support the needs of older adults with cognitive impairment. Secondly, this study also evaluated that both actors in the family system used the Amazon Alexa device, both actors in the family system gained benefits in relational autonomy and the device did not take away from the relational autonomy of both actors.

TEAM INCLUSION AND EMPOWERMENT AMONG NURSING STAFF IN LONG-TERM CARE

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The prevalence of Alzheimer's disease and other dementias will continue to increase as the U.S. population ages, exacerbating the need for long-term care in both home and residential care settings. Further, team-based approaches to care have become more apparent as part of the landscape in residential care facilities in an effort to improve staff performance and resident outcomes vis-à-vis empowering direct care staff. This purpose of this study was to characterize the perceptions of inclusion or the extent licensed and unlicensed nursing staff (N=95) felt included as a care team member by others, including co-workers, supervisors and non-nursing clinicians. Given the emphasis on inter-disciplinary teams, a secondary goal was to explore if greater internal and external inclusion was correlated with heightened empowerment and its related dimensions using the Perceptions of Empowerment Instrument (Roller, 1988). Further, regression analyses revealed that levels of total empowerment, autonomy, responsibility and participation vary according to how included team members felt and by whom. This information can influence how long-term care organizations structure team building activities among staff to create truly empowered workers. These findings shed light on the importance of tailoring staff training to target specific team members in order to increase a sense of empowerment that aligns with the specific dimension(s) associated with the targeted group. Increasing empowerment along all dimensions may have a positive influence on job outcomes which, in turn, can result in higher quality of care.

TECHNOLOGY'S ROLE IN RESIDING ALONE AT HOME WITH DEMENTIA: PERSPECTIVES OF CAREGIVER-CARE RECIPIENT DYADS

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Although most individuals with dementia reside with a caregiver or in a long-term care environment, up to one-third reside alone in the community. Many experts suggest that technology can and will play a central role in supporting the independence of older adults, helping many with dementia to reside at home for longer periods. However, to date, little research has focused on how live-alone people with dementia and their caregivers utilize technology to facilitate aging in place. In order to address this knowledge gap, the present study conducted 21 in-depth interviews with community-dwelling live-alone persons with dementia (n=10) and their caregivers (n=11). Over 200 pages of narrative data were systematically analyzed according to inductive content analysis to: 1. evaluate the type and frequency of three categories of technology use including monitoring and response systems (e.g., surveillance systems), assistive devices (e.g., compensatory aids), and social/communication aids (e.g., virtual interfaces), and 2.) explore how technological devices were

perceived and utilized (or not) to maintain functioning, safety, and autonomy. Our findings suggest that while technologies may serve as compensatory mechanisms to assist persons living with dementia to reside unaccompanied, the goals of such usage differ between care recipients (e.g., maintaining autonomy) and caregivers (e.g., focus on reducing burden, promoting safety). Findings from the present study contribute insight into the intersection of technology-use and aging at home alone with dementia, and have direct implications for future person-environment fit research.

TESTING AN EDUCATIONAL MESSAGE CAMPAIGN FOR PROFESSIONALS ON DIABETES AND COGNITIVE IMPAIRMENT

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How do researchers disseminate important new findings to professionals working with older adults at-risk for dementia? Using social marketing methods, this study relied on a 3-step process to test an educational message campaign for professionals on the association between type 2 diabetes and the risk of cognitive impairment and dementia. In Step 1, we assessed professionals' levels of awareness and found 35% to 63% were not sure or had heard no information (N=61). In Step 2, multi-disciplinary professionals (N=107) were asked to identify the most persuasive messages; findings revealed there were message preferences across professional groups. In Step 3, we asked diabetes health educators to evaluate the educational messages (N=80) and compared the results to other professionals from Step 2 (N=107). Diabetes educators preferred the research prevention messages or a complex risk message, while other professionals (e.g., social workers, physicians, administrators) preferred research prevention and short risk messages. Diabetes educators wanted proper medical language such as "blood glucose" instead of "blood sugar" and for messages to follow a logical line of thought. When creating messages for the general public, diabetes health educators believed the messages should be simple, understandable, and emphasize a positive attitude for older adults. Results highlight that: professionals need information about relationship between type 2 diabetes and cognitive impairment; professionals had message preferences; and preferences differed based on profession. These preference differences for the messages demonstrate the importance of using social marketing methodology before launching a professional educational campaign.

THE AGING MEN'S MASCULINITY IDEOLOGIES INVENTORY (AMMII): DIMENSIONALITY AND MEASUREMENT INVARIANCE

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Both current theorizing on masculinities and existing measurement of the culture-based standards scripting men's gender practices ignore later life (Spector-Mersel, 2006; Thompson & Bennett, 2015). The present study reports the development of a measure of the masculinity