diverse participants (21 women, 4 men) caring for a family member with cognitive decline participated in focus group interviews conducted via videoconferencing methods. We captured more nuanced experiences from the perspective of study participants with regards to the caregiver interventions and their research participation. Interviews were conducted by trained research personnel, lasted 60-75 minutes, and followed an open-ended questioning route. Based on thematic analyses, we identified the following themes: 1) Changing one’s mindset: Seeing life through their shoes; 2) Getting information in one place; 3) Expanding the personal experience; 4) Fears and vulnerability; 5) Time constraints vs. wanting more; 6) Not everyone is at the same place; 7) Technology: It’s going to be part of our lives; and 8) Research: Not always in sync. Our findings indicate high satisfaction with most components of the program while specific recommendations were offered to improve the intervention and study experience such as tailoring materials to stage-specific needs.

GENOMIC SEQUENCING OF SOD1D YEAST THAT ESCAPE SPORE DEATH

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Amyotrophic lateral sclerosis (ALS) is a devastating neurodegenerative disease that impacts nerve cells and the spinal cord, and in some cases are linked to mutations in the Superoxide Dismutase 1 (SOD1) gene. Sod1 is an antioxidant within cells that converts reactive oxygen from superoxide into water using a copper and zinc ion to deactivate the oxygen. When the SOD1 gene is deleted, yeast cells are still able to undergo meiotic divisions and generate four spores, but the spores that are produced are inviable. However, we see that randomly, sod1Δ spores can grow on rich media. This leads us to hypothesize that somewhere in the genome, there is a suppressor mutation that allows these cells to grow. We tested this hypothesis by preparing samples for whole genome sequencing. By comparing the genomic sequences from our suppressor mutants to wild-type controls, we’re able to identify a single point mutation within a gene called NCA2, which codes for a protein that regulates expression of Fo-F1 ATP synthase subunits 6 and 8. Given this result, we are now working to try and understand the relationship between the sod1Δ spore death phenotype and the modulation of ATP synthase activity. In summary, the results from our work have the potential to further help us understand what role Sod1 plays in yeast meiosis and may be able to give us a deeper understanding for ALS cases that are linked to Sod1.

GOALS OF CARE CONVERSATIONS IN NURSING HOME AND ASSISTED LIVING CARE PLAN MEETINGS

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Me & My Wishes is a novel systematic approach for long-term care residents living with dementia to record videos about their care preferences that can be shared with staff and families in care plan meetings. To understand how the videos were utilized in Goals of Care (GOC) conversations, we coded and analyzed transcripts of recorded care plan meetings at the time of sharing the video using a priori codes derived from GOC conversation elements. Coding discrepancies were resolved in team meetings; finalized codes were summarized to derive themes. Thirty-four care plan meeting conversations between residents (n=34), family members (n=29) and staff (n=35) were analyzed. Residents appreciated sharing personal histories and preferences via video, while staff members appreciated deeper understanding of residents’ care preferences. Two themes described care plan meeting conversations: Everyday Care - a checklist-style assessment of the resident’s daily care (e.g., help with activities of daily living), activities engaged in and satisfaction with care; and Clarifying Care Goals - checking the resident’s treatment preference (e.g., pain management, CPR), explaining hospice, or confirming the resident’s contact person. Several elements of GOC were not discussed (e.g., disease progression) and conversations lacked depth and comfort evidenced by apologetic language and abrupt transitions of topics rather than exploring alignment of goals with care preferences. Me & My Wishes videos are a mechanism for residents to voice preferences. Standardized guidance, which is lacking in long-term care, is needed to help care teams engage in meaningful conversations to ensure alignment of goals and treatment preferences.

HEALTH EQUITY IMPLICATIONS OF COVID-19 ON DEMENTIA CARE IN COMMUNITY FOR PEOPLE OF AFRICAN DESCENT

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This presentation shares results from an analysis of interviews conducted to understand the health equity implications of COVID-19 responses on dementia care in the community for people of African descent in Nova Scotia, Canada. Interviews were embedded within a larger multi-method rapid research project that aimed to assess the impact of COVID-19 on dementia care for geographically and socially marginalized groups in the province. Data from the interviews was analyzed using a constructivist thematic analysis method, guided by an intersectional theoretical scaffold. Three themes were identified related to systemic barriers, mental health, system navigation and self-care, and collected under the overarching theme of ‘facing the unknown with dementia’. Results emphasized the value and notable absence of community driven, culturally specific dementia programs, resources and navigators for people living with dementia, family caregivers and care workers of African descent. Participants identified lack of health system and care provider knowledge and understanding of the cultures and histories of people of African descent as a barrier to quality care and to addressing dementia-related stigma. Conversations focused on the need for practical and accessible tools, strategies and perspectives responsive to the actually lived realities and needs of people in community, and for research that actually
contributes to individual and collective life in tangible, timely and culturally meaningful ways. Recommendations focus on the importance of centering community in dementia care programs, policy, practice and research to improve services and supports for people of African descent.

HOPE AS A MOTIVATOR FOR HEALTHY BEHAVIORS IN OLDER ADULTS: FINDINGS FROM A CROSS-SECTIONAL SURVEY
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Hope can be understood as a motivational state that enables people to move toward their goals. Yet, how hope may act as a motivator for healthy behaviors in older adults is not well-understood. Further, the extant literature utilizes varied conceptualizations of hope, and a better understanding of the constructs that underlie the relationship between hope and health behaviors is needed. This study examined the relationship between hope and health behaviors, explored how this relationship may differ across different socio-demographic groups, and considered how hope relates to perceived future selves among older adults. Community-dwelling adults 55 years and older (n = 711; mean age 67.38 years; 280 men, 431 women) completed an online, cross-sectional survey. Survey measures included, along with the Adult Hope Scale (AHS) and the Herth Hope Index (HHI), a health behaviors checklist, self-reported health, and a future self scale. We found a moderately strong positive correlation between hope and healthy behaviors in older adults (AHS r = 0.46, p < .01; HHI r = 0.50, p < .01). Participants with higher levels of hope also reported more positive future selves and better health. The associations were similar across different racial/ethnic groups and the magnitude of this effect held even after controlling for gender, education, marital status, and income. Of the two hope scales, we recommend the HHS measure given its relative parsimony, greater use in the field, and the fact that the associations were fairly similar to the HHI with respect to health and health behavior.

HOSPITAL, EMERGENCY DEPARTMENT, AND HOME HEALTH USE IN OLDER ADULTS WITH SENSORY IMPAIRMENT

Hearing, vision, and dual (combined hearing and vision) sensory impairments (HI, VI, and DSI) are common in older adults and associated with adverse health outcomes. However, it is not clear how sensory impairments impact healthcare utilization in older adults. This study aims to examine hospital, emergency department (ED), and home health care use amongst adults 65 and older diagnosed with HI, VI, and DSI in an urban academic health system. This secondary analysis (N=45,000) used a limited data subset of older adult primary care patients’ EHR data from a parent study examining medical complexity, healthcare use, and social vulnerability. Using logistic regression and controlling for participant demographics and comorbidities, results show HI, VI, and DSI increase the likelihood of having an ED visit (OR 1.29, p<.0001; OR 1.28, p=0.0011; OR 1.50, p=.0328, respectively) and a home health episode (hearing OR 1.41, p<.0001; vision OR 1.42, p=.0002) compared to those without sensory impairment (SI). No significant difference was found in hospital use and home health use for DSI. This is the first known study to examine ED use for older adults with VI and DSI, and home health use for older adults with SI in the US. Findings suggest older adults with SI have greater utilization and dependence on healthcare services. Older adults with SI may benefit from outpatient assessments and interventions to mitigate risks of ED use. Findings also support research into the drivers of healthcare use amongst this population, financial implications, and intervention development to prevent avoidable healthcare use.

HOSPITAL-INDUCED DELIRIUM AMONG MEDICAL OLDER ADULTS: EVALUATING THE VERACITY OF PROGNOSTIC MODELS
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Several prognostic models have been developed and validated for delirium prediction among older adults. However, model development and validation studies need to be evaluated for risk of bias to establish the veracity of the prognostic models. This is a critical step before they can be implemented in clinical practice. Multiple systematic reviews have evaluated prognostic models of hospital-induced delirium. However, none of the existing systematic reviews evaluated the validity of models for non-surgical, medical hospitalized older adults. We conducted a scoping review to evaluate the validity of existing prognostic models of hospital-induced delirium in medical older adults. CINAHL, PsycINFO, PubMed, and Web of Science were searched for original studies. The database search yielded 4,312 records. Five studies were included in the qualitative synthesis. All the studies claimed to have developed valid prognostic models. However, the risk of bias assessment revealed that existing prognostic models of hospital-induced delirium in medical older adults are at a high risk of bias. Collectively, the statistical analysis was the greatest source of bias. Notably, while we have seen a proliferation of prognostic models for use in the surgical older adult population, efforts at developing prognostic models in the medical older adult population seem to have declined since the early 1990s. Newer methods of data collection, such as data mining of electronic health records, and statistical analysis, such as machine learning, have shown promise in accurate prediction of hospital-induced delirium while overcoming many challenges associated with manual data collection and traditional statistical analyses.