

stimulation method to enhance cognition. Multiple-session rTMS has been used as neurological assistant treatment for MCI and AD patients. However, whether rTMS could ameliorate memory decline in healthy older adults remains unknown. The dorsolateral prefrontal cortex (DLPFC) is critically involved in associative memory, and is accessible by the rTMS. Hence we wondered whether application of rTMS to the DLPFC improve associative memory in older adults. In addition, we were also concerned about the lasting effects of memory improvement after the rTMS.

Here we applied ten sessions of rTMS (10 Hz) to the right DLPFC of normal older adults in a double blind design with well-matched experimental and sham groups. The cognitive performances including executive function, working memory, and associative memory were assessed before and after the rTMS or sham stimulation. In addition, the follow-up assessment of the cognitive performances was examined one month after the last session of stimulation. Results showed that rTMS selectively improved associative memory performance. Importantly, the memory enhancement persisted one month after the brain stimulation. Our findings offer a promising neuroenhancement technique to counteract cognitive aging in the healthy aging people.

IMPLEMENTING FALLS AND DEMENTIA CASE IDENTIFICATION PROTOCOLS IN PRIMARY CARE

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Dementia and falls are common, costly and under-recognized conditions afflicting older adults who are seen in primary care settings. Effective, high-quality management of these conditions hinges on systems-based approaches to case identification and diagnosis. We report on the development and implementation of a protocol to identify and diagnose older persons with dementia or at high-risk for falls as part of a novel geriatric registered nurse (RN) care co-management program.

The UCLA Geriatrics Workforce Enhancement Program (GWEP) Cognition and Mobility Care Management (CMCM) Program was embedded in a busy primary care clinic in Riverside County, CA to systematically identify patients 70 years or older with unrecognized dementia and/or high risk for falls. Beginning March 2016, the CMCM RN Care Manager trained clinic staff on the administration and interpretation of two validated screening instruments for dementia (Mini-Cog) and falls (STEADI). Patients who screened positive were provided comprehensive falls and/or dementia care co-management between the CMCM RN Care Manager and the primary care provider. To date, 90 patients have been screened and 73 patients (81%, 73/90) have been referred to the program for dementia and/or high falls risk. Of the patients identified through this case identification protocol, 35 have thus far enrolled in the program (50%, 35/73). Implementation of the program has revealed systems-based challenges including staff and time constraints and primary provider reluctance to make a diagnosis of dementia. As enrollment grows, we will track CMCM program outcomes, including changes in patient (falls rate, behavioral symptoms), and caregiver (stress scores, engagement and support provided) measures.

TECHNOLOGY AND PHENOMENOLOGY IN DEMENTIA-FRIENDLY COMMUNITIES IN IRELAND AND THE UK

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The lived experience of people with dementia is rarely included in design for public spaces, and when it is, considerations tend to focus on 'making up' for the cognitive deficits identified as a primary part of the condition. Beyond this, the sensitive and cooperative design of digital technologies has been implicated as a way to connect with cultural and emotional aspects of ageing in place. We argue that exploring what it means for people with dementia to experience a sense of place is integral for designing public spaces in a way that is emotionally and sensually meaningful for this population. Drawing from phenomenological work by Malpas (1999), Merleau-Ponty (1945), Bachelard (1958), and McCarthy & Wright (2004; 2010; 2015), we articulate a picture of belonging-in-place for people with dementia that is described through a series of design-focused case studies from the south of Ireland and the North East of England. These qualitative case studies use ethnographic and interview methods to document the experiences of people with dementia and their carers as they engaged in the co-creation of technological responses to larger challenges surrounding the founding and maintenance of dementia-friendly communities and places. Using thematic analysis, this study contributes a sensory account of living with dementia in a way which is future-focused, socially-responsible, and appraising of technological interventions which aim to engage with larger goals surrounding living in the community with dementia.

TRANSCENDING TRAGEDY: MAINTAINING ENGAGEMENT AND RETAINING SELFHOOD OF PEOPLE LIVING WITH DEMENTIA

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A central goal in supporting people living with dementia is maintaining selfhood, relationships, and well-being to preserve their innate human rights, which requires transcending the common focus on disease and disability. Prioritizing the person, rather than the disease, requires a shift away from the ubiquitous tragedy discourse. This presentation will describe research listening to people living with dementia and engaging them as partners. It will review perspectives on dementia gathered from among hundreds of people living with dementia in a series of listening sessions. Then, recognizing that people living with dementia are the true 'experts' and are capable of participating actively in supportive relationships, it will describe a research-based approach that uses *authentic partnerships* to include people living with dementia as equal partners in care and support. The presentation will conclude with eight catalyzing principles for transcending the tragedy discourse of Alzheimer's.

MAKING A COMMUNITY MORE DEMENTIA-FRIENDLY THROUGH PARTICIPATION IN AN INTERGENERATIONAL CHOIR

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A dementia friendly community is one that is informed about dementia, respectful of people with dementia and their families, provides support, and fosters quality of life.