coordination. The last paper based upon an online survey of DFI stakeholders from six WHO regions echoes successful features of DFIs (i.e., involvement of PWD, multi-sectorial partnership) identified in Chinese and U.S. examples, and identifies variations in strategies used to modify physical and social environments across countries. Invited panelists from different sectors will share comments in the end.

BUILDING A CONTINUOUS DEMENTIA MANAGEMENT MODEL IN COMMUNITIES OF SHANGHAI

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Over 10 million people with Alzheimer's disease or related dementias (ADRD) live in China. In Shanghai, the prevalence of ADRD is about 3-4% among aged 60 or older, and approximately 70-85% have never been diagnosed. This study reported the pilot testing results of a dementia management model launched by Shanghai Mental Health Center to build dementia friendly communities. The dementia management model links screening, diagnosis, care planning, treatment, and services, to improve dementia literacy and standard diagnosis rate. About 3,786 senior residents were screened using the AD 8 and MoCA scales. The cognitively intact group was suggested for annual check-up, while at -risk groups were referred to formal diagnosis and intervention. About 125 older adults with a mild cognitive impairment diagnosis were provided referrals for cognitive training, and 109 diagnosed with dementia were provided medical and social interventions. This management model adds to dementia awareness and education.

INVOLVING COMMUNITY GOVERNMENTAL ORGANIZATIONS IN THE ESTABLISHMENT OF DEMENTIA-FRIENDLY COMMUNITIES IN BEIJING

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China has about 20% of the world's total dementia population. Since most elders with dementia are living at home with care by family members, communities are fundamental support resources for families as well as patients. Dementia-friendly community initiatives aim to empower families with dementia and increase their social inclusion. Within the Chinese political context, the community level governmental organization called Ju-wei-hui has played a key role in community engagement. Within this context, a Community Based Participatory Action Research (CBPAR) process is utilized to increase public awareness on dementia and caring strategies. Our team collaborated with 15 Ju-wei-hui offices across Beijing to design a series of courses and teaching modules together. Five hundred community residents participated and positively evaluated the project. A major finding is that CBPAR could be an effective strategy to develop dementia-friendly communities across China.

CREATING DEMENTIA-FRIENDLY COMMUNITIES IN CENTRAL FLORIDA IN THE UNITED STATES

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The Dementia Care & Cure Initiative in Florida is a statewide movement to advance dementia friendly communities. With 25% of the state over the age of 65, Florida has one of the highest rates of dementia in the nation. The taskforce based in Orlando involves a partnership of representatives from social service agencies, law enforcement, healthcare providers, and research partners, as well as consumers. The task force commissioned a series of five focus groups with 43 consumers. These focus groups produced short and long-term recommendations, identifying such issues as needed training for emergency personnel and law enforcement, improving inter-provider communication, and providing culturally competent programming for a diverse region. The taskforce has been planning with the Mayor's office and law enforcement to initiate training and support for community engagement, and planning for implementation of these goals. Recommendations from the groups and from the taskforce to community leaders will be discussed.

BUILDING DEMENTIA-FRIENDLY COMMUNITY IN MICHIGAN: THE EXPERIENCES OF BATTLE CREEK

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Alzheimer's disease is now the 6th leading cause of death in Calhoun County – a mostly rural county of 156,000 people in southwest Michigan. In 2017, a cross-sector collaborative launched Dementia Friendly Battle Creek led by CareWell Services Area Agency on Aging. This study focuses on evaluation of the progress and outcomes of this initiative. The goal is to create a community that features high awareness of dementia, coordinated systems of care, and an environment that promotes dignity and engagement of PWD. Using participatory community planning, three Pillars of Impact were developed: Awareness, Coordination, and Environment. More than 500 people have engaged in the effort through trainings, educational programs, expanded supportive services, and the creation of integrated pathways of care for PWD. Additionally, more than $100,000 has been leveraged to support the effort. Challenges included sustaining momentum & gaining buy-in from local municipalities and health care providers.

DEVELOPING A DEMENTIA-FRIENDLY COMMUNITY GLOBAL TOOLKIT: INSIGHTS FROM STAKEHOLDERS IN WHO MEMBER COUNTRIES

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Drawing on perspectives from stakeholders involved in dementia friendly initiatives (DFIs) in WHO member countries, this paper describes the characteristics of DFIs around the world and summarizes success factors and barriers to implementation. Data were collected through an online consultation survey of 129 stakeholders from 46 countries in all six regions of WHO. Most DFIs present three essential

features of WHO's definition for DFI, that is, centering on the needs of persons living with dementia (PWD), multisector collaboration, and physical and social environmental changes. Over 70% participants reported their DFIs targeted PWD and included PWD as important partners. High-income countries tend to focus on enhancing professional capacity and environmental adaptation, while low-middle income countries prioritize dementia awareness campaigns. This corresponds to the reported disparities in levels of inclusion of PWD in societies, support to PWD, and service access for PWD found between low-middle income countries and high-income countries.

SESSION 2315 (POSTER)

ACUTE CARE AND HOSPITALIZATION

GERIATRIC MEASURES AS PREDICTORS OF 1-YEAR MORTALITY IN MAJOR SURGERY PATIENTS

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A growing proportion of older adults are undergoing major surgery despite the higher risk of post-operative mortality. Geriatric measures (i.e. physical, cognitive, and psychosocial function) are often not included in studies evaluating post-operative outcomes in older adults. Our goal was to determine the association of geriatric measures and 1-year mortality in older adults after major surgery. We analyzed longitudinal data from the Health and Retirement Study linked to Medicare claims (N=1364 participants), age ≥ 65 and who underwent abdominal aortic aneurysm [AAA] repair, coronary artery bypass graft [CABG], or colectomy. Our outcome was mortality within 1 year of the major operation. Predictors included the following geriatric measures: dependence in activities of daily living (ADL), dependence in independent activities of daily living (IADL), mobility ability, and dementia, and depression. We analyzed using multivariate cox proportional hazard models. Mean participant age was 76±6 years, 56% were women, 11% underwent a AAA repair, 50% CABG, 40% colectomy; 18% died within 1 year of their major operation. After adjusting for age, comorbidity burden, surgical type, gender, race, wealth, income, and education, the following measures were significantly associated with 1-year mortality: depression (adjusted HR (aHR): 1.53, p=0.03), dementia (aHR: 1.90, p=0.03), >1 ADL dependence (aHR: 2.35, p<0.01), >1 IADL dependence (aHR: 1.95, p<0.01), and inability to walk several blocks (aHR: 1.69, p<0.01). In this cohort, 18% of participants who underwent major surgery died within 1 year and function, cognition, and psychological well-being were significantly associated with mortality. These measures should be incorporated into pre-operative assessment.

WORKING BACK TO NORMAL FUNCTION FOLLOWING HOSPITALIZATION: A GROUNDED THEORY STUDY

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Transitions older adults experience post hospital discharge have primarily focused on the process of moving care from one setting to another (e.g. hospital to home). Older adults often experience a significant transition in terms of losing functional status after a hospital stay. Little is known about how older adults regain their functional ability, the type of work they engage in to recover, and conditions that influence their ability to work after a hospital stay. The objective of this Grounded Theory study was to understand strategies older adults use post discharge as they work to regain their functional status and what conditions facilitate or limit their ability to work toward returning to normal. A qualitative study was conducted. Adults aged 65 and older discharged from a large Midwestern teaching hospital (N = 14) were interviewed using in-depth one-on-one interviews. Data were analyzed using open, axial, and selective coding. Participants described key strategies they employed to regain their normal function following hospitalization and illness: doing exercises, expanding physical space, resuming prior activities and daily cares, and tracking improvement with benchmarks. Several conditions such as, presence of informal (family, friends) and formal (healthcare providers) support, perceived threats (relocation), and having poor physical or physiologic function, acted as barriers and facilitators to participants ability to work back to normal function. This study provides empirical data on work older adults engage in to transition back to normal function during the post discharge period. It presents opportunities for better supporting their work of regaining function.

PAIN, PAIN MANAGEMENT, AND CONSEQUENCES OF PAIN AMONG HOSPITALIZED PERSONS WITH DEMENTIA

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The purpose of this study was to describe the incidence, management and impact of pain on behavior and delirium in hospitalized older adults living with dementia. This was a descriptive study using baseline data from patients in the first cohort of the Fam-FFC study which evaluates the impact of a family-engaged function-focused care intervention in hospitalized patients with dementia. The majority of the sample was female (70%) and black (80%) with a mean age of 82.5 (SD=8.9). Pain (PAINAD) was reported by 36% of the patients; 42% of those demonstrating pain were prescribed analgesics. Controlling for age, gender and baseline cognition, pain was significantly associated with behavioral and psychiatric symptoms of dementia (t =2.1, p= .034) and delirium severity (t = 4.9, p<.0001). Results suggest the need for pain assessment and individualized treatment plans to promote comfort and decrease behavioral and delirium symptoms in hospitalized persons with dementia.