

This poster provides an overview of the aims, methods, and emergent findings from an ongoing five-year NIA-funded project (R01AG062310) examining meaningful engagement and quality of life among assisted living (AL) residents with dementia. The overall goal of this project is to determine how opportunities for meaningful engagement can best be recognized, created, and maintained for individuals with different dementia types and varying levels of functional ability. Guided by grounded theory, this qualitative study will involve 12 diverse AL communities in and around Atlanta, Georgia, USA. Presently, our interdisciplinary team is collecting data in four communities using ethnographic observations, semi-structured interviews, and resident record review. We are studying daily life in each community, following 30 resident participants, and actively recruiting and interviewing their formal and informal care partners. Based on ongoing analysis, we offer key emergent findings. First, meaningful engagement is highly individualized and dynamic. Differing personal interests, along with wide variations in cognitive and physical abilities, can present challenges for AL community staff and other care partners when trying to recognize what constitutes meaningful engagement for residents. Second, multiple complex factors interplay to shape the experience of meaningful engagement among persons living with dementia, such as personal characteristics, care partner background and training, AL community design and philosophy, and state/corporate regulations. Finally, flexibility and 'meeting the resident where they are at' appear to be critical to identifying and fostering meaningful engagement for persons living with dementia. We discuss the implications of these preliminary findings for translation, dissemination, and future research.

FINDING THE ELDERS WHO STAYED- CONDUCTING OUTREACH IN THE AFTERMATH OF HURRICANE MICHAEL

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The Florida Department of Elder Affairs (DOEA) provides programs and services for over 65,300 older people and adults with disabilities. These individuals are uniquely vulnerable and may be displaced, and/or disoriented during natural disasters. DOEA clients are dependent upon community-based services to provide supervision or assistance to perform basic self-care, which often makes sheltering in place alone a danger to their health and well-being. During Hurricane Michael (2018) many older adults who previously were independent sought help for many issues including property damage, utility interruption, food and medicine scarcity, and physical or mental health problems associated with the storm and its aftermath. In normal conditions, DOEA identifies older populations via Census tracts and then conducts outreach events to inform the public how to access social services. However, after the widespread displacement post-storm, traditional outreach approaches were insufficient. A method was needed to remove areas that were rendered uninhabitable and find who remained in place. DOEA identified viable neighborhoods by overlaying property damage locations on base layers of Census tracts with concentrations of older adults and polling places with high percentage of age 60+ voter participation in the subsequent

November election. Then in partnership with Feeding Florida, we provided information and registration assistance via local food distribution sites in those areas. This methodology of overlaying Division of Emergency Management property damage records and voter participation records against publicly available Census tract files is a strategy that could be replicated by other disaster and flood-prone communities or organizations that have similar needs.

INCREASING VULNERABILITY AMONG OLDER AMERICANS ACT HOME-DELIVERED NUTRITION SERVICE CLIENTS

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Older Americans Act (OAA) programs are designed to help frail and vulnerable older adults remain in their homes through the provision of long-term services and supports. Administrative data from the Administration for Community Living (ACL) show that older adults receiving OAA services are three times more likely to live below the poverty level (33.0%) as compared with all older adults (9.2%). In addition, they are almost twice as likely to be living alone (45%) as compared with the general population (28%). Using data from the recently released 2018 National Survey of Older Americans Act Participants, we examine the largest program administered by ACL, the OAA Nutrition Program, to see if the economic vulnerability of home-delivered nutrition service clients has changed over the past 10 years. Results from this study show that recipients of home-delivered nutrition services are more in need of low-cost or free meals in 2018 than they were in 2008 due to a 24% increase in Medicaid eligibility, 41% increase in those who report not having enough money or food stamps to buy food, and 101% increase in those who report receiving food stamps. This increase in economic need may be due to a demographic shift in the marital status and living arrangements of older adults, specifically the 75-84 age group. The increase in the percentage of older adults who are divorced, live alone, and have low income has made the home-delivered nutrition services program even more important today than it was a decade ago.

THE INFLUENCE OF CUSTODIAL STATUS ON MARITAL AFFECTUAL SOLIDARITY AND MENTAL HEALTH AMONG GRANDPARENTS.

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Increased life expectancy and the diversity of family structure have resulted in a substantial rise in the number of families with grandparents as the main caregivers (e.g. custodial grandparents). The structures of these families affect the well-being of all family members. After middle age, psychological well-being is associated with marital relationship quality, and raising one's grandchildren is a known source of strain to relationships. The current study examined adults aged 40 and older (M age = 57.6 yr, 53% female) using a nationwide sample from MIDUS to assess the extent

to which custodial grandparenting status influences marital affectual solidarity, depressive symptoms, life satisfaction, and perceived stress. Measures included the Center for Epidemiological Studies Depression Index, Spousal Affectual Solidarity, Satisfaction with Life Scale, and Perceived Stress Scale. Marital affectual solidarity was significantly related to custodial status and psychological well-being, and there were significant differences in marital relationship quality and psychological well-being between custodial grandparents and non-custodial grandparents. However, custodial status failed to moderate the relation between marital affectual solidarity and mental health. Although other factors surrounding custodial grandparents likely affect their marital relationship and mental health, these results suggest that grandparents raising grandchildren are under particular strain in their marriages and are in need of targeted interventions to ameliorate stress and depressive symptoms. These findings will inform the need for more research and supportive educational programs on family relationships and the psychological health of custodial grandparents.

SEQUENTIAL IMPLEMENTATION AS A LEARNING HEALTH ORGANIZATION: THE EQUIPPED GERIATRIC MEDICATION SAFETY MODEL

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A learning health organization (LHO) is one that systematically integrates internal data and experience with external evidence to improve internal healthcare practice. Yet collaborative research networks implementing evidence-based interventions across sites with the goal of widespread dissemination are also effectively LHOs. The EQUIPPED (Enhancing Quality of Prescribing Practices for Older Adults Discharged from the Emergency Department) network formed to address an important public health issue: potentially inappropriate medications (PIMs) prescribed to older adults at discharge from hospital Emergency Departments (ED). EDs nationwide serve increasing numbers of older adults but lack clinical decision support to avoid prescribing PIMs associated with adverse events including hospitalization and death. The EQUIPPED geriatric safety program was adapted from the VA and implemented sequentially at three different academic institutions sharing the same electronic health record (Epic)(AHRQ R18HS24499). Implementation challenges, solutions, and innovations informed successive iterations. Using the Replicating Effective Programs framework, we conducted a process evaluation using data from implementation team focus groups (n=3), meeting minutes (n=98 hours), and organizational profiles (n =3) to understand how organizations working together within a research network build an intervention package for program scale-up. We present structural characteristics of the three organizations, implementation steps as they developed across three

sites, and the resulting process protocol and a prototype toolkit. Lessons learned include having multiple internal champions at the intervention site, observing workflow pre-intervention, and streamlining data collection with a relational database and visualization software. Insights from the EQUIPPED experience can serve as a model for other systems and collaborative networks.

LIFESPAN AGE-RELATED DIFFERENCES IN THE REGIONAL WHITE MATTER MICROSTRUCTURE OF THE HUMAN CORPUS CALLOSUM

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The corpus callosum (CC) connects homologous cortical structures across hemispheres and is the largest white matter tract in the human brain. Post-mortem studies suggest that CC myelination begins in infancy, reaches a plateau in the middle age, and declines in the later years. The latter is accompanied by myelin disruption and reduction in fiber density and diameter, i.e. changes in intra-/extracellular water space. We used multi-echo T2 imaging to estimate, via multi-exponential T2 relaxation of water, the myelin water fraction (MWF), a direct proxy for myelin content, and geometric mean T2 (geomT2IEW) that reflects water in the intra-/extracellular space, to investigate age differences in five CC regions covering its anterior to posterior span in 395 healthy individuals (7-85 years; 161M+235F). The general linear model analysis of MWF showed main effects of age and age-squared conditioned on interactions by CC region. Univariate polynomial regressions on three age groups (7-29, 30-59, and 60-85 years) revealed the overall quadratic association between age and MWF as mainly driven by the positive linear relationship in the youngest group and minimal differences in the remainder of the lifespan, save for two weak negative linear associations in the anterior/middle CC body. With geomT2, a main linear effect of age, and significant interactions between age and age-squared by region were observed. The positive linear association was especially prominent in the regions with greater fiber density. The results are consistent with CC myelination into adulthood and decreased axonal density and diameter but not prominent myelin degeneration in elderly individuals.

A MUSIC AND MINDFULNESS INTERVENTION FOR PERSONS WITH DEMENTIA AND THEIR CAREGIVERS

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The number of older adults with Alzheimer's Dementia is projected to increase by 28.6% in Florida by 2025. Cost-effective non-pharmacological interventions targeting both persons with dementia (PWD) and their family caregivers (FCs) are urgently needed. This small pilot study tested the