The literature search revealed that older immigrants in need of care define their preferences in terms of expectations and priorities. Differences among immigrants are related to the age of the person at the time of immigration, on cultural differences and/or on how the concepts of preferences in the country of origin is understood.

**Session 2515 (Paper)**

**WELL-BEING IN OLDER ADULTS**

**COMPARING NIGHTTIME TO RUSH HOUR AVOIDANCE AS INITIAL DRIVING SELF-REGULATION BEHAVIORS**


Aging is associated with an increase in avoidance of challenging driving situations (e.g., driving at night, during rush hour, on freeways, and in unfamiliar areas). Such avoidance behavior may be due to driving self-regulation (SR), an intentional response to perceived declining abilities, or it may be due to other factors such as lifestyle changes or preferences. Most previous research has not studied SR as the reason for avoidance, and has treated avoidance behaviors interchangeably. In addition, previous research has not differentiated one’s first SR behavior from those reported later in the process. This study included 1,557 participants from the AAA Longitudinal Research on Aging Drivers (LongROAD) to assess older adults’ initial self-regulatory behavior by comparing the frequency of nighttime, rush hour, freeway, and unfamiliar area avoidance among those who reported only one SR behavior. Nighttime SR was most common (58.8%), followed by rush hour (25.5%), unfamiliar areas (11.0%), and freeways (4.8%). Binary logistic regression was used to assess how demographics, function, and self-reported driving variables were related to different odds of reporting nighttime vs. rush hour avoidance (the two most common) as one’s initial SR behavior. Higher odds of reporting nighttime avoidance (compared to rush hour) as one’s initial SR behavior were related to female gender, low income, impaired visual acuity, better self-reported ability to see during the day, worse self-reported ability to see at night, less comfort driving at night, and more comfort driving during rush hour, and in unfamiliar areas.

**COMPARING YOUNG AND OLD ADULTS’ NIGHT HAZARD DETECTION WITH DRIVING SIMULATION AND ON ROAD**

Anne Dickerson, and Juliette Leonardo, East Carolina University, Greenville, North Carolina, United States

While there is validity of using driving simulation as a proxy for on-road performance, few studies have examined hazard detection at night. Night driving is a self-restricting
practice with little evidence demonstrating the need with healthy older adults. This study’s objective was to analyze night driving using eye-tracking technology examining differences between on-road/simulated drives and older/younger adults. A 2 (old, young) x 2 (simulator, on-road) repeated-measures design measured three roadway “hazards” of pedestrians looking at their cell phone while posed to cross the roadway. Pupil glances were recorded using outcome measures of total fixation duration, number of fixations, and time-to-first fixation for the pedestrians on-road and on a specifically designed scenario matching the on-road route. Thirty-three healthy, community-living drivers age 65+ years (N=16) and drivers age 20-40 years (N=17) completed both drives. Using non-parametric statistics, results demonstrated that night hazard detection was similar across driving conditions except for time-to-first fixation, which was faster on-road for both age groups (p<.001). At some hazard locations, there were significant differences between the two age groups, with older adults taking longer to initially see hazards. Results suggest, older adults detected hazards similarly to younger adults, especially during on-road performance, suggesting avoidance of night driving may not be necessary. Results also support using driving simulation as a proxy for on-road with night driving needing to be incorporated. Additionally, eye-tracking has the potential for research in hazard detection with emphasis on the time-to-first fixation outcomes when considering driving analysis.

FACTORS AFFECTING COGNITIVE DISFUNCTION SCREENING FOR LATINX ADULTS WITH TYPE 2 DIABETES
Heather Cuevas,1 Julie Zuñiga,1 and Stephanie Morgan,2, 1. The University of Texas at Austin, The University of Texas at Austin/Austin, Texas, United States, 2. The University of Texas at Austin, Austin, Texas, United States

Before development of overt type 2 diabetes (T2DM), changes in brain structure and activation patterns are found in insulin resistance, indicating many with T2DM may already have alterations in cognitive function. How best practices are met for screening for cognitive dysfunction, specifically Latinx adults with T2DM who are at higher risk, remains unclear. The purpose of this study was to examine aspects influencing screening Latinx adults with T2DM for cognitive problems by identifying patient-, clinician- and clinic-level factors. This was a mixed methods study which used semi-structured interviews with Latinx adults with T2DM (n=30; mean age: 68; 57% Mexican American); surveys and interviews with health care providers (n = 15); and inventories of four outpatient clinics to identify factors (e.g. time, clinic policies) influencing screening. Data were analyzed via thematic analysis (interviews) and descriptive statistics (surveys and inventories). For patients, screening was important, but inability to work related to a possible diagnosis of dementia was a concern. Providers and patients agreed other health issues (e.g. hyperglycemia) took precedence to screening. Providers (96.7%) were expected to screen but did not have support/time from clinics and relied on patients for initial prompts. Only one clinic reported staff education on cognitive screening with an emphasis on potential cultural differences in test results and adequate resources related to dementia for Latinx adults. Clinics serving Latinx adults have a responsibility to deliver appropriate care. Leadership should consider innovative practices such creation, with patients, of educational materials for screening—a need highlighted by most participants.

Session 3000 (Symposium)

BENEFITS AND BARRIERS TO EMERGING TECHNOLOGIES TO PROMOTE HEALTH, WELL-BEING, AND INDEPENDENCE OF OLDER ADULTS
Chair: Walter Boot

Emerging technologies, such as voice assistant systems and artificial companion robots, hold a great deal of promise for improving the health, wellbeing, and independence of older adults. However, these solutions will likely be ineffective in the absence of research to understand barriers to the adoption and use of these technologies and without an exploration of the needs and preferences of older adults. This symposium focuses on both the potential of such technologies and factors that may affect their success. H. Spangler will present a detailed analysis of privacy concerns of older adults, with and without cognitive impairment, related to the use of Voice Assistant Systems (VAS). R. Nicholson will discuss the potential of a VAS app for promoting exercise among older adults and their caregivers to enhance mobility independence, with a focus on perceived benefits and dislikes about the app that may impact use. Finally, C. Berridge will present an exploration of perceptions of and attitudes toward artificial companion (AC) robots across the lifespan, before and after the start of the COVID-19 pandemic, including concerns about privacy. Together, these talks will highlight novel methods through which emerging technologies can support older adults and issues to consider if these methods are to produce meaningful change.

PRIVACY CONCERNS AMONG OLDER ADULTS USING VOICE ASSISTANT SYSTEMS
Tiffany Driesse,1 Robert Roth,2 Xiaohui Liang,1 David Kotz,4 John Batsis,3 and Hillary Spangler, 1. UNC School of Medicine, Chapel Hill, North Carolina, United States, 2. Dartmouth-Hitchcock, Lebanon, New Hampshire, United States, 3. University of Massachusetts Boston, Boston, Massachusetts, United States, 4. Dartmouth College, Hanover, New Hampshire, United States, 5. University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States, 6. UNC Hospitals, Chapel Hill, North Carolina, United States

Voice Assistant Systems (VAS) are software platforms that complete various tasks using voice commands (e.g., Amazon Alexa), with increasing usage by older adults. It is unknown whether older adults have significant privacy concerns with VAS. 55 participants were evaluated from ambulatory practice sites for a study on VAS detection of early cognitive decline. The mean age was 73±5.6 years, 58% female, 93% white, and 53% had mild cognitive impairment. Privacy concerns were assessed via Likert-based surveys. Participants believed data was used with consent (71%) and stored properly (67%); however, 71% wanted new privacy regulations, 43% were comfortable with daily activity monitoring, and 85% thought the data needs to be highly protected. Qualitative themes included “listening-in”, “tracking”, and unwanted