

DEVELOPING A NEW MODEL OF INTERPROFESSIONAL EDUCATION IN AGING AND IDD

Phillip Clark,¹ Faith Helm,¹ and Edward Ansello,²
 1. *University of Rhode Island, Kingston, Rhode Island, United States*, 2. *Virginia Commonwealth University, Richmond, Virginia, United States*

Health and social care providers are ill-equipped to address the complex needs of individuals growing older with IDD and their families when dementia is suspected or diagnosed. Addressing the growing need for professionals to acquire practical diagnostic, treatment, and management methods requires an interorganizational and interprofessional approach. A consortium of aging and IDD organizations developed a successful Project ECHO (Extension for Community Healthcare Outcomes) model to create a virtual community of practice connecting a hub team and participating spoke sites. This paper reviews reasons for the model's success, including: (1) curriculum providing practical solutions to complex problems, (2) integration of interprofessional team approach, (3) "all teach, all learn" model promoting sharing among participants, and (4) the inclusion of case studies engaging participants in developing solutions and strategies to improve the quality of life of clients and families. Implications of this model and recommendations for future professional educational programs are presented.

Session 2355 (Paper)

Alcohol, Substance Use, and Addictions

BRIEF ALCOHOL INTERVENTIONS WITH OLDER ADULTS: RESULTS OF A SYSTEMATIC REVIEW OF LITERATURE

Catherine Lemieux, and Gregory Purser, *Louisiana State University, Baton Rouge, Louisiana, United States*

Older persons are especially vulnerable to the negative effects of alcohol misuse. National reports show that the older-adult population is the least likely group to perceive a need for treatment and be screened for alcohol-related problems. Little research has examined the impact of brief interventions on different drinking outcomes in at-risk older adults. To address this gap, the current study sought to systematically review empirical literature examining the effectiveness of brief alcohol interventions (BAI) implemented with adults (≥ 50) engaged in at-risk drinking. The authors developed specific a priori inclusion criteria (e.g., alcohol-related outcome measures, randomized controlled trials, RCT) before beginning the search process. Key terms were entered into 9 databases to yield an initial pool of 5,909 articles, from which 5,572 were excluded. A total of 337 articles remained, from which an additional 89 were excluded. Next, the authors independently reviewed 248 full-text, empirical articles and subsequently excluded 237 that did not satisfy inclusion criteria. Thus, the current systematic review yielded 11 studies representing RCT or experimental designs that employed random assignment. Findings of the review indicated that 7 (63.6%) studies showed a positive effect, with only 1 showing no positive effect of the intervention. For the remaining 3 (27.2%), the positive effect of the intervention

was not conclusively determined due to study design issues. Overall findings suggest that BAI are effective in reducing alcohol consumption in the older-adult population. Additional evidence is needed to further knowledge consistent with recent initiatives (e.g., Age-Friendly Health Systems, 4Ms) that promote healthy aging.

CARE FACILITIES FOR OLDER PEOPLE WITH LONG-TERM SUBSTANCE USE: PROMISING PRACTICES FROM SWEDEN

Tove Harnett,¹ and Hakan Jonson,² 1. *Lund University, Lund, Skane Lan, Sweden*, 2. *Lund University, Lund University, Skane Lan, Sweden*

The stigma of alcohol and long-term substance use is well-known and may be even greater for older people. This is a presentation on "wet" eldercare facilities, i.e. care settings designed for older people with long-term substance use problems, where abstinence is abandoned for well-being. Wet eldercare facilities exist in several European countries and the Swedish ones have a hybrid formal organization: They target people over 50 years, but are regarded as nursing homes and residents lease their own flats inside the setting, which makes it correct to describe residents as tenants. Guided by symbolic interactionism, the aim is to analyze how residents in wet eldercare facilities manage to view these places in a positive light. Forty-two residents of four facilities were interviewed, revealing how the hybrid status of these places enabled residents to frame their situation as being "in the right place", but for different reasons. Some framed the place as a nursing home, others as an ordinary flat. Although wet eldercare facilities are undisputedly linked to stigma and the inability to become sober, the formal hybrid organization enabled residents to construct less stigmatized characterizations of the place and of themselves. The study suggests that it is an (often-neglected) gerontological responsibility to counter stigma and improve the sense of dignity for older people living in stigmatized settings. Based on promising practices in the Swedish system, the study therefore presents strategies that enable older people to ascribe positive characteristics to themselves and to the place where they live.

EXPLORING KNOWLEDGE, BELIEFS, AND ATTITUDES OF OLDER ADULTS ABOUT PRESCRIPTION OPIOIDS

Noell Rowan,¹ Tamatha Arms,² and Susan Glose,³
 1. *University of North Carolina Wilmington, Wilmington, North Carolina, United States*, 2. *UNC Wilmington, Wilmington, North Carolina, United States*, 3. *UNC Wilmington, UNC Wilmington, North Carolina, United States*

Over the past two decades, opioids have been considered important and acceptable in the treatment of pain for older adults, especially for chronic health conditions. Despite the fact that older adults are prescribed opioid medications at high rates, there is little research examining older adults' knowledge, beliefs, and attitudes about opioid medications. The purpose of this study was to explore the knowledge, beliefs, and attitudes surrounding prescription opioid medications of community living older adults in a southeast area of the United States. A cross-sectional, descriptive, anonymous survey design of participants aged 55 or over was used. Study participants (N=119) reported bias in their attitudes and

beliefs about the use and misuse of prescription opioid medications. Multiple regression analyses revealed that gender, age, work, marital status, and education level all had significant results in explaining variance in the statistical models. Even though study participants demonstrated high levels of education and understanding of the potential of addiction to opiates, there were a number of misconceptions revealed about prescription pain medications. This urges the necessity of increased awareness via further research, presentations, and creative discourse to assist in the understanding of precursors of addiction and ways to deal with pain that do not automatically rely on prescription opioid medicines. Implications include outreach to a larger and more diverse sample to address knowledge, beliefs, and attitudes surrounding prescription opioid medications of community living older adults.

THE MEANING OF AGE: IN A CONTEXT OF ELDERCARE AND SUBSTANCE USE

Tove Harnett,¹ and Hakan Jonson,² 1. *Lund University, Lund, Skane Lan, Sweden*, 2. *Lund University, Lund University, Skane Lan, Sweden*

Some people age with substance abuse and social problems and several countries provide members of this population with a type of arrangement referred to as “wet” eldercare facilities. These facilities provide care for people who are judged as unable to become sober, in some cases with a lower age-limit at 50 years. The aim of this study was to investigate the meaning of age for judging the fit between the person and the arrangement. The study was based on interviews with 42 residents, 10 case workers and 21 staff members at five facilities in Sweden. Respondents were asked about the relevance of age and if the facility should include younger people as well. Some staff argued that younger people should be excluded since they could not have the history of multiple failures in treatment that was a prerequisite for admission. Regarding the low age-limit, substance abuse was said to accelerate the process of ageing so that a person aged 50 could be considered 20 years older and in need of eldercare. Residents had a tendency to equate age with activity and argued that people below the age of 50 were active and energetic and the inclusion of younger people would lead to disturbance of the calm pace of the facilities. Given that facilities have been described as “end-stations”, it was puzzling that few respondents linked the question of admitting younger person to the matter of giving up ambitions to make the person sober.

Session 2360 (Paper)

Alzheimer's Disease and Other Dementias

FACILITY CHARACTERISTICS ASSOCIATED WITH INTENSITY OF CARE OF NURSING HOME RESIDENTS WITH ADVANCED DEMENTIA

Meghan Hendricksen,¹ Susan Mitchell,² Ruth Lopez,³ Kathleen Mazar,⁴ and Ellen McCarthy,⁵ 1. *Hinda and Arthur Marcus Institute for Aging Research, Boston, Massachusetts, United States*, 2. *Hinda and Arthur Marcus Institute for Aging Research, Roslindale, Massachusetts,*

United States, 3. *MGH Institute of Health Professions, Boston, Massachusetts, United States*, 4. *University of Massachusetts Medical School, Worcester, Massachusetts, United States*, 5. *Marcus Institute for Aging Research, Hebrew SeniorLife, Boston, Massachusetts, United States*

Profound variations in care intensity of nursing home (NH) residents with advanced dementia exist for NHs within and across hospital referral regions (HRRs). Little is known about how these levels of influence relate. Nationwide 2016-2017 Minimum DataSet was used to categorize NHs and HRRs into 4 levels of care intensity based on hospital transfer and tube-feeding rates among residents with advanced dementia: low intensity NH in low intensity HRR; high intensity NH in low intensity HRR; low intensity NH in high intensity HRR; and high intensity NH in high intensity HRR. We used multinomial logistic regression to identify NH characteristics associated with belonging to each of 4-levels of intensity as compared to low intensity NH in low intensity HRRs (reference). We found high intensity NHs in high intensity HRRs were more likely to be in an urbanized area, not have a dementia unit, have an NP/PA on staff, have a higher proportion of residents who were male, age <65, of Black race, and had pressure ulcers, and relatively fewer days on hospice. Whereas in low intensity HRRs, higher proportion of Black residents was the only characteristic associated with being a high intensity NH. These findings suggest potentially modifiable factors within high intensity HRRs that could be targeted to reduce burdensome care, including having a dementia unit, palliative care training for NP/PAs, or increased use of hospice care. This study underscores the critical need to better understand the role race plays in the intensity of care of NH residents with dementia.

RISK OF ALZHEIMER'S DISEASE AND RELATED DEMENTIA AMONG ADULTS WITH CONGENITAL AND ACQUIRED DISABILITIES

Elham Mahmoudi,¹ Paul Lin,² Neil Kamdar,² Anam Khan,³ and Mark Peterson,⁴ 1. *University of Michigan, Commerce Township, Michigan, United States*, 2. *University of Michigan, Ann Arbor, Michigan, United States*, 3. *University of Michigan School of Public Health, Ann Arbor, Michigan, United States*, 4. *University of Michigan, University of Michigan, Michigan, United States*

Objective: Adults with congenital (cerebral palsy or spina bifida (CP/SB)) or acquired disabilities (spinal cord injury (SCI) or multiple sclerosis (MS)) have higher incidence of age-related health conditions. There is a gap in the literature about the risk of dementia among adults living with these disabilities. This study aimed to examine time to incidence of Alzheimer's disease and related dementia (ADRD) among these disability cohorts. Method: Using national private payer claims data from 2007-2017, we identified adults (45+) with diagnosis of CP/SB (n=7,226), SCI (n=6,083), and MS (n=6,025). Adults without disability diagnosis were included as controls. Using age, sex, race/ethnicity, cardiometabolic, psychologic, and musculoskeletal chronic conditions, and socioeconomic variables, we propensity score matched persons with and without disabilities. Incidence of ADRD was compared at 4-years. Cox Regression was used to estimate adjusted hazard ratios (aHR) for incident early and late onset ADRD. Results: Incidence of early and late onset