

with no parental care experiences ever, we sought to clarify the influences of siblings' circumstances on whether these children anticipated assuming responsibility for conducting different care tasks for their parents. In doing so, we focused on how siblings' gender and work and marital status might combine to affect adult children's anticipation of parental care responsibility. A series of logistic regression analyses revealed that having a married brother made it less likely for adult daughters to anticipate assuming responsibility for conducting typical care tasks (e.g., ADL assistance) whereas for adult sons, having a single sister declined such anticipation. We discuss our findings in terms of how traditional familial institutions still impinge on Japanese adult children's views of parental care responsibility.

#### ASSOCIATION BETWEEN ELDER ABUSE AND TELOMERE LENGTH IN OLDER ADULTS WITH COGNITIVE IMPAIRMENT

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**Objectives:** Elder abuse is a stressful event that can lead to compromised psychological and physical health consequences. This study examines the association between elder abuse and telomere length (TL), a biomarker reflecting cellular aging and disease pathogenesis. **Methods:** Between 2015 and 2016, 1,002 older adults (aged  $\geq 55$  years) with cognitive impairment were consecutively recruited from the geriatric and neurological departments of three Grade-A hospitals in Guangdong Province of People's Republic of China. At two-year follow-up, 958 of these participants were reassessed and 600 of them were randomly selected for this study. The outcome variable is TL (measured in blood cells using a multiplex quantitative polymerase chain reaction) and the major independent variables were current experience of overall abuse, psychological abuse, physical abuse, caregiver neglect, and previous experience of domestic abuse in the past two years. Potential confounding variables include demographic variables and increased severity of cognitive impairment, neuropsychiatric symptoms, sleep disorders, and depressive symptoms. **Results:** Multivariate regression models show that current experience of overall domestic abuse ( $t = -5.116$ ,  $\beta = -0.376$ , confidence interval [CI]  $-20.231$ – $9.006$ ), psychological abuse ( $t = -4.431$ ,  $\beta = -0.231$ , [CI]  $-13.023$ – $5.023$ ), physical abuse ( $t = -2.474$ ,  $\beta = -0.151$ , CI  $-14.116$ – $1.621$ ), and caregiver neglect were associated with shorter TL ( $t = -4.470$ ,  $\beta = -0.185$ , CI  $-10.457$ – $4.072$ ). Other predictors of shorter TL were previous experience of domestic abuse and increased severity of depression. **Discussion:** Both current and previous experiences of elder abuse are associated with shorter TL. Multidisciplinary efforts were needed to prevent and intervene elder abuse.

#### IT'S BETTER TO GIVE THAN RECEIVE, OR IS IT? THE EFFECT OF SOCIAL SUPPORT ON THE PSYCHOLOGICAL WELL-BEING OF OLDER PARENTS

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The longevity revolution has led to more years of shared lives between older parents and adult children. Having these extra years together can be offset by the stressful life transitions of widowhood, health declines, and increased level of disability experienced by older parents. These transitions can lower older parents' psychological well-being. Although social support to/from adult children has the potential to buffer these effects, most older parents wish to remain independent, even in later life, making them reluctant to accept social support from their adult children. The purpose of this paper is to examine whether the provision or receipt of social support between older parents and adult children, influences positive mood and negative mood. Secondary data on older adults ( $n = 461$ ) with adult children who participated in the 2004 wave of the LSOG were used. The results revealed that the provision of social support by older parents to adult children significantly increased parents' positive mood showing that it is better to give than receive. The results for the receipt of social support were more complex. Results suggest that when someone has a higher level of disability and does not receive social support their negative mood increases, but when someone has a high level of disability and does receive social support there is no effect on negative mood. This proposes that the receipt of social support is particularly important when the parent is in need of support and it is better to receive than give when parents are in need.

#### SESSION 2380 (POSTER)

##### HEALTH CARE

#### THE ROLE OF COLLECTIVISM IN EXPLAINING LIFE COURSE HEALTH DISPARITIES IN OLDER AGES

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Collectivism refers to the social practice of investing in and relying on one's social network, rather than formal institutions, to ensure personal security. Using the re-engineered 2014 Survey of Income and Pension Participation (SIPP), we investigate how collectivist practices affect life course health disparities at older ages in the US. Indicators of Collectivism include measures of caregiving, inter and intrahousehold financial and material support and help from charities, friends and family members. Regression results indicate that increased collectivist interactions are associated with improved self-reported health status outcomes. Government support for collectivist behaviors can thus yield a low cost means of improving health outcomes among the elderly.

#### LOWER URINARY TRACT AND BOWEL SYMPTOMS PREDICT QUALITY OF LIFE IN GAY AND BISEXUAL PROSTATE CANCER SURVIVORS

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Little is known about disparities in prostate cancer survivorship experienced by gay and bisexual men (GBM). However, early evidence suggests GBM may experience worse urinary and bowel symptoms than heterosexual men. This cross-sectional Internet-based survey describes the prevalence of lower urinary tract (LUTS) and bowel symptoms and their associations with physical and mental health related quality of life (QOL) in GBM treated for prostate cancer. This study enrolled 193 men who identified as gay or bisexual and had received prostate cancer treatment. The Expanded Prostate Cancer Index Composite instrument measured LUTS and bowel symptoms. The MOS SF-12 measured physical and mental QOL. Participants had a mean age of 63.4 years, were 5.6 years past treatment, and were treated with prostatectomy (52%), radiation (19%), or combined or systemic treatment (29%). The most common symptoms were nocturia (77%), urinary frequency (67%), urinary leakage (59%), bowel urgency (45%), bowel frequency (35%), and watery bowel movements (34%). Mean scores were  $81.4 \pm 19.2$  for urinary function,  $74.5 \pm 20.7$  for urinary bother,  $88.9 \pm 12.1$  for bowel function,  $84.5 \pm 16.3$  for bowel bother,  $52.5 \pm 8.8$  for physical QOL, and  $46.0 \pm 11.4$  for mental QOL. In multivariable models adjusted for age, race, treatment type, and time since diagnosis, urinary bother was associated with worse physical QOL (Adjusted Mean Difference (AMD): 0.11, 95%CI: 0.02-0.21), and bowel bother was associated with worse mental QOL (AMD: 0.23, 95%CI: 0.05-0.42). LUTS and bowel symptoms were common. Symptom bother rather than function predicted QOL. Understanding these disparities will help tailor treatments for this underserved population.

#### THE ATTITUDE OF MEDICAL PRACTICES TOWARD LGBTQ OLDER ADULTS BEFORE AND AFTER INTERVENTION

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Individuals who identify as lesbian, gay, bisexual, transgender or other non-heterosexual or binary gender identifiers (LGBTQ) face tremendous obstacles in search of quality healthcare. Older LGBTQ adults face these obstacles in the setting of more complex health problems with few social services and support. Negative treatment from healthcare professionals has proven to be one of the most pervasive barriers to care faced by older LGBTQ adults. Sensitization training with the film, *Gen Silent*, is one way knowledge gaps and biases of healthcare professionals has been addressed. By utilizing the survey previously validated by Porter et al., health professionals' knowledge, perceptions, and attitudes toward LGBTQ older adults before and after viewing *Gen Silent* were assessed in Lehigh Valley Health Network (LVHN)-affiliated primary care practices. The principle outcome of this study was a statistically significant change in responses. Primary care practices were recruited for 45-minute sessions that included the showing of an educational, abbreviated version of *Gen Silent* to available staff. It was preceded by administration of a pretest survey and followed by a posttest survey and discussion. A paired t-test was

conducted to determine significance of differences between pre- and posttest responses. Seventeen individuals (N=17) viewed the film and finished pre- and posttest surveys. Nearly all questions exhibited changes between pre- and posttests. Significantly, respondents indicated increased awareness of additional barriers to care faced by LGBTQ older adults compared to heterosexual peers. While limited, these results indicate that primary care professionals would benefit from training specific to the aging LGBT population.

#### CONNECTING PROVIDER TO HOME: BRIDGING GAPS IN CARE

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When the physician has limited knowledge of the patient's condition and functioning at home it may result in non-adherence to treatment plans, goals of care not being met and avoidable utilization. Connecting Provider to Home (CP2H) deployed teams of a social worker and community health worker to act as the eyes and ears of the doctor in patients' homes and close the information gap in primary care. Study objectives were to 1) reduce unnecessary utilization, 2) increase provider and patient satisfaction, and 3) Improve communication between patient/caregiver and the healthcare team. A total of 416 adult patients were enrolled with a mean age of 76 years, and 58% were female. CP2H participants demonstrated statistically significant reductions in acute hospitalizations and ER use when compared to 700 controls. Acute hospitalizations were reduced by 216 and ER visits by 531 in the intervention group. The average per patient per year reduction in acute hospitalizations was 0.67. The average per patient reduction in ER use was 0.58. CP2H patients reported high levels of satisfaction and rated the program favorably. Stakeholder interviews found that physicians and staff believed the program improved clinical outcomes, provided valuable insight about patients' social barriers to self-care and added value. CP2H study results provide evidence that social workers and community health workers can be successfully and cost-effectively incorporated into the primary care team to address patient needs and priorities, observe the patient in the home environment and assist the physician in adapting treatment plans to optimize patient care.

#### NURSES' OPINIONS AND BELIEFS ABOUT MALNUTRITION IN OLDER ADULTS: A CROSS-SECTIONAL STUDY

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Malnutrition in older adults is a frequent and major problem. Despite the fact that nurses have an essential role in nutritional care, they fail to ensure appropriate delivery in preventing and treating malnutrition. For improvement, it is necessary to understand the perspective of nurses about malnutrition. The aim of this study was to gain insight into nurses' opinions and beliefs about malnutrition in older