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Research shows regular physical activity (PA) is associated with better health and longevity; however, few studies consider contextual factors related to PA among African American (AA) older adults living in socioeconomically disadvantaged neighborhoods. The Physical and Cognitive Health Pilot Study (n=50) was used to examine associations between PA and level of neighborhood socioeconomic disadvantage among sedentary, AA older adults from four public housing communities in Durham, NC and Annapolis, MD (mean age=64.5; SD=10.42; 72% women). Participants were administered the Community Healthy Activities Model Program for Seniors (CHAMPS), a self-report questionnaire measuring weekly frequency and duration of PAs. Neighborhood socioeconomic disadvantage was defined by the Neighborhood Atlas Area Deprivation Index (ADI), which ranks neighborhoods according to Census block group/neighborhoods within each state and nationally. For the present sample, two of the Durham housing facilities were located in communities in the most disadvantaged block groups. Meanwhile, one Durham location and the Annapolis community were located in the least disadvantaged block groups. Bivariate correlations showed greater neighborhood socioeconomic disadvantage was associated with less participation in various PAs ($p < .05$). Next, ANOVA revealed the Annapolis group participated in statistically significantly more PAs, including visiting the senior center, church attendance, and light gardening ($p < .05$) compared to the most disadvantaged groups. The present findings suggest there are benefits to living in advantaged contexts despite lower-income status. These findings also suggest barriers within disadvantaged neighborhoods that limit access to recreational activities favorable to health status. Future research should address ways to overcome such barriers.

RELIGION AND VOTING BEHAVIOR OF OLDER ADULTS WITH DISABILITIES IN GHANA

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Voting is a necessary and inherent right of citizens in democracies to select public office holders who decide how public goods and resources are distributed and maintained. It is therefore critical that all citizens who are eligible are able to participate in one of the key aspects of political participation – voting. This study focused on the factors that influence the ability of older adult Ghanaians with disabilities to vote in local and national elections. The study sample of 923 respondents was drawn from the second wave of WHO SAGE study on Global Aging and Adult Health. The results of the logistic regression analyses showed that religion influenced the voting behaviors of all the three people with disabilities groups included in the study. But certain groups are also influenced by interaction with community leaders and personal political interests and characteristics, including gender. Given these findings, it is suggested that an impact community be established around the meaning and ethics associated with the religious activities people with disabilities participate in, and engage them through civic engagement, and personal

and community development activities that empower them to live meaningful lives.

SOCIAL FRAILTY IS ASSOCIATED WITH THE RISK OF MALNUTRITION AMONG COMMUNITY-DWELLING OLDER ADULTS

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Social frailty does not merely affect the level of socialization, but also the means of obtaining resources for the daily lives of older adults. It is highly associated with the quality of life during advanced age. In this study, we analyzed the association between the Mini-Nutritional Assessment (MNA®) score (range 0-30) and 18 singular items and social frailty status of community-dwelling older adults. A total of 2,552 community-dwelling older adults aged 70-84 years (mean age 76.9±4.0, 51.8% female) from the Korean Frailty and Aging Cohort Study (KFACS) were assessed. The social frailty status was assessed in four categories- absence of economic resources, social resources, social activities, and social interactions. A higher MNA® score indicates better nutritional status. The prevalence of social frailty in older adults was 27.9% (mean age 78.1±4.0, 67.7% female). Approximately 40% of the participants were at risk of malnutrition or malnourished ($p < 0.001$), while socially robust group accounted for 23% ($p < 0.001$). They were at a higher risk of a lower MNA® score (odds ratio [OR] 0.90, 95% confidence interval [CI], 0.84-0.96). Socially-frail older adults have a higher possibility of not eating three full meals a day (OR 2.33, 95% CI 1.19-4.55) which increases the risk of malnutrition. In conclusion, social frailty, as a means of linking resources -including economic and social capitals- to the older adult population directly impacts the risk of malnutrition and requires an appropriate intervention.

SOCIOECONOMIC CORRELATES OF HEALTHY AGING AMONG OLDER CAMBODIANS

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Healthy aging is one of the most critical goals to attain on the World Health Organization's global aging agenda for developing countries. However, healthy aging has not been widely studied among the many older adults living in those nations. For example, most of the Cambodia's economically deprived older adults earn less than a dollar a day, while little scientific evidence is known about their healthy aging situation and their support system. Our study aimed to examine socioeconomic correlates of healthy aging among older Cambodians in three provinces. Data of a sample of older Cambodians ages 60 and above (N=210) from 12 districts were collected. Healthy aging was measured using the Healthy Ageing Index developed based on a Southeast Asian context. We measured social support using the Social Network and Social Support scale. Financial conditions were