

many currently available evidence-based resources as possible and creating evidence-informed resources when we identify gaps. Expected outcomes are: 1) format of the final roadmap; 2) types of groups willing to use it; 3) how well the roadmap was implemented; 4) feasibility of continued use of the roadmap by groups over the long term; and 5) potential to expand roadmap use to other communities.

PERCEIVED STRESS AND LIFE STRESSORS IN ADULTS WITH AND WITHOUT FIBROMYALGIA

Ha Nguyen, Courtney Buck, Barbara Cherry, and Laura Zettel-Watson, *California State University, Fullerton, Fullerton, California, United States*

Fibromyalgia (FM) is a widespread chronic pain condition often accompanied by comorbid conditions, such as depression, which may impact perception of stress severity. The current study examined perceived stress and life stressors in adults ages 50 and older with and without FM. It was hypothesized that individuals with FM and/or depression would subjectively rate stressors as more severe than those without. Ninety-four participants (52% with FM, 78% female) aged 50 to 93 ($M = 67.72$, $SD = 9.26$) were administered the Perceived Stress Scale (PSS) to measure perception of stress and an updated version of the Social Readjustment Rating Scale (SRRS) to assess stressors (i.e., major life events). The difference between the SRRS predetermined values and participants' subjective ratings was calculated. Difference scores indicated that self-reported severity exceeded standardized values. Hierarchical regression analyses revealed that older adults and men were less likely to report exaggerated stress severity. Controlling for age and gender, individuals with FM were significantly more likely to report stress severity far above standardized severity scores. Both depression and chronic pain impact stress ratings, but when controlling for the former, FM impact was no longer significant, suggesting that the impact is significantly greater for depression. Results also found a significant interaction between FM status and depression for perceived stress, but not for life event stressors, which may further emphasize the distinctions between the two measures. The findings underline the importance of assessing different types of stress and stressors in individuals with chronic pain and other related comorbidities.

SARCOPENIC OBESITY IN OLDER ADULTS: FINDINGS FROM THE NATIONAL HEALTH AND AGING TRENDS STUDY

Kathleen Dondero,¹ Jason Falvey,¹ Brock Beamer,² and Odessa Addison,³ *1. University of Maryland - Baltimore, Baltimore, Maryland, United States, 2. Baltimore Veterans Affairs Medical Center, BALTIMORE, Maryland, United States, 3. University of Maryland School of Medicine, Baltimore, Maryland, United States*

Sarcopenic obesity increases risk for dysmobility and loss of independence, (Gandham et al., 2021). However, the national burden of sarcopenic obesity and the resultant impacts for older adults has yet to be described. Within a nationally representative sample from the National Health and Aging Trends Study (NHATS), 2066 community-dwelling older adults were obese, representing 12,136,374 individuals in the United States, or 31.8% of all community dwelling older

adults. Based on the European Working Group definition, 18% of the obese older adults were sarcopenic. Sarcopenic obese older adults were more likely to have fallen in the last month and been hospitalized over the prior year. After adjusting for age and sex, sarcopenic obese older adults were 3.7 times more likely (95% CI 2.2-5.0) to have 2 or more comorbid conditions and frailty was 6.4 times more likely (95% CI 4.4-9.5) compared to nonsarcopenic obese older adults. Sarcopenic obese older adults were also more likely to have 1+ ADL disabilities (OR 3.7; 95% CI 2.5-5.4). Further, they were more likely to be socially isolated (OR 2.1; 95% CI 1.3-3.2) and report food insecurity (OR 1.5; 95% CI 0.8-2.9). These findings suggest older adults with obesity and sarcopenia have higher rates of geriatric vulnerabilities, which might indicate a need for caution when recommending weight loss alone as an intervention. A more comprehensive intervention may be necessary to address social and physiological risks. Future studies should examine whether early intervention in sarcopenic obese older adults can reduce chronic health risk and preserve independence.

SOCIAL SUPPORT AND LIVING SITUATION OF OLDER ADULTS WITH HIP-FRACTURE: A RETROSPECTIVE COHORT STUDY

Alexandra Krassikova,¹ Steven Stewart,² Jennifer Bethell,³ Aileen Davis,⁴ and Katherine McGilton,⁵ *1. University of Toronto, University of Toronto, Ontario, Canada, 2. Toronto Rehabilitation Institute, Toronto Rehabilitation Institute, Ontario, Canada, 3. Toronto Rehabilitation Institute, Toronto Rehabilitation Institute, Ontario, Canada, 4. University of Toronto, University of Toronto, Ontario, Canada, 5. KITE-Toronto Rehabilitation, University Health Network, Toronto, Ontario, Canada*

Sustaining a hip-fracture is a life-changing event negatively affecting older adults. Although, social support is a known determinant of health outcomes, the relationship between social support and living situation of older adults with hip fracture remains under researched. For this study social support is conceptualized using the Finfgeld-Connett framework, where social support is seen as being composed of emotional and instrumental support. The objectives were to examine the relationship between two domains of social support and living situation: 1) after discharge; 2) 3-months after discharge; and 3) 6-months after discharge from an inpatient rehabilitation facility in a sample of older adults with hip fracture. Emotional support was measured as frequency of interaction with someone one week prior to hip fracture, whereas instrumental support was measured as help received in instrumental activities of daily living. Logistic regression was performed to examine the association between social support and living situation. Majority of study participants ($N=139$) were older (mean age 81.31), female (77.70%), had no cognitive impairment (68.35%), were not married (58.99%), and lived with someone (51.80%) in their own house (71.95%). Older adults with more emotional support were more likely to be discharged home, however little can be said about the effect of the association (OR 6.80, 95% CI 1.08, 22.31, $P<.001$). Persons receiving more instrumental support had less odds of living at home 3-months (OR 0.41, 95% CI 0.21, 0.78; $P=.007$) and 6-months after discharge

(OR 0.59, 95% CI 0.38, 0.91, $P=0.017$). Social support is important for older adults during recovery.

THE ASSOCIATION BETWEEN MEDICARE ANNUAL WELLNESS VISITS AND DETECTION AND MANAGEMENT OF DIABETES AMONG OLDER ADULTS

Kara Dassel,¹ Abdulrahman Alsulami,² Yao He,³ and Nancy Allen,³ 1. *University of Utah, Salt Lake City, Utah, United States*, 2. *University of Utah, Jeddah, Makkah, Saudi Arabia*, 3. *University of Utah, Salt Lake, Utah, United States*

The rising prevalence of diabetes mellitus (DM) among older adults is an increasing concern in the U.S. and is expected to nearly triple within the next 40 years. The purpose of this study is to investigate the effectiveness of Medicare Annual Wellness Visits (AWV) utilization on the management of DM among Medicare beneficiaries using data from 26,703 Medicare beneficiaries seen at 13 primary care community clinics (clinic visits between 2017 and 2019). A total of 34% of Medicare beneficiaries participated in an AWV. The total sample was, on average, 72.6 years old ($SD=7.0$), 57% female, 84% White, and 91% non-Hispanic and had between zero and three co-morbid conditions. The AWV group was significantly younger (mean difference 2.0 years; $p<.001$) and had fewer comorbid conditions (mean difference 0.1; $p<.001$) than the non-AWV group at their initial visits. Comparing AWV and non-AWV groups at the first patient visit and last patient visit, there were significantly fewer patients with DM in the AWV group compared to the non-AWV groups (19.2% vs. 24.7%; $p<.001$ and 53.5% vs. 59.2%; $p<.001$). DM management was better in the AWV group compared to the non-AWV group at both the first and last patient visits, as exhibited by lower A1C levels ($M=5.9(SD=0.8)$ vs. $M=6.2(SD=1.1)$; $p<.001$ and $M=6.6(SD=0.8)$ vs. $M=6.9(SD=1.4)$; $p=.013$), lower glucose levels ($M=114.0(SD=34.0)$ vs. $M=123.0(SD=51.0)$; $p<.001$), and fewer DM medications ($M=0.1(SD=.4)$ vs. $M=0.2(SD=0.5)$; $p<.001$ and $M=0.2(SD=0.6)$ vs. $M=0.3(SD=0.6)$; $p<.001$). These results suggest that AWV are effective managing diabetes in older adults Medicare beneficiaries.

Session 9035 (Poster)

Aging in Place (BSS Poster)

DISPARITIES IN BASIC HOUSING NEEDS AS A PREDICTOR OF PSYCHOLOGICAL WELL-BEING AMONG OLDER ADULTS

Meghan Custis,¹ Jeongeun Lee,² and Natasha Peterson,³ 1. *Iowa State University, MUSCATINE, Iowa, United States*, 2. *Iowa State University, Ames, Iowa, United States*, 3. *Iowa State University, Iowa State University, Iowa, United States*

Adequate housing and safe environments are among older adults' foundational needs. Prior research suggests minority older adults face significant barriers to accessing affordable and appropriate housing. However, the effects of this environmental press on their psychological well-being are rarely addressed. This project examined racial disparities between minority and white older adults' housing and environment conditions and the differential impact on their psychological

well-being. Using nationally representative data from the National Health & Aging Trends Study (NHATS), older adults' reported rating of the quality of housing conditions, financial security, neighborhood security, and the interviewer's rating of the home environment were analyzed. A total of 4,048 community-dwelling older adults aged 65 and over were selected for analysis. The sample demographics are predominantly white (77.5%), female (61.4%), and residing in the community (82%). Results found minority older adults reported poorer housing conditions, fewer home modifications, and lower financial and neighborhood security, compared to white counterparts. The impact of housing quality was more detrimental to minority older adults' psychological well-being, compared to white counterparts. These findings suggest a significant negative impact of home conditions on the psychological well-being of minority older adults. Home modifications are a viable option to increase or preserve functional status in the home, which could lessen the deleterious effects of environmental press on older adults' psychological outcomes, especially minorities. This study's findings provide information that bolsters our knowledge of housing and environment conditions, which are critical in efforts to reduce health disparities in late life.

ENVIRONMENTAL FEATURES SUPPORTING NON-TRANSPORTATION WALKING IN OLDER DWELLERS IN A HILLY NEIGHBOURHOOD

Ryoichi Nitanaï,¹ Ryogo Ogino,² Daisuke Umemoto,³ Jun Goto,⁴ and Junichiro Okata,⁵ 1. *the University of Tokyo, Tokyo, Tokyo, Japan*, 2. *Saga University, Saga, Saga, Japan*, 3. *The University of Tokyo, Bunkyo-ku, Tokyo, Japan*, 4. *Tokai University, Hiratsuka, Kanagawa, Japan*, 5. *Meiji University, Chiyoda-ku, Tokyo, Japan*

Walking is the basic mode of transportation; however, it is also considered as a recreational and physical activity. For elderly people, non-transportation walking (NTW) is necessary to maintain a good health; thus, irrespective of topography, living in an environment conducive to NTW is essential for the ageing community. This case study explores the features of the physical environment supporting NTW in older people, living in a hilly Japanese neighbourhood. We conducted semi-structured interviews with 23 older participants, with 6 being in their seventies, 13 in their eighties, and 4 in their nineties. We investigated the destinations and routes of their outings for a week, as well as their perception of walkability. Thereafter, we analysed the location of the NTW and the rationale behind the location choice. Consequently, four groups of people were identified based on their walking location: those who walked within a 1 km radius zone ($N=6$), those who walked outside the zone ($N=8$), those who walked both within and outside the zone ($N=3$), and those who did not walk ($N=6$). Moreover, each group had varied expectations regarding the physical environment, which is determined by their motivations and physical conditions, relating to the land use of the location of NTW. This implies the necessity of target identification and a suitable environmental approach for the target to promote NTW among older people in a hilly residential neighbourhood, such as improving comfort and connectedness by installing rest spots for the within-and-outside the zone walking group.