

powerful model to study aging in people because they share our environment and experience similar age-related diseases. To date, the effect of aging on postural control in dogs has not yet been evaluated. The aim of this study was to determine the correlation between age and the displacement of the COP in dogs during quiet standing. Due to the diversity of life expectancy in dogs according to their body size, age was normalized as a fraction of the predicted life expectancy. Dogs older than 75% of their life expectancy (n=18) were asked to stand on a pressure mat for 8 seconds per trial during at least five trials. Only the frames where the dogs were standing still and facing forward were analyzed. Age as a fraction of life expectancy was significantly correlated ($p < 0.05$) with the Medio-lateral Range, Root-Mean-Square Distance, 95% Confidence Ellipse, and Total Sway Area of the COP. These results show that, as in humans, aging in dogs is associated with postural control deficits and therefore reinforce the dog as a suitable model for translational studies of aging and postural steadiness.

AGING SERVICES WORKERS IN THE PANDEMIC: VOICED EXPERIENCE OF SENIOR CENTER STAFF & CASE WORKERS

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The pandemic necessitated immediate shutdown of senior centers, requiring a rapid pivot in the delivery of services to older adults by direct care workers. We provided psychosocial support to older adult service personnel-including Aging and Adult Services case workers and Senior Center Staff, and conducted focus groups with staff at intervals to capture the mid-point of the pandemic (peak of older adult deaths), onset of vaccine availability and the re-entry phase as programs re-opened. We evaluated coping and self-efficacy of workers and discerned sustained high levels of coping and perceived job performance. Using a phenomenological lens, we analyzed transcribed recordings, generated codes, and created categories of experiences. Several themes emerged: personal and professional resilience, passion for serving older adults, motivation to perform their job well, stress of not having face-to-face contact with clients, insufficient resources-especially in rural areas, lack of essential training, feeling disjointed as a team, and work-life balance. Over the course of the pandemic, workers expressed increasing resiliency and skills to navigate the pandemic, oscillations in their fears for their clients' well-being, and gratitude that they kept their jobs and gained additional State resources. As the vaccine was available and utilized, and as senior centers were reopening, senior center staff were enthusiastic, yet case workers remained apprehensive about long-term consequences of the pandemic. This study affirms the role of direct care workers as essential and valuable. Yet, their expressed need for more education, psychosocial support, and community awareness of their service remains to be addressed.

AN ONLINE COMMUNITY INTERVENTION FOR OLDER PERSONS WITH PRE-FRILTY AND FRILITY: PILOT STUDIES

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Online community interventions can support self-management in older populations but have rarely targeted symptomology of pre-frailty and frailty. To support older adults' pre-frailty/frailty symptom management, we iteratively refined an approach entitled Virtual Online Community for Aging Life Experience (VOCALE) in three consecutive pilot studies (2018-2020). These studies employed asynchronous online discussions in which participants were asked to respond to weekly prompts. A study facilitator moderated the discussion, encouraging participants to respond to both the prompts and comments of other participants. In the first pilot (n=8), participants engaged in a collective exploration of different symptoms of pre-frailty and frailty. The second (n=10) and third (n=10) pilots employed a hybrid approach including collaborative exploration and learning of different problem-solving therapy skills over eight weeks. The mean age of participants of the three pilots combined was 80.6 (SD = 7.0). Most participants were female (71%). Participant attrition ranged from 20-25%. Many participants who completed the study noted that they enjoyed the discussions. The participants also found the moderators' follow-up questions and support timely and engaging. Additionally, we observed small but positive changes in self-efficacy measures. These pilot studies have confirmed that older adults with pre-frailty and frailty are interested, and can successfully engage in online community interventions, with the technical support and moderation provided, even during the initial stages of the COVID-19 pandemic, when lockdown policies were rolled out. Participation in the intervention was also associated with increased awareness of the need to be proactive in self-management concerning frailty-related symptoms.

ASSESSING CARDIOMETABOLIC HEALTH RISK IN CHILDREN LIVING WITH GRANDPARENT PRIMARY CAREGIVERS: INTERIM ANALYSIS

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Minimal research has been conducted on the effect that grandparents as primary caregivers have on the cardiometabolic health of children who live with them, even though a number of studies have examined the influence of parent caregivers. As a first step towards filling that gap, we examined physiological and behavioral indicators of cardiometabolic health risk among children (aged 7 to 12 years) living with grandparent primary caregivers in Oregon and Washington. We measured body mass index and total cholesterol/glycohemoglobin (HbA1c), as well as

physical activity/sleep and diet. In this preliminary analysis of our findings with 10 dyads (mean age 64.2 ± 4.0 years for grandparents; 9.3 ± 1.9 years for grandchildren), we report that on most of the indicators - obesity, physical activity, sleep, and diet - these children's levels were comparable to national averages across all household types (not differentiated by type of family structure). However, 25% of the grandchildren ($n=2$) participating in our study had a total cholesterol level ≥ 200 , compared to 7.4% of children from a nationally representative dataset. Similarly, 14% of the grandchildren ($n=1$) participating in our study had HbA1c $\geq 6.5\%$, compared to $< 0.5\%$ of children from a nationally representative dataset. Our findings suggest that these children may be at higher cardiometabolic health risk (e.g., hyperlipidemia). Further investigations with a larger sample and more examination of cardiometabolic risk profiles including lipids/blood glucose assessment are required to validate our preliminary findings.

ASSOCIATION OF DUAL SENSORY IMPAIRMENT WITH INCIDENT MOBILITY AND ADL DIFFICULTY

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Hearing and vision impairment are each independently associated with incident mobility disability and disability in activities of daily living (ADL). Whether dual sensory impairment (DSI) in both hearing (pure-tone average >25 dB) and vision (impaired visual acuity and/or impaired contrast sensitivity) is associated with greater risk of incident mobility and ADL difficulty, as compared to single or no sensory impairments, has not been well-studied. To examine these associations, we used data from 2,020 Health Aging and Body Composition Study participants aged 70-79 years without mobility limitations. Incident mobility difficulty was defined as the first instance of a lot of problems or inability to walk $\frac{1}{4}$ mile and/or climb 10 steps, and incident ADL difficulty was defined as the first instance of problems with any ADL. Cox proportional hazards models adjusted by demographic covariates, diabetes, hypertension, and depressive symptoms were used to model these associations. Approximately 22.7% of the study had DSI. DSI was associated with increased risk of both incident mobility (Hazard Ratio [HR]=2.43, 95% Confidence Interval [CI]: 1.60, 3.69) and ADL difficulty (HR=2.39, 95% CI: 1.60, 3.56). Vision impairment only was associated with risk of incident mobility difficulty (HR=1.74, 95% CI: 1.09, 2.78), but not incident ADL difficulty (HR=1.45, 95% CI: 0.91, 2.32). Hearing impairment only was not associated with risk of either outcome. Synergistic effects of DSI on the additive scale were present. Sex and race did not modify associations. Monitoring of DSI may be beneficial in delaying incident difficulty.

ASSOCIATION OF DUAL SENSORY IMPAIRMENT WITH LONG-TERM DEPRESSIVE AND ANXIETY SYMPTOMS

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Hearing (HI) and vision impairment (VI) are each independently associated with long-term depressive and anxiety symptoms, but the joint effects of both (DSI) may be associated with a greater risk of belonging to long-term chronically high depressive and anxiety trajectory classes. Multinomial logistic regression models adjusted by demographics and depressive symptoms were used to examine the associations of dual hearing (pure-tone average >25 dB) and vision impairment (impaired visual acuity and/or contrast sensitivity) with long-term depressive and anxiety symptom trajectory classes among 2,102 participants of the Health, Aging and Body Composition Study, a cohort of older adults without mobility difficulty aged 70-79 years. An additional model evaluated the two-way interaction between DSI and social contact. Elevated depressive symptoms were defined as ≥ 8 on the 10-item Center for Epidemiologic Studies-Depression Scale, and anxiety symptoms were defined as present on the Hopkins Symptom Checklist. DSI was associated with increased risk of being chronically depressed (Risk Ratio, RR=1.86, 95% Confidence Interval, CI: 1.19, 2.92), not periodically depressed (RR=1.24, 95% CI: 0.91, 1.69). Those with DSI were at an increased risk of belonging to the periodically anxious (RR=1.56, 95% CI: 1.14, 2.13) and chronically anxious (RR=1.79, 95% CI: 1.02, 3.12) groups, as compared to the other groups. Single sensory impairments were not associated with increased risk of being periodically or chronically anxious. Social contact did not modify any associations. Synergistic effects between HI and VI were present. Those with DSI may be at greater risk for mood disorders, so sensory evaluations may mitigate these.

ASSOCIATION OF SEDENTARY AND ACTIVE BOUT FREQUENCY WITH MORTALITY IN OLDER MEN USING ACCELEROMETRY

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BACKGROUND: Time spent sedentary increases with age and has several negative health consequences. We sought