

transition. The services offered were expensive with no free services and very few free resources. Organizations were primarily staffed by medical providers, only 1 organization had Menopause Practitioners certified by the North American Menopause Society. Our results demonstrate a need for comprehensive educational and support services for perimenopausal women to fulfill the need for timely, accessible, and accurate information during this understudied health transition.

NOT OUT-OF-REACH: ENGAGING THE OLDER OLD ISOLATED AFRICAN AMERICANS WITH AND WITHOUT MCI

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The Internet-Based Conversational Engagement Clinical Trial (I-CONNECT, ClinicalTrials.gov: NCT02871921) is a multi-center randomized, 12-month efficacy study. There is converging evidence that social isolation is a risk factor of cognitive decline and dementia. We hypothesized that increasing social interaction in older adults with normal cognition or mild cognitive impairment (MCI) could improve or sustain cognitive function through internet-based conversational engagement. African Americans (AA) are at higher risk for developing dementia but their participation in clinical trials is low. Objectives: (1) discuss the effective outreach process to recruit urban AA older old adults (mean targeted age of 80+); (2) describe how we retained participants in a yearlong study using technology-based interventions. The most successful outreach and recruitment sources were the voter registration mass mailings and the Healthier Black Elders Research Center. Successful recruitment methods included: hiring diverse staff, compensating participants' time, and adjusting research protocols for opting out of MRIs and genetic saliva samples. Technology intervention strategies included: providing user-friendly Chromebooks and free internet connections, simple instructions with pictures, vision and hearing correction, and in-home training with technology support backup. During the pandemic, we could assist participants in learning to use the laptop remotely. Over 12,000 subjects were contacted, which led to 39 randomized participants. Our retention rate thus far is over 75%. This demonstrates that AA older adults are reachable, willing to participate in research and able to use communication technology with appropriate supports for long-term sustainable interaction that may improve cognition and health equity.

SELF-REPORTED PHYSICAL LIMITATIONS AMONG U.S. VETERANS COMPARED TO NON-VETERANS: FINDINGS FROM NHANES

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Approximately 43% of males over the age of 65 years are Veterans. Veterans may be at elevated risk for functional declines due to barriers to health care access leading to accelerated loss of independence. This compared the prevalence of functional limitations in Veterans and non-Veterans. Data from two National Health and Examination Survey collection periods, administered 2013-2014 and 2015-2016, were used to compare physical functioning data between male Veterans (N=369) and non-Veterans (N=738) matched 1:2 for sex, race, and BMI. Individuals were considered a Veteran if they self-reported having "served in active duty in the U.S. Armed forces." Pearson's chi-square tests were used to assess differences in the prevalence of various self-reported functional limitations between groups. Veterans (mean±SEM: age: 64.5±0.54 years; BMI: 30.0±0.3 kg/m²) were disproportionately affected by self-reported functional limitations caused by long-term physical, mental, or emotional illnesses (8% vs. 3%, p<0.004). Twenty-five % of Veterans reported that these limitations kept them from working compared to 18% of non-Veterans (p<0.003). Veterans (38%) were also more likely to report being limited in the amount of work they could perform compared to non-Veterans (27%) (p<0.01). Additionally, Veterans (20%) were more likely to report the use of special healthcare equipment (i.e. cane, wheelchair) than non-Veterans (12%) (p<0.001). These data suggest that Veterans are at greater risk for functional limitations caused by self-reported long-term physical, mental or emotional illness. Therefore, further research is needed to determine if home- and community-based services could prevent further functional decline, ultimately allowing Veterans to maintain independence.

STRENGTHENING STRATEGIES TO RECRUIT RACIAL/ETHNIC MINORITY POPULATIONS FOR HEALTH RESEARCH STUDIES

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With the current spotlight on systemic racism and the need to address health inequities, it is critical to develop culturally appropriate strategies for recruiting research study participants from racial/ethnic minority groups. Empirical studies have highlighted that people from racial/ethnic minority groups have poorer health outcomes compared to non-Hispanic Caucasians. However, racial/ethnic minority groups remain underrepresented in healthcare research. Several factors may contribute to the lower participation of racial/ethnic minority groups. Sequelae of atrocities in healthcare research on African American/Black people in the US during slavery and Jim Crow eras were widespread and persistent. Discrimination against people of Hispanic descent and increased anti-Asian discrimination have also been documented. Fear and mistrust of the health system and researchers have been identified as critical barriers to participation in clinical research for these populations.

Further, health research teams rarely reflect the racial/ethnic diversity of the US population, hindering diversity in recruiting study participants. Inadequate ethnic/racial minority groups participation in study populations not only weakens external validity of empirical studies, but research interventions and policies being implemented may not be culturally appropriate to all populations. Therefore, systemic strategies to improve recruitment of racial/ethnic minority groups should: 1) increase preferential funding to incentivize research teams becoming more racially/ethnically diverse; 2) increase recruitment of racial/ethnically diverse healthcare researchers; 3) use community-based participatory research designs to build trust among racial/ethnic minority populations; 4) provide training on culturally appropriate research study recruitment strategies to the academic communities; 5) apply a prism of intersectionality for representation throughout the research cycle.

SUPPORTIVE HOMES AS MEDIATOR BETWEEN RURAL STATUS AND DISABILITY OF OLDER ADULTS

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By definition, older adults living in rural communities have fewer formal resources available to address aging-related functional needs. Supportive environments are frequently relied on in rural settings to help address this discrepancy. The purpose of this study was to assess the role of supportive housing features and home modifications in mediating the association between rurality and disability. We hypothesized that environmental supports would be more crucial in rural settings than non-rural settings. We analyzed data from the National Health and Aging Trends Study (NHATS). Variable selection was guided by the International Classification of Functioning, Disability and Health (ICF), including covariates for sociodemographics, chronic conditions, mobility functioning, and participation. A series of regression models tested mediation by environmental variables of the association between rurality (as determined by the metro/nonmetro file indicator) and ADL/IADL disability. Supportive home environments were operationalized using indicators of whether participants had access to homes from the outside without having to use stairs; presence of a bedroom, kitchen, and full bathroom with a shower or tub on the same floor; and whether bathroom fixtures had been modified with features such as grab bars. Results suggest a statistical relationship between rurality and disability that is explained in part by the presence or lack of supportive home features, and these effects were greater in rural settings. Implications are that older adults who live in rural settings can benefit greatly by supportive environments and modifications in areas of the home that are known to cause difficulty.

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All Things Technology and Aging

ASSESSMENT OF SLEEP DURATION BASED ON ANKLE AND WRIST ACTIGRAPHY IN HOSPITALIZED OLDER PATIENTS.

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Poor sleep at time of hospitalization is associated with undesirable outcomes. Most studies performed in the hospital assess sleep by self-report, while only few rely on actigraphy. Although wrist actigraphy is commonly used for sleep assessment in field studies, in-hospital assessment may be challenging and cumbersome due to other more necessary monitoring devices that are often attached to patients' upper limbs, that may in turn affect interpretation of wrist activity-data. Placement on the ankle may be a viable solution. In this pilot study, we aimed to compare total sleep time (TST) using concomitant wrist and ankle actigraphy as well as self-report. Twenty-one older adults (65+) hospitalized in medical units wore ankle and wrist actigraphy devices and subjectively estimated their TST for an average of (2.15±1.01) nights. A total of 45 nights were available for analysis. Average TST in minutes was 332.06±81.58, 427.05±97.74 and 374.28±124.96 based on wrist, ankle, and self-report, respectively. Repeated measure mixed models analysis was performed adjusting for age, gender, and sleep medications. TST was significantly lower using wrist compared to ankle actigraphy ($F(2,102)=7.63$, $p=0.0008$), and both were not different from self-report. No significant within subjects variation and no interaction between device and repeated measures were found. Despite differences between ankle and wrist assessments, all three provide consistent TST estimation within subjects. Self-report provides a stable and accessible assessment of TST, representing a good approximation of ankle and wrist actigraphy. Findings provide preliminary support for the use of ankle actigraphy for sleep assessment in hospital settings.

CIRCADIAN RHYTHM FOR FEMALE ENTERING OLD AGE: EXPLORATION ON THE EFFECT OF EATING BEHAVIOR

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Unhealthy lifestyle and eating behavior are associated with circadian rhythm disruption which contributes to numerous harmful outcomes. The relationship between circadian rhythm and eating behavior remains unclear. The study aims to investigate different types of eating behavior in middle-aged women and their variation in circadian rhythm. A descriptive, cross-sectional design was used. We recruited a convenience