Older adults might be more likely to experience adverse effects of opioid medications, or accidental overdose because of age-related multi-morbidities and polypharmacy. Arkansas has the second highest legal opioid prescription rate in the nation hence disseminating information to older individuals is key in fighting the opioid epidemic. As part of an Opioid Prevention for Aging and Longevity Program, we conducted a community-based, cross-sectional, anonymous survey of individuals >59 years about opioids, the common side effects and use of naloxone. The total N was 304, and the response per item varied from 236-298. Respondents’ knowledge was strongest for preventative safety measures: to avoid drinking alcohol when using opioids 90.94% and to lock opioids in a secure location when children are nearby (89.49%). About three-quarters of respondents correctly identified medications classified as opioid (70.34%) or non-opioid (74.48%). Similarly, 75.36% recognized a non-opioid, ibuprofen, as the appropriate pain medication for back pain. The side effects of opioids not as well recognized. Sleepiness and trouble driving was the best understood side effect (72.18%). In contrast, the side-effect of constipation was correctly identified in just 34.17% of responses and trouble urinating in only 26.79%. In addition, a key emergency safety measure in case of opioid over-dose was far less known: Only 63.98% were able to correctly identify naloxone as an antidote for opioid overdose. Older adults exhibited gaps in knowledge about the common side effects of prescription opioids and were unaware of the life-saving role of naloxone in reversing the effects of opioid overdose.

**IMPACT OF AN ONLINE EMOTION-FOCUSED COMMUNICATION TRAINING ON STAFF KNOWLEDGE AND SELF-EFFICACY**

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The way we respond emotionally to others can has impact how we provide care. Emotional intelligence is vital for care team members whose entire day involves interacting with other people. We have developed an interactive, online, self-paced course for people providing care to others with the specific goal of increasing awareness of emotions and helping to identify emotions in others. The training is supported by research indicating that individuals who can better manage their own emotions are better positioned to manage behaviors and emotions in others. The central concept of the training is to build relationships that enhance person-centered care through increasing care providers’ emotional intelligence. These skills allow care providers to better manage their own behavior and emotions, which results in improved quality of their care work. The purpose of this study was to assess the knowledge, self-efficacy, acceptability, and appropriateness of the online training. The data for this study came from n = 130 individuals (19% direct care worker, 16% activities, 13% health care provider, and 12% case manager) who completed assessments pre-and post-training. Knowledge of emotion-focused communication strategies and self-efficacy in using emotion-focused communication strategies both increased significantly with training (t(129) = -5.40 p < .001 and t(124) = -6.42 p < .001). In addition, high levels of acceptability, appropriateness, and satisfaction were reported. Findings indicate the benefits of online training for emotion-focused communication for caregivers. The discussion will focus on recommendations for practice, policy, and research.

**SESSION 6140 (POSTER)**

**HEALTH INEQUITIES, DISPARITIES, AND PERSON-CENTERED CARE**

**DOES AGEISM ACCELERATE BIOLOGICAL AGING**

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Defined as, “stereotype, prejudice, and discrimination directly towards people because of their age”, ageism may contribute to adverse health outcomes, accelerate aging process, and increase the burden on health and social services. Little is known about the ageism impact on biological aging. Secondary analysis of the American Health and Retirement Study (2012 and 2016 waves) was carried out. Participants were asked: the self-perception of aging (SPA), the causes of receiving discrimination, including ageism as one of the causes, and the frequency of receiving such discrimination. The aging rate was measured using two distinct measurements: homeostatic dysregulation (using Mahalanobis distance on 44 biomarkers, n=9934, 2016 wave) and epigenetic aging clocks (n=4018, 2016 wave). The influence of perceived ageism (current or previous waves) on the aging rate was modelled with linear models using biological aging (aka. homeostatic dysregulation and epigenetic age) as the dependent variable (outcome), ageism as the exposure, with considering confounders: sex, depressive symptom. The results show that more negative SPA, either from the previous (2012) or the same wave (2016), is associated with elevated homeostatic dysregulation (e.g. the slope increases from 1.20 to 1.34, p< 0.001, previous wave) and increasing epigenetic age (e.g. DNA methylation, the slope increases from 53.81 to 61.14, p< 0.001, current wave). The association between the ageism receiving frequency and biological aging is similar but less significant. The results demonstrate that ageism is associated with accelerated biological aging. More interventions are called to combat ageism and foster the health and wellbeing of the older adults.

**ASSOCIATION BETWEEN PERCEIVED CONTROL AND COGNITIVE FUNCTION AMONG STROKE SURVIVORS IN CHINA: A LONGITUDINAL STUDY**

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