beliefs about the use and misuse of prescription opioid medications. Multiple regression analyses revealed that gender, age, work, marital status, and education level all had significant results in explaining variance in the statistical models. Even though study participants demonstrated high levels of education and understanding of the potential of addiction to opiates, there were a number of misconceptions revealed about prescription pain medications. This urges the necessity of increased awareness via further research, presentations, and creative discourse to assist in the understanding of precursors of addiction and ways to deal with pain that do not automatically rely on prescription opioid medicines. Implications include outreach to a larger and more diverse sample to address knowledge, beliefs, and attitudes surrounding prescription opioid medications of community living older adults.

THE MEANING OF AGE: IN A CONTEXT OF ELDERCARE AND SUBSTANCE USE

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Some people age with substance abuse and social problems and several countries provide members of this population with a type of arrangement referred to as "wet" eldercare facilities. These facilities provide care for people who are judged as unable to become sober, in some cases with a lower age-limit at 50 years. The aim of this study was to investigate the meaning of age for judging the fit between the person and the arrangement. The study was based on interviews with 42 residents, 10 case workers and 21 staff members at five facilities in Sweden. Respondents were asked about the relevance of age and if the facility should include younger people as well. Some staff argued that younger people should be excluded since they could not have the history of multiple failures in treatment that was a prerequisite for admission. Regarding the low age-limit, substance abuse was said to accelerate the process of ageing so that a person aged 50 could be considered 20 years older and in need of eldercare. Residents had a tendency to equate age with activity and argued that people below the age of 50 were active and energetic and the inclusion of younger people would lead to disturbance of the calm pace of the facilities. Given that facilities have been described as "end-stations", it was puzzling that few respondents linked the question of admitting younger person to the matter of giving up ambitions to make the person sober.

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Alzheimer's Disease and Other Dementias

FACILITY CHARACTERISTICS ASSOCIATED WITH INTENSITY OF CARE OF NURSING HOME RESIDENTS WITH ADVANCED DEMENTIA

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Profound variations in care intensity of nursing home (NH) residents with advanced dementia exist for NHs within and across hospital referral regions (HRRs). Little is known about how these levels of influence relate. Nationwide 2016-2017 Minimum DataSet was used to categorize NHs and HRRs into 4 levels of care intensity based on hospital transfer and tube-feeding rates among residents with advanced dementia: low intensity NH in low intensity HRR; high intensity NH in low intensity HRR; low intensity NH in high intensity HRR; and high intensity NH in high intensity HRR. We used multinomial logistic regression to identify NH characteristics associated with belonging to each of 4-levels of intensity as compared to low intensity NH in low intensity HRRs (reference). We found high intensity NHs in high intensity HRRs were more likely to be in an urbanized area, not have an dementia unit, have an NP/PA on staff, have a higher proportion of residents who were male, age <65, of Black race, and had pressure ulcers, and relatively fewer days on hospice. Whereas in low intensity HRRs, higher proportion of Black residents was the only characteristic associated with being a high intensity NH. These findings suggest potentially modifiable factors within high intensity HRRs that could be targeted to reduce burdensome care, including having a dementia unit, palliative care training for NP/PAs, or increased use of hospice care. This study underscores the critical need to better understand the role race plays in the intensity of care of NH residents with dementia.

RISK OF ALZHEIMER'S DISEASE AND RELATED DEMENTIA AMONG ADULTS WITH CONGENITAL AND ACQUIRED DISABILITIES

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Objective: Adults with congenital (cerebral palsy or spina bifida (CP/SB)) or acquired disabilities (spinal cord injury (SCI) or multiple sclerosis (MS)) have higher incidence of age-related health conditions. There is a gap in the literature about the risk of dementia among adults living with these disabilities. This study aimed to examine time to incidence of Alzheimer's disease and related dementia (ADRD) among these disability cohorts. Method: Using national private payer claims data from 2007-2017, we identified adults (45+) with diagnosis of CP/SB (n=7,226), SCI (n=6,083), and MS (n=6,025). Adults without disability diagnosis were included as controls. Using age, sex, race/ethnicity, cardiometabolic, psychologic, and musculoskeletal chronic conditions, and socioeconomic variables, we propensity score matched persons with and without disabilities. Incidence of ADRD was compared at 4-years. Cox Regression was used to estimate adjusted hazard ratios (aHR) for incident early and late onset ADRD. Results: Incidence of early and late onset