

consider how individuals may differ in their ability to consent to sexual activity. This data is intended to inform the development of a measurement tool for use with LTC residents' family members.

PERCEIVED CONTROL AND CORTISOL STRESS REACTIVITY: VARIATIONS BY AGE, RACE, AND FACETS OF CONTROL

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Greater perceived control is associated with better aging-related health outcomes, and these associations have previously been shown to differ based on sociodemographics. Physiological stress responses—including cortisol reactivity to stressors—may underlie the link between perceived control and health. The goal of this study was to evaluate the associations of perceived control and its facets (personal mastery and perceived constraints) with cortisol reactivity to acute laboratory stressors, in addition to the moderating roles of age and race. Participants (N = 737) ages 25-75 completed a perceived control questionnaire and two lab-based stress tasks. Salivary cortisol was collected pre- and post-stressor exposure. The results showed no main effects of perceived control, personal mastery, nor perceived constraints on salivary cortisol reactivity to stressors. However, age and race moderated the association between perceived constraints and post-stressor cortisol level, adjusting for baseline cortisol, sociodemographics, and health covariates. Among white participants, younger adults who reported higher constraints had elevated cortisol responses compared to those who reported lower constraints, whereas constraints were unrelated to cortisol reactivity among midlife and older adults. Among black participants, perceived control and its subscales were unrelated to cortisol, regardless of age. These findings suggest that older age buffers against the association between constraints and stress reactivity, but this buffering effect is only evident for white participants. Future research on the role of perceived control in stress and health should consider the importance of racial differences, facets of control, and age variations.

THE MEDIATING EFFECTS OF LIFESTYLES AND HEALTH CAPABILITIES ON THE RELATIONSHIP BETWEEN AGING AND LIFE SATISFACTION

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The importance of life satisfaction has been getting significant attention as the older population has increased rapidly. There are many studies to examine the relationship between older adults' past and current lifestyles and life satisfaction levels that resulted to be either positively or negatively associated with. It is also well documented in the literature that aging is negatively associated with life satisfaction level due to the decrease in health capabilities. However, little study has been researched the direct and indirect relationships among advancing age, lifestyles, health capabilities, and life satisfaction levels. The purpose of the study was to examine the mediating effects of lifestyles and health capabilities on the relationship between aging and older adults' life satisfaction levels. A total of

290 older adults completed the self-administered questionnaire of lifestyles and life satisfaction levels and their health capability assessments were evaluated at three clinical research centers in the U.S. Multiple regression test was utilized to analyze the data. The results showed the direct effects of advancing age [B = 1.196, t = 2.608, p = .010] and engagement in exercise or physical activity [B = -2.684, t = -3.071, p = .002] on life satisfaction levels among older adults. However, there were no mediating effects of lifestyles and health assessments on the relationship between age difference and life satisfaction levels among older adults. The results suggest the advancing age itself would be the strongest factor in older adults' life satisfaction. Additionally, the findings also suggest that exercise and physical activity can enhance older adults' life satisfaction levels as a supplemental factor.

EXPERIENCES AND FACILITATORS OF FALLS PREVENTION AMONG ETHNICALLY DIVERSE OLDER ADULTS: A QUALITATIVE STUDY

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Background: Falls increase as people age and decrease the quality of life. Even though fall interventions have received great attention, fall incidence rates have still arisen. In order for older adults to reap the benefits of evidence-based fall interventions, a challenge of implementation in the real world and right context must be met. Understanding experiences, facilitators, and barriers of fall prevention among four major ethnic groups in the United States could be extremely valuable. Objective: The aim of this study was to describe experiences and highlight facilitators and barriers on fall and fear of falling interventions among ethnically diverse community-dwelling older adults. Methods: Four ethnically specified (African American, Asian, Hispanic and Non-Hispanic White) focus groups were conducted. A total of 28 older adults and four family caregivers were interviewed. Interviews covered experiences on falls and fear of falling, attitudes, factors, consequences, risk assessment, and interventions. Data were organized and analyzed with the NVivo software. Results: Falls related experiences and behaviors were multifaceted and varied. Three themes related to falls experiences and behaviors were identified, 1) falls prevention versus fear of falling amplification; 2) role identity, culture and family considerations; and 3) take care of you, take care of me. Facilitators of fall prevention were integration of individual learning within a group meeting, providing appropriate assistive devices and promoting environmental safety. Barriers were inconsistent fall risk assessments, low fall risk awareness and acknowledgment, and balance and visual impairment.

DEVELOPMENT OF A TAILORED EDUCATIONAL PROGRAM TO ASSESS FALL RISK AND PREVENT FALLS FOR DIVERSE OLDER ADULTS.

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