Interventions to improve nursing home care have been developed and tested. However, readily disseminated interventions are lacking. Barriers include low staffing levels contributing to limited time for education and high turnover of direct care and administrative staff. Educational interventions must be accessible to accommodate busy staff. Meaningful outcome measures are needed and interventions must fit varied nursing home sizes, ownership, resident population, and regions. Changing Talk Online (CHATO) was adapted from the effective, yet time-intensive, Changing Talk program addressing nursing home staff communication. The original classroom-based program significantly improved staff communication with residents and resulted in subsequent reductions in resident behavioral and psychological symptoms of dementia. Strategies for marketing and recruiting nursing homes and to engage administrators and staff will be discussed as implemented in the Changing Talk Online (CHATO) R61 trial. Approaches addressing unique nursing home challenges to implementation are essential for successful dissemination to improve care.

INvolving FAMILY TO IMPROVE Communication in Primary Care for Primary Care Patients with Dementia

Jennifer L. Wolff,1 Sydney Dy,2 Jennifer Auflall,2 Diane Echavarria,2 Cynthia Boyd,3 David Roth,4 Jessica Colburn,4 and Danetta Sloan2, 1. Johns Hopkins University, Maryland, United States, 2. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States, 3. Johns Hopkins School of Medicine, Baltimore, Maryland, United States, 4. Johns Hopkins University, Baltimore, Maryland, United States

Family caregivers are at the forefront of managing dementia but are not routinely included in discussions about prognosis and are often poorly prepared to engage in surrogate decision-making. Few interventions target advance care planning in primary care, which is where most persons with dementia are initially diagnosed and medically managed. SHARING CHOICES proactively engages family and support advance care planning in primary care by normalizing advance care planning discussions, clarifying the role of the family during interactions with primary care clinicians, providing ongoing access to a non-clinician trained to lead advance care planning conversations, facilitating registration for the patient portal and extending electronic interactions and information access to family caregivers, and providing education and resources about dementia for clinic staff. This presentation will discuss refinement of the SHARING CHOICES protocol and facilitators and challenges of executing a pragmatic trial of this type across two large primary care systems.

SESSION 1500 (SYMPOSIUM)

INTEREST GROUP SESSION—AGING AMONG ASIANS: RESEARCH METHODS IN AGING AMONG ASIANS

Chair: Wenjun Li, University of Massachusetts Medical School, Worcester, Massachusetts, United States

Co-Chair: Shantha Balaswamy, The Ohio State University, Columbus, Ohio, United States

Discussant: Allen Glicksman, Philadelphia Corporation for Aging, Philadelphia, Pennsylvania, United States

Asians are the largest and the fastest growing segment of the world population. Asian immigrants are the second largest immigrant population in the U.S. However, age-related social and health issues are understudied among late-life immigrant and the oldest old Asians. Little data exist to support public health promotion, policy studies and clinical practice in this population. To advance research into aging among Asians living in the U.S. and elsewhere in the world, sound methodologies can be adopted from those well-developed in other settings while novel methodologies are to be developed to meet the unique needs of Asian studies. This symposium brings together four abstracts that address a variety of common methodological issues in social and health studies among Asian older adults. The topics range from culturally and linguistically appropriate strategies for recruiting non-English speaking research participants, assessment of social isolation and transportation barriers using an ethnographical approach, development of a new culturally appropriate measure for successful aging among the oldest old Chinese in China, and evaluation of preventive healthcare use among faith-based first-generation Chinese immigrants using self-administered surveys in the U.S. These studies involve qualitative ethnographical analysis, mixed methods for instrument development, quantitative data analysis, use of geographic information systems and demography to plan participant recruitment, and use of staged community engagement to increase efficiency and representativeness of participant recruitment. Lessons learned from these studies are valuable to future studies on aging among Asians. This symposium is a collaborative effort of the GSA Aging Among Asians Interest Group.

APPROACHES TO RECRUITING NON-ENGLISH-SPEAKING LATE-LIFE CHINESE IMMIGRANTS FOR HEALTHY AGING STUDIES

Wenjun Li,1 Linda Churchill,1 Jie Cheng,1 Rachel Siden,1 and Annabella Aguirre1, 1. University of Massachusetts Medical School, Worcester, Massachusetts, United States

Non-English Speaking late-life Chinese immigrants are hard to reach. We developed a staged, multi-facet, community-engaged approach to recruiting participants for aging research. We first used a direct mail campaign targeting neighborhoods with high concentrations of racial minorities, and sent mails to households with a possible Chinese family name. Invitational letter, interest survey and flyers are printed in traditional and simplified Chinese using large font. Flyers include a colorful graphic portraying diverse racial background. Prior to the mailing, we presented the study at senior centers, faith-based organizations, community centers and bingos that hosted higher rates of minority older adults. We posted study materials in Chinese language schools and Chinese “WeChat” groups. We also encouraged current participants to “tell a friend”. Chinese-English bilingual staff are trained and certified as recruiters. Within two months, over 50 participants from diverse neighborhoods are recruited.
Our community-engaged, linguistically and culturally appropriate approach has been highly effective.

SUCCESSFUL AGING SCALE DEVELOPMENT FOR COMMUNITY-DWELLING OLD-OLD (75+) IN CHINA: A PRELIMINARY ANALYSIS
Minzhi Ye, Lin Chen, and Lin Gu. 1. Benjamin Rose Institute on Aging, Cleveland, Ohio, United States, 2. Department of Social Work, Fudan University, Shanghai, China (People’s Republic), 3. Shanghai Volunteer Guidance Center for Longevity, Shanghai, China (People’s Republic)

Thousands of articles have discussed the concept of successful aging, yet no existed scale to measure its components among old-old (age 75+) in urban China. This study used a mixed method to develop a valid scale in Shanghai from July 2016 to Nov 2018. We first conducted 97 semi-structured, in-depth interviews on community-dwelling old-old and listed 70 items based on the findings and previous studies (e.g., Lubben, 1988). Ten multidisciplinary professionals and eight old-old had focus groups to evaluate the content validity of the scale. We used the final 22 items to survey 208 community-dwelling old-old in twelve neighborhoods. The mean age is 81, with 40% females. The principal component analysis showed a 13-item scale representing four domains (self-reliant, aging attitude, self-value expression, and social support), with 0.67 total reliability (Cronbach’s Alpha). This study provided a set of quality indicators to evaluate old-old’s life in urban China.

BARRIERS TO TRANSIT MOBILITY AND WELL-BEING AMONG LATE-LIFE ASIAN INDIAN IMMIGRANTS
Rupal Parekh. 1. University of Connecticut, Hartford, Connecticut, United States

Using qualitative interpretative phenomenological analysis and semi-structured interviews, we explored transit mobility needs and its impact on well-being and quality of life among late-life Asian Indian immigrants. Using inductive and deductive methods, we analyzed qualitative data collected from 18 participants. Four themes emerged specific to the influence of contextual factors on transportation mobility barriers among participants. Findings suggest that cultural and individual attitudes combined with the ‘built environment’ hinder participation at the temple and other cultural and religious activities and increase dependence on adult children. The reciprocal fit between transit mobility needs, access to culturally familiar environments and the built environment is critical to freedom, independence, and healthy aging for diverse older adults. Research at the intersection of global aging and transportation mobility requires equal grounding in a range of justice principles (environmental, social, and economic) in the pursuit of sustainable transportation options for diverse older adult populations.

LENGTH OF STAY IN U.S. AN ANOMALY: PREVENTIVE HEALTHCARE UTILIZATION AMONG FAITH-BASED FIRST-GENERATION CHINESE
Su-I Hou. 1. The University of Central Florida, Orlando, Florida, United States

Limited knowledge exists on preventive healthcare services utilization (PHSU) among Chinese immigrants. This study examined factors related to PHSU among faith-based first-generation Chinese. A self-administered survey was conducted in five Chinese churches in southeastern US (n=1844). Mean age was 43 (SD=14) and 50% were males. Comparing with recent immigrants (<10 years), those who lived in the US for more than 10 years were more likely to be married (94.6% vs. 50.0%), have annual exams (74.5% vs. 39.6%), report doctors recommending cancer screenings (35.3% vs. 12.5%), have talked to doctors about screenings (25.5% vs. 4.2%), and perceive higher cancer knowledge (20.0% vs. 2.1%) (all p<.05). Considering all factors together, regressions showed perceived knowledge was the only significant predictor on having talked to doctors (OR=3.11) and doctor recommending screening (OR=2.15). Married status was the only strong predictor on annual exam (OR=29.13). Our findings highlight the urgent need for promoting PHSU in this population.

SESSION 1505 (SYMPOSIUM)

INTEREST GROUP SESSION—INDIGENOUS PEOPLES: REVEALING THE HEALTHY BRAIN INITIATIVE’S ROAD MAP FOR INDIAN COUNTRY: OPPORTUNITIES FOR ENGAGEMENT
Chair: Heidi Holt, Centers for Disease Control and Prevention, Atlanta, Georgia, United States
Discussant: Blythe S. Winchester, Cherokee Indian Hospital, Cherokee, North Carolina, United States

This landmark document, The Healthy Brain Initiative: Road Map for Indian Country, is the first-ever public health guide focused on dementia in American Indian/Alaska Native (AI/AN) communities. It is intended as a tool for leaders of the 573 federally recognized Indian tribes, as well as state-recognized tribes, to engage their communities in this important issue. Early in the development of the HBI Public Health Road Map for Dementia, CDC recognized strategies that may work for state and local public health agencies likely would need to be tailored by native communities due to culture and unique contexts. This Road Map for Indian Country (Road Map) can be used to support a dialogue within a Native community about how to promote wellness across the lifespan and best support older adults with dementia, their families, and caregivers. The panel will consist of 5 presenters and 1 discussant. Bill Benson, International Association of Indigenous Aging, will discuss the background and need for the project. Molly French, the Alzheimer’s Association, will describe the process used to create the Road Map. Heidi Holt, CDC, will describe the content and goals of the Road Map. Kelsey Donnellan, Association for State and Territorial Health Officials (ASTHO), will present key Indian Country products and Messages that accompany the Road Map. Lisa McGuire will present relevant Behavioral Risk Factor Data, including data specific to the AI/AN population. The discussant will wrap up the panel and provide unique insights as to the use and future for this important document.