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Preliminary results: The literature search revealed that older immigrants in need of care define their preferences in terms of expectations and priorities. Differences among immigrants are related to the age of the person at the time of immigration, on cultural differences and/or on how the concepts of preferences in the country of origin is understood.

Session 2515 (Paper)

WELL-BEING IN OLDER ADULTS

COMPARING NIGHTTIME TO RUSH HOUR AVOIDANCE AS INITIAL SELF-REGULATION BEHAVIORS

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Background: Instruments to identify and assess preferences for everyday living are important tools for health professionals. For research purposes, they appear equally essential, for example, to develop new care approaches based on the preferences of the older adults. So far, it seemed unknown which instruments already exist to identify and assess preferences for everyday living.

Method: We conducted an evidence map to identify instruments, to understand how preferences are assessed and which instruments are focusing everyday living.

Results: We plotted our results in the form of a bubble plot. We identified instruments that map multiple domains (e.g. function and leisure activities) or only one topic (e.g. food, personal hygiene or brightness). Preferences are assessed using direct questions, frequencies, sorting, stimuli, or even scores. Our results show the variety of how preferences are defined and the range of instruments to assess preferences for everyday living of older adults.

PREFERENCES OF OLDER IMMIGRANTS IN NURSING CARE: A SCOPING REVIEW

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Background: Worldwide, our societies are characterized by an increasing diversity, greatly contributed by immigrants. When in need of care older immigrants face various barriers and serious challenges in terms of unmet preferences. To provide person-centered care, health care professionals need to consider the personal background of immigrants to identify and assess their individual preferences.

Objective: To understand how preferences of older immigrants in nursing care are defined and how they can be assessed.

Methods: A scoping review will be conducted to identify and analyze preferences of older immigrants across health care settings.
practice with little evidence demonstrating the need with healthy older adults. This study’s objective was to analyze night driving using eye-tracking technology examining differences between on-road/simulated drives and older/younger adults. A 2 (old, young) x 2 (simulator, on-road) repeated-measures design measured three roadway “hazards” of pedestrians looking at their cell phone while posed to cross the roadway. Pupil glances were recorded using outcome measures of total fixation duration, number of fixations, and time-to-first fixation for the pedestrians on-road and on a specifically designed scenario matching the on-road route. Thirty-three healthy, community-living drivers age 65+ years (N=16) and drivers age 20-40 years (N=17) completed both drives. Using non-parametric statistics, results demonstrated that night hazard detection was similar across driving conditions except for time-to-first fixation, which was faster on-road for both age groups (p<.001). At some hazard locations, there were significant differences between the two age groups, with older adults taking longer to initially see hazards. Results suggest, older adults detected hazards similarly to younger adults, especially during on-road performance, suggesting avoidance of night driving may not be necessary. Results also support using driving simulation as a proxy for on-road with night driving needing to be incorporated. Additionally, eye-tracking has the potential for research in hazard detection with emphasis on the time-to-first fixation outcomes when considering driving analysis.

FACTORS AFFECTING COGNITIVE DYSFUNCTION SCREENING FOR LATINX ADULTS WITH TYPE 2 DIABETES
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Before development of overt type 2 diabetes (T2DM), changes in brain structure and activation patterns are found in insulin resistance, indicating many with T2DM may already have alterations in cognitive function. How best practices are met for screening for cognitive dysfunction, specifically Latinx adults with T2DM who are at higher risk, remains unclear. The purpose of this study was to examine aspects influencing screening Latinx adults with T2DM for cognitive problems by identifying patient-, clinician- and clinic-level factors. This was a mixed methods study which used semi-structured interviews with Latinx adults with T2DM (n=30; mean age: 68; 57% Mexican American); surveys and interviews with health care providers (n = 15); and inventories of four outpatient clinics to identify factors (e.g. time, clinic policies) influencing screening. Data were analyzed via thematic analysis (interviews) and descriptive statistics (surveys and inventories). For patients, screening was important, but inability to work related to a possible diagnosis of dementia was a concern. Providers and patients agreed other health issues (e.g. hyperglycemia) took precedence to screening. Providers (96.7%) were expected to screen but did not have support/time from clinics and relied on patients for initial prompts. Only one clinic reported staff education on cognitive screening with an emphasis on potential cultural differences in test results and adequate resources related to dementia for Latinx adults. Clinics serving Latinx adults have a responsibility to deliver appropriate care. Leadership should consider innovative practices such creation, with patients, of educational materials for screening—a need highlighted by most participants.

Session 3000 (Symposium)

BENEFITS AND BARRIERS TO EMERGING TECHNOLOGIES TO PROMOTE HEALTH, WELL-BEING, AND INDEPENDENCE OF OLDER ADULTS
Chair: Walter Boot

Emerging technologies, such as voice assistant systems and artificial companion robots, hold a great deal of promise for improving the health, wellbeing, and independence of older adults. However, these solutions will likely be ineffective in the absence of research to understand barriers to the adoption and use of these technologies and without an exploration of the needs and preferences of older adults. This symposium focuses on both the potential of such technologies and factors that may affect their success. H. Spangler will present a detailed analysis of privacy concerns of older adults, with and without cognitive impairment, related to the use of Voice Assistant Systems (VAS). R. Nicholson will discuss the potential of a VAS app for promoting exercise among older adults and their caregivers to enhance mobility independence, with a focus on perceived benefits and dislikes about the app that may impact use. Finally, C. Berridge will present an exploration of perceptions of and attitudes toward artificial companion (AC) robots across the lifespan, before and after the start of the COVID-19 pandemic, including concerns about privacy. Together, these talks will highlight novel methods through which emerging technologies can support older adults and issues to consider if these methods are to produce meaningful change.

PRIVACY CONCERNS AMONG OLDER ADULTS USING VOICE ASSISTANT SYSTEMS
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Voice Assistant Systems (VAS) are software platforms that complete various tasks using voice commands (e.g., Amazon Alexa), with increasing usage by older adults. It is unknown whether older adults have significant privacy concerns with VAS. 55 participants were evaluated from ambulatory practice sites for a study on VAS detection of early cognitive decline. The mean age was 73.3±5.6 years, 58% female, 93% white, and 53% had mild cognitive impairment. Privacy concerns were assessed via Likert-based surveys. Participants believed data was used with consent (71%) and stored properly (67%); however, 71% wanted new privacy regulations, 43% were comfortable with daily activity monitoring, and 85% thought the data needs to be highly protected. Qualitative themes included “listening-in”, “tracking”, and unwanted