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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

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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, adjusted R²=0.2051; p<0.001], anxiety explained 6.63% [F(4,70)=2.31, adjusted R²=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, adjusted R²=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

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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 Duchowny 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

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