

utilised to consider the change in the social isolation score and time-invariant unobserved heterogeneity. Data were derived from the National Survey of the Japanese Elderly, a survey of a sample of older Japanese adults aged 60 to 99 in waves 3 through 7, which contain unified information of social isolation. The sample included 4,889 observations (1,836 individuals) for men and 6,621 observations (2,433 individuals) for women. The predicted isolation score was obtained by a random-effects ordered logistic regression (i.e., regressing a subjective feeling of isolation on variables regarding social interaction, social support, and social engagement). The association of cognitive functioning with the isolation score was estimated by a fixed-effects ordinary least squares regression, controlling for age, socioeconomic variables, health conditions, and time fixed-effects. We found that increased isolation was associated with a deterioration in cognitive functioning, both for men (coefficient: 0.66, robust standard error [SE]: 0.30) and women (coefficient: 0.90, SE: 0.26). Findings of this research highlight the importance of actions aimed at inhibiting social isolation for the prevention of cognitive decline. This approach is potentially beneficial for developing measurements of both subjective and objective social isolation and estimating the longitudinal relationship between social isolation and cognitive functioning.

INEQUALITY IN COMMUNITY HEALTH SERVICES USE IN ISRAEL: A COMPARISON BETWEEN ELDER JEWS AND ARABS

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Population aging is an important social and public health issue globally. However, increase in longevity causes physical frailty and disability for many elders, which might lead to independence loss and impact quality of life. This increases health services usage and leads to higher costs of medical treatments. Data show that higher socio-economic status and accessibility to health services might reduce inequality in service use and impact mortality rates and quality of life. Also, that improved socio-economic status and population accessibility to Health services may stem from inner health system factors, as well as those related to the patients. Among minorities lower usage of formal professional services, including health services, are often related to cultural differences and many times to lower technological level, which are not considered by service providing organizations. Thus, lack of attention to service using minorities' needs may cause a gap between potential consumers to services use. Israel is a multi-cultural society with mixed population of Jews and Arabs. Currently, Arabs comprise 20.9% and Jews 74.3%. However, the rate of disabled Jews is 16% compared to 31% among older Arabs.

SERUM 25(OH)D SIGNIFICANTLY IMPACTS ALZHEIMER'S DISEASE IN OLDER ADULTS LIVING IN LONG-TERM CARE COMMUNITIES.

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6.08 million Americans suffer from Alzheimer's Disease (AD), with some estimating diagnoses will reach 15.0 million by 2060. Age is the strongest risk factor for AD, and the prevalence of AD among older adults necessitates investigation into preventable risk factors. 25-hydroxyvitamin D [25(OH)D] deficiency is more prevalent in older adults than other age demographics. Research shows a strong correlation between deficient 25(OH)D serum levels (≤ 20 ng/ml) and AD diagnosis. The association with insufficient (≤ 30 ng/ml) levels remains unclear. Older adults (age > 65 yo) of five LTC communities in Texas participated in the cross-sectional study. One-year medical history and demographics were abstracted from medical records using double-blinded data abstraction and entry. Blood draws measured 25(OH)D serum levels. Adjusted logistic regression models examined if insufficient 25(OH)D serum levels (≤ 30 ng/ml) are associated with AD diagnosis. Confounders were total daily vitamin D supplementation, BMI, race, gender, age, years in community, and diagnosis of liver and renal disease. Participants (n=174, mean age: 83 yo) consisted of 63% female and 89% Caucasian. Fifty five percent had insufficient serum 25(OH)D levels (mean level: 32.6 ng/ml; mean supplementation rate: 1,138 IU per/d), and 20% had diagnosis of AD. 25% had both insufficient serum levels and AD, while 12.6% had adequate serum levels and AD. Those with insufficient 25(OH)D serum levels had elevated odds (OR=2.8; CL: 1.14, 7.02; p=0.024) of having AD after adjusting for confounders. Insufficient serum 25(OH)D levels (≤ 30 ng/ml) are associated with increased diagnoses of AD, indicating the importance of adequate levels among LTC residents.

DIFFERENTIAL EFFECTS OF STATINS ON COGNITION IN WOMEN AT RISK FOR ALZHEIMER'S DISEASE

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It is well established that the apolipoprotein epsilon 4 allele (APOE4) and being female are risk factors for late onset Alzheimer's disease (AD) and declines in verbal learning and memory are early cognitive symptoms of conversion to AD. Because of conflicting findings regarding the effects of statins on cognition, this study examined statin use with respect to verbal learning and memory by APOE4 status in a sample of cognitively unimpaired women at risk for AD. Neuropsychological, statin use, and APOE4 data were utilized as a secondary analysis from an ongoing longitudinal study at the Banner Alzheimer's Institute in Arizona. Subjects were cognitively unimpaired women aged 47-75 with a family history of probable AD in at least one first-degree relative. Neuropsychological outcome variables included total learning, immediate memory, and delayed memory scores from the Rey Auditory Verbal Learning Test (RAVLT). Statin use was defined by use of a cholesterol lowering drug at study enrollment. APOE4 status was defined by presence of at least one APOE4 allele. Linear regression analyses

were conducted to determine existence of interactions between statin use and APOE4 status on cognition. Statistically significant interactions were found between statin use and APOE4 status in RAVLT total learning and immediate memory. Statin use in women APOE4 non-carriers was associated with better verbal learning and immediate memory performances whereas statin use in women APOE4 carriers was associated with worse performances on these same tasks. Conclusions. Findings suggest that sex and APOE4 status may be important factors in consideration of statin use.

COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL: POST-ACUTE CARE AND PREFERRED PROVIDER NETWORKS

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The Comprehensive Care for Joint Replacement (CJR) model, implemented by the Centers for Medicare & Medicaid Services in 2016, is a randomized, controlled trial that tests the effect of holding a hospital accountable for payments and quality of all services provided to lower extremity joint replacement (LEJR) patients during an episode of care. The newly released results include 147,923 LEJR episodes that were initiated by 733 hospitals in 67 randomly selected metropolitan statistical areas. The objective of this presentation is to explore changes to the care pathway using results from a mixed-methods analytic approach including triangulation of findings from analysis of Medicare claims, hospital survey and hospital and associated provider interview data. Hospitals reported implementing notable changes over the past two years including hiring navigators, changes to therapy protocols, and direct discharge home. Hospital interviewees described efforts to strengthen relationships with PAC providers including the investment of resources into the development of preferred PAC provider networks. As a result of these changes, the average number of SNF days decreased by 2.3 days more for CJR episodes than for control group episodes from the baseline to the intervention period ($p < 0.01$). Changes in two of nine complexity measures indicated a statistically significant relative decrease in CJR patients' functional status at SNF admission. The relative increases in CJR patients' average early-loss activities of daily living (ADLs) scores ($p < 0.05$) and motion scores ($p < 0.10$) suggest an increase in patients with greater needs were discharged to a SNF relative to the control group.

WHAT DOES SUCCESS MEAN IN THE CONTEXT OF ELDER ABUSE INTERVENTION FROM THE PERSPECTIVE OF VICTIMS?

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Adult protective services (APS) and other community-based agencies respond to hundreds of thousands of elder abuse cases each year in the United States; however, little is known about what constitutes success in the context of elder abuse response

intervention. This study explored the meaning of elder abuse intervention success from the perspective of victims themselves toward the development of a victim-centric taxonomy of outcomes. Guided by a phenomenological qualitative methodology, this study conducted in-person, semi-structured interviews with a sample of elder abuse victims ($n = 30$) recruited from APS in the states of Maine, New York, and California, as well as a community-based elder abuse social service program in New York City. To enhance trustworthiness, two researchers independently analyzed transcript data to identify key transcript statements into themes. Outcomes of success were identified across broad domains related to the victim, perpetrator, victim-perpetrator relationship, family system, and home environment. Specifically, common themes represented outcomes related to victim safety, autonomy, social support, and state of mind; perpetrator independence and accountability; and victim-perpetrator separation. For decades, the field of elder abuse has struggled to understand how to define success in the context of community-based intervention from a client-centered perspective. The taxonomy developed in this study provides a comprehensive and conceptually organized range of successful outcomes to serve as infrastructure for the development of meaningful intervention outcome measures. This study represents one of the largest efforts to understand and integrate the perspectives and needs of victims into elder abuse intervention practice/research to date.

VIRTUAL ONLINE COMMUNITIES FOR AGING LIFE EXPERIENCE (VOCALE) APPROACH: PILOT STUDIES

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Emerging evidence suggests behavioral strategies focusing on symptom management can reduce frailty symptoms and improve quality of life. Unfortunately, these interventions are rarely scalable for implementation in geriatric care. Contemporary online technologies have tremendous potential for addressing this need. We developed and pilot tested an approach entitled Virtual Online Community for Aging Life Experience (VOCALE). The approach had two stages. In the first stage, we piloted the use of a Facebook platform to engage older adults with frailty symptoms in ten-week moderated discussions on health-related topics. In the second study, we used data from stage one to develop a prototypical persona of a person with frailty symptoms. The persona was then incorporated into an eight-week Facebook intervention informed by problem solving therapy to facilitate self-management in another group of older adults with frailty symptoms. The results from both rounds showed that it was feasible to recruit, engage, and retain persons ages 69-92 into virtual online community interventions. Attrition ranged from 25% to 33% in rounds one and two. In both rounds, we observed positive trends of change in health measures such as general health self-efficacy, disease self-efficacy, and health literacy. Throughout the studies, older adults shared multiple posts concerning their experience with age-related symptoms and described their self-management practices.