within 30 days. Those who were readmitted took significantly fewer steps per day overall: 4412 vs. 5948, p=0.027, and had significantly longer stays in the hospital: 4.50 vs. 2.90 days, p=0.002. Survival analysis of our sample, grouped by tertile of mean daily steps, while not statistically significant, p=0.093, demonstrated a trend toward greater probability of readmission over the 30 days post discharge for those who were in the lowest tertile. Walking activity appears to be a moderate predictor of readmission risk. A more extensive study must be conducted to better understand the relationship of walking activity after discharge and readmission.

THE ASSOCIATION OF A FRAILTY INDEX AND INCIDENT DELIRIUM IN HOSPITALIZED VETERANS

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Frailty is an accumulation of deficits that helps identify patients who are vulnerable to stressors. Acute illness and hospitalization are stressors that may result in delirium. Delirium is significant in older adults, resulting in increased hospital stays, institutionalization, morbidity, and mortality. This study aimed to determine if a frailty index (FI), calculated on hospital admission, was associated with the development of incident delirium. An FI was built on an accumulation of deficits model which included assessments of cognition, physical function, and medical comorbidities for a cohort of 218 patients admitted to a Veteran Affairs medical facility. The FI was calculated as a proportion of possible deficits (range 0-1; higher scores indicate increased frailty). Delirium was assessed daily by expert clinician interview. Participants were, on average, 71 years (SD=9.53), white (92.7%), and male (91.7%). Participants were grouped using FI ranges as non-frail (FI<0.25; 26%), pre-frail (FI=0.25-0.35; 39%), and frail (FI>0.35; 35%). Incident delirium was more likely to occur in those who were frail (29.3%, p=0.001), compared to those who were pre-frail (20.9%) or non-frail (3.6%). The association of FI and incident delirium remained after adjustment for age, education, and other demographics (pre-frail: adjusted OR=5.64, 95%CI; 1.23, 25.99; frail: adjusted OR=6.80, 95%CI; 1.38, 33.45). Continued data analysis will include an AUC model to demonstrate robustness of the FI. The results from this study support the use of frailty assessments at hospital admission to identify patients at high risk of delirium and in need of additional clinical support and interdisciplinary resources.

CHALLENGES FOR BLIND AND VISION IMPAIRED USERS OF A VISUAL QUESTION ANSWERING TOOL: IMPLICATIONS FOR AGING ADULTS

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Recent technological developments provide individuals with vision impairment the transformative ability to upload pictures they take and promptly receive descriptions from remote workers. This study aimed to: identify challenges for visually impaired individuals to use such technology to obtain health-related information and provide recommendations for crowd-workers and the future development of assistive artificial intelligence (AI) design. In spring and summer of 2019, we analyzed 265 images of medication packages submitted by users of a visual question answering (VQA) application called VizWiz -- a smartphone application that provides near realtime assistance to visually impaired users by employing crowd-workers. We developed a 4-category coding scheme to analyze image quality, with two independent coders achieving excellent intercoder reliability (85%-95%). Of the 265 images, we found less than half were legible (46%), contained clear indicators for information sought (40%), or had minimum background