NEIGHBORHOOD WALKABILITY AMONG OLDER ADULTS WITH AND WITHOUT PHYSICAL DISABILITIES

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Older adults with physical disabilities (PDs) often experience obstacles to walking locally. Although health promotion programs targeting physical activity are available in lower income, few studies have compared the walking experiences of older adults in these communities who have PDs with those who do not. The purpose of this study was to compare perceptions of neighborhood walkability among adults living in lower income communities with and without PDs. Participants (N=132) were recruited in 2018 at a regional health clinic in Flint, MI. To be eligible, participants had to be over 65 years old and Flint residents. A subsample (N=12) were then followed up with in 2019/2020. We defined PDs as having difficulty performing one or more activities of daily living. Descriptive statistics and analysis of covariance (ANCOVA) were performed. Of the 132 participants, the mean age in 2018 was 69.75 (SD=5.00). The majority were female (68%); African American (80%); single, divorced, or widowed (80%); and educated below GED level (84%). Older adults with PDs were less likely than those without to visit stores within walking distance and walk in their neighborhoods, and more likely to complain about a lot of traffic along the street. Analysis of the longitudinal data show that older adults who had PDs at time 1 were more likely at time 2 to 1) state that their neighborhoods were unsafe; and 2) perceive their neighborhoods more negatively. Findings suggest it is essential to develop disability-friendly support systems and accommodations to encourage walking in lower income communities.

OLDER ADULTS' PERCEPTIONS OF FALLS AND FALLS PREVENTION: AN INTERVIEW-BASED STUDY

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The aim of this study was to gain an understanding of older Americans' perceptions of falls and strength and balance exercise (SBE) as a means of falls prevention. Face-to-face, semi-structured interviews were conducted with 72 community-dwelling adults aged 65 to 89 years recruited from a variety of settings. Data were coded inductively to identify themes present within participants' responses. This process included open coding and creating categories. Data revealed four themes related to falls: (1) others are at risk of falling, but not me, (2) people who fall experience bodily harm, (3) people who fall are a burden to others, and (4) people who fall end up in nursing homes. Four themes emerged related to benefits/facilitators of SBE: (1) SBE enables older adults to remain active and independent, (2) SBE provides an opportunity for older adults to socialize, (3) SBE has positive physical and mental health effects for older adults, and (4) healthcare providers advise older adults to perform SBE. There were three barriers associated with SBE: (1) having limited/no prior SBE experience, (2) having a pre-existing condition, and (3) disliking group-based, SBE classes. Study findings suggest older adults underestimate their risk of falling compared to their peers. As a result, SBE interventions may be promoted more effectively by highlighting personal and social benefits associated with SBE rather than physical risks associated with falls. Additionally, personal recommendations from healthcare providers as well as identification of modified and home-based programs may increase participation in SBE interventions.

PHYSICAL ACTIVITY PROGRAMMING AND PHYSICAL FUNCTION OF OLDER ADULTS IN ADULT DAY CENTERS: A MIXED-METHODS APPROACH

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With increased prevalence of Alzheimer's disease, there is a need for long-term care services (e.g., Adult Day Centers (ADCs)) to provide physical activity (PA) programs to maintain physical function of older adults. ADCs report offering PA programs; however, information on PA programs and physical function of participants attending ADCs is limited. The study aims to a) explore perspectives of ADC directors on PA programming; b) examine physical function in older adults attending ADCs. A cross-sectional mixed-methods study was conducted among ADC directors and attending participants. Interviews were conducted with ADC directors to assess barriers and facilitators of PA programming. Physical function was assessed among ADC participants via the Short Physical Performance Battery (SPPB) and Timed Up and Go (TUG). Five director interviews were conducted and three major themes emerged; 1) current PA programming limited by fear of falls, 2) staff training and retention, and 3) diversifying PA programming. Twenty-nine ADC participants enrolled in the study, Mage= 74.5±8.2 years; BMI= 29.2 ±7.4 kg/m2; MMSE= 25.6 ±3.3; 51.7% (n=15) African American; 79.3% (n=23) males. ADC participants scored 6.7±3.1 on the SPPB and 15.4±5.3 seconds on the TUG. Directors expressed the importance of PA; however, mentioned current programming was limited due to risk of falls and untrained staff in PA. Findings indicate that older adults attending ADCs have physical function scores indicative of high fall risk. Future PA programming may consider including alternative forms of PA while embedding falls prevention strategies to reduce risk of falls and improve physical function among ADC participants.

PREDICTING HOSPITAL OUTCOMES USING THE REPORTED EDMONTON FRAIL SCALE-THAI VERSION

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Backgrounds Frailty is a common geriatric condition leading to poor surgical outcomes. Having a valid frailty measure has the potential to improve surgical care quality. Objectives To test the ability of the Reported Edmonton Frailty Scale-Thai version (REFS-Thai) in predicting hospital outcomes compared with the American Society of Anesthesiologists physical status classification (ASA) and the Elixhauser Comorbidity Measure (EMC) in older Thai orthopedic patients. Methods A prospective study was conducted on hospitalized older adults scheduled for elective orthopedic surgery. Multiple Firth logistic regression modeled the effect of frailty on postoperative complications, postoperative delirium (POD), and discharge disposition, while the length of stay (LOS) was examined by Poisson regression. The area under the receiver operating characteristic curve (AUC) and mean squared errors (MSE) were used to compare the predictive ability of the instruments. Results Two hundred participants with mean age of 72 (range 60-94 years) were mostly female, 23% were frail. Adjusting for other variables, frailty was significantly associated with postoperative complications (OR = 2.38, p = 0.049), POD (OR = 3.52, p = 0.034), and prolonged LOS (relative risk [RR] = 1.42, p = 0.043). The REFS-Thai alone shows good performance in predicting postoperative complications (AUC = 0.81, 95% CI = 0.74-0.88) and POD (AUC = 0.81, 95% CI = 0.72-0.90). The combination of REFS-Thai with ASA and EMC demonstrates an improved predictability. Conclusion The REFS-Thai was useful in predicting adverse outcomes in surgical orthopaedic older adults. Integrating the REFS-Thai for preoperative assessment may be useful for enhancing care quality.

PREDICTORS FOR CONFIDENCE IN SELF-MANAGEMENT OF FALLS AND THE ROLE OF FEAR OF FALLS

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Falls have been a crucial threat for older adults to stay independent. Once they have fallen, older adults are more likely to receive injuries and become people with disabilities. Conventionally, the measurement of fall efficacy focused on the capacity of performing certain activities such as walking or bathing without a fall. However, given the fact that one out of five older adults fall every year, self-efficacy in self-protection when falls do happen calls for a better understanding of confidence in self-management of a fall. Among predictors for fall prevention outcomes, "fear of falls" has received attention. However, "fear of falls" was largely missing in studies exploring self-management of falls in scenarios where falls do happen. This study explores the predictors for CSMoF including "fear of falls". A series of simultaneous and hierarchical regression analyses with related interaction analyses and a path model were applied to determine the contribution of each predictor variable and the mediating role of "fear of falls". The findings of the study reported that demographic characteristics, chronic conditions, and perceptions of falls were associated with CSMoF. The path analysis confirmed the mediating role of "fear of falls" as the indirect effects were occupying substantial percentages in the total identified effects. "Fear of falls" should continue to be a core of fall prevention programs and is particularly important for programs that aim to teach older adults what to do when they fall, whom to call for help, and how to avoid injuries upon falling.

THE INTERRELATIONSHIP BETWEEN SUBJECTIVE HEALTH, COGNITIVE DECLINE, AND LATE LIFE DISABILITY: A PATH ANALYSIS

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Relationships between mental, physical and cognitive health can differentially impact individuals' ability to function in everyday life. As people age, this can further influence independence and quality of life. To better understand these relationships, the current study implemented path analysis to investigate the impact of subjective mental, physical, and cognitive health on disability. Analyses explored relationships between demographic variables, subjective mental and physical health, cognitive decline, and self-reported disability (difficulty Walking/Climbing stairs [WC], Dressing/Bathing [DB], and Doing Errands [EA]). Data from the Behavioral Risk Factor Surveillance System were examined. The most recent four waves (2015-2018) of available data from states utilizing the Cognitive Decline Module were included (50 states, two territories). Path analyses were conducted and modeled in AMOS. Measures of CFI (0.986), TLI (0.938), and RMSEA (0.046) indicate good model fit. Listwise deletion was utilized (n=212117) . Respondents were aged 45+ and were generally white (82.8%), female (58.7%), and of "good/very good" subjective general health (64.0%). Results revealed being non-white (WCΣβ=0.028, DBΣβ=0.021, EAΣβ=0.025, all p's<.001), of older age (WCΣβ=0.124, DBΣβ=0.004, EAΣβ=0.001, all p's<.001), female (WCΣβ=0.016, DBΣβ=0.013, EAΣβ=0.016, all p's<.001), poorer mental health (WCΣβ=0.080, DBΣβ=0.082, EAΣβ=0.116, all p's<.001), poorer physical health (WCΣβ=0.410, DBΣβ=0.294, EAΣβ=0.314, all p's<.001), and presence of subjective cognitive decline (WCΣβ=0.107, DBΣβ=0.107, EAΣβ=0.138, all p's<.001) all had a positive total effect on disability. Ultimately, these results indicate the interrelationship between subjective health and self-reported ability/disability. These findings may help to improve care considerations for an aging population by serving as indicators for needs for assistance and support.

THE LINK OF THREE-DIMENSIONAL FRAILTY INDEX WITH QUALITY OF LIFE AND FEAR OF FALLING AMONG TAIWANESE OLDER ADULTS

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Objective. Frailty has received increasing attention as a way of understanding gradual losses in one or more domains of human functioning (physical, psychological, and social) in older adults. Studies suggested that frailty is related to