

### NEIGHBORHOOD WALKABILITY AMONG OLDER ADULTS WITH AND WITHOUT PHYSICAL DISABILITIES

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Older adults with physical disabilities (PDs) often experience obstacles to walking locally. Although health promotion programs targeting physical activity are available in lower income, few studies have compared the walking experiences of older adults in these communities who have PDs with those who do not. The purpose of this study was to compare perceptions of neighborhood walkability among adults living in lower income communities with and without PDs. Participants (N=132) were recruited in 2018 at a regional health clinic in Flint, MI. To be eligible, participants had to be over 65 years old and Flint residents. A subsample (N=12) were then followed up with in 2019/2020. We defined PDs as having difficulty performing one or more activities of daily living. Descriptive statistics and analysis of covariance (ANCOVA) were performed. Of the 132 participants, the mean age in 2018 was 69.75 (SD=5.00). The majority were female (68%); African American (80%); single, divorced, or widowed (80%); and educated below GED level (84%). Older adults with PDs were less likely than those without to visit stores within walking distance and walk in their neighborhoods, and more likely to complain about a lot of traffic along the street. Analysis of the longitudinal data show that older adults who had PDs at time 1 were more likely at time 2 to 1) state that their neighborhoods were unsafe; and 2) perceive their neighborhoods more negatively. Findings suggest it is essential to develop disability-friendly support systems and accommodations to encourage walking in lower income communities.

### OLDER ADULTS' PERCEPTIONS OF FALLS AND FALLS PREVENTION: AN INTERVIEW-BASED STUDY

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The aim of this study was to gain an understanding of older Americans' perceptions of falls and strength and balance exercise (SBE) as a means of falls prevention. Face-to-face, semi-structured interviews were conducted with 72 community-dwelling adults aged 65 to 89 years recruited from a variety of settings. Data were coded inductively to identify themes present within participants' responses. This process included open coding and creating categories. Data revealed four themes related to falls: (1) others are at risk of falling, but not me, (2) people who fall experience bodily harm, (3) people who fall are a burden to others, and (4) people who fall end up in nursing homes. Four themes emerged related to benefits/facilitators of SBE: (1) SBE enables older adults to remain active and independent, (2) SBE provides an opportunity for older adults to socialize, (3) SBE has positive physical and mental health effects for older adults, and (4) healthcare providers advise older adults to perform SBE. There were three barriers associated with

SBE: (1) having limited/no prior SBE experience, (2) having a pre-existing condition, and (3) disliking group-based, SBE classes. Study findings suggest older adults underestimate their risk of falling compared to their peers. As a result, SBE interventions may be promoted more effectively by highlighting personal and social benefits associated with SBE rather than physical risks associated with falls. Additionally, personal recommendations from healthcare providers as well as identification of modified and home-based programs may increase participation in SBE interventions.

### PHYSICAL ACTIVITY PROGRAMMING AND PHYSICAL FUNCTION OF OLDER ADULTS IN ADULT DAY CENTERS: A MIXED-METHODS APPROACH

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With increased prevalence of Alzheimer's disease, there is a need for long-term care services (e.g., Adult Day Centers (ADCs)) to provide physical activity (PA) programs to maintain physical function of older adults. ADCs report offering PA programs; however, information on PA programs and physical function of participants attending ADCs is limited. The study aims to a) explore perspectives of ADC directors on PA programming; b) examine physical function in older adults attending ADCs. A cross-sectional mixed-methods study was conducted among ADC directors and attending participants. Interviews were conducted with ADC directors to assess barriers and facilitators of PA programming. Physical function was assessed among ADC participants via the Short Physical Performance Battery (SPPB) and Timed Up and Go (TUG). Five director interviews were conducted and three major themes emerged; 1) current PA programming limited by fear of falls, 2) staff training and retention, and 3) diversifying PA programming. Twenty-nine ADC participants enrolled in the study, Mage= 74.5±8.2 years; BMI= 29.2 ±7.4 kg/m<sup>2</sup>; MMSE= 25.6 ±3.3; 51.7% (n=15) African American; 79.3% (n=23) males. ADC participants scored 6.7±3.1 on the SPPB and 15.4±5.3 seconds on the TUG. Directors expressed the importance of PA; however, mentioned current programming was limited due to risk of falls and untrained staff in PA. Findings indicate that older adults attending ADCs have physical function scores indicative of high fall risk. Future PA programming may consider including alternative forms of PA while embedding falls prevention strategies to reduce risk of falls and improve physical function among ADC participants.

### PREDICTING HOSPITAL OUTCOMES USING THE REPORTED EDMONTON FRAIL SCALE-THAI VERSION

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