literature on health variable relationships. An important finding within this study suggests the significant relationship between education, personally acquired potential, and health outcome variables. Underscoring health education and health literacy interventions may positively promote a person's health behavior, resource access, and health outcomes across the lifespan. The Meikirch model can be used as a framework in public health interventions to better understand health adaptation, as well as behavioral risks and systematic hurdles. Overall, the study emphasizes how understanding health is not exclusively an individual hurdle to tackle, but a communal goal.

ARE WE MISSING THE TARGET WHEN MEASURING QUALITY OF LIFE?

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Over the last several decades, many instruments have been created to measure quality of life (QoL) in older adults, particularly for intervention research on individuals living with dementia. However, since definitions of QoL lack standardization across the research literature, the question of how to holistically capture an elusive and expansive concept such as QoL remain. This research uses qualitative content analysis to explore definitions and domains of QoL with an eye toward overlap and gaps. Definitions of QoL were extracted from gerontology encyclopedia entries and other peer-reviewed supplemental resources and analyzed for themes using Dedoose qualitative software. Results revealed three over-arching themes: no standardized or universal definition of QoL, use of subjective and objective factors for measurement, and varying domains of QoL. Additionally, we further distilled theme three to identify eight unique QoL domains: 1) economic/financial, 2) environment, 3) ADL/IADL function, 4) participation in activities, 5) personal resources, 6) physical health, 7) psychological well-being, and 8) social/relational, the total of which were only found in one of 15 definitions of QoL. Overall, findings led to an overarching definition of QoL that cuts across multiple dimensions and factors. We argue that by having all eight domains our understanding and measurement of QoL is enhanced, thereby improving our assessment of existing definitions of QoL, as well as the instruments used to measure QoL.

ASSOCIATION BETWEEN MENTAL HEALTH CONDITIONS AND CARE FRAGMENTATION: A NATIONAL STUDY OF HIGH-RISK OLDER VETERANS

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Fragmented healthcare causes information loss, duplicative tests, and unwieldy self-care regimens. These challenges may be amplified among older, high-risk patients with co-occurring mental health conditions (MHC). We compared healthcare fragmentation for chronic physical conditions among Veterans with and without MHC (depression, PTSD, schizophrenia, bipolar disorder, anxiety, personality disorder, or psychosis based on ICD-9 codes). Sample included Veterans who were □65y, at high risk for 1-year hospitalization, and had □4 non-MHC visits during FY14. Visits were covered by Veterans Affairs (VA), VA-purchased care (both from VA Corporate Data Warehouse), or Medicare Parts A/B (claims data from VA Information Resource Center). Outcomes were two fragmentation measures calculated in FY15: 1) non-mental health provider count, where a higher number indicates more fragmentation, and 2) Usual Provider of Care (UPC), the proportion of care with the most frequently seen provider, where a higher number indicates less fragmentation. We used Poisson regression and GLM with binomial distribution and logit link to test the association between MHC status and fragmentation, controlling for sociodemographic characteristics (e.g., age), medical comorbidity, and driving distance to VA. Of the 125,481 Veterans included, 47.3% had 1+ MHC. Compared to older, high-risk Veterans without MHC, those with MHC saw fewer providers (pseudo R2 = 0.02) and had a higher UPC (more concentrated care; OR = 1.07). Within the VA, older, high-risk Veterans with MHC do not experience greater healthcare fragmentation. Further research is needed to determine if this is due to different needs, underuse, or appropriate use of healthcare across the groups.

COMPARING A CLINICIAN ASSISTED AND APP-SUPPORTED POSITIVE PSYCHIATRY BEHAVIORAL ACTIVATION INTERVENTION

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Positive psychiatry offers a unique approach to promote brain health and well-being in aging populations. Health interventions are increasingly becoming available using self-guided apps, however, little is known about the effectiveness of app technology or the difference between in-person versus self-guided app methodology for behavioural activation. The objective of this study was to investigate the difference in users and outcomes between two formats of a positive psychiatry intervention to promote brain health and well-being in later-life: (1) clinician-assisted, and (2) independent app use for self-management. As part of a larger national knowledge translation intervention two methods of a behavioural activation intervention (Clinician-assisted vs. Independent app use) were retrospectively compared. Main outcomes were patient characteristics (age, sex, and completion rate), psychological outcomes (health and resilience,