

Olympia, Washington, United States, 6. Kaiser Permanente Washington, Seattle, Washington, United States

In 2015, one independent community pharmacy partnered with the local Area Agency on Aging to provide medication coaching to low-income, culturally diverse, older adults living in 6 affordable housing buildings in the Seattle area. A pilot was conducted during the 2015-2016 fiscal year to determine the need for and feasibility of the service. Process outcomes, including patient and service demographics, medication-related problems, and pharmacist interventions, were captured via the pharmacists' patient care documentation. Pharmacists had 34 total visits with 17 unique residents who were taking an average of 8.1 medications. Pharmacists identified 97 medication-related problems, averaging 5.7 problems per resident, and performed 88 interventions, averaging 5.2 interventions per resident. The findings of this pilot demonstrated the needs and feasibility of implementing pharmacists' services within a housing organization structure and has resulted in the continuation and growth of the program.

PREPARING PHARMACY STUDENTS FOR PRACTICE TO SUPPORT UNDERSERVED OLDER PERSONS

Daniel Mansour, *University of Maryland School of Pharmacy, Baltimore, Maryland, United States*

Interprofessional collaboration is needed to ensure high quality care. Effective programs teaching necessary team-based care skills are under investigation. This study evaluated the Aging in Place program, an interprofessional practice experience (IPE), in preparing pharmacy students for practice with underserved older persons. The Assessment of Interprofessional Team Collaboration Scale (AITCS) and Team Decision Making Questionnaire (TCMQ) were administered to students before and after their experience. The number of disciplines represented, campuses involved, resident sessions, resident interactions, and health screenings performed were documented. Overall, AITCS and TDMQ scores improved after participation in the program. Since the program's inception, there have been 7 disciplines represented, 2 campuses involved, 125 student participants, 2 housing buildings, 90 resident sessions, and 370 health screenings performed. The Aging in Place program has grown and shown that an IPE program is feasible to better prepare pharmacy students for collaborative care with older residents of affordable housing buildings.

SESSION 7085 (SYMPOSIUM)

FOCUS ON FUNCTION IN HOSPITALIZED PERSONS WITH DEMENTIA: THE IMPACT OF HOSPITAL-ACQUIRED COMPLICATIONS

Chair: Marie Boltz

Discussant: Lorraine Mion

Persons with dementia (PWD) are two-three times more likely to be hospitalized as persons without dementia and comprise one fourth of hospitalized older adults. Hospitalization often has a dramatic impact upon the health and disposition of the older PWD. They are at increased risk for hospital acquired complications (HAC) such as functional decline, behavioral symptoms of distress, and delirium, all of which contribute to increased disability, mortality, and long-term

nursing home stays. Despite the unprecedented number of PWD admitted to acute care, little attention has focused on their specialized needs and HAC, and how they impact functional recovery. The purpose of this symposium is to describe the incidence of common HACs, and factors that influence their occurrence and presentation in PWD. Utilizing baseline findings from the Family-centered Function-focused Care (Fam-FFC) trial, the presentations will address this objective and discuss the ramifications for functional and cognitive post-acute recovery in PWD. The first presentation will describe the incidence and pharmacologic management of pain in PWD, and its association with common HACs. The second presentation will describe physical activity in PWD on medical units and the validity of the Motionwatch8 actigraphy. The third session will describe differences in common HACs between white and black PWD. The final presentation will examine function-focused goals developed in collaboration with family caregivers and patients, and the functional outcomes associated with goal attainment. Our discussant, Dr. Lorraine Mion, will synthesize the research findings and lead a discussion of future directions for policy and practice in dementia-capable acute care.

ENGAGING FAMILIES IN FUNCTION-FOCUSED CARE: GOAL ATTAINMENT AND ASSOCIATED OUTCOMES

Marie Boltz,¹ Joanne Roman Jones,² and Robin Hermann,³

1. Penn State University, University Park, Pennsylvania,

United States, 2. Pennsylvania State University, State

College, Pennsylvania, United States, 3. Hospital of the

University of Pennsylvania, Philadelphia, Pennsylvania, United States

Partnering with families to develop function-focused plans for hospitalized persons with dementia (PWD) improves both the hospital experience and patient outcomes. This secondary analysis included patients enrolled in the intervention arm of the on-going Family-centered Function-focused Care (Fam-FFC).study. This study examined the goals co-established by family caregivers, PWD, and nurses to prevent hospital-acquired complications and promote functional and cognitive recovery. The influence of goal attainment upon delirium and physical function at discharge was also examined. The majority of patients (N=162) were female (65%), black (53%) with a mean age of 82.7 (SD= 8.2). Goal attainment ranged from -2 to 2; mean = -0.24 (SD= 0.75). The goals (N=432) represent three main areas: mobility, self-care, and cognitive stimulation. Controlling for age and admission function, goal attainment was associated with less discharge delirium (F=3.2, p = .022) but not discharge function. Results support the contribution of function-focused care to improving delirium outcomes.

PAIN INCIDENCE, TREATMENT, AND ASSOCIATED SYMPTOMS IN HOSPITALIZED PERSONS WITH DEMENTIA

Barbara Resnick,¹ and Marie Boltz,²

1. University of Maryland School of Nursing, Baltimore, Maryland,

United States, 2. Penn State University, University Park,

Pennsylvania, United States

A better understanding of the relationships between pain and other syndromes in hospitalized persons with dementia (PWD) will help establish pain as a critical symptom to

target. Secondary analyses from the Fam-FFC study describe the incidence and pharmacologic management of pain, and its association with physical function, delirium, and behavioral and psychological symptoms of dementia (BPSD). The sample (N=299) was mostly female (62%), non-Hispanic (98%), and Black (53%), with a mean age of 81.6 (SD=8.5); 166 (56%) received pain medication, whereas 40% (n=43) of 108 individuals who demonstrated pain did not receive analgesics. Regression analyses showed that, controlling for age, gender, cognition, and comorbidities, pain was associated with function ($t = -3.2, p = .001$), delirium ($t = 5.0, p < .000$), and BPSD severity ($t = 2.3, p = .023$). Findings suggest pain may be undertreated in hospitalized PWD but should be considered to optimize function, decrease delirium, and prevent or decrease BPSD.

PHYSICAL ACTIVITY IN HOSPITALIZED PERSONS WITH DEMENTIA: FEASIBILITY AND VALIDITY OF THE MOTIONWATCH 8

Ashley Kuzmik,¹ Barbara Resnick,² and Marie Boltz,²
 1. *Pennsylvania State University, University Park, Pennsylvania, United States*, 2. *University of Maryland School of Nursing, Baltimore, Maryland, United States*

Interventions to prevent functional decline in hospitalized persons with dementia (PWD) require objective measures of physical activity (PA). This secondary analysis described PA using MotionWatch 8 actigraphy and considered the feasibility and validity of the MotionWatch 8 in hospitalized PWD. In the first 320 PWD enrolled in the Fam-FFC study, 261 agreed to wear a MotionWatch for 24 hours within 48 hours of admission. Minutes were recorded in sedentary ($\bar{x} = 1767.35, SD = 1327.43$), low ($\bar{x} = 202.52, SD = 127.78$), moderate ($\bar{x} = 7.93, SD = 25.80$), and vigorous activity ($\bar{x} = .85, SD = 4.50$). Controlling for age, gender, race and comorbidity, counts of activity were significantly associated with ADL function ($t = 4.3, p < .001$). Sedentary ($t = -3.9, p < .001$), low ($t = 2.8, p = .006$), and moderate ($t = 3.0, p = .003$) activity, but not vigorous activity were significantly associated with ADL function. MotionWatch 8 appears feasible and valid when evaluating PA among hospitalized PWD.

A COMPARISON OF SYMPTOMS IN HOSPITALIZED AFRICAN AMERICAN AND WHITE PERSONS WITH DEMENTIA

Elizabeth Galik,¹ Boltz Marie,² Rachel Arendacs,³ and Ashley Kuzmik,⁴
 1. *University of Maryland School of Nursing, Ellicott City, Maryland, United States*, 2. *Penn State, University Park, Pennsylvania, United States*, 3. *Penn State University College of Nursing, State College, Pennsylvania, United States*, 4. *Pennsylvania State University, University Park, Pennsylvania, United States*

There exist significant race disparities in the prevalence of dementia, with black persons with dementia (PWD) showing higher co-morbidity and more frequent hospitalizations, yet little is known how clinical presentations compare. This study compared physical function, delirium, depressive symptoms, and behavioral and psychological symptoms of distress (BPSD) in black and white PWDs when hospitalized. A multivariate analysis of covariance showed that, controlling for age, gender, cognitive status, and comorbidities,

black PWD had more delirium (mean= 3.8, SD= 2.9) as compared to white PWDs (mean=2.4, SD= 2.2, F=4.8, p =.029). Additionally, black PWD had more depressive symptoms (mean= 11.7, SD= 6.7) as compared to white PWD (mean = 9.0, SD= 5.2, F=6.6, p =.011), and less improvement in functional status admission to discharge (mean =12.4, SD= 18.9) as compared to white PWD (mean=17.8, SD=18.8, F=12.3, p=.001). There were no differences in BPSD. Continued research examining factors influencing differences in race cohorts is warranted.

SESSION 7090 (SYMPOSIUM)

LARGE-SCALE MEASUREMENTS OF PHYSICAL ACTIVITY WITH WEARABLE DEVICES: AN INTERNATIONAL PERSPECTIVE

Chair: Jacek Urbanek
 Co-Chair: Jennifer Schrack
 Discussant: David Roth

In recent years the popularity and application of both research- and consumer-grade wearable physical (PA) activity monitors have witnessed substantial growth in large observational studies and clinical trials. For example, the NHANES and UKBiobank, have collected accelerometry data on thousands of participants contributing to the reputation of wearable technology overall as well as in aging-oriented research. As a result, more aging-focused studies including the Baltimore Longitudinal Study of Aging, Maastricht Study, Finnish Retirement and Aging study, and the National Health and Aging Trends Study, along with clinical trials have introduced accelerometry protocols into their design. The symposium focuses on challenges in the implementation of the objective measurements of PA into large studies on older adults. We will discuss the design of successful projects held and/or completed in the United States and Europe including: (1) types of devices, (2) size of datasets, (3) steps necessary for the successful device implementation, (4) data management and (5) statistical analyses. We will also present primary, PA-related findings in each study, together with funded or planned follow-up work. Collectively, these presentations will improve understanding of the technology and effort necessary for the successful application of objective PA monitoring and the resulting data analysis, providing a better context for investigators in the field of aging who want to introduce wearable devices into existing and upcoming research. The discussion will focus on the future of these technologies in the context of geriatric medicine and gerontology and the consequent steps essential for their best utilization and further expansion.

THIGH-WORN ACCELEROMETER DATA IN THE MAASTRICHT STUDY

Annemarie Koster, *Maastricht University, Maastricht, Limburg, Netherlands*

This study describes the use of thigh-worn accelerometers to collect high-quality data on sedentary time and physical activity in the Maastricht Study, a prospective cohort study in the Netherlands. Data have been collected in 9000 participants, aged 40-75 years, 49% women, and 25% has type 2 diabetes by design. All participants were asked to wear an