clotted as hotspots significantly or not. By driver’s age and fatal crash, drivers age 35 to 59 had two specific hotspots near Boston and one hotspot near Fall River in MA. Drivers age 65 and older had five different hotspots along with the boundary of greater Boston. This difference in hotspots of fatal crash between younger and older drivers could be related with roadways, traffic volume, and population density. Identification of these crash hotspots will be beneficial for drivers and policy makers. The findings may alert drivers to high risk areas and policy makers can implement countermeasures.

OPTIMIZING ANTIPSYCHOTIC USE IN RESIDENTIAL CARE: THE ROLE OF ORGANIZATIONAL READINESS FOR CHANGE
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Persons with dementia (PwD) experience challenging neuropsychiatric symptoms (NPS) as their illness progresses. Antipsychotic drugs (APD) have been regularly used in residential care to manage this issue despite the risk of adverse events and increased morbidity and mortality. This study examines the role of culture of care in relation to continued inappropriate APD use when managing NPS in PwD. Culture of care consists of sets of norms, beliefs, and cognitive frames which inform clinical practice and care delivery. The study also considers organizational readiness for change in examining the implementation of alternate non-pharmaceutical practices to address the issue of NPS. Findings were obtained from three Canadian residential care facilities that worked on reducing inappropriate use of APD. Data came from interviews with 16 licensed practical nurses, 12 nurses, 17 health care assistants, 3 activity leaders, 3 directors of care, 10 physicians, and 14 family members. We found that care providers varied in their perceived capacity to implement novel care strategies and in the support received for innovative thinking and action. We also identified variations in how care providers informally share information on alternate strategies to manage NPS and in the contextual factors facilitating such communication. Finally, we found differences in how family members’ input was meaningfully integrated into care planning. Overall, the study shows how culture of care reflects entrenched responses to NPS but also evolves to support challenges to the decision to prescribe APD, non-pharmacological approaches to care, and the meaningful involvement of family members in care planning.

PARTICIPANT OUTCOMES OF A STATEWIDE CHRONIC DISEASE SELF-MANAGEMENT EDUCATION INITIATIVE
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Many states are working to make chronic disease self-management education accessible to the most vulnerable populations such as rural and economically distressed individuals. The purpose of this study was to assess changes in health, symptoms and self-management strategies among adults (N=1699) who participated in the Stanford CDSPM. Participants completed a baseline survey that included questions about their health, chronic conditions, symptoms, health confidence, medication adherence, communication with providers, healthcare use and how they heard about CDSPM. After the six-week program, participants were sent a follow-up survey 3–6 months post program. About 10% of the sample completed the follow-up survey (N=121). This survey also included items about self-management behaviors they continued to do. Results indicated health status improved over time from 1.70 to 1.87 (p=.05) and participants reported fewer problems with sleep from baseline (m=4.46/10) to follow-up (3.82/10). Participants were significantly more likely to discuss concerns regarding their condition(s) with their healthcare provider after the workshop. At baseline, average frequency of talking with providers was 2.77/4 (0= never and 4= very often). At posttest, participants increased to 3.17/4 for talking with healthcare providers. This indicates a significant improvement in talking to one’s healthcare provider. Participants indicated an increase in their healthcare provider encouraging them to engage in self-management. This was a modest increase (up from 1.11 to 1.47). While changes in health and symptoms were modest, it is encouraging participants talked with their healthcare providers more and their providers encouraged them to continue self-management education.

PARTICIPATION IN CHRONIC DISEASE PREVENTION PROGRAMS AMONG OLDER ADULTS LIVING IN RURAL AND URBAN SETTINGS
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This study aims to examine factors influencing completion of Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) between rural and urban populations. Programs were implemented throughout 102 sites across the state of Illinois. Addresses were then geocoded using Google Earth Pro, distance traveled by each participant to their workshop site was calculated using the Origin-Destination Cost Matrix ArcGIS Network Analyst tool. Census Bureau’s county classifications of Urban/Rural was adopted. The overall sample included 1,003 older adults, average age 71.2 years. Of these, 941 participants lived in urban counties and 62 in rural counties in Illinois. A total of 757 participants completed 4 or more sessions of the program (4.2 sessions). Identifying as “Black or African-American”, and more time spent in physical activity were positively correlated to program completion in urban settings. Also, there was a negative correlation between self-reported number of days per month participants felt physically not good, and self-reported number of days participants felt limited to carry out daily activities. Neither of these associations were significant for the rural sample. In rural settings, there was a negatively significant correlation between miles traveled and program completion. Findings from this study underscore differences in factors associated with completion of chronic disease programs among rural and urban older adults. To promote completion among participants in urban settings, strategies should focus on less physically active individuals and increase cultural competence. To
increase participation in rural settings, workshops need to be more accessible to cut down on travel time.

PRELIMINARY EVIDENCE FOR A FEASIBLE DEMENTIA CAREGIVER SUPPORT GROUP IN A PRIMARY CARE SETTING
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Approximately 15 million Americans provide unpaid care for those with Alzheimer’s disease and other dementias (Alzheimer’s Association, 2015). Extant literature has well documented the increased risk for physical, emotional, social and financial burden associated with caregiving. While intensive support groups may be well-suited to caregiver needs, they are often difficult to implement given financial, personnel, and resource constraints. Thus, the purpose of this study is to examine the efficacy of a theoretically-based, 6-week caregiver support group in a community primary care setting. The group focuses on self-care, behavior management techniques, and interdisciplinary caregiver resources. A total of 21 dementia caregivers (85.7% female; mean age = 61.33 years) have completed these groups. Participants completed self-report measures, including the Center for Epidemiological Studies Short Depression Scale, Caregiver Strain Index, and Preparedness for Caregiving Scale, at the initial (week 1) and final session (week 6). Participants also completed a satisfaction survey during the final session. Results demonstrate that caregiver preparedness significantly improved after the group (t = 6.13, p<.001). While caregiver depression and caregiver strain declined, the difference was not statistically significant. Satisfaction survey results suggest that participants felt the group was beneficial, an appropriate length, and that they would recommend it to other caregivers. These results provide preliminary evidence for a feasible 6-week dementia caregiver support group in a primary care setting. Limitations of this preliminary study include a small sample size and lack of comparison group. Planned research will repeat the group with larger samples and utilize comparison to community controls.

RECRUITING AND RETAINING OLDER FEMALE CANCER SURVIVORS INTO A FALL PREVENTION TRIAL
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The GET FIT (Group Exercise Training for Functional Improvement after Treatment) trial is the first randomized controlled trial to test the efficacy of two specific and separate types of exercise training, tai chi and strength training, to reduce falls in older female cancer survivors. The purpose of the present study is to: 1) report on the feasibility of recruitment into the trial and 2) report on retention and adherence to the exercise trial. Women were recruited through cancer registries, clinician referral, letters to past research participants, self-referral and screening of electronic health records (EHR). Interested and eligible women were consented and randomized to participate in a strength training, tai chi, or flexibility (placebo control) exercise class two times a week for 6 months. Out of 1490 screened women, 442 began the study intervention and 52 withdrew before the 6 month intervention was complete resulting in an 88% retention rate. Women who withdrew from the study reported more worry about falls compared to those who did not withdraw (p<0.05). Women with less than 50% adherence to exercise sessions had higher BMI (p<0.01), more comorbidities (p<0.01), more self-reported pain (p<0.05), lower self-report physical function (p<0.05) and higher disability (p<0.05) at baseline compared to more adherent women. The GET FIT study demonstrated high success in recruiting and retaining older female cancer survivors into a large exercise clinical trial. However, a woman’s initial health and physical function seemed to play a role in her ability to adhere to the study exercise classes.

SAVVY CAREGIVER PROGRAM EFFECTIVENESS AND PRELIMINARY MECHANISM EXAMINATION
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The Savvy Caregiver Program (SCP) is a well-established psychoeducation intervention for dementia caregivers. Though many evidence-based caregiver interventions exist, little research has examined effectiveness of these interventions in the community. Past work has overlooked the question of therapeutic mechanisms, though extensive theoretical and empirical findings suggest that caregiver preparedness may be one such mechanism. Primary goals of this study were A) to replicate past work examining the efficacy of SCP, and B) to examine caregiver preparedness as a prospective therapeutic mechanism. Subjects include dementia caregivers who completed the Savvy Caregiver protocol conducted by a community nonprofit organization in the metropolitan Orlando area. Measures administered before and after the 6-week Savvy Caregiver program include the Zarit Burden Inventory (short-form), the Center for Epidemiological Studies-Depression-10, the Anticipatory Grief Scale, and the Preparedness for Caregiving Scale. The modal participant was female (n=15, 83.3%), white (n=14, 77.8%), a college graduate (n=10, 55.6%) and reported her age as between 40 and 64 years (n=12, 66.7%). Results of paired-samples t-tests were that caregiver preparedness (t(16)=4.31, p<.000), caregiver burden (t(16)=3.08, p<.007), and anticipatory grief (t(16)=3.22, p<.005) all improved over the course of the intervention. Mean scores on the depression measure were unchanged (t(16)=.52, p=.608). Change in caregiver burden from pre- to post-intervention was significantly moderated by change in caregiver preparedness (F=5.23, p<.05, ηp2=.26). These findings are consistent with past work supporting use of the SCP with dementia caregivers, and builds on this work by identifying caregiver preparedness as one therapeutic mechanism by which this intervention influences caregiver distress.

SERVING DRIVING EVALUATION NEEDS OF MEDICALLY-AT-RISK OLDER ADULTS APPROPRIATELY
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Driving is the most valued instrumental activity of daily living and critical to maintain older adults’ quality of