

how the experiences of older volunteers and challenges of older voluntarism affect rural community development. The results reveal how participation, well-being, conflict and territoriality associated with older voluntarism contributes to 'contested spaces of older voluntarism' whereby older volunteers negotiate their rights and responsibilities associated with ageing and volunteering in rural communities.

#### RURAL WOMEN AND AGING: IMPLICATIONS FOR WORK AND RETIREMENT OF OLDER WOMEN

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At least half of the world's female population live in rural areas, and many are ageing. For these rural women, agriculture and informal rural livelihoods are the primary sources of employment, posing critical challenges for them with regard to work and retirement. This paper focuses on the interaction between the twin phenomena of the feminisation of agriculture and the feminisation of ageing and the consequent implications for rural women's work and retirement. Drawing on qualitative interviews and focus groups with 48 older rural Irish women, the paper establishes the 'invisibility' of women's economic contribution in agriculture, limiting their pension accumulation and constraining their retirement planning. The study found that even women property owners, and designated 'farmers', had uncertainty about their pension or retirement income. A key conclusion is that rural women's pension rights are still not guaranteed posing increased risk of economic insecurity and wellbeing for older rural women.

### SESSION 565 (PAPER)

#### RISKS OF FALLS AND INJURY

##### CHRONIC PAIN, FEAR OF FALLING, AND RESTRICTED ACTIVITY DAYS IN AN OLDER POPULATION

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Both chronic pain and fear of falling can lead to activity restriction and increased fall risk among vulnerable elders. Little is known about pain characteristics that may be associated with fear of falling, contributing to restricted activity. We studied 765 adults aged  $\geq 65$ y (mean=78.9y) in the MOBILIZE Boston Study, to evaluate the cross-sectional relationship between pain characteristics and fear of falling measured using the Falls Efficacy Scale (FES). In addition, we examined the impact of pain and fear of falling on restricted activity. We measured 3 domains of global pain: pain distribution (none, single site or multisite pain), and Brief Pain Inventory subscales of pain severity and pain interference. Restricted activity days (RADs) refer to the count of self-reported days of reduced activity due to illness or injury in the previous 12 months. We performed multivariable logistic regressions predicting fear of falling (FES<90/100) adjusted for sociodemographics, fall history and fall risk factors. Participants with multisite pain or moderate-to-high pain interference ratings were more likely to have fear of falling (adj. OR 1.97, 95%CI 1.05-3.67; adj.OR 4.02, 95%CI 2.0-8.06, respectively). Pain severity was not associated with FES. Older

adults with multisite pain and fear of falling reported significantly more RADs than those with multisite pain without fear of falling (79 $\pm$ 135 and 26 $\pm$ 74 RADs, respectively; test for pain x FES interaction, p=0.01). Older adults with chronic pain have greater fear of falling which may contribute to restricted activity. Efforts are needed to increase activity and falls efficacy among older adults with chronic pain.

##### CROSS-SECTIONAL ASSOCIATION OF FALLS AND POST-TRAUMATIC STRESS IN CANADIANS ACROSS LEVELS OF FRAILITY

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Frail older adults are vulnerable to stressors and are more likely to experience adverse outcomes. Post-traumatic stress is common in older adults, and can be related to common adverse outcomes, such as falls. We examined whether falls are associated with post-traumatic stress in middle-aged and older Canadians, by levels of frailty. We conducted cross-sectional analysis of the baseline assessment of the Canadian Longitudinal Study on Aging's tracking cohort, comprising 21,241 individuals, aged 45 to 85 years. We constructed a 60-item frailty index (FI) and defined post-traumatic stress using the primary care post-traumatic stress disorder four-item tool (score 3 as the cut-point). Logistic regressions with post-traumatic stress as the dependent variable and at least one fall in the past year as the independent variable, were adjusted for socio-demographic variables and stratified according to FI 0.1 groups. Prevalence of post-traumatic stress and falls was of 6.5% and 5.0%, respectively for the whole sample. Among those who did not fall prevalence of post-traumatic stress ranged across frailty levels from 3.2% (FI<0.1) to 24.5% (FI $\geq$ 0.3). Among those who fell, post-traumatic stress ranged from 3.4% (FI<0.1) to 36.9% (FI $\geq$ 0.3). Falls were not significantly associated with post-traumatic stress among people who had an FI<0.3, but among those with an FI $\geq$ 0.3 the odds ratio for having post-traumatic stress for those who fell was 2.25 (95% CI 1.2-4.23, p=0.011) compared to non-fallers. In conclusion, high levels of frailty can impact how a stressor, such as a fall, can be associated with an adverse psychological outcome.

##### EFFECT OF A HOME-BASED EXERCISE PROGRAM ON SUBSEQUENT FALLS IN SENIORS AFTER A FALL: A RANDOMIZED CLINICAL TRIAL

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