reasons behind vaccine hesitancy in older adults. We implemented a cross-sectional survey to determine the self-reported vaccination behaviours of 372 UK-based adults aged 65-92 years. We assessed previous uptake and future intention to receive the influenza, pneumococcal, and shingles vaccines. Participants also self-reported their health and socio-demographic data, and completed two scales measuring the psychological factors associated with vaccination behaviour (5C and VAX scales). Self-reported daily functioning, cognitive ability, and social support were also assessed. Considerably more participants had received the influenza vaccine in the last 12 months (83.6%), relative to having ever received the pneumococcal (60.2%) and shingles vaccines (58.9%). Multivariate logistic regression analyses showed that a lower sense of collective responsibility independently predicted lack of uptake of all three vaccines in this population. Greater calculation of the disease/vaccination risk and preference for natural immunity also predicted not getting the influenza vaccine. For both the pneumococcal and shingles vaccines, concerns about profiteering predicted lack of uptake. Therefore, more understanding of vaccine benefits and disease risks may be required for these vaccines. Additional qualitative data generally supported these findings, which can contribute to future intervention development and research targeted at more diverse groups (e.g. older adults with cognitive impairments).

### SCREENING OLDER ADULTS FOR HEARING LOSS IN PRIMARY CARE: INSIGHTS OF PATIENTS, PROVIDERS, AND STAFF

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Over one-third of older adults have a disabling hearing loss, with potentially severe implications for well-being. Hearing screening is not routine in primary care (PC) and patients are relied upon to report hearing concerns. We compared outcomes of three approaches to linking telephone-based screening with PC (providing information at PC visit, encouraging at visit, or completing at visit). This poster presents results of focus groups/interviews with providers and staff from participating clinics (n= 35), study enrollees who completed screening and were referred for diagnosis (n=14 ), and enrollees who did not complete screening (n=12). Results show that most patients had prior hearing concerns they had not reported to their PC. Patients forgot or were resistant to completing screening at home. Negative attitudes towards admitting hearing loss and using hearing aids were common; experiences of family and friends influenced many patient attitudes, both negative and positive. PC personnel wish to help, but are challenged by lack of time, space, and reimbursement for screening, and loathe to screen when specialty care and hearing aids are costly. Study results indicate that relying on patients to report hearing concerns is inadequate. Integration of hearing screening into PC would be helped by strengthening reimbursement for screening, specialty care, and hearing aids, and education of both providers and patients on other available treatments for hearing loss. Patients also require education on hearing aid technology. There is a need to address stigma associated with hearing loss, taking into consideration the influence of family and friends on attitudes.

## SESSION 10310 (LATE BREAKING POSTER)

### LONG TERM CARE

### IS HEALTH INFORMATION EXCHANGE USE BY HOSPITALS AND HOME HEALTH AGENCIES ASSOCIATED WITH LOWER READMISSION RATES?

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For older adults transitioning from the hospital to home health agencies (HHAs), clinical information exchange is key for optimal transitional care. Hospital and HHA participation in regional health information exchanges (HIEs) could address fragmented communication and improve patient outcomes. We examined differences in characteristics and outcomes for patients with either Medicare or Medicare Advantage (MA) insurance who transitioned from hospitals to HHAs based on HIE participation with 2014-2018 data from the Colorado All Payer Claims Database. We performed analyses including chi square and t tests to compare patient characteristics and 30-day readmission rates for high versus lower HIE use, determined by HIE participation (+) and non-participation (-) among HHAs and hospitals: High HIE use dyads (Hospital+/HHA+) were compared to lower HIE use dyads (Hospital+/HHA-, Hospital-/HHA+, Hospital-/HHA-). We identified 57,998 care transitions from 123 acute care hospitals to 71 HHAs. On average, patients were 75 years old, had a three day hospital length of stay, over half were female (58%), 82% had Medicare and 18% had MA insurance. Although most characteristics were similar between high versus lower HIE use dyads, high HIE use dyads had a higher proportion of Medicare patients compared to the lower HIE use dyads (85% vs 79%, p <0.001). Thirty-day readmissions were 12.4% for care transitions that occurred among high HIE use dyads (n=27,784) compared to 12.8% among lower HIE use dyads (n=32,929, p=0.102). For adults transitioning from hospitals to HHAs among high HIE use dyads, a trend toward lower 30-day readmission rates was identified.

### MINDFULNESS INTERVENTION BENEFITS OLDER ADULTS RECEIVING REHABILITATION SERVICES IN LONG TERM CARE

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Research literature includes preliminary examination of mindfulness in rehabilitation settings; however, further investigation is warranted. Some of the strongest findings to date are adaptation improvements such as self-efficacy, increased quality of life, and decreased stress. The purpose and aims of this pilot feasibility and acceptability study were to