three core components for health care providers: screen for risk factors, assess modifiable factors, and intervene to reduce falls with evidence-based strategies. Barriers to implementation include competing patient demands and limited time during patient visits. Efficient, effective implementation of clinical fall prevention is important to increase the use of multifactorial interventions. In addition, understanding older adult attitudes about the preventability of falls is needed to increase patient adherence to prescribed interventions. This symposium will cover: 1. Background data on older adult falls over time, 2. Description of an initial implementation of STEADI in an outpatient, Southeastern clinical practice including lessons learned, 3. Attitudes of older adults toward fall prevention with implications for health promotion, 4. Process evaluation of an ongoing implementation of STEADI in New York State with lessons learned. Understanding practical methods of implementing the three core components of fall prevention into practice supports wider dissemination of evidence-based fall prevention, while understanding patient attitudes toward falls informs the design of health promotion approaches to increase patient uptake of prescribed interventions. Wider dissemination and increased patient adherence in combination can reduce older adult falls and their associated medical costs.

IMPLICATIONS OF OLDER ADULT ATTITUDES TOWARD THE PREVENTABILITY OF FALLS FOR HEALTH PROMOTION
Gwen Bergen, Janice Mark, and Ankita Henry, Centers for Disease Control and Prevention, Atlanta, Georgia, United States

Older adults’ behavioral stage of change for adopting fall prevention interventions, and their use of evidence-based interventions are not well understood. A survey was administered to older adults (65 years+) (n=1063) to understand their stage of change and fall prevention behaviors. Descriptive statistics were calculated and logistic regression conducted to determine factors most related to stage. The distribution of subjects by stage was precontemplation (17%), contemplation (2%), preparation (5%), action (15%), and maintenance (61%). The strongest variable related to being in an action stage (preparation, action, maintenance) was screening positively for fall risk (Risk Ratio: 8.7, 95% CI: 5.4, 14.1). The most common preventive actions for those in an action stage were taking Vitamin D (37%), and having vision tested (30%). Older adults at risk for a fall are ready to take action to prevent falls; health promotion should focus on increasing knowledge and use of different evidence-based interventions.

CHANGES IN THE AGE-ADJUSTED RATE OF OLDER ADULTS DYING FROM A FALL AND REPORTING A FALL AND FALL INJURY, 2012–2018
Elizabeth Burns, Ramakrishna Kakara, Briana Moreland, and Ankita Henry, 1. Centers for Disease Control and Prevention, Atlanta, Georgia, United States, 2. CDC, Atlanta, Georgia, United States, 3. Synergy America Inc., Atlanta, Georgia, United States

Falls are a leading cause of injury among older men and women (≥65 years) in the United States. Vital Statistics and Behavioral Risk Factor Surveillance System data were analyzed to determine the age-adjusted fall death rate, the rates of older adults reporting a fall and fall injury, and associated trends. The fall death rate increased 16% from 55.3/100,000 in 2012 to 64.4/100,000 in 2018 (p≤0.05). Like the rates in 2012, the rate of falls reported in 2018 was 713/1000 older adults and the rate of fall injuries reported was 171/1000 older adults. When assessing the rates of older adults reporting a fall or fall injury by sex, the rates among men increased from 2012 to 2016 from 637/1000 to 773/1000 (21% increase, p≤0.05) for falls and from 120/1000 to 153/1000 (28% increase, p≤0.05) for fall injuries. Understanding how these data change over time can inform targeted interventions to reduce falls.

AN EFFECTIVENESS TRIAL OF STEADI IN AN OUTPATIENT, PRIMARY CARE PRACTICE
David Reim, Madeleine Hackney, Michele Dougherty, Camille Vaughan, Laurie Imhof, Theodore Johnson II, and The Emory Clinic at St. Josephs STEADI Implementation Group, 1. NORC, Atlanta, Georgia, United States, 2. Emory University, Atlanta, Georgia, United States, 3. NORC at the University of Chicago, Bethesda, Georgia, United States, 4. NORC at the University of Chicago, Chicago, Illinois, United States, 5. Emory University School of Medicine, Atlanta, Georgia, United States, 6. Emory at Saint Joseph’s-Primary Care, Atlanta, Georgia, United States

The STEADI Options trial uses a randomized, controlled-trial design to assess the effectiveness and cost-effectiveness of the STEADI Initiative. Beginning March, 2020, we will randomize 3,000 adults ≥65 years of age at risk for falls seen in an Emory Clinic primary care practice to: (1) full STEADI; (2) a STEADI-derived gait, balance, and strength assessment with physical therapy referrals; (3) a STEADI-derived medication review and management; or (4) usual care. This presentation will discuss decisions made by the study team to facilitate implementation of STEADI including electronically conducting screening prior to the date of encounter, the use of dedicated nursing staff to conduct assessments, implementation of strength, balance, orthostatic hypotension, and vision testing, methods to facilitate medication review, and communication of assessment information to providers. The results from this study will be used to estimate the impact of STEADI on falls, service utilization, and costs over one year.

STEADI IN PRIMARY CARE: A PROCESS EVALUATION OF THE NEW YORK STATE IMPLEMENTATION
Yvonne Johnston, and Chelsea Reome-Nedlik, 1. Binghamton University, Binghamton, New York, United States, 2. Broome County Health Department, Binghamton, New York, United States

This session presents findings from a STEADI process evaluation that was conducted within a primary care setting in New York State. This process evaluation used mixed methods including quantitative analysis of surveys with clinic staff as well as qualitative methods such as intercept interviews with healthcare providers and clinic staff, and structured interviews with key stakeholders. The RE-AIM framework guided development of the process evaluation tools. The process evaluation was conducted over a 2-month
period approximately 18 months post-implementation. Facilitators included: (a) Adoption - physician champion and administrative support; (b) Implementation - wellness coordinators, preparation and training, and organizational quality measures; (c) Maintenance - feedback from patients, local and national recognition, and impact on fall-related outcomes. Barriers included: (a) Adoption – organizational priorities and complexity of electronic health records; (b) Implementation – resistance to change and competing patient care demands; (c) Maintenance - staff turnover and follow through of referrals.

SESSION 7135 (SYMPOSIUM)

INNOVATIVE INTERVENTIONS: CARING FOR PERSONS WITH ALZHEIMER’S DISEASE AND THEIR CAREGIVERS

Chair: Stacy Andersen
Co-Chair: Allison Gibson
Discussant: Katherine Marx

There are 5.8 million Americans living with Alzheimer’s disease and more than 16 million Americans providing unpaid care for people with AD and related dementias. Since a treatment that can slow or stop progression of this disease has yet to be discovered, novel interventions are sorely needed to maintain cognitive function and quality of life among individuals with dementia, improve the health and well-being of caregivers, and provide assistance in caregiving duties. This symposium addresses novel interventions in the dementia care continuum ranging from social and leisure activities for improving cognition to incorporation of emerging technologies to assist with caregiving and provides recommendations and priorities for future studies. The first presentation introduces evidence that participation in an intergenerational choir can improve cognition, social connectedness, and quality of life among people with dementia and their caregivers. The second presentation systematically assesses recent randomized controlled trials of computerized cognitive training (i.e., brain games) aimed at improving cognitive function among individuals with cognitive impairment or dementia. The third presentation examines the evidence that interventions employing artificial intelligence such as robots may improve care for persons with Alzheimer’s disease and caregivers’ quality of life and provides suggestions for future studies to better assess the efficacy of these interventions. The session concludes with a presentation on a survey method used to build consensus among a panel of experts across academia and industry which identified the emerging technologies that are expected to become the most prevalent in dementia care and provides recommendations for limiting associated risks.

ONE SONG, MANY VOICES: DEMENTIA AND THE POWER OF MUSIC

Debra Sheets,1 Stuart MacDonald,2 and Andre Smith,2
1. University of Victoria, Victoria, British Columbia, Canada, 2. University of Victoria, Victoria, British Columbia, Canada

Choral singing is a novel approach to reduce dementia stigma and social isolation while offering participants a sense of purpose, joy and social connection. The pervasiveness of stigma surrounding dementia remains one of the biggest barriers to living life with dignity following a diagnosis (Alzheimer Society of Canada, 2018). This paper examines how a social inclusion model of dementia care involving an intergenerational choir for people living with dementia, their care partners and high school students can reduce stigma and foster social connections. Multiple methodologies are used to investigate the effects of choir participation on cognition, stress levels, social connections, stigma, and quality of life. Results demonstrate the positive impact of choir participation and indicate that this socially inclusive intervention offers an effective, non-pharmacological alternative for older adults living with dementia in the community. Discussion focuses on the importance of instituting meaningful and engaging dementia-friendly activities at the community level.

BRAIN GAMES FOR DEMENTIA: DO THEY HELP?

Patricia Heyn,1 Pallavi Sood,2 Hannes Devos,3 Ahmed Negm,4 and Sandra Kletzel,1,1. University of Colorado Anschutz Medical Campus, Aurora, Colorado, United States, 2. University of Florida, Gainesville, Florida, United States, 3. University of Kansas Medical Center, Kansas City, Kansas, United States, 4. University of Alberta, Edmonton, Alberta, Canada, 5. Edward Hines, Jr. VA Hospital, Hines, Illinois, United States

Brain Gaming (BG) Interventions have been shown to improve the cognitive function of older adults with cognitive impairments (CIs). However, rigorous evaluation supporting BG effectiveness is needed. Thus, we used meta-analysis to evaluate the effectiveness of BG. Several search databases (i.e. Pubmed) were used to identify relevant randomized controlled trials (RCTs). Cochrane RoB tool evaluated risk of bias. The main outcome was the composite score of cognitive function. Inverse-variance random effects model was used to compare the pooled standardized mean difference (SMD) across studies. A total of 16 RCTs included 909 participants. The RCTs varied in sample size, gaming platform, training prescription, and cognition. The meta-analysis showed no significant effects of BG on overall cognitive function (pooled SMD = 0.08, 95% CI [-0.24 – 0.41], p = 0.61, I2 = 77%). However, due to high heterogeneity, we cannot confidently refute that BG is an effective cognitive training approach.

ARTIFICIAL INTELLIGENCE FOR ADRD CAREGIVERS: A SYSTEMATIC LITERATURE REVIEW

Bo Xie,1 Cui Tao,2 Juan Li,3 Robin Hilsabeck,4 and Alyssa Aguirre,5 1. The University of Texas at Austin, Austin, Texas, United States, 2. School of Biomedical Informatics, The University of Texas Health Science Center at Houston, Houston, Texas, United States, 3. Naval Medical University, Shanghai, China, 4. University of Texas, Austin, Texas, United States, 5. Dell Medical School - University of Texas, Austin, Texas, United States

Artificial intelligence (AI) may improve the care for persons with Alzheimer’s disease and related dementias (ADRD) and caregivers’ quality of life. To examine existing research on this topic, we searched 5 publication databases using keywords related to Alzheimer’s, dementia, caregiver, and artificial intelligence, and found 113 relevant results. We then screened the titles, abstracts, and full texts, and excluded studies not including family caregivers, not involving