

SESSION 2932 (PAPER)

MOBILITY DISABILITY II

FUNCTIONAL MEASURES ARE SEVERELY UNDER-CAPTURED IN ELECTRONIC HEALTH RECORDS

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Electronic health records (EHR) data are increasingly used to inform clinical care decisions, assess quality of care, and identify patients at high-risk of poor outcomes (e.g. re-admission). Functional measures—including mobility and the ability to perform activities of daily living (ADLs)—are key indicators associated with health-related quality of life and chronic disease management in older adults. The goal of this analysis was to quantify the extent that measures of function are used in a national pool of structured EHR data. We used 2017-2019 data from IBM Watson Health Explorers, representing EHR data from 27 health systems and 360 hospitals nationwide ($n=5,224,530$ adults age 65 and older). Structured EHR data were mapped to SNOMED-CT codes that identified six categories of function: mobility, fine motor, gross motor, large muscle, ADLs, and instrumental ADLs. Results indicated that only 3 of the 6 categories were used: ADLs (4.2% of study population), mobility (3.2%), and gross motor skills (2.4%). Fine motor, IADLs, and large muscle function were not recorded in any patients. These results indicate that functional measures appear to be under-reported in structured EHR data when compared to published estimates of the population prevalence. In conclusion, measures of function and mobility remain largely unused in structured EHR data, likely because this information is either not assessed, unavailable for inclusion, or is captured in a non-structured format (e.g. clinical notes). Comprehensive functional measures need to be added to EHRs to assess quality and improve delivery and outcomes in older adult patients.

LIFE-SPACE IN A NATIONAL COHORT OF U.S. OLDER ADULTS: NORMATIVE DATA FOR THE UAB LIFE-SPACE ASSESSMENT

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The University of Alabama at Birmingham Life-Space Assessment (LSA) is a self-reported measure for assessing community mobility. Restricted mobility is correlated with a number of adverse health outcomes, including mortality, frailty, cognitive decline, and nursing home admissions. Thus, it is important for providers to understand how the LSA score of a patient compares to the general population. To facilitate such comparisons, we developed demographically adjusted norms for the LSA and its correlation with other functional measures. Norms were based on 15,390 participants age 45 and older in the National Institutes of Health-funded REasons for Geographic and Racial Differences in Stroke (REGARDS) study, a national, population-based,

longitudinal study investigating the causes of excess stroke mortality among African Americans and individuals living in the Southeastern US stroke belt region. LSA scores declined from a median of 100 in the 45-54 age range to a median of 59.7 in the 85 and older age range, with higher median scores in males. LSA scores showed modest but significant positive correlations with SF-12 Physical Component and Mental Component, Center for Epidemiologic Studies Depression Scale, and Six Item Screener cognitive scores, as well as modest but significant negative correlations with AD8 Dementia Screening, Katz Activities of Daily Living, and Timed Walk scores. The LSA is a brief, easily administered measure that offers a valid method of assessing community mobility in the older adult population.

LIFESTYLE ADJUSTMENT AND MOBILITY-RELATED GOAL SETTING AFTER DRIVING CESSATION WITH PEOPLE LIVING WITH DEMENTIA

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Community mobility is an important social determinant of health. For people living with dementia, the forfeiture of a driving licence can signal a loss of independence, limiting access to activities outside of the home. Loss of community connectivity and social participation has a substantial impact on quality of life and may lead to depression and more rapid cognitive decline. This study is focused on a driving cessation intervention that helps people with dementia identify personal goals that are framed around community mobility and adjusting to life without driving. Health professionals work with participants to translate these into specific, practical and achievable outcomes by program end. Participants may nominate more than one goal. This study reports on goal setting and achievement. Using a modified version of the Canadian Occupational Performance Measure it examines pre- to post-intervention achievement of, and satisfaction with, identified goals for 17 participants living with dementia aged 63-93 ($M=75.24$, 76% male) from regional and metropolitan Australia. Thematic analysis of clinical interviews and field notes highlighted the range of desired goals, and the challenges posed and problem-solving strategies used in setting realistic, non-driving goals. Significant positive improvements were found across a total of 29 goals for (i) performance $t(28) = -10.01$, $p < .000$, and (ii) satisfaction, $t(28) = -10.32$, $p < .000$. The implications for practice are that supportive goal-setting of personally relevant objectives and valued activities following driving cessation may be effective in lessening some of the negative effects of giving up driving for people with dementia.

PREDICTORS OF PHYSICAL RESILIENCE IN OLDER ADULTS

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Physical resilience (PR), which denotes one's ability to resist functional physical decline, can be operationalized