

interactive workshops to build advisory boards. Lessons learned identify directions for research on best practices for developing older adult advisory groups.

#### MOTIVATION FOR PEOPLE LIVING WITH DEMENTIA TO ENGAGE IN RESEARCH ADVISORY BOARDS

Martina Roes,<sup>1</sup> Dianne Gove,<sup>2</sup> and Ana Diaz,<sup>2</sup> 1. *German Center for Neurodegenerative Diseases (DZNE), Witten, Nordrhein-Westfalen, Germany*, 2. *Alzheimer Europe, Luxembourg, Diekirch, Luxembourg*

The importance of Public Involvement (PI) is increasingly being recognized in the field of dementia research. In 2012, Alzheimer Europe set up the European Working Group of People with Dementia (EWGPWD) which provides advice and input for all activities of the organization including several large European-funded research projects. The German Center for Neurodegenerative Diseases (DZNE) created a research advisory patient board in 2020 with the intention of supporting the board in strategic research decisions. Both groups are composed of people with dementia and act independently. With the aim of finding out whether PI in research is mutually rewarding and beneficial, members of both groups were asked about their motivation to be involved in PI research activities and the value this had for them. This was collected either through narrative interviews or during meetings. People with dementia described several reasons for being involved in PI activities in dementia research.

#### ENGAGING DIRECT CARE PROVIDERS IN THE IMPLEMENTATION OF MONTESSORI PROGRAMMING FOR DEMENTIA

Natalie Douglas, *Central Michigan University, Mt Pleasant, Michigan, United States*

There is a need to engage direct care providers such as certified nursing assistants (CNAs) explicitly in efforts to implement innovative programming in long-term care environments. This presentation will outline engagement strategies that supported the implementation of Montessori programming in a community of 20 individuals living with severe dementia. Examples about positioning the CNA at the center of decision making, negotiating and building trust, cultivating opportunities for mutual consultation, creating spaces for new ideas to emerge, and synthesizing diverse perspectives will be highlighted. Although the program achieved positive outcomes on a number of measures including decreased responsive behaviors from people living with dementia, decreased negative qualities of relationships between CNAs and persons with dementia, and increased positive qualities of relationships between CNAs and persons with dementia, this presentation will focus on the “how” of engagement between the project team and the CNAs by highlighting qualitative data.

### Session 2070 (Paper)

#### Elder Abuse Screening and Prevalence

##### EMERGENCY DEPARTMENT UTILIZATION PATTERNS AMONG PHYSICAL ELDER ABUSE VICTIMS IN COMPARISON TO OTHER OLDER ADULTS

Tony Rosen,<sup>1</sup> Katherine Wen,<sup>2</sup> Sunday Clark,<sup>3</sup> Alyssa Elman,<sup>4</sup> Philip Jeng,<sup>5</sup> Yiye Zhang,<sup>5</sup> Karl Pillemer,<sup>2</sup>

and Yuhua Bao,<sup>5</sup> 1. *Weill Cornell Medical College / NewYork-Presbyterian Hospital, PELHAM, New York, United States*, 2. *Cornell University, Ithaca, New York, United States*, 3. *Boston University School of Medicine, Boston, Massachusetts, United States*, 4. *Weill Cornell Medical College / NewYork-Presbyterian Hospital, New York, New York, United States*, 5. *Weill Cornell Medical College, New York, New York, United States*

Background: Physical elder abuse is common and has serious health consequences. Little is known, however, about the patterns of health care utilization among these victims, including whether opportunities may exist for earlier identification and intervention. Our goal was to describe Emergency Department (ED) utilization known physical elder abuse victims compared with non-victims. Methods: We used Medicare insurance claims to examine ED utilization patterns among a well-characterized cohort of 139 known physical elder abuse victims in the year before abuse was identified and compared this to control subjects matched on age, sex, race, and residential zip code. Results: Physical elder abuse victims were significantly more likely than control subjects to visit the ED (47.5% vs. 35.9%,  $p=0.01$ ) during the year before identification and to have at least one visit for an injury-related complaint (14.4% vs. 8.3%,  $p=0.03$ ). Victims were also more likely to have multiple visits (18.7% vs. 14.6%,  $p=0.24$ ), visit multiple EDs (7.9% vs. 6.7%,  $p=0.63$ ), or be high frequency utilizers ( $\geq 4$  visits, 3.6% vs. 2.7%,  $p=0.58$ ), but differences did not reach statistical significance. The most common diagnoses in ED visits among victims were: open wound of knee/ankle, exacerbation of chronic bronchitis, pneumonia, and chest pain. Conclusion: This work provides preliminary evidence that physical elder abuse victims use the ED more frequently and potentially have different patterns of utilization than other older adults. We plan to further characterize these different patterns to potentially use them to develop tools for earlier identification.

##### PATIENT-CENTERED DIGITAL SCREENER FOR ELDER ABUSE IN THE EMERGENCY DEPARTMENT

Fuad Abujarad,<sup>1</sup> Esther Choo,<sup>2</sup> James Dziura,<sup>3</sup> Chelsea Edwards,<sup>1</sup> Michael Pantalon,<sup>1</sup> Karen Jubanyik,<sup>4</sup> Gail D'Onofrio,<sup>5</sup> and Thomas Gill,<sup>1</sup> 1. *Yale University, New Haven, Connecticut, United States*, 2. *Oregon Health & Science University, Portland, Oregon, United States*, 3. *Yale University, New H, Connecticut, United States*, 4. *Yale University School of Medicine, New Haven, Connecticut, United States*, 5. *Yale University School of Medicine, Yale University School of Medicine, Connecticut, United States*

Elder abuse is a growing problem where many cases are left unidentified by professionals. For some older adults, the emergency department may be the sole point of care where they have an opportunity to be identified as victims of abuse. However, current methods of screening tend to miss less obvious forms of abuse and may deter older adults from self-reporting due to either a lack of understanding of abuse or fear of potential consequences. VOICES is an innovative, self-administrated, and automated tablet-based tool that combines screening, educational content, and brief motivational interviewing to enhance and improve identification of elder abuse cases. Combining an elder abuse screener and digital coach designed to guide the older adult through a customized pathway to encourage self-identification and