WELLNESS COACHING: PRACTICES AND PREFERENCES AMONG LIFE PLAN COMMUNITY RESIDENTS AND STAFF
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Wellness coaching, a process in which a coach and client partner together to address the client’s wellness goals, can increase motivation and develop skills to enhance wellness and lifestyle balance among older adults. To understand wellness preferences among Life Plan Community residents, we surveyed a total of 447 residents from 10 Life Plan Communities. Participants were asked about perceptions of wellness, wellness activity preferences, motivators and barriers to participation in wellness activities, and wellness coaching program preferences. Twenty employees in wellness-related or leadership roles also completed a survey. To enhance our understanding of these perspectives on wellness coaching, nine residents and four employees participated in follow-up interviews. Among the study findings, the majority of resident respondents expressed an interest in improving almost all domains of wellness. Forty percent (40%) of participants said they were extremely or moderately likely to try wellness coaching, and about one-half (51%) said they believed they would benefit from wellness coaching. Staff indicated interest in implementing a wellness coaching program in their community, with 74% reporting at least a moderate likelihood of implementing a program if led by a staff member. Results indicated that emotional and vocational wellness programs were offered and attended less frequently than other types of wellness programs, which suggests that wellness coaching could help to address the need for more programming in these areas. In addition, findings suggested that implementation requires resident input to ensure buy-in. The survey results informed the development of recommendations for a resident wellness coaching program.

SESSION 2949 (POSTER)

HEALTH PROMOTION AND WELL-BEING II

FACTOR ANALYSIS OF THE SHORT FORM COHEN MANSFIELD AGITATION INVENTORY AND MEASUREMENT INVARiance BY GENDER
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Background: The Cohen-Mansfield Agitation Inventory (CMAI), available in both long and short versions, is a widely used measure to assess and evaluate agitation among older adults. There has been less psychometric testing of the short-form CMAI particularly with regard to the factor structure of this shorter measure. Purpose: The purpose of this study was to test the internal consistency, reliability and validity of short-form CMAI in a sample of nursing home residents and examine if it is invariant across gender. Specifically, it was hypothesized that consistent with the long form CMAI, the short-form CMAI would have three factors with acceptable internal consistency and item reliability. In addition, it was hypothesized that there would be no difference in factor structure and factor means across gender.

METHODS: This study utilized baseline data from a randomized trial including 553 residents from 55 nursing homes. Data was analyzed using structural equation modeling.

RESULTS: Confirmatory factory analysis supported the three-factor structure of short-form CMAI including aggressive (α= 0.794), physically non-aggressive (α= 0.617), and verbally agitated (α= 0.718) behaviors; three items loading on physically non-aggressive behaviors had R2 close to 0.3 suggesting low reliability. Invariance testing confirmed that the shortened measure is invariant across gender. Conclusions: Short-form CMAI is a valid and reliable scale to assess agitation and gender differences in agitation in nursing home population. However, it could benefit from rewording the items with low reliability or, merging them with other similar items. Future work could also consider a four-factor structure for this shortened measure.

FUTURE CARE PLAN AT THE CONTEMPLATION STAGE AMONG OLDER ADULTS
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Previous studies have shown that making future care planning often involves several steps. This is consistent with the transtheoretical model of behavior change which identified stages in which behavior changes over time and progresses through a series of six stages (Prochaska & Norcross, 2001). Although most studies on future care planning among older adults have examined the progression from the pre-contemplation stage to an action stage, little is known about the unique characteristics of older adults at the contemplation stage. Our sample included 409 randomly selected older adults in Cleveland, Ohio who were in the first wave of a longitudinal study of successful aging (µage = 78.8, SD=5.74). We used multivariate logistic regression to predict older adults who are more likely to have thought of their future care plans (contemplation stage). Results indicate several individual and relationship factors such as marital status, engaging in health behaviors (not smoking), being young old, and having personal transportation (OR=42, 63, 2.81, and 1.73) account for contemplating future care. These findings underscore that several individual resources, as well as relationship status, are associated with contemplation stage of future care planning. The results reinforce the idea that future care planning is a stage-based behavior that people engage in, rather than a stand-alone activity.

GOING VIRAL: UNDERSTANDING MEDICAL MISINFORMATION AND OLDER ADULTS’ VACCINE HESITANCY
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Influenza persists as a common communicable disease and remains a significant cause of disease burden across the world. Despite preventative therapies, such as influenza vaccination to reduce its spread and transmission, influenza continues to be a source of morbidity and mortality, even in developed countries. For the population over the age of 65, the effects of influenza virus may be more severe when they are compounded by pre-existing conditions and reduced natural immune function. In light of plateauing vaccination rates, a scoping review was conducted to map the literature and determine why seniors aged 65 and above refuse or fail to receive seasonal influenza vaccination. Nine peer-reviewed academic databases covering both social sciences and medical research were searched, along with the grey literature. A total of 6,562 references were identified; after the screening process, 118 references were included in the final review. Thematic analysis focused on the broad areas that positively or negatively influence older adults’ decision-making regarding influenza vaccination, and this resulted in five main themes: (1) barriers to obtaining vaccination; (2) social factors; (3) personal characteristics; (4) individual subjectivity; and (5) direct clinical interventions. This review aims to identify gaps in knowledge and synthesize currently available information to make recommendations for future research, policy development and clinical practice. Increasing the vaccination rate among Canadian older adults will contribute to ongoing efforts to reduce the spread of the influenza virus among the population, reducing influenza-associated hospital admissions and deaths.

HUM ALONG WITH THE SILENT DISCO HEADPHONES: LESSONS LEARNED IN IMPLEMENTING THE HEADPHONE PROGRAM IN A HOSPITAL UNIT
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Silent disco headphones have been used among young people in concerts and parties; such headphones have extended distance coverage for broadcasting from a transmitter, features of noise cancelation, and three channels of music. Rather than using a speaker system, music is delivered by wireless headphones and facilitated by a DJ via a built-in microphone. No study has yet tested whether it is feasible to use such headphones to support well-being among older people in hospital settings. This study examined the feasibility of using silent disco headphones with older adults with dementia staying in a geriatric hospital unit. We employed a video-ethnographic design, including conversational interviews and observations, with video recording among ten patient participants in a hospital unit. Two focus groups were conducted with ten hospital staff across disciplines. Thematic analysis yielded three themes: (a) “it just made me feel happy,” (b) “it brings him back alive,” (c) “it unlocks dementia.” Delivering music and meditation programs via the silent disco headphones in the hospital unit has the potential to be a beneficial intervention that can enhance mood and energy, support self-expression, and promote wellness. Our findings suggested that witnessing the positive effects of headphones on patients changed the staff’s view of how music could be used in the clinical setting to support patients’ well-being. We identified enablers and barriers to implementing the headphone program in the hospital setting. Future research should further investigate how headphones may help to reduce stress and promote wellness for patients in the clinical environment.

OLDER ADULTS LIVING WITH FOOD INSECURITY: THE IMPACT ON PSYCHOLOGICAL HEALTH
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Food insecurity (FI) refers to inadequate access to nutritious foods, either in terms of quality or quantity. In older adults, FI is associated with functional impairment, isolation, financial vulnerability, lower quality of life, and poorer health (e.g., diabetes, cardiovascular disease; Fernandes, et al). The effects of FI on psychological health broadly, however, have not been well-documented among older adults. This study sought to examine the impact of FI severity on psychological health indices among older adults. Older adult clients of local food pantries completed self-report measures of FI severity, worry, internalized weight stigma, trauma history, and eating disorder (ED) symptoms/behaviors. Participants (N=124, aged 66+) included: 68.5% women, 67.7% Hispanic, 75.8% ≤ high school education, 51.0% household income < $10,000/year. Controlling for gender in all analyses, results indicated that FI severity predicted increased worry (p < .001, 21.9% variance), greater internalized weight stigma (p = .04, 3.9% variance), and a trend for increased risk for lifetime traumatic event exposure (OR = 1.4, 95% CI [.98, 2.01]). Regarding ED symptoms, male gender (OR = 6.60, 95% CI [1.96, 22.23]) and higher FI severity predicted risk for self-induced vomiting in the past month (OR = 2.5, 95% CI [1.15, 5.36]), risk for laxative/diuretic use for weight control (OR = 2.16, 95% CI [1.03, 4.32]), and greater dietary restraint (p < .001, 16.1% variance). Male gender was associated with higher risk for binge eating in the past month (OR = 3.19, 95% CI [1.10, 9.24]), while FI severity was not. Implications will be discussed.

PATIENT-REPORTED HEALTH OUTCOMES AMONG OLDER ADULTS UNDERGOING TOTAL KNEE ARTHROPLASTY
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Backgrounds Total knee arthroplasty (TKA) is a remedy treatment for severe knee osteoarthritis; yet, postoperative outcomes vary. Preoperative patients’ expectations to functional abilities are important factors influencing postoperative outcomes and satisfaction. Objectives To