FACTORS ASSOCIATED WITH POSITIVE AGING AND HAPPINESS OF THE OLDER PEOPLE IN HONG KONG

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Happiness is essential to one's well-being and impact on every aspect of our lives. Happier people are living longer, they are healthier. Happier people are more likely to be physically active and enjoy better sleep habits and practices. While few existing research studies had examined the determinants of happiness of older people, especially in Chinese society. Understanding happiness in the context of social unrest and political instability is thus limited. This study tested the correlates of happiness at interpersonal, psychological and environmental levels at a time when there were extended scale of violence, destructions, and clashes in the community between police and protesters in late 2019 during the anti-extradition campaign. In social unrest, older people, due to their function and mobility, could be emotionally and physically vulnerable. A total of 1,209 older persons aged 55 and above from Hong Kong answered the questionnaire by stratified random sampling. Our findings show that their overall resilience was strongly and positively associated with levels of happiness. Due to the recent political instability Hong Kong, their satisfaction toward social and political situation of Hong Kong also correlated positively to levels of happiness. We suggest that future interventions and policy initiatives should put extra emotional and tangible support to older adults, particularly during social unrests and unstable political conditions, in addition to strategies for the enhancement of resilience and mental capital.

SOCIAL ISOLATION, HEALTH, AND HEALTH CARE: PERSPECTIVES AMONG OLDER ADULTS RESIDING IN PUBLIC HOUSING

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By 2035, U.S. adults > 65 will outnumber children. The growing lack of affordable housing combined with fixed incomes will lead to more older adults residing in public housing. Public housing authorities, in turn, will face growing health and social needs among their residents. In partnership with a local housing authority, we conducted a qualitative study to better understand the health and social needs of older adult public housing residents. We conducted semi-structured qualitative interviews with 27 older adults at two public housing sites in Austin, Texas; we asked about their experience of aging in public housing, their health, healthcare, and community life. Interviews were audiorecorded and transcribed; interviews were systematically coded and verified by a second coder. Themes were identified using comparative analysis. We interviewed 16 females and 11 males (mean age = 71.7 years). We identified three themes. Residents characterized good healthcare as that which is provided by physicians who are consistent educators that listen to residents' primary concerns. They defined health as being mobile and lacking pain. Finally, they desire more, recurring opportunities to learn about health and connect interpersonally within their housing community; they perceive limited meaningful relationships as a significant contributor to poor

health among residents. The older adult public housing residents in our study outlined what good health and healthcare looks like. These themes can be utilized to improve relationships between residents and their healthcare providers. Social isolation can be mitigated through public housing programming that promotes physical and mental acuity.

THE EFFECT OF BOTTLEIUM, A BOTTLE-TYPE AQUARIUM, OWNERSHIP ON COMMUNITY-DWELLING OLDER ADULTS

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The pet ownership of ornamental fish acts positively towards the well-being of older adults. A Bottleium is an aquarium that uses a glass bottle instead of a tank. Its small size allows older adults to own ornamental fish as a pet. In this study, the effect of Bottleium ownership on the daily life of community-dwelling older adults was explored. A three-hour workshop to build one's own Bottleium (size: 11cm×11cm×20cm) was hosted at Toyoshikidai housing complex (Kashiwa, Japan). An ornamental fish and a freshwater snail were added to each bottle. Semi-structured interviews were conducted with participants one month after taking the Bottleium home (N=25). The Bottleium ownership acted as a stimulus to older adults. The effects on an individual were "trigger of conversation" and "development of responsibility." Participants living alone treated the fish as their companions and had light conversations. They carefully looked after the fish as would a pet owner. Furthermore, the Bottleium facilitated "interpersonal interactions." Basic information was provided during the workshop, but participants assisted each other in complementing the information, and they even visited each other's residences to observe the fish. Older adults who do not own the Bottleium also visited for this purpose. Two cases were reported where participants looked after each other's fish in times of hospitalization. The interpersonal interactions might have resulted from the nature of the housing complex, as participants were already familiar with each other. Similar phenomena could be anticipated at places such as apartments and nursing homes.

SESSION 2872 (POSTER)

SERVICES AND INTERVENTION: EXPERIENCES AND OUTCOMES

AGE AND SEX DIFFERENCES OF COMORBIDITIES IN MEDICARE OLDER ADULTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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OBJECTIVES: Although comorbidity varies by sex and age, comorbidity variation among individuals with specific primary conditions is less well-understood. We sought to quantify chronic comorbidities in older adults with chronic obstructive pulmonary disease (COPD) using representative Medicare claims data. METHODS: This retrospective cohort study consisted of individuals aged 65+ with a COPD

diagnosis identified in a 5% Medicare sample enrolled between 1/1/2012-1/1/2015. We quantified the prevalence of 40 comorbidities and sex and age variation (\geq or \leq 85 years). RESULTS: Of 461,268 eligible beneficiaries, 60% were female, 86% were white, with mean (SD) age of 79 (8) years. The majority (89.2%) had at least 5 comorbidities; 50.4% had ≥ ten comorbidities. Most prevalent conditions included: hypertension (92.6%), hyperlipidemia (86.4%), anemia (74.9%), rheumatoid arthritis (RA) (68.0%), congestive heart failure (CHF) (49.6%), diabetes (46.7%), depression (43.7%), peripheral vascular disease (PVD) (42.9%), and chronic kidney disease (CKD) (38.6.) Male patients had higher prevalence of CHF, diabetes, CKD, atrial fibrillation (AFib), AMI, cancer, tobacco use disorder, and liver disease, while females had higher prevalence of hypertension, anemia, RA, depression, asthma, osteoporosis, pain, hypothyroid, obesity, dementia, and glaucoma. Compared to patients under 85, those aged ≥85 years had higher prevalence of cardiovascular disease, depression, musculoskeletal conditions, cancer, dementia, glaucoma, and CKD; but lower prevalence of asthma, anxiety, and metabolic disorders. CONCLUSIONS: Older adults with COPD encounter a high prevalence of comorbidities. Comorbidity patterns differs across age and sex spectrum, highlighting the significance of age and sex in developing individualized clinical care and epidemiological research.

BECOMING AN AUTOLOGOUS STEM CELL TRANSPLANT PATIENT

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- 2. Emory University, Atlanta, Georgia, United States,
- 3. Winship Cancer Institute, Atlanta, Georgia, United States In the current study, we sought to examine how older patients incorporate the identity of a patient receiving autologous stem cell transplant (ASCT) for multiple myeloma (MM) into their daily lives. In this ethnographic study using interpretative phenomenological analysis, we observed pre-transplant education visits with 30 MM patients, followed by semi-structured interviews in their hospital rooms during transplant. The experience of receiving ASCT for MM required effort by patients to not only maintain their past identity but also establish a new patient identity. Reconciling these two identities required deliberate and emotionally draining effort from the patient. Results were organized into two overarching themes of social relationships and aesthetics with subthemes for each. Patients experienced challenges reconceptualizing their social support network to meet their changing needs; often with a spouse or child taking on a caregiving role. In regard to aesthetics, patients contended with the physical reminders of their new diseased identity, adopting various aesthetic strategies to either embrace or conceal bodily changes. Understanding methods MM patients who are receiving ASCT use to negotiate normalcy during treatment may be helpful for developing interventions for alleviating distress during this difficult time.

HOW DO SENIOR CENTER ATTENDEES RATE THE IMPORTANCE OF PROGRAMS AND SERVICES COMPARED TO NON-ATTENDEES?

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Senior centers provide a wide range of programs and services to meet the needs of the growing aging population. As senior centers aim to serve all older community-members, it is important to assess the value of these services through the lens of both attendees and non-attendees of senior centers. Using a sample of 4,750 community-dwelling adults age 60 or older from Massachusetts, this project aims to analyze perceptions of program importance by center attendees versus non-attendees. Almost 60% of the sample never attend a senior center. Nearly a third of center attendees ranked exercise classes and education opportunities as important, compared to about 20% of non-attendees. Almost half of attendees rated application assistance and nutrition programs as not important, compared to 38% and 40% of non-attendees, respectively. Conversely, for all programs listed, non-users more frequently checked "unsure" of program/service importance. This was especially true for exercise classes, professional services, social or recreational activities, educational opportunities, and trips, for which 18% of non-attendees selected unsure. Center attendees more frequently view the programs/ services offered at the senior center as important or very important, likely because they have greater awareness. Results highlight that that non-attendees are unsure of the value of programs or have no interest the programs and services provided. Not only do these results provide an opportunity to senior centers to assess how valuable certain programs and services are, they also emphasize the need for continued information streams regarding programs and services offered at senior centers to those who are unfamiliar.

SESSION 2875 (POSTER)

BRAIN AGING, COGNITIVE AGING, AND ALZHEIMER'S

AGE 20 COGNITIVE ABILITY MODERATES THE LONG-TERM INFLUENCE OF LIFESTYLE BEHAVIORS ON BRAIN AGING IN LATE MIDLIFE

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We examined whether the longitudinal association between lifestyle behaviors and brain age is moderated by early general cognitive ability (GCA). The sample comprises 356 participants from the Vietnam Era Twin Study of Aging (VETSA). At mean age 40 (SD 2.7; range 34-44) a positive lifestyle index was created comprising three self-reported behaviors: not smoking, zero to moderate alcohol consumption, and high social engagement. GCA at mean age 20 was assessed with the Armed Forces Qualification Test. At mean age 68 (SD 2.6; range 61-72), participants underwent structural magnetic resonance imaging which was used to create predicted brain age difference (PBAD) scores. Multivariate models included GCA, lifestyle and their interaction as IVs, adjusted for age, ethnicity, APOE genotype, height, and family membership. Age 20 GCA and age 40 lifestyle significantly predicted age 68 PBAD [F=5.83; p=.02 and F=15.14; p<.001,