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 AHS 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.