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In recent years voice-assisted technologies, such as the Amazon Echo Show and Google Home, have been harnessed to help older adults manage their health. However, little is known about the use of such technologies in combination with in-home sensor systems to help older adults age in place. Therefore, this research explored user preferences of older adults and a designated family member/friend in using voice-assisted technologies to retrieve in-home sensor-generated health information, such as fall risk and other early indicators of health changes. Seventeen dyad interviews were conducted with known pairs of older adults (Mean age=75; 56% female) and a family member/friend (Mean age=64; 89% female). Participants were given a description of the technology and its capabilities, and then were instructed to interact with each device using a prepared scenario. Participants asked each device health-related questions to elicit pre-programmed information for the respective scenarios and provided user experience feedback for each device. At the end of the interview, participants completed a speech recognition test for each device and a technology acceptance survey. Overall acceptance of the technology was high, and participants believed that using voice-assisted technologies to retrieve sensor-generated health information would be beneficial in managing their health or providing care to a family member/friend. However, advantages and disadvantages exist with each device and the Google Home generally performed better on the speech recognition test for each dyad pair. These findings provide valuable insight about older adults' preferences (as well as family members'/friends) in using voice-assisted technologies to manage their health.

BINGE EATING AMONG OLDER WOMEN: PREVALENCE RATES AND HEALTH CORRELATES ACROSS THREE UNIQUE SAMPLES

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Emerging research indicates that older women struggle with disordered eating more frequently than once thought. Among older women, binge eating (BE; consuming unusually large amounts of food in one siting while feeling a loss of control) appears to be the most common form of disordered eating. Notably, BE is associated with significant medical morbidity, including metabolic dysfunction and chronic pain. Aging-related experiences, such as sleep disruptions following menopause, mood changes and psychosocial stressors, may increase risk for BE. This study comprises a 3-sample comparison of BE prevalence and health correlates among older women. We gathered self-reported frequencies of BE in three separate samples of older women, using three different methods and validated measures. Sample 1: N = 185 women aged 60-83; collected online via snowball sampling and Amazon MTurk; 86% White. Sample 2: N = 100 women aged 55-79; collected online via snowball sampling; 72% White; 50% Masters/Doctoral Degree; 72% married. Sample 3: N = 64 women aged 66+ living with food insecurity, collected in person at local food pantries; 65% Hispanic, 16% African American; 39% disabled status; 48% < high school/GED; 47% household income < $10,000/year. Per DSM-5 frequency criterion of BE at least weekly, we found prevalence rates ranging from 19%-26.5% across the samples; correlates included elevated negative mood, worry, and BMI, and less nutritious food consumption. Across three very different samples in terms of race/ethnicity, education, and food security status, we found consistent rates of self-reported BE at least weekly (roughly 1/5). Implications will be discussed.

LATINO HOSPICE PATIENTS' INVOLVEMENT IN CARE DECISIONS AND PLANNING: FACTORS THAT SHAPE PARTICIPATION PREFERENCES

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Patient participation in care decisions is a primary tenet of patient-centered care and has been emphasized in policies and programs shaping clinical practice. Patient self-determination and involvement is associated with improved outcomes, including patient satisfaction and compliance. However, studies exploring Latino patients' care involvement preferences find a cultural preference for limited autonomy and shared or family-based decision-making. This study describes terminally-ill older Latinos and their proxies' preferences regarding involvement in decision-making and care planning following a referral to hospice care. Semi-structured interviews were conducted with 13 hospice-enrolled Latinos 65 or older, or their proxies. The sample is predominantly female (54% of all patients; 80% of proxies) and Mexican (77%). The average age of all patients was 82 years, and of proxies 54. Patients interviewed had an average of 7 years of education and proxies an average of 11 years. Patients were receiving care in a variety of settings, including inpatient hospice units, nursing homes, and community. Interviews were transcribed verbatim in the original language and coded thematically using an inductive approach. A second coder was used to code a Spanish and an English transcript (15% of the data), and a high level of interrater reliability was obtained (k = 0.85). Findings elucidate the paths through which culture, religion, and trust in provider shape preferences for limited autonomy and planning, confirming previous findings. However, this was not replaced by a preference for family-based decision-making. Findings highlight the importance of Latinos having access to culturally-competent primary care providers and fostering lasting relationships.

NEUROPATHOLOGY AND GAIT SPEED DECLINE IN OLDER ADULTS: THE ATHEROSCLEROSIS RISK IN COMMUNITIES (ARIC) STUDY

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Neuropathological markers including amyloid-beta (Aβ) have been implicated in mobility decline in older adults, but no studies have examined the relationship between these markers and longitudinal change in gait speed in a racially diverse community-based sample. In the multi-site prospective ARIC study, a subsample of participants (n=1,978, mean age=76.3, 28.5% black) underwent brain MRI at Visit 5 (2011-13). Of these, 343 participants (mean age=75.9, 42.6% black) completed PET scans using the tracer florbetapir to estimate global brain Aβ. We investigated the relationship between four neuropathological markers [white matter hyperintensities (WMH; log2cm3), infarcts (present/absent), brain atrophy (log2cm3), and global Aβ (log2SUVR)] with cross-sectional usual pace gait speed (cm/s) over 4 meters, and change in gait speed through Visits 6 (2016-17) and 7 (2018-19). Linear regression models were adjusted for age, site, sex, education, BMI, intracranial volume, and all race interactions. Cross-sectionally, slower gait was associated with higher WMH volume (β=-2.16, 95%CI: -2.92, -1.39), infarcts (β=-5.81, 95%CI: -7.86, -3.76), and brain atrophy (β=-16.39, 95%CI: -21.07, -11.71). Longitudinally, only higher WMH volume was statistically associated with gait speed decline (β=-0.14, 95%CI: -0.28, -0.01). Global Aβ was not statistically associated with gait speed cross-sectionally (β=-.269, 95%CI: -8.11, 7.57) or longitudinally (β=-1.16, 95%CI: -2.94, 0.62). There were no significant interactions with race. Detrimental relations of cerebral small vessel disease to mobility and mobility decline were observed across race in this diverse sample. The magnitude of the Aβ association with gait speed decline was high, although not statistically significant in the smaller PET subsample.

EXAMINING THE ROLE OF ADVERSITY AND POSITIVE LIFE EVENTS IN THE RELATION BETWEEN GRATITUDE AND WELL-BEING

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Character strengths are emerging as a key outcome of interest in midlife and old age. One key avenue that has been largely unexplored is what the key antecedents are and the moderating role of adversity and positive life events experiences. The limited current research on the topic has examined the direct relations among character strengths and well-being, whereas less is known regarding the role of negative and positive experiences, which may provide a better understanding of what contributes to character strengths. This study explores whether major life adversities (i.e. personal, family, work related) and positive life events (i.e. job promotion, engagement, vacations) experiences are associated with character strengths— namely gratitude, and well-being. We use data from a sample of participants in midlife (n=362, ages 50-65) who completed monthly online surveys for a period of two years. Multilevel models showed that greater adversity was associated with poorer well-being, whereas positive life events were predictive of higher overall well-being. Individuals' experience of fewer positive life events was associated with stronger increases in well-being when individuals expressed more gratitude. Conversely, adversity was associated with increasing well-being when individuals expressed more gratitude. Collectively, our findings provide evidence for the role of adversity and positive life experiences to the extent that character strengths have the potential to shape the course of development in adulthood. Our discussion focuses on the potential links that underlie our findings and how they can inform interventions aimed at mitigating the consequences of adversity.

LIVING WITH MULTIPLE MYELOMA: SELF-MANAGEMENT STRATEGIES

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Multiple myeloma (myeloma), is an incurable cancer of the plasma cells that affects many older adults. Over 30,000 new diagnoses and over 12,000 deaths are attributed to myeloma annually in the United States, where the median age of diagnosis is 69 years old. Dramatic improvements in survival over the past fifteen years have transformed myeloma into a chronic disease for many. The disease and its toxic, ongoing treatment lead to significant challenges for patients. In this study we explore the self-management strategies patients use to address the challenges of living with myeloma through semi-structured one-on-one interviews with myeloma patients and clinicians. Fifteen myeloma patients and ten myeloma clinicians were interviewed between September 2017 and September 2018. Self-management strategies emerged in five major categories; managing uncertainty, finding emotional strength, seeking support, medication management, and activity management. The care of MM patients has made great strides as new and more effective treatments have extended survival for many patients. Effective self-management strategies are critical in addressing the challenges of this increasingly chronic disease. Our study explores the ways myeloma patients address the many challenges they face due to their disease and its' treatment. Findings from this study could inform the development of interventions to optimize and support patients living with myeloma self-management.

WHAT MAKES A NURSING HOME FEEL LIKE HOME? RESIDENT PERSPECTIVES

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Providing an environment that feels like home is increasingly a programmatic goal in nursing homes (NH), yet few NH studies have explored "home" as a concept through a large number of residents' voices. In the current study, 294 residents living in 32 randomly selected NH in Oregon were asked if it felt like home. We followed up with "what makes it feel like home?" or "what would make it feel more like home?" Open-ended responses were classified via open coding. Six major themes emerged: relationships, meaningful possessions, quality of care, personal