they identified several smart speaker functionalities perceived as necessary for improving wellness and social connectedness. Then, seven low-fidelity prototypes and scenarios were developed in the following categories: wellness check-ins, befriending the virtual agent, community involvement, and mood detection. We demonstrate how smart speakers can provide a tool for their wellness and increase access to applications that provide a virtual space for social engagement.

PILOT STUDY OF A SELF-ADMINISTERED ADVANCE PLANNING TOOL FOR TECHNOLOGY USE WITH DEMENTIA CARE DYADS
Clara Berridge, Natalie Turner, and Liu Liu, University of Washington, Seattle, Washington, United States

We present feasibility and preliminary efficacy findings from a novel web-app intervention to educate and facilitate dyadic communication about four categories of technologies used in dementia care and to document preferences of people living with mild AD regarding these technologies. A pre/post-test design was conducted. Eighty-eight percent of the 66 enrolled participants completed the study for a total of 29 dyads. Participants gave favorable ratings of satisfaction, helpfulness, clarity, and other usability measures. While improvements on multiple measures were of greater magnitude for care partners than for people living with dementia (PLWD), paired t-tests showed statistically significant improvement with medium and large effect sizes in PLWD (p<.001) and care partners’ (p<.001) self-reported understanding of the technologies, as well as care partners’ perceptions of the PLWD’s understanding (p<.01). After completing the web-app together, care partners felt significantly more prepared to make decisions about these technologies (p<.01).

UNDERSTANDING THE UNIQUE NEEDS OF VULNERABLE OLDER ADULTS IN A COMMUNITY-BASED TELEHEALTH PROGRAM
Melody Schiaffino1, Zhan Zhang2, Pratik Chaudhari2, and Jina Huh-Yoo3, 1. San Diego State University, San Diego, California, United States, 2. CSIS, New York, New York, United States, 3. College of Computing and Informatics, Philadelphia, Pennsylvania, United States

Vulnerable older adults benefit from community-based telehealth programs (CTP) that facilitate remote health monitoring with support from trained personnel. This study assessed acceptability with such technology as a self-reported measure of comfort among participants in an ongoing CTP, the Telehealth Intervention Program for Seniors (TIPS). We analyzed data from participants across 20 sites (N=2279), 38% responded to their comfort with technology (n=866). We modeled self-reported factors to explore the association with technology acceptability. There was more comfort with technology than not (53.5% vs 46.5%). Participants under age 65, those reporting better vs poorer health (p<0.0001) and a happier mood state (p<0.0001) were more likely to be comfortable. Older adults and much older adults reported greater odds of comfort compared with those under 65. Better health status was associated with 84.5% greater odds of acceptability compared to those with poor (AOR 1.85; 95CI 1.28-2.65). Happier participants reported 56% greater odds of comfort compared with those reporting unhappiness. Though only marginally significant, non-English speaking participants reported greater odds of comfort compared to English proficient. While ethnicity was not associated, our marginal significance for language suggests a need to continue exploring. Our work demonstrates the need to address the unique needs of older adults.

ACCOUNTING FOR DIVERSITY IN COGNITIVE STATUS IN THE DESIGN AND EVALUATION OF INCLUSIVE PROSPECTIVE MEMORY SOLUTIONS
Edie Sanders1, Walter Boot2, and Robin Stuart3, 1. Florida State University, TALLAHASSEE, Florida, United States, 2. Florida State University, Tallahassee, Florida, United States

Technology holds tremendous promise for supporting older adults’ performance of important everyday activities. However, truly inclusive design of technology-based solutions must account for diversity with respect to cognitive status. This talk will focus on empirical studies conducted under the umbrella of the Enhancing Neurocognitive Health, Abilities, Networks, & Community Engagement (ENHANCE) Center with an emphasis on designing inclusive prospective memory solutions for older adults with cognitive impairments. Initial usability studies will be discussed examining the usability and efficacy of novel technology solutions, including the use of smartwatches and digital assistants, to support prospective memory, the ability to remember and carry out an intention in the future, which is crucial for maintaining health, independence, and social connections.

SESSION 3680 (SYMPOSIUM)

THE GEROPSychiatric NURSING COLLABORATIVE: ADDRESSING BEHAVIORAL NEEDS OF PERSONS WITH DEMENTIA
Chair: Lauren Massimo Co-Chair: Lauren Hunt Discussant: Kathleen Buckwalter

Over the last decade, the Geropsychiatric Nursing Collaborative (GPNC) has sought to improve care of older adults with mental health needs such as those with dementia. Geropsychiatric nurses are well-poised to deliver person-centered care to address the psychosocial needs of persons with dementia, which may include behavioral expressions. In this interdisciplinary symposium, we will highlight approaches members of the GPNC are taking to address mood and behavior in persons with dementia. The first session will describe how persons with mild-cognitive impairment draw upon their inner strength after they receive a diagnosis. The second session will discuss how common behavioral expressions such as anxiety, depression and apathy contribute to difficulty with everyday functional activities in persons with Alzheimer’s disease. The third session will describe an interprofessional communication tool to improve communication of behavioral expression in the nursing home setting. The last session will share findings from a nurse practitioner-led team care management model to address cognitive vulnerability in older adults with dementia, depression, and/or delirium. Together, these presentations describe how geropsychiatric nurses are investigating mood and behavioral symptoms in persons with dementia and addressing their mental health needs with innovative person-centered interventions.

EXPERIENCES OF INNER STRENGTH AT THE TIME OF MILD COGNITIVE IMPAIRMENT DIAGNOSIS
Brianna Morgan1, Lauren Massimo1, Sharon Ravitch1, Jason Karlawish2, and Nancy Hodgson1, 1. University of...
Inner strength is a person’s internal process of moving through challenging circumstances, such as receiving a diagnosis of Mild Cognitive Impairment (MCI). This study describes experiences of inner strength using qualitative methodologies to identify themes within semi-structured dyadic and individual interviews with persons diagnosed with MCI within 12 months at a Memory Center and their care partners. We analyzed data in NVivo using reflexive thematic analysis methods. Trustworthiness was maintained through vetted interview guides, verbatim transcription, field notes, peer group analysis, and audit trails. One overarching theme and three subthemes explained inner strength. An overarching theme, Finding Ways to Live with It, described how participants live within the circumstances of MCI. Three subthemes were Defining Strength by Recalling the Past, Seeking Relief and Dwelling in It, and Finding Purpose & Meaning. Implications include supporting inner strength at the time of MCI diagnosis through reminiscence therapy and meaning making interventions.

APATHY AND ANXIETY ARE RELATED TO POOR FUNCTION IN PERSONS WITH EARLY-ONSET ALZHEIMER’S DISEASE
Adele Crouch, and Lauren Massimo, University of Pennsylvania, Philadelphia, Pennsylvania, United States

Neuropsychiatric symptoms are prevalent in persons with early-onset Alzheimer’s disease (EOAD) and may contribute to the inability to perform instrumental activities of daily living. We examined associations between frequently observed symptoms in persons with EOAD: apathy, anxiety, depression, and patient function. Caregivers of 94 persons with EOAD completed questionnaires including the Neuropsychiatric Inventory and the Functional Activities Questionnaire. Regression analyses were performed for each neuropsychiatric symptom as a predictor with covariates (age, sex, disease duration) and our outcome was patient function. We then performed multivariate analysis with the significant predictors. We observed that apathy explained 20.51% \( [F(4,68)=5.65, \text{adjusted } R^2=0.2051; p<0.001] \), anxiety explained 6.63% \( [F(4,70)=2.31, \text{adjusted } R^2=0.0663 p<0.05] \), and depression was not a significant predictor of patient function. In a multivariate model, apathy and anxiety explained 21.03% \( [F(5,67)=4.83, \text{adjusted } R^2=0.2103; p<0.001] \) of the variance in patient function. These results suggest apathy and anxiety contribute to diminished ability to complete functional activities.

DEMENTIA CARE IN NURSE PRACTITIONER-LED CARE MANAGEMENT FOR COGNITIVELY VULNERABLE OLDER ADULTS
Richard Fortinsky\(^1\), and Shawn Ladda\(^2\), 1. University of Connecticut Center on Aging, Farmington, Connecticut, United States, 2. UConn Center on Aging, University of Connecticut School of Medicine, Farmington, Connecticut, United States

Care management approaches are being widely tested in the Medicare-eligible population to manage chronic conditions, but few have focused on cognitive vulnerability as the pathway to optimizing independence in the community-dwelling older population. Cognitive vulnerability refers to living with dementia, depression, and/or a history of delirium. This presentation features a nurse practitioner-led team care management model (3D Team) to address cognitive vulnerability, tested in an ongoing clinical trial with older adults in a Medicare Advantage population. For older adults with dementia and their families served by the 3D Team, the nurse practitioner works closely with occupational therapists (OTs) delivering a nonpharmacological dementia care intervention. Preliminary results presented will include: characteristics of dyads that have received the dementia care intervention (N=70 dyads to date), how the nurse practitioner and OTs communicate, how the nurse practitioner reinforces dementia care skill-building strategies introduced by OTs, and process evaluation results to date.

SESSION 3690 (SYMPOSIUM)

WHAT MAKES A BEAUTIFUL DAY IN THE NEIGHBORHOOD? PLACE AS A CONTRIBUTOR TO FUNCTION IN LATER LIFE
Chair: Andrea Rosso

Neighborhood environments are increasingly recognized as an important determinant of health and function in older adults. Environmental supports such as density of intersections and available community resources can promote activity and participation which in turn promotes physiological health. In contrast, barriers such as disorder and high traffic can limit activity and participation, particularly for those at high risk for mobility limitations and falls. Here, we present five papers exploring these relations. First, Kate Duchowyny presents work assessing relations of the built and social environment with muscle strength in the Health and Retirement Study. Two papers utilizing walkability assessments using Google Street View in a physical activity intervention trial are presented; Kyle Moored demonstrates relations of neighborhood walkability with Global Positioning System (GPS)-derived time out of home and Anisha Suri assesses how the relation between actigraphy-derived gait quality and daily step counts differs by walkability. Next, Philippa Clarke presents data on the association of neighborhood environment with diabetes risk in those with low visual function in an administrative claims database. Finally, Pam Dunlap describes results of a systematic review of outdoor environmental risk factors for falls and fear of falling. Together, these papers will demonstrate the breadth of ways in which neighborhood environments and function relate to determine health outcomes for older adults.

WHICH NEIGHBORHOOD FEATURES MATTER MOST FOR MUSCLE STRENGTH? FINDINGS FROM THE HEALTH AND RETIREMENT STUDY
Kate Duchowyny\(^1\), L. Grisell Diaz-Ramirez\(^4\), W. John Boscardin\(^1\), Peggy Cawthon\(^2\), Maria Glymour\(^1\), and Scarlett Lin Gomez\(^1\), 1. University of California, San Francisco, San Francisco, California, United States, 2. California Pacific Medical Center Research Institute, San Francisco, California, United States

Linking data from the National Neighborhood Data Archive (NaNDA) to the 2006-2018 Health and Retirement