for use by nurses working in LTC. On-site training was provided by two experienced audiologists and optometrists, after which the feasibility of sensory screening by three nurses of 17 residents under their care was evaluated. We report on the six measures of hearing and seven measures of vision that were piloted for screening of older adults with dementia living in LTC, and on the findings for their feasibility of use by nurses working in this setting. Recommendations regarding the feasibility and reliability of screening for vision and hearing loss in older adults with dementia are discussed.

IDENTIFYING PATIENTS WITH PROBABLE DELIRIUM AND DEMENTIA FROM ROUTINE HOME HEALTH CARE ASSESSMENTS

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Timely education of patients and their family caregivers on dementia disease management and health behavior changes and referral to additional resources is an essential part of age-friendly and high quality care. Nearly one out-of-three home health care patients has been diagnosed with dementia, however, family members and front-line health care providers are frequently unaware that a diagnosis of dementia has made, and what to do. The aim of this study was to identify a small set of questions that are routinely collected during home health care assessment which can be used to rapidly identify patients with suspected dementia, who may benefit from additional screening and services. We developed the preliminary model from 100% national home health care assessment data from 2014 (4.1 million people). We validated the model with a sample of nearly 27,000 patients who received a new (start-of-care) home health assessment in 2016, from four home health agencies that share a common data warehouse. The final model consisting of five questions, performed well in national data (AUC 0.85) predicting any diagnosis of dementia contained in the Medicare Chronic Conditions warehouse or home health record. The final model performed similarly (AUC 0.87) in the validation sample, predicting a diagnosis of dementia or history of dementia medication during a 3-year window of time from clinical data warehouse. The potential applications of this model have the potential to accelerate timely identification of patients with probable dementia or delirium, patient and family caregiver education, and referral to rehabilitative and supportive services.

TARGETED TOOL TO MEASURE DEMENTIA LITERACY IN PREVENTION AND TREATMENT AMONG SEXUAL AND GENDER MINORITY OLDER ADULTS

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Dementia prevalence among sexual minority adults age 60+ in the US is approximately 7.4%. This represents over 200,000 sexual minority older adults living with Alzheimer's disease (AD). Compared to the general aging population, LGBTQ older adults face unique challenges throughout their life-course that may increase exposure to risk factors associated with neurocognitive dysfunction and progression to dementia. Culturally-competent instruments to measure dementia literacy are needed to inform the design of targeted educational interventions for early diagnosis and improved health outcomes. We sought to develop and test a measure of dementia literacy in a community sample of LBGTQ older adults. Following a comprehensive analysis of existing scales, items were adapted resulting in a 35-item survey containing subjective and objective literacy measures. Participants were recruited through community centers in Washington, DC and Maryland. Forty LGBTQ older adults (50-80 years) completed the questionnaire. The analysis of these data was used to modify the original survey. A final 25-item questionnaire was administered to another sample of 50 individuals. 60% correctly identified dementia symptoms from vignettes. Nearly-half believed that dementia symptoms could be reduced by lifestyle changes and drug therapies. Commonly identified risks for dementia included aging, family history, genetics, stroke, and brain injuries. Frequently-endorsed methods for risk reduction included physical activity, intellectual/brain training and social activities. Education level, age, and socioeconomic variables were strongly associated with literacy. Most respondents did not associate cardiovascular/metabolic risk factors with dementia risk. Knowledge of risk factors underlying AD may help underserved populations close current health disparities gaps.

PATIENT PRIORITIES CARE: GOAL-ALIGNED CARE FOR VETERANS WITH DEMENTIA AND THEIR CAREGIVERS

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Patient Priorities Care (PPC) is an approach to clinical conversations that focuses on aligning care with patient priorities. This approach involves identifying and incorporating patient values, goals, and preferences into care for patients with multiple comorbid conditions. We have previously described how this clinically feasible and sustainable approach has been implemented in VA and private healthcare settings, and how this approach results in documented care aligned with patient goals. In this paper, we describe the way PPC has been adapted and implemented in a VA geriatrics clinic for Veterans with dementia and their caregivers. We discuss results from a funded pilot project in which we investigated the role of caregivers in patient goal setting; assessed patient functioning using self-reported and sensor measures; and examined clinical conversations and interviews. We use these results to discuss implementation strategies targeting: (1) caregiver activation and involvement in clinical conversation and decision-making, (2) patient and caregiver education about the disease trajectory of dementia, (3) life space function and using physical sensor data in dementia care, (4) measures of community integration for patients and caregivers, and (5) features of successful clinical conversations in this context.