the facilitator will assist participants to continue, modify, or set a new goal. At the end participants will complete surveys about their satisfaction with the method, their results and their desire to continue with SMART goals. They will also be asked if they would like to facilitate new groups to continue the spread of peer-supported SMART goal groups. This study is designed to empower older adults to maintain or improve management of their physical, psychological, and/or social health. It will reveal the impact of an older adult created and guided group health intervention on feelings of self-efficacy and well-being.

OPPORTUNITIES AND BARRIERS TO MEDICATION SAFETY IN COMMUNITY-DWELLING OLDER ADULTS

Fatoumata Jallow,[1] Elisa Stehling,[2] Zara Sajwani,[3] Kathryn Daniel,[1] and Yan Xiao,[1] *1. University of Texas at Arlington, Arlington, Texas, United States, 2. University of Tx. at Arlington, Arlington, Texas, United States, 3. The University of Texas at Arlington, The University of Texas at Arlington, Texas, United States*

Community-dwelling multi-morbid older adults are a vulnerable population for medication safety-related threats. We interviewed a sample of these older adults recruited from local retirement communities and from primary care practices to learn their perceptions of barriers and enablers for their medication safety. The present study is part of the Partnership in Resilience for Medication Safety (PROMIS) study. One of the aims of this project is to identify barriers and opportunities to improve older adults' medication safety. These interviews were conducted during COVID-19 pandemic conditions. Results from this qualitative study suggest that trust between these older adults and their healthcare providers is an essential component of medication safety. Overarching themes include disruptions in medication management, caregivers caring for each other, patient safety practices or habits, and medication management literacy. Participants also shared strain due to lack of skills to navigate telemedicine visits, trust in Primary Care Providers (PCPs) and pharmacists to prescribe and dispense safely for them, reliance on PCPs and pharmacists to give essential information about medications without having to be asked. Our interviews illustrated large variations in older adults' perceived role in medication safety, with some developing expertise in understanding how medications work for them and how long-term medications should be periodically reviewed. The types of information needs and supports from PCPs were likely different. Understanding these barriers and enablers for safe medication management can help us develop medication safety improvements for this vulnerable population.

PULMONARY AND PHYSICAL FUNCTION LIMITATIONS IN AGING MEN WITH AND WITHOUT HIV FROM THE MULTICENTER AIDS COHORT STUDY

Mona Abdo,[1] Ken Kunisaki,[2] Valentina Stosor,[3] Gypsyamber D'Souza,[4] Madiha Abdel-Maksoud,[1] Todd Brown,[5] Samantha MaWhinney,[1] and Kristine Erlandson,[6] *1. Colorado School of Public Health, Aurora, Colorado, United States, 2. University of Minnesota Medical School, Minneapolis, Minnesota, United States, 3. Northwestern University Feinberg School of Medicine, Chicago, Illinois, United States, 4. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States, 5. Johns Hopkins School of Medicine, Baltimore, Maryland, United States, 6. Colorado School of Medicine, Aurora, Colorado, United States*

We sought to determine effects of age, HIV serostatus, and smoking on the associations between pulmonary function and physical function impairments using Multicenter AIDS Cohort Study data. Associations between physical function outcomes gait speed (m/sec) and grip strength (kg) with normalized pulmonary function tests (diffusion capacity for carbon monoxide (DLCO, n=1,048) and forced expiratory volume in one second (FEV1, n=1,029)) were examined. Adjusted mixed-effects models included interaction terms to assess effect modification. 574(55%) were HIV+, with median age 57(IQR=48,64) and mean cumulative smoking pack-years 12.2(SD=19.0). 349(33%) had impaired DLCO (<80% of predicted) and 130(13%) had impaired FEV1 (<80% of predicted). Participants with impaired DLCO had weaker grip strength than those with normal DLCO (estimate= -3.5[95% CI=-4.6,-2.4]kg; p<0.001). Participants with impaired DLCO had slower gait speed than those with normal DLCO (estimate= -0.04[95% CI= -0.06,-0.02] m/sec; p=0.002). Age modified the DLCO effect on gait (p-interaction=0.01) but not grip (p-interaction=0.09). The association between decreased DLCO and slower gait was more pronounced in older participants. Smoking or HIV serostatus did not significantly modify the DLCO effect on gait (all p-interaction≥0.14) or grip (p-interaction=0.74, p-interaction=0.058, respectively). As with DLCO, participants with impaired FEV1 had weaker grip strength (estimate=-3.0[95% CI= -4.7,-1.3]kg; p<0.001) than those with normal FEV1. FEV1 was not associated with gait speed(p=0.98). Age, HIV serostatus or smoking did not modify the associations between FEV1 and gait speed or grip strength (all p-interaction>0.05). Associations between lower DLCO/FEV1 and decreased physical function suggest that interventions to improve pulmonary function may also preserve physical function with aging.

THE IMPACT OF TOOTH RETENTION ON HEALTH AND QUALITY OF LIFE IN OLDER ADULTS

Adejare (Jay) Atanda,[1] Alicia Livinski,[2] Darien Weatherspoon,[2] Paul Fontelo,[2] and Shahdokht Boroumand,[2] *1. National Institutes of Health, Baltimore, Maryland, United States, 2. NIH, Bethesda, Maryland, United States*

America is aging rapidly, and older adults (age ≥65 y) are retaining more of their natural teeth, a trend expected to continue. Although much is known about the impact of complete tooth loss on overall health and well-being, less is known about the effect of partial tooth loss. We conducted a systematic review to advance our understanding of the impact of retaining ≥20 teeth on health and quality of life (QoL) in older adults using two tooth retention concepts – shortened dental arch (SDA) and functional dentition (FD). We searched seven scientific databases from 1981–2019 for publications on tooth retention and outcomes and impact on health and QoL. Ninety-six studies were included in this review. Most were assessed with low risk of bias (n=74) and of good quality (n=73) using the revised Cochrane Risk of Bias tool and Newcastle-Ottawa Scale. Tooth retention was defined as FD in 82 studies, SDA in 10 studies,