

in two-thirds of cases. Person-centered care was used more often in successful cases. Respondents in dementia-only communities identified antecedents to BEs more often than those in other communities.

IMPLEMENTING PSYCHOSOCIAL AND ENVIRONMENTAL PRACTICES FOR PERSONS WITH DEMENTIA IN ASSISTED LIVING

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Assisted living (AL) provides care for a large proportion of residents with dementia. Coincident with the increased focus on reducing off-label use of antipsychotics for people with dementia, providers are encouraged to turn to non-pharmacological practices to address behavioral expressions. This analysis used data from 250 AL communities in seven states, and examined familiarity, use, and practicality of twelve evidence-based practices, including music, pets, and social contact. Although a high percentage of staff reported familiarity and use of some of the practices, interviews with staff indicated that administration was not always consistent with evidence on implementation. Familiarity, use and practicality were associated with AL communities that had more residents with dementia, training on antipsychotics and non-pharmacological practices, policies on gradual dose reduction of psychotropics, and leadership that supported use of practices ($p < .05$ to $< .001$). Opportunities and barriers to implementation of these practices will be discussed.

SERIOUS MENTAL ILLNESS AND DEMENTIA IN ASSISTED LIVING

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Little is known about trends in the prevalence of serious mental illness (SMI) and Alzheimer's disease and Related Dementias (ADRD) in assisted living (AL). We summarize changes in the prevalence of SMI and ADRD in larger AL settings (25+ beds) from 2008-2017 using Medicare claims data. We compare these changes to nursing home (NH) and community rates of SMI and ADRD. We also examine state variability in SMI and ADRD in AL in 2017. The prevalence of SMI in AL increased 37%, from 7.8% in 2008 to 10.7% in 2017; ADRD prevalence increased 34%, from 27% to 36.4%. Over time, NHs exhibited the greatest increases in SMI (53%), followed by AL (37%) and the community cohorts (27%). Increases in ADRD were highest in AL. Rates of SMI in AL ranged from 3.5% in Wyoming to 28.7% in New York. We discuss implications for future research and policy.

MELATONIN USE FOR SLEEP IN ASSISTED LIVING

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Sleep problems are common among residents of assisted living (AL) communities, and in other settings, melatonin is used to promote sleep. However, melatonin use in AL is unknown; because it may have side-effects, this knowledge gap is concerning. To address this question, data were collected across 250 AL communities in seven states; analyses used weights whereby data were scaled to represent the entirety of the states. The majority of communities prescribed melatonin (82%), albeit to a minority of residents (9%). Prescribing was more common for those with anxiety, sleep-wake disorders, dementia, and various behaviors, in communities that had more staff and more favorable non-pharmacological attitudes ($p < .05$). Dosages varied from 0-45 mg and co-prescribing was common. This study is the first to examine melatonin prescribing in AL; use may be appropriate if, for example, it is a replacement for hypnotics. The variation suggests practices may be modifiable; further research is needed.

WHICH ASSISTED LIVING COMMUNITIES PROVIDE HOSPICE?

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Assisted living (AL) communities have become a common site for end-of-life and hospice care. However, AL is highly variable, meaning that hospice use is likely to be variable as well. This study explored the association between AL community characteristics and their residents' use of hospice. A stratified random sample of 250 AL communities in seven states was recruited. Community-level data were obtained from interviews with AL administrators, and resident-level case-mix data were abstracted from charts. Survey-weighted regressions examined the relationship between community characteristics and hospice use. Having residents on hospice was associated with being for-profit (86% vs. 51%), larger (48 vs. 31 beds), newer (16 vs. 37 years), having weekly primary care provider visits (44% vs. 26%), having more residents with dementia (50% vs. 35%) and fewer on Medicaid (4% vs. 11%), and having more lenient discharge policies. Data suggest there may be some disparity in hospice provision in AL.

SESSION 6050 (SYMPOSIUM)

BANE OR BOON? THE ROLE OF SPIRITUALITY, RELIGION, AND WELL-BEING IN LATER LIFE ACROSS DIVERSE OLDER POPULATIONS

Chair: Holly Nelson-Becker

Older adults tend to be religiously-affiliated to a greater extent than any other generational cohort (ARDA,2018; Koenig, King & Carson,2012; George et al.,2013;

Nelson-Becker, 2018). However, their level of engagement varies across cultural and national contexts. Complex life course trajectories related to spirituality and religion mean that these domains often interface with both challenges and a search for well-being. Individuals may align with spiritual and/or religious values to a greater or lesser extent at different periods in their lives becoming more spiritual/religious, less spiritual/religious, or differently so. These papers address diverse perspectives on spirituality, religion, and well-being using samples primarily from the UK, Europe, the US, and Canada. The first paper by Christina Victor sets context by comparing the role of religion, and spirituality in well-being across three separate older adult data sets, touching on loneliness and dementia. Holly Nelson-Becker discusses results from an online international survey of older persons who walked the ancient Camino de Santiago pilgrimage regarding their motivations and learning from the experience. Michael Thomas considers the complex role of spirituality and sexuality for older LGB couples who may choose to remain in or leave their religious faith as they integrate expanding views. Keith Anderson explores perceptions of belief changes among religious and spiritual older adults across the life course. Together, these papers will address benefit and harm from formal religious practice and the advancing roles of spirituality as well as nonspirituality (the “nones”) in global societies.

OLDER ADULTS WALKING THE CAMINO DE SANTIAGO PILGRIMAGE: MOTIVATIONS, TRANSFORMATIONS, AND SPIRITUAL PERSPECTIVES

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This mixed-method study describes reasons that older people chose to complete the Camino de Santiago pilgrimage route in Spain and their assessment of how they were changed by the experience. The study is framed in Maslow's (1988) self-actualization and Tornstam's (2005) concept of gerotranscendence. We analyzed a subset of 121 participants age 65 and over who completed an online survey. Motivation included five themes: gratitude and transitions, cultural or historical curiosity, relationships, challenge and adventure, and spirituality. Transformations since their return involved greater strength, self-understanding, peace, desire to live lightly and to integrate their experience. Older individuals who walked the Camino have done so for a variety of reasons. Spiritual reasons may be more difficult to disclose. Half responded in the open-ended question, but a later spirituality question added many more respondents. Older people envision many forms of benefit to walking the pilgrimage and find growth in the experience.

RELIGION, SPIRITUALITY, AND WELL-BEING: AN UNDEREXPLORED ASPECT OF GROWING OLDER IN THE UNITED KINGDOM?

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There is a rich literature from The United States looking at the importance of religion and spirituality in the lives of older adults where it is positively linked with wellbeing. Despite the increased interest in wellbeing in the UK comparatively little interest has been shown in the role of religion and spirituality in promoting wellbeing including quality of life, life satisfaction and loneliness. In this paper we explore these issues using three data sets: the European Social Survey (ESS), the English Longitudinal Study of Ageing (ELSA) and the IDEAL cohort of people with dementia and their carers to examine (a) the variation in religious practice by older adults, those aged 50+, across Europe; (b) the epidemiology of religious practice among older adults within England and (c) using both ELSA and IDEAL consider the relationship between religion and wellbeing in later life.

SPIRITUALITY AND SEXUALITY: NOT NECESSARILY A BINARY CHOICE FOR LGBTQ+ PEOPLE

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This paper reports on a qualitative study on the impact of marriage and civil partnerships for lesbian, gay and bisexual (LGB) couples. Drawing on data from 50 dyad interviews in the UK, US and Canada, the paper investigates the ways in which couples make sense of spirituality in the context of a stigmatised sexuality. For some, the task of arranging a wedding or civil partnership ceremony provided a powerful reminder of their exclusion from mainstream religious denominations. This sense of stigma (Goffman, 1963) was also present in later life, when the lack of social esteem granted to same-sex relationships gave rise to a sense of disenfranchised grief (Doka, 1989). Whereas some participants tended to frame sexuality and spirituality as a kind of binary choice, others resisted this marginalisation from religious and spiritual activities, even if this meant finding a personal sense of spirituality beyond the confines of organised religion.

SPIRITUAL AND RELIGIOUS JOURNEYS OVER THE LIFECOURSE: CHALLENGING STEREOTYPES

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Spiritual and religious beliefs often evolve across the lifecourse and tend to be influenced by experience, time, and maturity. Despite this evolution, stereotypes persist of older adults as being inflexible in their views and resistant to new or alternative beliefs. To explore this notion, researchers surveyed a convenience sample of 152 older adults (n = 152) who identified as spiritual/religious. Over three-quarters (77.0%) reported that their relationship with God or a higher power had grown closer over time. Most reported becoming “more liberal” (32.2%), “more conservative” (23.0%), or “more moderate” (17.8%) in religious perspective over time. Almost three-quarters of participants (73.7%) reported that they were “more accepting” of other religions”, yet also “more certain” of their own beliefs (74.3%) in later life. These and other results challenge the stereotype of older