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Age-Tastic! is a holistic intervention that enhances the well-being, health and safety of older adults. Most evidence-based interventions aimed at older adults have focused on singular aspects of health such as cognitive health, falls prevention, depression, advanced care planning, etc. There are few interventions that encompass a holistic approach to health and safety. Age-tastic! is one such intervention that encompasses various aspects of health – social support, financial well-being, physical safety, mental health, health care management, and nutrition. Designed as a competitive board game to entice older adults, this intervention integrates concepts of cognitive restructuring, behavioral activation and game theory to educate, motivate and encourage healthful behaviors. At the core of this intervention is a focus on increasing awareness of health and safety issues, improving health literacy and changing harmful behaviors. A randomized control trial was conducted with 98 older adults assigned to an experimental and control group. Interviews were conducted at baseline, right after the intervention ended (8 weeks) and again after a short time (8 weeks after intervention ended). The results showed significant increases among experimental group participants in knowledge of healthy behaviors (p=0.05), perception of self-efficacy for engaging in healthful behaviors (p<0.001) and engagement in health behaviors (p=0.001). Regression analyses demonstrated that greater knowledge and self-efficacy were associated with behavioral change within the intervention group (p<0.001). Knowledge about the importance of preventing falls and communication with medical providers was positively correlated with the corresponding behavioral change (p<0.05). Implications for health literacy among older adults will be shared.

CHILDHOOD DISADVANTAGE AND LATER-LIFE MULTIMORBIDITY: DEMONSTRATING ROBUSTNESS UNDER IMPERFECT IDENTIFICATION

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This study assesses the relationship between indicators of early childhood disadvantage and later-life multimorbidity within a nationally representative sample of Brazilians aged 50 and over (n = 9,412). Data come from the baseline assessment (2015/2016) of the Brazilian Longitudinal Study of Aging (ELSI). We employed survey-weighted Ordinary Least Squares regression to estimate the effects of individual and combined measures of childhood disadvantage on the total number of chronic conditions in later life. Mediation analysis assessed whether adult socioeconomic status (SES) mediated the relationship between childhood disadvantage and chronic conditions. We found that individual and combined measures of childhood disadvantage were associated with the total number of chronic conditions, even after controlling for potential confounders. Mediation analysis suggested that part of the effect of childhood adversity is mediated by higher SES in adulthood (~10%). A formal strategy of sensitivity analysis showed that omitted variable bias is extremely unlikely. To rule out the observed effect, an unobserved hypothetical confounder would need the explanatory power of the residual variance of both the independent and the dependent variables that is at least 30 times larger than that of BMI or 5 times larger than the explanatory power of age. Results should inform efforts to strengthen interventions targeting early childhood development and to improve other key inputs (such as education) to enhance adult SES and lessen the impact of early life stressors on health in older adulthood.

FOOD INSECURITY, FOOD ENVIRONMENTS, AND DISPARITIES IN DIET QUALITY AND OBESITY

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Food insecurity is a public health concern that is associated with poor diet and obesity. Poor food environments with low access to healthy, affordable food may amplify the negative impact of food insecurity on diet and obesity. This study aims to investigate whether food insecurity and food environments are jointly associated with an increased risk of poor diet quality and obesity. We used data from a nationally representative sample of 6,395 older adults in the Health and Retirement Study Health Care and Nutrition Survey and the National Neighborhood Data Archive. Weighted regression models were estimated to examine the relationship between food insecurity and food environments with diet quality and obesity. Both food insecurity and poor food environment were associated with lower healthy eating index scores, indicating poorer quality diet. Food insecure older adults were more likely to be obese than food secure older adults and poor food environments exacerbate the negative impact of food insecurity on obesity risk. However, there was no statistical difference in obesity risk by food environment among food secure respondents. Findings from this study highlight the negative impact of limited access to healthy food due to financial difficulties and/or poor food environments on diet quality and obesity risk. Providing financial or nutritional supports along with efforts to promote healthy food environment may reduce disparities in diet quality and obesity. Special support should be provided to food insecure older adults with poor food environment, those at the greatest risk of poor diet quality and obesity.

GENDER, TOBACCO CONTROL POLICIES, AND RECALCITRANT SMOKING AMONG OLDER ADULTS IN 20 EUROPEAN COUNTRIES

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Little is known about sociodemographic and macro-level predictors of "recalcitrant smoking," defined as persistent smoking when one has developed a health condition that is likely caused by smoking. We aim to investigate the impact of gender, education, and tobacco control policies on recalcitrant smoking among older adults in Europe from 2006 through 2013. Data from 33,839 respondents—aged 50 years and older with a smoking history and at least one smoking-related health condition—were pooled from the 2006–07, 2011, and 2013 waves of three harmonized longitudinal studies on ageing (SHARE, ELSA, and TILDA). We fitted gender-specific logistic regression models with two-way fixed effects and tested interaction terms between gender, tobacco control