management among older adults. We discuss the interpretation and potential applications of GUDC and conclude that access to comorbidity appraisals may advance geriatric care, more study is needed.

PAEAN: PAIN IN AGING, EDUCATIONAL ASSESSMENT OF NEED - AN INTERPROFESSIONAL COLLABORATION
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Pain is prevalent in older adults limiting independence directly and through comorbidity-related effects on functional domains such as mobility, well-being, sleep, productivity, and oligo-pharmacy. Improved outcomes for older adults with pain depends on provider knowledge and competence; concomitantly, Veterans, women, and others at socioeconomic disadvantage may face increased pain, comorbidities, and complications of treatments. Previous guidance for educational programs, from pre-licensure to post-graduate training, in geriatrics and pain have focused on expert opinion, whereas an evidence-based approach is preferred. Our working group is conducting a structured needs assessment regarding comorbidities of common pain-associated conditions in older adults.

Methods: To capture expertise in medicine, nursing, pharmacy, clinical psychology, and physical therapy, we extended an open invitation to members of the VA Geriatric Research, Education, Clinical Centers Associate Director-Education network and selected, nationally-recognized clinical education experts outside VA.

Results: An eight-member working group, interprofessional in composition, through multiple remote meetings has defined goals of the program, evaluated preliminary evidence addressing the clinical needs of older adults with pain, and posed ‘curious questions’ about the available large-scale data. The overarching goal is evidence-based needs assessment of gaps in education about pain in older adults, with purposeful attention to risks of healthcare inequities for older adult women, Veterans, persons of color, those at socioeconomic disadvantage, and caregivers.

Conclusions: Interprofessional collaboration is effective in framing a broad needs assessment regarding pain and common comorbidities in older adults with the intent of meeting the educational needs of clinical trainees. More study is needed.

SAVING SENIOR SMILES: A COMMUNITY OUTREACH EDUCATIONAL PROGRAM AND PILOT RESEARCH PROJECT
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Globally, poor oral health has been evidenced more frequently among older adults. Thus, it is imperative to develop strategies for improving the oral health knowledge and access to dental care amongst the older adult population. The Saving Senior Smiles (S3) pilot outreach program was launched as an oral health education and awareness program for community-dwelling older adults across senior centers in the greater Boston area (Massachusetts, USA). The outreach consisted of oral health educational seminars presented by pre-doctoral dental students from three dental schools in the Boston area. The presentations highlighted the significance of oral health, and the importance of seeking routine dental care. Pre and post-test surveys were administered to assess the participants’ utilization of oral health services and oral health knowledge. The surveys were completed by 85 older adults (Female= 58.8%) across five senior centers. Questions pertaining to utilization of dental services revealed that 78.8% of the participants had a dentist. Expectedly, the center that reported the greatest number of missing teeth (Fenway center= 70.6%) had the least number of individuals who had a dentist (58.3%). With regard to oral health knowledge, before the seminars, less than half of the participants (42.2%) across all the senior centers were aware of the common oral conditions that affected older adults (dry mouth, gum recession and changes in oral bacteria) and after the presentation over 60% of the participants responded correctly to these knowledge questions. Overall, these findings emphasize the value of simple community-based interventions for older adults.

Session 9335 (Poster)

INTERVENTION RESEARCH

COMPUTER-MEDIATED FOCUS GROUPS TO ADVANCE AGING RESEARCH: CHALLENGES AND OPPORTUNITIES.
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When compared to in-person offerings, fewer focus groups to date have been conducted with user-friendly technologies to help reach diverse communities of older adults with chronic health conditions (e.g., Alzheimer’s disease, Type II diabetes, Parkinson’s) and the family caregivers and professional providers who assist them. The current project describes the adaptations needed to deliver successful computer-mediated focus groups via videoconference, thereby providing solutions to barriers faced by participants who often cannot attend in-person because they are housebound due to transportation or financial barriers, live in rural areas or reside too far from focus group offerings, or work full or part-time and face scheduling conflicts. During the pandemic, we successfully recruited diverse groups of family caregivers, care recipients, and professional providers into computer-mediated focus groups. Caregivers (83%) and care recipients (17%) between 34 to 90 years old (N=47) took

GSA 2021 Annual Scientific Meeting
part in the series of focus groups facilitated in English and Spanish (25.5%). Over 40% of participants self-identified as Hispanic or Latinx, Native American, or African American with roughly 15% attending from rural areas. Similarly, professional providers age 18 to 80 (N=25) attended separate groups in either English or Spanish (48%). Our results suggest that computer-mediated focus groups offer a unique opportunity to reach diverse samples of older adults, family caregivers, and their providers. These computer-mediated focus groups also offer the chance to learn novel ways to break barriers to health access by providing virtual reach capabilities for those facing health, transportation, work, or geographic barriers.

DEVELOPMENT OF ONLINE CHILD SUPPORT ACTIVITIES BY OLDER ADULTS; AN ACTION RESEARCH DURING THE COVID-19 PANDEMIC
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Japanese communities have been attempting a novel type of childcare support, wherein community-dwelling older adults form a specialized group (support group) that aims to provide child support activities. Before the COVID-19 pandemic, the group gathered children and mothers in community spaces and conducted events. However, on-site support had to be halted due to the pandemic. In this study, we report a case of action research aimed at shifting the activities online. First, a suitable online support plan was explored by hosting several discussions with child-rearing mothers. A questionnaire survey was then conducted to determine the most-sought intervention contents (N=19). Finally, based on the results, an intervention was conducted. As a result of the discussions, the hosting of online programs was set as the main goal. Out of the ten activities studied, the three most popular activities were programming (n=17), English conversation (n=16), and science workshop (n=15). Based on the results, an online science workshop that built a Bottleium, a small aquarium using a bottle, was hosted. Eight children participated in the event. A post-activity survey revealed that all participants attended the online activity for the first time, and the parents were happy to have joined the activity that entertained their child during the quarantine period. Furthermore, focus group interviews were conducted with the support group; they reported being satisfied with the outcome and recognized the importance of their role as member of support group. The results suggest the positive effect of this project on both older adults and the children.

EFFECTS OF A 6-WEEK INTEGRATED DEMENTIA PREVENTION INTERVENTION IN COMMUNITY-DWELLING OLDER ADULTS
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This study examined the week of a 6-session integrated dementia p program on dementia knowledge, attitude toward dementia, fear of dementia, and dementia prevention behaviors among community dwelling elders. Using a nonequivalent control group, pre-posttest design, study participants were recruited from a senior center in Seoul, Korea. A total of 40 participants completed the study while half of them were in the experimental group and another half were in the control group. They completed survey questionnaires before and after the program. The findings showed that the program was effective only to decrease the fear of dementia of the older adults. Knowledge, attitude toward dementia, and healthy behaviors may be difficult to change in a short period of time. However, the integrated dementia prevention program may be effective to decrease negative emotions, particularly, fear toward dementia among older adults. The fear of dementia needs to be further assessed individually in order to identify particular causes and triggers and provide tailored interventions.

EXPLORING FACTORS THAT SHAPE ADHERENCE TO TECHNOLOGY-BASED COGNITIVE INTERVENTIONS
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A cognitive intervention study was conducted to explore methods to improve adherence to a technology-based cognitive intervention and uncover individual differences that predict adherence (N = 120). The study was divided into two phases: (1) in which participants were asked to follow a prescribed schedule of training that involved gamified neuropsychological tasks administered via a tablet, and (2), in which participants were asked to play as frequently as they wished. Positively and negatively framed messages about cognitive health were delivered via the software program, and measures of cognition, technology proficiency, self-efficacy, technology attitudes, and belief in the benefits of cognitive training were collected. We computed an aggregate measure of adherence during each of the two phases, as well as a measure of daily engagement. Across data modeling approaches, the finding was consistent: only during Phase 2, was there evidence that positively-framed messages encouraged greater adherence over negatively-framed messages. Measures of memory and self-efficacy demonstrated some, but limited, ability to predict individual differences in adherence.

FEASIBILITY AND BARRIERS OF AN OLFACTORY TRAINING INTERVENTION
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Olfactory dysfunction is a common issue in late-life and can be an early indicator for neurodegenerative diseases. Further, olfactory interventions not only improve olfaction but have shown promise for the delay and treatment of