reasons behind vaccine hesitancy in older adults. We implemented a cross-sectional survey to determine the self-reported vaccination behaviours of 372 UK-based adults aged 65-92 years. We assessed previous uptake and future intention to receive the influenza, pneumococcal, and shingles vaccines. Participants also self-reported their health and socio-demographic data, and completed two scales measuring the psychological factors associated with vaccination behaviour (5C and VAX scales). Self-reported daily functioning, cognitive ability, and social support were also assessed. Considerably more participants had received the influenza vaccine in the last 12 months (83.6%), relative to having ever received the pneumococcal (60.2%) and shingles vaccines (58.9%). Multivariate logistic regression analyses showed that a lower sense of collective responsibility independently predicted lack of uptake of all three vaccines in this population. Greater calculation of the disease/vaccination risk and preference for natural immunity also predicted not getting the influenza vaccine. For both the pneumococcal and shingles vaccines, concerns about profiteering predicted lack of uptake. Therefore, more understanding of vaccine benefits and disease risks may be required for these vaccines. Additional qualitative data generally supported these findings, which can contribute to future intervention development and research targeted at more diverse groups (e.g. older adults with cognitive impairments).

SCREENING OLDER ADULTS FOR HEARING LOSS IN PRIMARY CARE: INSIGHTS OF PATIENTS, PROVIDERS, AND STAFF

Mina Silberberg,[1] Anisha Singh,[1] Janet Bettger,[2] Rowena Dolor,[1] Sherri Smith,[3] and Howard Francis,[1] *1. Duke University, Durham, North Carolina, United States, 2. Duke University School of Medicine, Durham, North Carolina, United States, 3. Duke University Medical Center, Durham, North Carolina, United States*

Over one-third of older adults have a disabling hearing loss, with potentially severe implications for well-being. Hearing screening is not routine in primary care (PC) and patients are relied upon to report hearing concerns. We compared outcomes of three approaches to linking telephone-based screening with PC (providing information at PC visit, encouraging at visit, or completing at visit). This poster presents results of focus groups/interviews with providers and staff from participating clinics (n= 35), study enrollees who completed screening and were referred for diagnosis (n=14), and enrollees who did not complete screening (n=12). Results show that most patients had prior hearing concerns they had not reported to their PC. Patients forgot or were resistant to completing screening at home. Negative attitudes towards admitting hearing loss and using hearing aids were common; experiences of family and friends influenced many patient attitudes, both negative and positive. PC personnel wish to help, but are challenged by lack of time, space, and reimbursement for screening, and loathe to screen when specialty care and hearing aids are costly. Study results indicate that relying on patients to report hearing concerns is inadequate. Integration of hearing screening into PC would be helped by strengthening reimbursement for screening, specialty care, and hearing aids, and education of both providers and patients on other available treatments for hearing loss. Patients also require education on hearing aid technology. There is a need to address stigma associated with hearing loss, taking into consideration the influence of family and friends on attitudes.

SESSION 10310 (LATE BREAKING POSTER)

LONG TERM CARE

IS HEALTH INFORMATION EXCHANGE USE BY HOSPITALS AND HOME HEALTH AGENCIES ASSOCIATED WITH LOWER READMISSION RATES?

Christine Jones,[1] Jacob Thomas,[2] Marisa Roczen,[2] Kate Ytell,[2] and Mark Gritz,[2] *1. Rocky Mountain Regional VA Medical Center, Aurora, Colorado, United States, 2. University of Colorado, Aurora, Colorado, United States*

For older adults transitioning from the hospital to home health agencies (HHAs), clinical information exchange is key for optimal transitional care. Hospital and HHA participation in regional health information exchanges (HIEs) could address fragmented communication and improve patient outcomes. We examined differences in characteristics and outcomes for patients with either Medicare or Medicare Advantage (MA) insurance who transitioned from hospitals to HHAs based on HIE participation with 2014-2018 data from the Colorado All Payer Claims Database. We performed analyses including chi square and t tests to compare patient characteristics and 30-day readmission rates for high versus lower HIE use, determined by HIE participation (+) and non-participation (-) among HHAs and hospitals: High HIE use dyads (Hospital+/HHA+) were compared to lower HIE use dyads (Hospital+/HHA-, Hospital-/HHA+, Hospital-/HHA-). We identified 57,998 care transitions from 123 acute care hospitals to 71 HHAs. On average, patients were 75 years old, had a three day hospital length of stay, over half were female (58%), 82% had Medicare and 18% had MA insurance. Although most characteristics were similar between high versus lower HIE use dyads, high HIE use dyads had a higher proportion of Medicare patients compared to the lower HIE use dyads (85% vs 79%, p <0.001). Thirty-day readmissions were 12.4% for care transitions that occurred among high HIE use dyads (n=27,784) compared to 12.8% among lower HIE use dyads (n=32,929, p=0.102). For adults transitioning from hospitals to HHAs among high HIE use dyads, a trend toward lower 30-day readmission rates was identified.

MINDFULNESS INTERVENTION BENEFITS OLDER ADULTS RECEIVING REHABILITATION SERVICES IN LONG TERM CARE

Katarina Felsted, Katherine Supiano, Trinh Mai, and Anthony Muradas, *University of Utah, Salt Lake City, Utah, United States*

Research literature includes preliminary examination of mindfulness in rehabilitation settings; however, further investigation is warranted. Some of the strongest findings to date are adaptation improvements such as self-efficacy, increased quality of life, and decreased stress. The purpose and aims of this pilot feasibility and acceptability study were to

develop, administer, and evaluate a modified mindfulness program for older adults in rehabilitation in long term care, and to measure self-efficacy, quality of life, and perceived stress. Nine residents 65+ were recruited. Inclusion criteria for participants included residents receiving any type of therapy (e.g., physical, occupational, speech), an anticipated length of stay inclusive of the intervention treatment period, and cognitive capacity to participate. A mindfulness intervention was developed by the research team and administered by a CITI trained, qualified mindfulness instructor. As this is a pilot study, no control group was used. This study proved both feasible and acceptable. All eligible participants consented; both attendance and retention percentages were above the 75% standard (78% and 89%, respectively), and the Meaningful Activities Scale rating=82.4, indicating strong acceptability. Statistical results values for the Health-Related Quality of Life (V=153, p< 0.001), Bandura's Self Efficacy Questionnaire (V=153, p< 0.001), and Cohen's Perceived Stress Scale (V=152, p< 0.001) were all statistically significant. These preliminary research findings will inform a larger pragmatic trial testing preliminary effectiveness of the intervention in this population in quality of life, self-efficacy and stress reduction. While this study began prior to the COVID-19 pandemic, its findings are now even more relevant to gerontology.

SEQUENTIAL DEPENDENCIES IN SOLID AND FLUID INTAKE IN NURSING HOME RESIDENTS WITH DEMENTIA: A MULTISTATE MODEL

WEN LIU,[1] Kristine Williams,[2] and Yong Chen,[1]
1. University of Iowa, Iowa City, Iowa, United States,
2. University of Kansas, Lawrence, Kansas, United States

Nursing home (NH) residents with dementia commonly experience low food intake leading to negative consequences. While multilevel factors influence intake, evidence is lacking on how intake is sequentially associated. This study examined the temporal association between previous and current solid and fluid intake in NH residents with dementia. We analyzed 160 mealtime videos involving 27 residents and 36 staff (53 dyads) in 9 NHs. The dependent variable was the current intake state (fluid, solid, no-intake). Independent variables included the prior intake state, technique of current intake state (resident-initiated, staff-facilitated), duration between previous and current intakes. Covariates included resident and staff characteristics. Two-way interactions of duration and technique with the prior intake state, and resident comorbidity and dementia severity were examined using Multinomial Logit Models. Interactions were significant for technique by comorbidity, technique by dementia severity, technique by prior fluid and solid intake, and duration by prior fluid intake. Successful previous intake increased odds of current solid and fluid intake. Staff-facilitation (vs. resident-initiation) reduced odds of solid and fluid intake for residents with moderately severe (vs. severe) dementia. Higher morbidity decreased odds of solid intake (vs. no-intake) for staff-facilitated intake. Resident with severe dementia had smaller odds of solid and fluid intake for resident-initiated intake. Longer duration increased odds of transition from liquid to solid intake. Findings supported strong sequential dependencies in intake, indicating the promise of intervening behaviorally to modify transitions to successful intake during mealtime. Findings inform the development and implementation of innovative mealtime assistance programs to promote intake.

UNDERSTANDING PATIENT AND CLINICIAN PERSPECTIVES OF ANTIBIOTIC USE FOR THE TREATMENT OF UTIS

Susan Hannum,[1] Ja Alah-Ai Heughan,[1] Ayse Gurses,[2] Morgan Katz,[2] and Jonathan Zenilman,[2] *1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States, 2. Johns Hopkins School of Medicine, Baltimore, Maryland, United States*

Background. Multidrug resistant organisms are highly prevalent in post-acute long-term care [LTC] and skilled nursing facilities [SNF], driven by overdiagnosis of urinary tract infections [UTI] and overuse of antibiotics, despite clinical guidelines for UTI management. Using the Systems Engineering Initiative for Patient Safety [SEIPS] framework to understand sociotechnical work systems within LTC/SNFs, we are conducting mixed methodological research to examine work systems gaps that may require structural modification to ensure appropriate prescribing behaviors. Methods. To begin this research, we conducted semi-structured interviews with residents, caregivers, and clinical staff at three LTC/SNF locations. Resident and caregiver interviews queried knowledge, attitudes, and beliefs about UTIs and antibiotics, previous use, and communication with clinical staff. Clinical staff interviews queried procedures for diagnosing UTIs, prescribing decisions, communication with residents/caregivers, and resident/caregiver demand. Findings. Resident/caregiver interviews highlighted three common themes: (1) doctors have the right to deny antibiotics, but communication about decisions is critical; (2) trust doctors' knowledge and use of objective testing for decision-making; (3) want detailed explanations and education about antibiotics, including potential side effects. Clinical staff described: (1) caregiver as the primary barrier, even with education about antibiotics; (2) using a general protocol for diagnosis, but also prior knowledge and experience with the resident; (3) importance of educating and communicating with residents/caregivers about antibiotic treatment, prescribing recommendations, or side effects. Conclusions. Our study highlights a gap in communication and workflow between residents, caregivers, and clinical staff that may be amendable to improved interventions that decrease inappropriate prescribing of antibiotics for this population.

SESSION 10320 (LATE BREAKING POSTER)

MINORITY & DIVERSE POPULATIONS

CAREGIVER'S RELATIONSHIP TYPE AND RACE/ETHNIC GROUP COMPARISONS IN A COMMUNITY-BASED CAREGIVER SUPPORT PROGRAM

Jinmyoung Cho,[1] Donald Smith,[2] and Alan Stevens,[1]
1. Baylor Scott & White Health, Temple, Texas, United States, 2. United Way's Area Agency on Aging of Tarrant County, Fort Worth, Texas, United States