In-depth interviews were conducted with Oasis members and key program stakeholders to identify the core dimensions of the Oasis program that has led to its success in supporting active aging in place. Interviews were audio-recorded and transcribed verbatim. Thematic analysis was used to identify, analyze and report themes. Four themes emerged: (1) nutrition, social and physical activities as critical programming pillars; (2) the importance of active member participation and decision-making; (3) the need for onsite support to facilitate programming; and (4) Oasis as a family. These findings highlight the need for programming that is designed for and by older adults. Supporting older adults to come together and form community is key to healthy and active aging. Identification of these elements is critical to modelling Oasis in other community contexts. Oasis is currently being expanded to seven new communities across Ontario using a participatory action research approach.

BLOOD PRESSURE TRENDS PRECEDING DEMENTIA: A STUDY OF HEART FAILURE PATIENTS

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Blood pressure and perfusion of the brain are central components of neurological health that are often influenced by heart failure. This retrospective case-control study analyzed blood pressure changes preceding the diagnosis of dementia in patients over the age of 60. Blood pressures were obtained from the date of dementia diagnosis, and then one year and five years before diagnosis. Study "controls" were age-matched patients without dementia, using the mean age of dementia diagnosis as the first data point. Over the five-year period preceding diagnosis, 67.2% with dementia showed decreasing systolic pressure compared to 46.6% of patients without dementia. Similarly, 62.7% with dementia showed a decreasing systolic pressure over the one-year period, compared to 50.0% of those without dementia. Additionally, there was a significant difference ($p < 0.001$) in the dementia rates between African American and Caucasian subgroups (55.0% African Americans vs. 31.0% Caucasians). Patients with dementia were more likely to have decreasing blood pressure trends than age-matched patients without dementia and appeared to have significantly lower blood pressures one year before the diagnosis. It is crucial that providers are cognizant of these trends and risk factors for dementia as they manage blood pressures in geriatric patients.

SMOOTHING THE MOVE FROM POST-ACUTE TO HOME CARE FOR OLDER CARDIAC PATIENTS: A SOCIAL WORK TRANSITIONS INITIATIVE

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Transitioning across medical settings (e.g. from hospital to post-acute (PA) or PA to homecare (HC)) is a difficult time with numerous challenges, as critical information passes across sites, new systems are quickly established, and caretakers change. Older cardiac heart failure (CHF) patients, often with comorbidities and having fewer social supports, are especially vulnerable to rehospitalizations at that time. This study examines the impact of a Social Work Transitions (SWT) intervention, designed to ease older cardiac patients' transition from a PA to HC setting, on rehospitalization rates. The SWT model for CHF patients was developed in a large healthcare system with a continuum of services for older adults including PA and HC. Once a patient enters PA from the hospital a transitions social worker (SW) remains the patient's primary support and contact through PA discharge and the transition to HC. In HC, that same SW ensures needed services occur, conducts home visits, and provides additional follow-up via phone calls. Study 1: compared HC rehospitalization rates of CHF patients receiving SWT (N=28) with those not receiving SWT (N=26). This natural control group arose during the initial program months, as SW turnover occurred and some CHF patients were not accompanied by a transitions SW. SWT patients had half the rehospitalizations (25%) as controls (54%). Study 2 tracked 30 day rehospitalizations rates for the first 17 study months (N=257). Program rehospitalization rates (16.7%) were below the CMS benchmark (21%). These findings support using the SWT program to prevent unnecessary rehospitalizations in CHF patient.

BEYOND BINGO: THE IMPACT OF ACTIVITY ENGAGEMENT IN AN ALL-AFRICAN AMERICAN ASSISTED LIVING COMMUNITY

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More than one million older adults reside in assisted living (AL) communities in America. This figure is projected to double by the year 2030. It is typical for residents in these communities to have cognitive and physical impairments requiring differing levels of care. Due in part to these impairments, it is vital to the health and well-being of residents to participate in meaningful recreational activities. This secondary analysis of ethnographic observations totaling 818 hours and semi-structured interviews with 25 residents enrolled in an NIA-funded study (5R01AG047408) explores in depth barriers and facilitators to activity engagement in a large (90+ bed) moderate-income, all-African-American AL community located in a large urban city in the southern US. Residents range in age from 59 to 103 (mean = 85) and are predominantly female. We linked our findings from thematic analysis to six domains of quality palliative care identified by the 2018 National Consensus Project (NCP) Guidelines for Quality Palliative Care: cultural, physical, psychological, social, structures and processes, and spiritual aspects of care. Key barriers include limitations related to staffing (a low staff-to-resident ratio and high staff turnover) and activities that do not adequately address needs of residents with varying interests and abilities. A robust daily devotion and other activities that incorporate culturally relevant music are activities highly valued by most residents. Implications of these findings contribute to a larger effort to create positive change in the structures and processes of care in AL and

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.