

problem. The most common issues were difficulty chewing hard food and speaking. High education and income were associated with better OHQoL and smoking were associated with worse OHQoL. Oral health may therefore reflect another dimension of social and health inequality for older Colombians.

THE INFLUENCE OF GENDERED SOCIAL POSITION ON COHORT DIFFERENCES IN SMOKING AMONG OLDER MEXICAN ADULTS

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Disparities throughout the life course, including social position, result in gendered pathways to health, which ultimately result in gender disparities in late life. Using data from the Mexican Health and Aging Study, we explore the concept of gendered social position over the life course (educational achievement, marital history, employment history) and its association with smoking status in old age (current, former, never). We compare two cohorts by gender, those aged 60 to 71 in 2001 (n=4,383) and 60-71 in 2012 (n=5,970), as these cohorts experienced vastly different life courses. Overall, current smoking decreased from 2001 to 2012, but men consistently report higher rates of current and past smoking, compared to women. This presentation will widen the lens of gender to consider the influence of social position established over the life course, on gender differences in smoking, a risk factor for poor health and function in old age.

THE LIFE COURSE ORIGINS OF THE RACE DISPARITY IN COGNITIVE FUNCTIONING IN BRAZIL

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Background: Cognitive health is a major concern for understanding population health in Brazil. Race inequalities have been found for several health outcomes but less is known about older adult cognitive health. Health inequalities have been tied to several life course factors, but less is known about how the racial stratification in Brazil may contribute to race disparities in cognitive health. Method: Data come from the Brazilian Longitudinal Study of Aging. We used nested regression models to examine the life course origins of the race differences in cognitive functioning. Results: Whites had better cognitive functioning than non-Whites. Education reduced these differences by about half. Health behaviors and cardiometabolic conditions had little to no impact. Discussion: Race differences in cognitive functioning in Brazil are in large part attributable to educational opportunities. These findings point to the importance of cognitive development in childhood to understand racial disparities in later life cognitive health.

DOES FAMILIAL EDUCATIONAL ATTAINMENT PREDICT SLEEP QUALITY TRAJECTORIES FOR OLDER ADULTS IN MEXICO?

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Researchers have stressed the importance of sleep for healthy aging and longevity. However, there are few

population-level studies of sleep quality focusing on older adults in Latin America and Mexico in particular. The objective of this study is to examine the associations between personal and familial educational attainment on sleep quality. We utilized data from the 2001-2015 Mexican Health and Aging Study (N=4,164; MHAS). Our sample consisted of older adults (aged 50+), married with children. We predicted longitudinal reports of restless sleep across four waves of MHAS using mixed-effects logistic regression. We found that lower levels of respondents' education, their spouses' education, and their children's education were associated with lower levels of sleep quality. When the measures of education were included in the same model, one's own education and children's education remained significantly associated with quality sleep. Our results stress the importance of familial educational attainment for sleep in Mexico.

MOTORIC COGNITIVE RISK SYNDROME: PREVALENCE AND COGNITIVE PERFORMANCE

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Cognitive decline and dementia have a significant impact on older adults. Motor Cognitive Risk Syndrome (MCRS) is a pre-dementia stage where slow gait speed and subjective memory complaints are present. MCRS increases the risk of frailty, dementia, disability, falls and overall mortality. We used data from the SABE Colombia study (Health, Well-Being, and Aging) conducted in 2015 in adults aged 60 years and older. After adjusting for confounding variables MCRS was associated with MMSE (OR 0.90, CI 0.82-0.99), pre-frail (OR 9.1, CI 3.26-25.47) and frail (OR 21.38, CI 6.30-72.57). This study found a prevalence of 5.45% of MCRS in Colombian older adults. We found an association between cognitive performance (MMSE), frailty and MCRS. Our results increase the awareness of a pre-dementia stage different to Mild Cognitive Impairment (MCI), as these individuals are at greater risk than those with MCI to develop dementia.

Session 9000 (Poster)

Acute Care and Hospitalization

65 & THRIVE: IMPROVING PATIENT LENGTH OF STAY, READMISSION, AND QUALITY OF CARE BY BECOMING AN AGE-FRIENDLY HOSPITAL

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Data indicates that older persons will increase in numbers along with having an increase of life expectancy in the United States. Kaiser Permanente Los Angeles Medical Center's Utilization Department developed "65 & Thrive"—an age-specialized initiative to provide holistic care that preserves independence, quality of life, prevents functional and cognitive decline, and promotes both patients and their families to continue thriving. The initiative's focus is guided by