

THE RELATIONSHIP BETWEEN COGNITION, FUNCTIONAL ABILITIES, AND THE LATENT DEMENTIA PHENOTYPE AMONG CENTENARIANS

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Adequate assessment of cognitive abilities and functional capacity is essential for a diagnosis of dementia. However, cognition is only moderately related to functional status, and this relationship is poorly understood among centenarians, a group of older adults with high risk for dementia. A bifactor structural equation model can be used to delineate the variance attributed to dementia-specific related cognitive changes (i.e., the latent variable delta) and the variance due to general intelligence (i.e., g^2). This study aimed to determine the validity of delta as a marker of cognitive decline among centenarians. It was hypothesized that delta was correlated with cognitive status, functional abilities and, dementia severity. Overall, 244 community dwelling centenarians (Mage = 100.58, 84.8% female) were recruited through the Georgia Centenarian Study, a population-based study of octogenarians and centenarians from northern Georgia. Older adults were administered measures of cognition and a self-report measure of functional abilities. Latent variable scores (i.e., g^2 and delta) were modeled and correlated with standard global cognitive screening measures (i.e., MMSE) and measures of dementia severity. Results indicate that delta was significantly correlated with functional ability and cognitive abilities. Consistent with our hypotheses, delta was also significantly related to dementia severity. Overall, estimates of the latent dementia phenotype, delta, were significantly related to cognitive and functional abilities among centenarians, providing validation of delta as a useful index of dementia severity.

ADULT FOSTER HOME OWNERS' PERSPECTIVES ON REWARDS AND CHALLENGES OF OPERATING AN ADULT FOSTER HOME

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Adult foster homes (AFHs) are small, residential settings providing older adults and persons with disabilities an alternative to nursing facilities and larger residential care settings. Some groups, including individuals with Alzheimer's disease and related dementias, are well served by smaller settings. Although AFHs are common throughout the US, research on this setting is scant and dated. This study summarizes four years of qualitative data from Oregon AFH owners' (N=726) responses to open-ended questions about the challenges and rewards of owning and operating an AFH. Content analysis of 924 comments indicate that providing resident care (42%), finding the work meaningful and "a life calling" (21%), developing a family-like connection

with residents (15%), and working at home (8%) were the most commonly reported rewards. The most frequently described challenges included caring for residents with multiple chronic health conditions—including those with difficult behaviors (17%), difficulty hiring and retaining qualified caregivers (15%), low Medicaid reimbursement rates (14%), and adhering to administrative rules (14%). Results highlight AFH providers' personal satisfaction with caring for and establishing connections with residents, and challenges associated with residents' increasingly complex care needs, Medicaid reimbursement rates, and attitudes about state regulations. Although AFHs are licensed by states, they are subject to federal regulations, including the 2014 Centers for Medicare & Medicaid Services home and community-based services ruling. The new regulations, Oregon administrative rules, Medicaid reimbursement rates, and caregiver supply are presented to contextualize AFH owner comments and regulatory considerations.

EXPLORING OLDER ADULTS' EXPERIENCES IN CARE TRANSITIONS

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Older adults are Canada's largest growing demographic. Later adulthood is frequently accompanied by increased comorbidities, resulting in more people living with chronic conditions for longer portions of their lives and requiring care across multiple settings. These individuals are also the most susceptible to challenges within health care systems, especially during vulnerable times such as care transitions, which can be challenging due to issues of care integration and coordination. A scoping review was conducted to explore the experiences of older adults transitioning through various levels of care. The main themes found included personal realizations, social connectedness, importance of navigating the system and recommendations for the future. During care transitions, older adults must carefully consider their personal circumstances and limitations and often accept a new baseline, thus, adapting their lives and activities to match possible limitations. Older adults indicate the need for strong social networks, accessible and available services, as well as effective communication, information, education and engagement during care transitions. Issues with care transitions can be exacerbated in smaller communities, where resources and services may be limited. As such, this scoping review is the foundation for an ongoing systematic review which aims to summarize what is known about care transitions for older adults living in small and rural communities. By better understanding the different interacting factors that might influence care transitions for older adults living in small communities, important and sustainable changes can be identified and implemented to ensure that care transitions for older adults are safe, positive and empowering.

EXPECTATIONS, ROLES, AND EXPERIENCES OF GRANDPARENT-CAREGIVERS OF CHILDREN WITH RARE DISEASE

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Grandparenting can be a rewarding and health-promoting experience for older adults. However, grandparent-caregivers often experience greater stress and poorer health relative to non-caregiving grandparents. Further, little is known about grandparents caring for a child with a rare, chronic illness. This study aimed to extend knowledge of the expectations, roles, and experiences of grandparents providing care to a child affected with an inherited metabolic condition. The sample included 23 grandparent-mother dyads from the Inherited Diseases, Caregiving, and Social Networks Study. The grandparent sub-sample ranged from 49 to 79 years of age (Mean = 64), the majority were female (83%) and married (74%), and almost half (48%) were retired. Social network assessments were analyzed to determine concordance between mother- and grandparent-reports of grandparents' role in the child's caregiving network. Fifteen mother-grandparent dyads (65%) agreed on grandparents' role in the child's network, with the majority of those (93%) considering the grandparent to be very close and important (versus less close or excluded from the caregiving network). Grandparents whose self-reports of their role in their child's caregiving networks were consistent with mother-reports appeared more likely to report that they spend enough time caregiving than those whose reports were inconsistent. Content analysis of grandparents' interviews provided supporting information about the joys and regrets of their grandparenting experience and perspectives on caregiving expectations. This research leverages multi-informant social network and qualitative data to illuminate grandparents' role in the caregiving networks of chronically ill children and adaptation to non-normative grandparenting experiences.

ADULT DAY HEALTH SERVICES ATTENDANCE IS LINKED TO A REDUCTION IN LONELINESS

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Loneliness is the subjective experience of inadequate social contact, and it is linked to numerous detrimental psychological and medical outcomes like depression, cognitive decline, sleep fragmentation, metabolic syndrome, diminished immune functioning, and morbidity. Older adults with cognitive impairment and/or other comorbidities are at greater risk for loneliness due to diminishing social roles, functional status, and death of peers. They are often encouraged to attend adult day services to engage in an environment of socialization and supported activities, and in the case of adult day health services, additional medical services such as physical therapy, skilled nursing care, medical management, and nutritional counseling. In this study we examined whether attending adult day health services (ADHS) at least once a week would be associated with decreased levels of loneliness across time. Our data came from a sample of older adults attending ADHS in New York City from 2018-2019 who scored five or greater on the Nursing Facility Level of Care Index, which is a score derived from assessments of cognition, communication and vision, mood and behavior, functional status, continence, and nutritional status from the

Uniform Assessment System in New York (UAS-NY). We found that attendance was linked with fewer reports of loneliness across time, $\chi^2(1, N=563) = 21.33, p < .001$. These results highlight the importance of attending adult day health services for people with a complex health status and the potential role ADHS may play in reducing loneliness in a vulnerable population.

DISPARITIES IN HEALTH STATUS, HEALTH BEHAVIORS AND PREVENTIVE HEALTH SERVICES OF OLDER ADULTS WITH DIABETES

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The prevalence of diabetes among older adults has increased substantially and health complications resulting from diabetes have significant adverse effects on health status of older adults. While diabetes cannot be cured, it can be managed successfully with healthy lifestyle choices. The purpose of this study is to examine the disparities in health status, health behaviors, and preventive health services for older adults with diabetes. This study used data from the 2018 Behavioral Risk Factor Surveillance System. The sample included older adults 50 and over. Health behaviors included exercise, smoking, and heavy alcohol drinking. Preventive health services included dental visit, flu shot, and colorectal cancer screening. Chi-Square analysis and weighted multivariate logistic regression was performed. Not surprisingly, older adults with diabetes were significantly more likely to be in poor health than those without diabetes. Compared to non-diabetic group, older adults with diabetes were more likely to have had no exercise in the previous month. Interestingly, more older adults with diabetes reported having visited dentist, had flu shot and colonoscopy than those without diabetes. In both groups, older adults who presented health behaviors and received preventive health services were more likely to report good health compared to those who did not. The results suggest that further efforts are needed to address the health disparities for older adults with diabetes. Given the risk of comorbidities and its complications for older adults with diabetes, further research should be directed toward designing better health promotion programs and policies for older adults with diabetes.

COMPENSATION EFFECT OF MORTALITY: A CHALLENGE TO LIFE EXTENSION

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In order to develop genuine anti-aging interventions it is important to find the best estimate of the aging rate in humans, which is often measured as a slope parameter of the Gompertz law. The compensation effect of mortality (CEM), refers to mortality convergence, when higher values for the slope parameter are compensated by lower values of the intercept parameter (initial mortality) in different populations of a given species. The age of this convergence point is called the "species-specific life span". Due to CEM, factors associated with life span extension are usually accompanied by paradoxical increase in actuarial aging rate. We evaluated the stability of CEM by analyzing the United Nations abridged life tables for 241 countries and regions and estimating parameters of the Gompertz-Makeham model using method