important contributor to disparities in resident quality of care. Disadvantaged neighborhoods may have undesirable attributes (e.g., poor public transit) that make it challenging to recruit and retain qualified staff. Lower NH staffing could subsequently leave residents vulnerable to adverse events. Thus, the purpose of this study was to evaluate whether NHs located in socioeconomically disadvantaged neighborhoods had lower healthcare provider staffing levels. We linked publicly available NH data geocoded at the Census block-group level with the Area Deprivation Index, a measure of neighborhood socioeconomic factors including poverty, employment, and housing quality (percentiles: 1-100). Consistent with prior literature on threshold effects of neighborhood poverty on outcomes, we characterized NHs as being located in a disadvantaged neighborhood if the census-block group ADI score was ≥85/100. We used generalized estimating equations clustered at the county level with fixed effects for state and rural location to evaluate relationships between ADI score and staffing. NHs located in socioeconomically disadvantaged neighborhoods had 12.1% lower levels of staffing for registered nurses (mean: 5.8 fewer hours/100 resident-days, 95% CI: 4.4-7.1 hours), 1.2% lower for certified nursing assistants (2.9 fewer hours/100 resident-days; 95% CI 0.6-5.1 hours), 20% lower for physical therapists (1.4 fewer hours/100 resident-days; 95% CI 1.1-1.8 hours), and 19% lower for occupational therapists (1.3 fewer hours/100 resident-days; 95% CI 1.0-1.6 hours). These findings highlight disparities that could be targeted with policy interventions focused on recruiting and retaining staff in socioeconomically disadvantaged neighborhoods.

INFECTION CONTROL IN SMALL RESIDENTIAL CARE SETTINGS: INSIGHTS FROM A NATIONAL SURVEY AND WASHINGTON STATE DATA
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Infection control is a vital issue in long-term care, and the increasing popularity of small residential care facilities (SRCF) raises questions about the effectiveness of this model for preventing facility-acquired infections. In SRCF, care is provided in a residential home to a small number of residents. The setting lacks common terminology, and states license SRCF under various titles including Adult Family Homes, Adult Foster Homes and Family Care Homes. To better inform infection control efforts in this unique setting type, DOH staff conducted a comprehensive search to locate states that license SRCF. A total of 24 states were identified and approached to participate in a qualitative research study; 21 responded, three declined and nine were unable to participate due to staff time constraints. Between March 12th and April 15th, 2021, ten public health and regulatory staff from nine states completed semi-structured telephonic interviews on infection control in SRCF. Infection control licensing requirements and public health oversight for SRCF varied significantly across participating states. Data from these interviews was analyzed and compared with two Washington State Adult Family Home (AFH) sources: 1) online survey of AFH providers 2) Infection Control Assessment and Response evaluations conducted by public health staff. Four themes were identified in all three data sets: access to personal protective equipment, environmental safety, staffing issues and knowledge deficits. SRCF are valued by states that license them. Despite the challenges of implementing infection control in the home-like environment, extraordinary opportunities exist for improving care and preventing infections in this setting.

INFLUENCES OF PREJUDICE AND STEREOTYPING IN THE DIRECT CARE WORKFORCE
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Direct Care Workers (DCW; nursing assistants, personal care aides, home health aides) have the most one on one care with sexual and gender minority (SGM) older adults who reside in residential care facilities or use home health services. DCWs make up a vast majority of the healthcare workforce, holding almost five million jobs in 2019, with approximately 70% of the positions held being in residential care facilities. In a qualitative design study, 11 DCWs were interviewed using an open-ended, semi-structured format to describe their perceptions of care provided to SGM older adults in residential care facilities and the home health setting. These results were part of a larger qualitative study which found there were cues of stereotyping and prejudice in DCW narratives toward SGM older adults. The category DCWs’ care and social system referred to characteristics of the DCWs’ work environment and the perspectives, attitudes, and reported care toward SGM older adults and diverse populations. It was determined that there are synergies among SGM older adults’ care and DCW along with DCW workforce issues (short staffed, low wages, lack of health benefits) that may prevent the DCW from being accepting of implicit bias training or culture change within these facilities/agencies. Implications for practice, policy, and future research are discussed.

INSIGHT INTO THE FEASIBILITY AND ACCEPTABILITY OF A MULTI-LIFESTYLE DEMENTIA RISK INTERVENTION
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Lifestyle interventions based on behaviour change principles may provide a useful mechanism in reducing dementia risk amongst older adults, however intervention acceptability remains relatively unexplored. We assessed the feasibility and acceptability of BRAIN BOOTCAMP, an Australian initiative aiming to improve dementia literacy and reduce dementia risk by delivering a brain health box addressing multiple lifestyle factors through education, physical prompts and an individualised brain health profile. Semi-structured phone interviews were conducted with participants (N=94) at completion of the program (3-months) using a theoretical sampling approach to select a range of participants with varying brain health scores, age, gender, education and locality. Interview topics included participants’ overall experience and suggestions for program improvement. Interviews were transcribed and analysed using.
thematic analysis. Participants were mostly female (79%), with a mean age of 72.6 years (SD=5.4), from an English-speaking background (89.4%) and resided in metropolitan areas (76.6%). Participants positively perceived the program, resulting in high usability and acceptability. Valuable aspects included building dementia awareness in an innovative way, and having re-assessments which identified areas for personal improvement. Participants further discussed how the program prompted lifestyle change, including setting goals (e.g., physical activity) and facilitated a general awareness of their brain health. Suggested improvements included shorter surveys, regular check-ins, and specific tailoring of the program to be more inclusive for older adults with varying levels of health. Our study demonstrated that a simple, innovative program could be a promising medium for delivering comprehensive educational resources and induce lifestyle change for older adults.

**INTERDISCIPLINARY INNOVATIONS UTILIZING PET ROBOTS TO MEET RESEARCH, EDUCATION, AND CARE NEEDS**

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Studies of the impact of robotic companion pets are proliferating, authored by several disciplines, each with different concerns. Roboticians focus on technology design and artificial emotional intelligence as opposed to general preferences for soft, furry, interactive animals. Others worry that as people interact with potentially deceptive technology, they may think the pet is alive. While aware of these serious concerns, gerontologists have focused on how lonely older persons without cognitive impairment respond to social ‘helper’ robots. More recent studies emphasize the possible impact of animatronic pets on persons with dementia (PWD). Therapeutic benefits of these pets are just being established. Our current pilot study is timely in that it now involves semi-structured interviews with formal/ informal caregivers of PWD who have been given a robot pet. We are eliciting perceptions, opinions, and observations of the PWD’s response to robotic pets. We recruited 8 gerontology students as much-needed assistants for a research-driven topics course to afford them field exposure to PWD, caregivers, and direct research experience. Because students seldom have experience either with robotic pets or PWD, they read selected articles and received training/practice in semi-structured interviewing techniques. Students next conducted interviews with caregivers of PWD who have interacted with the pets. All interviews are audio-recorded, transcribed and deposited in the Carolinas Conversations Collection. Content and thematic analysis of transcriptions, student activity logs and bi-weekly reflective discussions will inform next steps in intervention research, testing therapeutic outcomes such as agitation reduction by pet robots for PWD.

**LOW COGNITIVE PERFORMANCE INCREASES THE RISK OF HOSPITAL-ASSOCIATED COMPLICATIONS IN OLDER ADULTS**

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Considering the limited evidence regarding the factors that contribute to long-term consequences after hospitalization of older people, we analysed the relationship between cognitive performance and hospital-associated complications (HAC). One thousand, three hundred individuals aged 60 and older (mean age 82.3, 53.3% female), not assigned to palliative care and admitted in medical and surgical wards from a private hospital, were followed up from admission to 30 days after discharge. HAS was evaluated using a multicomponent measure that combines 12 hospital-associated complications (delirium, functional decline, falls, pressure injuries, bronchoaspiration, non-planned ICU transfer, physical restraints, hospital stay > 30 days, death, long-term care transfer, and readmission). Cognitive performance was assessed using the “10-point cognitive screener (10-CS)”, which combines temporal orientation, category fluency, and word recall evaluation.

**Results:** Overall, 464 (35.7%) participants had one or more HAC during their admission. Patients with HAC showed lower 10-CS scores than those with in HAC (p <0.001). Adjusting for sociodemographic data, medication, chronic diseases, delirium screening, functional performance, each 10-CS point decreased the HAC changes by 19.2% (odds ratio = 0.808; 95% CI = 0.660 – 0.990).

**Conclusion:** These findings show that low cognitive performance was significantly associated with the risk of developing HAC during hospitalization and within 30 days after discharge. That evidence forms the critical foundation for the next steps towards validating the accuracy of these models in predicting vulnerability to HAC and developing screening tools to be used at the point of care.

**LUNG FUNCTION RESERVE AND PHYSICAL FUNCTION IN HEALTHY OLDER ADULTS: FINDINGS FROM BLSA**

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Forced Expiratory Volume in 1-second (FEV1) that falls below the lower limit of normal (LLN) is a well-established correlate of functional limitation and disability. However, less is known about the functional implications of gradations of lung function above the LLN. We examined the cross-sectional association between gradations of healthy lung function and usual gait speed, reported walking ability, and fast 400m walk performance in 750 persons (50.7% men) aged 55-95 free from respiratory disease and mobility limitations, participating in the Baltimore Longitudinal Study of Aging (BLSA). The 2012 Global Lung Initiative (GLI) reference equations were used to calculate FEV1 Z-scores, with healthy lung function categorized as follows: -1.6 < Z ≤ -1.0 (pre-clinical), -1.0 < Z ≤ -0.3 (low normal), -0.3 < Z ≤ 0.3 (normal), 0.3 < Z ≤ 1.0 (high-normal), and Z > 1.0 (high). Associations between gradations of healthy lung function...