

judgment. Clinicians could use medical records to make determinations. We used Cohen's Kappa to determine the level of agreement of both approaches. We used descriptive statistics to explore if any of the 5 PLFI indicators explained discordant categorizations. Of the 202 participants (mean age: 76.7 8.6), 52 (26%) were prefrail and 57 (28%) were frail based on the PLFI. Physicians' judgments aligned with the PLFI in 43% of prefrail and 65.7% of frail cases. Nurse judgments aligned with the PLFI in 43.9% of prefrail and 17% of frail cases. There was slight to fair agreement between clinical judgments and PLFI (physicians Cohen's  $\kappa = .23$ ; Nurses Cohen's  $\kappa = .59$ ). No specific PLFI indicators independently explained discordant categorizations. Findings suggest that clinical judgments did not align well with PLFI categorizations.

#### SARCOPENIA ACCORDING TO BRAZILIAN AND EWGSOP 2 CUTOFFS: DATA FROM SARCOS

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Cutoff values for lean mass and muscle strength are still controversial in the diagnosis of sarcopenia. The use of European, American and Asian consensus outside these regions may lead to important diagnostic errors. We hypothesized that there are significant differences between the cutoff points from Brazil and Europe in older people. This is a cross-sectional analyses of 502 older adults from SARCOS study, conducted at São Paulo - Brazil. All subjects underwent DXA analyses of total body. Lean mass was obtained from appendicular lean mass by height<sup>2</sup> and muscle strength by dynamometer of dominant hand. The Brazilian cutoff points were based on 25th percentile by gender. The European ones were from EWGSOP 2. Agreement was assessed by the Kappa coefficient. The mean age was 78.39  $\pm$  7.08 years old and 277 (55.18%) individuals were women. Among the ethnic groups, 339 (67.53%) were caucasian, 145 (28.88%) afrodescendants and 18 (3.59%) asians. The Brazilian cutoffs for muscle strength were 26 kg for men and 16 kg for women (equivalent to EWGSOP2); while those for lean mass were significantly lower, 6.56 kg/m<sup>2</sup> vs. 5.56 kg/m<sup>2</sup>, respectively. The prevalence by EWGSOP 2 was higher than that obtained by the Brazilian cutoff points (20.32% vs 14.14%,  $p < 0.001$ ), even though these criteria presented Kappa = 0.792;  $p < 0.001$ . Considering these disparities, 6 out of 100 subjects are considered sarcopenic by European criteria and not by the Brazilian cutoffs. There are significant differences in sarcopenia cutoffs between Brazil and Europe, and this cause important diagnostic variations.

#### CUSTODIAL GRANDPARENTS: AN ANALYSIS OF PARENTING AND ITS IMPACT ON HEALTH

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In the United States, there are 2.7 million grandparents raising grandchildren without a biological parent present (U.S. Census, 2014). Caring for grandchildren can present challenges and stressors to custodial grandparents as they find themselves adjusting to this unanticipated role. Despite the growing knowledge base related to custodial grandparents,

there has been limited research into the relationship between parenting self-efficacy and psychological well-being. This study was guided by the Parenting Self-Efficacy Theory derived from Bandura's Social Cognitive Theory. The purpose of this study was to examine the relationship between parenting self-efficacy and psychological well-being (anxiety and depression) among custodial grandmothers. Additionally, self-reported general health was examined to determine if it moderated the relationship between parenting self-efficacy and psychological well-being. Sixty-eight custodial grandmothers recruited across the United States participated in the study. Their mean age was 58 years old; 57% were Caucasian, 35% African American, and 3% Hispanic. With a mean income of \$26,000.00, most were retired (32%) or working full-time (29%). Participants responded to psychometrically sound instruments measuring anxiety, depression, general health and parenting self-efficacy. Findings indicated parenting self-efficacy scores were not significantly associated with anxiety scores ( $r = .029$ ;  $p = .816$ ) or depression scores ( $r = -.207$ ;  $p = .090$ ) among participants. Furthermore, general health did not moderate a relationship between parenting self-efficacy, anxiety ( $R^2 = .030$ ;  $p = .5753$ ) or depression ( $R^2 = .051$ ;  $p = .3376$ ). Further research is needed to determine whether the role of parenting self-efficacy in custodial grandparents. Implications for policy will also be discussed

#### EXPLORING PROMISING PRACTICE MODELS FOR HOUSING OLDER PERSONS EXPERIENCING HOMELESSNESS

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The numbers of older persons experiencing homelessness (OPEH) is on the rise globally. Yet housing and shelter options that support the varied and complex needs of this population are scarce. In order to understand effective solutions for housing OPEH, it is critical to explore promising practices that support aging in the right place for OPEH. In an effort to inform this critical gap, 100 OPEH and service providers were purposefully selected and invited to attend one of three World Café workshops held in three major urban cities in Canada: Vancouver, Calgary, and Montréal. Participants engaged in facilitated discussions aimed at supporting knowledge exchange and generating dialogue about gaps, opportunities and promising local housing options. Thematic analyses of audiotaped deliberations revealed three themes: 1) The limited nature of current housing options and programs in each locality; 2) The importance of supporting integrative housing models that increase access to formal health and social support staff, transportation, and income supports; and 3) The significance of supporting sustainability, by conducting regular program evaluations, increasing public awareness of homelessness issues, and involving multi-sector stakeholders. Findings highlight how meeting the unique health and psychosocial needs of OPEH requires a nuanced understanding of the development, design, and sustainability of effective housing options. World Café dialogues revealed that identifying and sustaining existing promising practice models provides an avenue to supporting aging in the right place for OPEH.