that they would feel embarrassed if their family member had AD. Logistic regression models demonstrated that advanced age, male gender, low education, and limited English proficiency increased the odds of reporting one or multiple stigmatizing beliefs about AD. The findings suggest a varying degree of AD-related misconceptions and stigmatization and call attention to the need for culturally sensitive community education on AD in Asian communities.

STUDY PROTOCOL: PARTNERS AT MEALS TELEHEALTH INTERVENTION FOR CAREGIVERS OF PERSONS WITH DEMENTIA
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Background: As the aging population continues to increase, it is estimated that persons with dementia (PWDs) will reach 13 million by 2050. Lack of caregiver skills related to mealtime planning and the ability to cope with dysfunctional behaviors are well-documented factors that influence nutritional outcomes for PWDs, leading to social isolation, and negatively impacting their home stay. The aim of this study protocol is to test the effectiveness of a train-the-trainer program in which non-paid volunteers in respite care centers deliver a telehealth mealtime intervention for caregivers of PWDs, Partners at Meals. The program is based on the C3P Model of Changing the Place, People and Person. Methods: A cluster-randomized controlled trial with parallel mixed methods evaluation processes is being conducted. Caregivers and PWD dyads, receiving respite services are randomized to receive Partners at Meals or enhanced-usual-care for six months. Within the intervention group, dyads are partnered with a C3P-trained volunteer who works with caregivers to devise monthly mealtime plans. Under enhanced-usual-care, dyads receive standardized educational materials modified from The Savvy Caregiver Program for Alzheimer’s care giving. Primary outcomes include weight, calorie, protein and fluid intake of the PWDs and quality of life of the caregiver. Respite center administrators, program directors, volunteers and caregivers are evaluated for intervention fidelity, acceptability and sustainability. Implications: In this trial, we lay the groundwork to examine effectiveness and sustainability. Results: Of the original 20 enrollees, 19 (95%) participated in coaching sessions. On average, 8.75 sessions were completed. All participants rated their experience as positive, and self-reported an improvement in health and healthy behaviors, in exit interviews. The coaching experience was rated 94.11 on a scale from (0-100). Participants rated their health coach, on average, 90.44 on a scale from (0-100). Participants rated their health improved as 92.37 on a scale from (0-100). Conclusion: Telephone-based health coaching was feasible based on participant engagement.

SESSION 2928 (PAPER)

HEALTH AND HEALTH PROMOTION I

COURING CAPACITY AND EPISODIC MEMORY IN OLDER ADULTS WITH SMCs: THE MEDIATING ROLE OF HEALTHY LIFESTYLE
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Older adults with subjective memory complaints (SMCs) are at increased risk for episodic memory decline. Episodic memory decline is an important predictor of objective memory impairment (one of the earliest symptoms of Alzheimer’s disease) and an often-suggested criterion of successful memory aging. Therefore, it is important to explore the determinant factors that influence episodic memory in older adults with SMCs. Roy adaptation model and preliminary evidence suggest that older adults with SMCs undergo a coping and adaptation process, a process influenced by many health-related risks and protective factors. This study aimed to explore the relationship between coping capacity and episodic memory, and the mediating role of healthy lifestyle between coping capacity and episodic memory in a sample of 309 community-dwelling older adults with SMCs. Results from the structural equation modeling showed that coping capacity directly affects episodic memory (r=0.629, p < 0.001), and there is a partial mediating effect (60.5%) of healthy lifestyle among this sample of older adults with SMCs. This study demonstrates that coping capacity and adaptation positively correlate with episodic memory in older adults with SMCs, and that these correlations are mediated by healthy lifestyle. The results suggest that older adults with poor coping capacity should be assessed and monitored regularly, and clear lifestyle-related interventions initiated by
healthcare providers that promote healthy lifestyles may effectively improve coping capacity and episodic memory in this population group. Note: First author: Feilong Wang, Co-first author: Shijie Li, Corresponding author: Yanni Yang

DETERMINANTS OF MORTALITY AMONG OLDER ADULTS BY AREA-LEVEL MATERIAL AND SOCIAL DEPRIVATION.
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Although social inequalities are increasing worldwide, few studies have examined their consequences on mortality among older adults. The aim of this research was to examine determinants of mortality among older adults at the individual, health system and area level. Data come from the ESA-Services study conducted in 2011-2013 in Quebec including 17,765 adults aged ≥65 years. Mortality 3 years after the survey interview was obtained from vital statistics data. Material and social deprivation of area of residence was determined using the Pampalon index categorized into quintiles as follows: least deprived (1st quintile), middle quintiles (2nd, 3rd, 4th quintiles), most deprived (5th quintile). Other variables included clinical, psycho-behavioural, socio-economic and demographic factors. Cox regressions were used to examine the determinants of mortality while stratifying by level of area deprivation. Compared to most deprived areas, mortality was higher for those living in middle quintiles of deprivation. In the overall analyses, age, chronic conditions, social support and continuity of care were associated with mortality. When examining mortality by area of deprivation, results showed higher mortality ratios with cognitive impairment in middle and least deprived areas. In least deprived areas, female sex, the presence of bipolar disorder and dementia were associated with mortality. The strong associations between mortality, cognition, dementia, bipolar disorder and female sex in least deprived areas might be partially explained by a closer follow-up and earlier detection of this population. Continuity of care was also associated with significantly lower mortality ratios for those living in middle and most deprived areas.

EFFECTIVENESS OF A CARE DELIVERY MODEL FOR HIGH-NEED COMMUNITY-DWELLING OLDER ADULTS
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The effectiveness of sufficient care coordination for high-need community-dwelling older adults has not been discussed. This study aimed to examine the effectiveness of a newly-developed care delivery model for high-need community-dwelling older adults. A cluster randomized controlled trial with repeated measures design was employed. A total of 145 high-need older adults participated in the study and were randomly assigned to either the intervention group or comparison group. A categorized list of care services based on the types of high-need older adults as the intervention allowed care coordinators to make adequate care service linkages. The intervention period ranged over 6 months with regulated home visits and assessments. Functional ability, quality of life, depressive symptoms, and healthcare and social service utilizations were measured at baseline, and at 3 and 6 months into the intervention. The participants’ satisfaction with care delivery was measured at the end of 6-month intervention. Results showed that the intervention group had a better functional ability, a higher quality of life, reduced depressive symptoms, and more efficient healthcare and social service utilizations than the comparison group at both the 3-month and 6-month intervals (all p < .05). By the end of the 6-month study, the intervention group were more satisfied with the care service linkages than the comparison group (p < .05). The positive effects of providing a categorized list of care services for care coordinators to make service linkages have been evidenced by the outcomes. The promising findings supported a further longer-term implementation of the care delivery model.

INTERVENTIONS FOR IMPROVING PSYCHOSOCIAL ADJUSTMENT IN NURSING HOME RESIDENTS: A NETWORK META-ANALYSIS
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This study aimed to identify the evidence of interventions for improving psychosocial adjustment in older adults relocating to nursing homes. We followed PRISMA-NMA guidelines to conduct a network meta-analysis. 12 electric databases were used to search for eligible randomized controlled trials (RCTs) and clinical trials (CCTs) from inception to August 27th, 2019. Two reviewers independently conducted article screening, data extraction, and risk of bias appraisal with the Revised Cochrane risk-of-bias tool for RCT and Risk Of Bias for CCT. The network plots were plotted to provide a visual representation of the evidence base. Bayesian fixed-effects pairwise and network meta-analysis were exhibited in the forest plot. A Bayesian network meta-analysis was performed on 30 eligible RCTs with 2119 participants, and 12 eligible CCTs with 491 participants. The quality of the most included studies was rated as moderate in RCTs and low in CCTs. Treatment effects showed that compared to conventional treatment, group reminiscence and group counseling resulted in significant improvements in loneliness (MD: 11, 95%, CI: 2.7–17, SUCRA: 99.5%; MD: 7.7, 95%, CI: 0.53–15, SUCRA: 53.9%, respectively). Similar results were obtained for art therapy (MD: 5.5, 95% CI: 0.8–10, SUCRA: 97.3%) in self-esteem. The model fit was good, and the inconsistency was low. Group reminiscence, group counseling, and art therapy are recommended for reducing loneliness and enhance self-esteem in nursing practice.

SESSION 2929 (PAPER)

HEALTH AND HEALTH PROMOTION II

BODY MEASUREMENT AND HEALTH RISK EDUCATION EFFECTS ON OLDER ADULTS’ HEALTH BELIEFS AND BEHAVIORS
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Waist circumference (WC) measurement is an indicator of central obesity related disease risk that is rarely used in