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While there is evidence that prolonged sedentary behaviors (SB) are associated with poor memory performance, less is known about the effect of SB on subjective memory. Poor subjective memory could be an early symptom of mild cognitive impairment or dementia. Besides SB, sleep quality has been identified as an essential component of cognitive health. Yet little is known about the effects of different types of SB on sleep quality and how such effects could, in turn, affect middle-aged adults' subjective memory. The sample included 306 adults ranging in age from 40 to 60 ($M = 44.42$) from Amazon MTurk. Mediation analysis with PROCESS (Hayes, 2013) was used to examine the mediational path, controlling for demographic variables. Exploratory factor analysis categorized 10 different sedentary activities into Common Engaging SB (e.g., sitting in cars), High Engaging/Leisure SB (e.g., doing hobbies when sitting), and Less Engaging/Passive SB (e.g., watching TV). Common Engaging SB included a variety of behaviors, including transportation, reading, talking on the phone, and socializing. Common Engaging SB had a significant direct effect on sleep quality ($B = 0.19$, $p < .001$) and frequency of forgetting ($B = -1.61$, $p < .001$), and sleep quality had a significant direct effect on frequency of forgetting ($B = -1.90$, $p < .001$). Sleep quality mediated the association between Common Engaging SB and frequency of forgetting (indirect effect = -0.05 , 95% bootstrap CI = -0.09 , -0.02). Reducing sitting time, particularly Common Engaging SB, could be a useful strategy to improve subjective memory functioning.

SELF-REPORTED FRAILITY CONCERNS IN OLDER BREAST CANCER SURVIVORS DURING THE COVID-19 PANDEMIC

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Frailty among older adults is common, especially those who have undergone breast cancer treatment; however, we do not know how frailty among this group presented during the COVID-19 pandemic. The purpose of this descriptive, cross-sectional study was to examine self-reported frailty among older breast cancer survivors (BCS) during the pandemic. This IRB-approved study recruited BCS who were at least 1-year post-treatment and 60 years of age or older, via online advertisements (e.g., Dr. Susan Love Foundation). BCS completed demographic and Tilburg Frailty Indicator (TFI) RedCap questionnaires from 11/2020 to 05/2021. The TFI, is a 15-item measure with 3 sub-scales with published cut points indicating frailty: total (5), physical (3), psychological (2), and social (2). Descriptive statistics were used. Older BCS ($n=203$) who were on average 65.5 ($SD=4.7$) years of age, white (93.6%; $n=190$) and had stage II breast cancer at diagnosis (39.9%; $n=81$) participated. The average total ($M=5.4$, $SD=2.5$) and physical ($M=3.2$, $SD=1.5$) frailty scores were above the threshold for frailty. Overall, 58.6% ($n=119$) and 63.1% ($n=128$) scored at or above the threshold on the total and physical sub-scales, respectively. In addition, 78.8% ($n=160$) responded that they 'missed having people around' on the social frailty sub-scale. Research has shown that higher TFI scores (more frailty) are associated

with increased healthcare utilization, poorer quality of life, and even mortality. Thus, frailty among older BCS is an important health concern within the context of the pandemic. Further research is needed to understand the lasting effects of self-reported frailty for BCS including COVID-19 survivors.

SHOULDER FUNCTION AND FATTY INFILTRATION ON MRI IN OLDER ADULTS DURING REHABILITATION FOR ROTATOR CUFF TEAR

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Rotator cuff tear is highly prevalent in older adults, with supraspinatus tendon tear (STT) the most common. Shoulder rehabilitation is a major treatment strategy, but supraspinatus-muscle-fatty infiltration (FI) and shoulder function in older adults with rotator cuff tear primarily managed by physical therapy (PT) is inadequately documented. We tested the hypothesis that older adults receiving usual-care PT when stratified by supraspinatus tear-status differ in supraspinatus FI [by quantitative Dixon fat fraction (FF) and semi-quantitative Goutallier grade (GG) on MRI] and shoulder function [by the American Shoulder and Elbow Surgeons score (ASES-score)] over time. Longitudinal cohort study (pilot): adults 60-85 years, PT-cohort ($n=15$) and control-cohort ($n=25$). Participants completed both shoulder MRI and ASES survey at baseline and follow-up visits. Kruskal-Wallis test compared within cohort among 3 groups: no tear (no-STT), partial-thickness tear (pt-STT), full-thickness tear (ft-STT). Mann-Whitney U test compared equivalent groups between cohorts. Baseline PT-cohort groups differed for GG ($p=0.033$) [no tear, 0.50 ± 0.50 ; pt-STT, 1.11 ± 0.22 ; ft-STT, 1.50 ± 0.50] without difference in age, BMI, comorbidity, or ASES-score. Baseline control-cohort groups differed for FF ($p=0.034$) [no-tear, $5.77\%\pm 1.16\%$; pt-STT, $7.14\%\pm 6.26\%$; ft-STT, $21.44\%\pm 10.44\%$], without difference in age, BMI, comorbidity, or ASES-score. Baseline no-tear groups for ASES-score ($p=0.049$) differed between cohorts: PT-cohort (58.87 ± 8.21) versus control-cohort (83.98 ± 21.89). Both cohorts showed no difference in Δ -FF or Δ -GG over time. PT-cohort groups differed for Δ -ASES-score over time ($p=0.042$) [no-tear, 16.65 ± 4.69 ; pt-STT, -7.24 ± 0.94 ; ft-STT, 4.48 ± 3.45], but control-cohort groups did not ($p>0.050$). Our results suggest differences exist for supraspinatus FI and self-reported shoulder function among older adults receiving PT for rotator cuff tear when stratified by supraspinatus tear-status.

SIX-MONTH LOWER-LEG SENSORY STIMULATION AUGMENTS NEURAL NETWORK CONNECTIVITY ASSOCIATED WITH IMPROVED GAIT

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Foot sole somatosensory impairment associated with peripheral neuropathy (PN) is prevalent and a strong independent risk factor for gait disturbance and falls in older adults. A lower-limb sensory prosthesis providing afferent input related to foot sole pressure distributions via lower-leg vibrotactile stimulation has been demonstrated to improve gait in people with PN. The effects of this device on brain function related to motor control, however, remains equivocal. This study aimed to explore changes in brain network connectivity after six months of daily use of the prosthesis among individuals with diagnosed PN and balance problems. Functional Gait Assessment (FGA) and resting-state functional magnetic resonance imaging were completed before and after the intervention. Preliminary analysis on participants who have completed the study to date (N=5; mean age 76 years) indicated altered connectivity of the sensorimotor network (SMN), frontoparietal network (FPN), and the default mode network (DMN) post-intervention ($Z > 3.11$, unadjusted $p < 0.05$). Participants displayed an average improvement of 5.5 point in the FGA (Minimal Clinically Important Differences > 4 for community-dwelling older adults) that was correlated with connectivity changes (unadjusted $p < 0.05$). Specifically, improved FGA was associated with: 1) increased connectivity between the SMN, cerebellum, and occipital cortex; 2) increased connectivity between the FPN, cerebellum, calcarine and intracalcarine; and 3) decreased connectivity between DMN and intracalcarine. These early findings suggest that long-term use of a lower-limb sensory prosthesis may induce neuroplastic changes in brain network connectivity reflecting enhanced bottom-up sensory-attentional processing and suppression of the DMN that are relevant to gait improvements among older adults with PN.

SOCIAL CONNECTEDNESS, MEALS ON WHEELS SERVICES AND HEALTHCARE UTILIZATION AMONG HIGH-NEED OLDER ADULTS

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Homebound vulnerable adults 65+ are at an increased risk for social isolation and loneliness. The adverse consequences of loneliness are profound – including increased health care utilization, burden of dementia, chronic diseases, and mortality. Meals on Wheels (MOW) is a familiar source of nutritional support for homebound individuals who wish to stay in their homes and has additional important benefits. A growing body of evidence demonstrates that MOW provides mental and social health benefits beyond nutrition, but less is known about the interplay between MOW, social cohesion, and health services use. This project will address this gap in the literature using data from the 2013-2020 National Health and Aging Trends Study (NHATS), a nationally-representative panel study of 65+ Medicare enrollees. Using matching and longitudinal multivariate techniques, the risks of hospitalization and permanent nursing home entry are compared between MOW users and non-users. Our longitudinal dataset includes

11,266 observations. Of those, 12.8% rely on MOW or other food assistance (N= 1,488) and 16.6% experience low social cohesion (N= 1,936). Some 6.6% of participants are nursing home residents (N= 748) and the 39.1% report an overnight hospital stay in the prior year (N= 4,560). MOW is a comparatively low-cost intervention to help homebound older adults retain their independence and limit costlier healthcare utilization. This work extends our understanding of MOW services beyond simple nutrition benefits to its potential impact on social health.

SOCIAL DETERMINANTS OF HEALTH AMONG OLDER KOREAN IMMIGRANTS IN THE UNITED STATES: A SYSTEMATIC REVIEW

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The visible impact of the SDoHs on health and behavioral health as well as health disparities among minority populations is heightened due to COVID-19. One group about which little is known in relation to SDoHs is the older Korean immigrant population in the U.S. To examine the impact of SDoHs on the health, mental health, and health care utilization, a systematic review of studies focused on SDoHs for this population was conducted. Using multiple indexing terms, databases were searched for articles published in English between January 1, 2011 and December 2020. Articles were included in the search if they examined social determinants of health of older Korean immigrants defined as foreign-born Koreans aged 60 or older who live in the United States regardless of citizenship or legal immigration status. A total of 1090 articles were identified in the search. A review of abstracts for inclusion criteria resulted in 118 articles for review. Seventy-one articles were excluded during the review process. A total of 47 articles met inclusion criteria and were evaluated. The review revealed that SDoHs, including education level, financial resources, access to health insurance, level of acculturation and level of social support, influenced cognitive status, depressive symptoms, health status and quality of life. These findings validate the need for interventions to address the social care needs of older Korean immigrants and can be used to identify the role of social workers in addressing the SDoHs that result in health disparities for older Korean immigrants.

STIGMA OF DEMENTIA DURING COVID-19: FIRST INSIGHTS FROM A TWITTER STUDY

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Stigma is a critical issue that reduces the quality of life for people living with dementia and their care partners. Despite this knowledge, little research examines stigma of dementia, especially within the context of the COVID-19 pandemic. This presentation aims to: 1) identify the contributing factors of stigma against dementia during the COVID-19 pandemic; and 2) describe actions to challenge stigma of dementia.