

can inform best practices for palliative care within these communities.

THE HEALTHY AGING INDEX AND ITS ASSOCIATION WITH MORTALITY IN OLDER MEXICAN AND EUROPEAN AMERICANS

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Mexican Americans (MA) have higher morbidity compared to European Americans (EA); however, the mortality rate remains lower (Hispanic Paradox). The Healthy Aging Index (HAI) captures clinical and subclinical morbidity in older adults and is useful in examining ethnic differences in mortality for a given disease burden. We assessed the association between baseline HAI and all-cause mortality over 12 years of follow-up among older MAs (n=394) and EAs (n=355) in the San Antonio Longitudinal Study of Aging (SALSA) and examined differences between ethnic groups. HAI incorporates non-invasive measures (systolic blood pressure, forced vital capacity, creatinine, fasting plasma glucose (FPG), Mini-Mental State Exam). Missing baseline data for HAI components and covariates were imputed using multiple imputations. Proteinuria was used instead of creatinine due to non-availability. Scores of 0, 1, 2 were given from lowest to highest tertile HAI categories; diagnosis of diabetes, hypertension, and renal failure were included in the highest tertiles. Cox proportional hazards models estimated the association between HAI and mortality, adjusting for confounders. After adjusting for age, gender, education, income, BMI, smoking and ethnicity, HAI was independently associated with mortality (HR 1.25 (1.16-1.35), p-value <0.0001). We found no interaction effect between HAI and ethnicity on mortality ((p-value for interaction = 0.78). In the SALSA sample, HAI is a predictor of mortality after adjusting for confounders in both MAs and EAs. The absence of a significant HAI*ethnicity interaction effect further demonstrated that HAI works equally well as a predictor of mortality in both MAs and EAs.

DEVELOPING RURAL INSIGHTS FOR BUILDING SUSTAINABLE AGE-FRIENDLY COMMUNITIES INITIATIVES

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Researchers have questioned the focus on describing features of preliminary age-friendly implementation and the absence of program evaluations or analyses of long-term implementation. This lack of knowledge inadvertently simplifies unique pathways to age-friendly sustainability, preventing researchers from conducting in-depth, retrospective examinations of age-friendly and post-age-friendly perspectives. Seeking to address this critique, this research examines the challenges to rural

age-friendly program sustainability, and the factors that may help committees overcome these barriers. Data were collected through a succession of qualitative studies, including a provincial age-friendly program evaluation and a series of studies examining sustainability in rural initiatives. Eighty in-depth interviews with age-friendly leaders and older participants from 27 rural Canadian programs were conducted, seeking knowledge about programs' development and implementation. Key findings include the conceptualization of an implementation gap between early development and long-term viability, the important role played by individual communities, the challenges of capacity and jurisdictional fragmentation, and the inability of rural age-friendly programs to tackle bigger picture issues such as housing and transportation given their necessarily limited scope and reach. Implications relevant for research and practice suggest that drawing on individual, community, and jurisdictional factors will maximize the success and sustainability of rural age-friendly programs, thereby extending the reach and scale of programs to more directly affect older people. From this, we conclude that the sustainability and success of rural age-friendly programs would benefit from consistent, renewable government funding that considers factors relevant to overcoming the implementation gap and challenges created by jurisdictional fragmentation and de-emphasizing community individuality.

RESEARCH FOR ACTION: IDENTIFYING SERVICE NEEDS OF MONGOLIAN OLDER ADULTS

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Although adults aged 60 years and older currently represent 6% of the total population of Mongolia, they are projected to increase to 19% by 2050. More than 21% of Mongolians live below the poverty line. Social security payments represent the main source of income for many retirees. With little government funding, eldercare services are limited, creating a large gap between service needs and availability. Before an effective system of eldercare can be developed, in-depth understanding of older adults' needs and resources is required. A mixed methods design was used. Four-hundred twenty-seven Mongolians aged 55 years and older were surveyed. Two focus groups with 10 older adults and eight in-depth interviews with senior center stakeholders were conducted between June 2019 and August 2019. Descriptive statistics were run to determine frequencies of participants' service needs. Linear regression examined the relationship between age groups, service needs, and ability to pay for services. Focus group and interview transcripts were analyzed for underlying themes. Findings indicated high service needs among older adults. Retirement homes, assisted living, home care, and places to socialize were identified as the most needed services. Lack of services, employment opportunities, and income sources concerned them the most. Ability to pay for services was negatively correlated with age groups. Qualitative analysis yielded two themes: importance of services and lack of resources. Further research on starting and sustaining networks of supportive services for older adults living in Mongolia is needed.