should leverage efforts to provide culturally relevant physical activity types and resources to NHOPI older adults.

PHYSICAL ACTIVITY, OUTCOME EXPECTATIONS, AND SOCIAL SUPPORT IN DYADS OF FRAIL OLDER ADULTS AND THEIR HOME CARE AIDES

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Frail community-dwelling older adults increasingly receive home care and continue to face barriers to participating in physical activity (PA) that could help maintain their function. Home care aides (HCAs) are well-positioned to promoting PA among older home care recipients because of their established relationship and regular interpersonal exchanges; yet, the role of HCAs in promoting and supporting PA in home care settings is seldomly studied. Using the quantitative and qualitative data from a 4-month home-based gentle PA intervention delivered by HCAs to their clients in a Medicaid-funded home care setting, the current study examined whether outcome expectations for exercise (OEE) held by HCAs led to client PA outcomes (i.e. functional limitations and physical performance) through social support for exercise (SSE) provided by HCAs. Longitudinal mediation analysis of 46 HCA-client dyads showed that higher baseline OEE held by HCAs were related to greater SSE reported by clients after the intervention ($p<.05$; bootstrapped standard errors), controlling for client-level covariates, including baseline OEE, age, gender, comorbidity, and whether HCA was client's family member. Unexpectedly, SSE did not have significant association with client PA outcomes nor mediated the relationship between OEE held by HCAs and client PA outcomes. Qualitative data suggested alternative factors may explain the results, such as clients' family beliefs in the intervention and clients' participation experiences (such as expectation fulfillment). Future research should consider older home care clients' family contexts to enhance our understanding of HCAs' roles in preserving the function of growing numbers of older home care recipients.

PROBLEM DRINKING PREDICTS FUNCTIONAL HEALTH AND MORTALITY RISK 10 YEARS LATER IN THE MIDUS STUDY

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The current study examined whether problem drinking in older adulthood is associated with greater longitudinal risk of functional impairment and mortality through 2016. Problem drinking consists of patterns of alcohol use resulting in symptoms of alcohol dependence or health and social consequences. Participants were adults (n=2654, 56.1% female) from Wave 2 (mean age=55, range=30-84) and Wave 3 (mean age=64, range=39-93) of the Survey of Midlife Development in the United States (MIDUS) Study. Participants reported problem drinking behaviors (e.g., alcohol related role interference) and any disability in basic and instrumental activities of daily living (ADL, iADL). Mortality data was acquired from the 2016 MIDUS Mortality dataset. Results indicated that 20.7% of the sample reported at least one problem drinking behavior in the past year. Multiple linear regression

analyses revealed that the sum of problematic drinking behaviors at Wave 2 predicted 10-year longitudinal change in impairments in ADL's (b=0.05, p<0.01) and iADL's (b=0.05, p<0.01) after controlling for age, education, gender, and previous ADL/iADL. Logistic regression results revealed that for every additional alcohol use problem reported at MIDUS 2, the odds of mortality increased by 1.74 (b=0.55, p<0.01), beyond controls for age and number of chronic conditions. The findings that problem drinking has a unique positive association with impaired functioning and mortality risk during older adulthood supports public health efforts to encourage reduced consumption, increased medical screening, and expanded treatment options.

PROFILE GROUPS BASED ON LIFESTYLE AND DIFFERENCES IN MENTAL HEALTH AND COGNITION

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The purpose of this study was to identify the profiles of older adults according to lifestyle. Data for the study were from the 2017 Consumption and Activities Mail Survey (CAMS). CAMS 2017 is a questionnaire mailed to a subsample of respondents from the Health and Retirement Study. Participants were limited to older adults 65 and older, and the final sample consisted of 1136 older adults. The sample included 443 men and 693 women. Caucasians comprised 82.0% of the participants. Lifestyle was measured through items assessing the amount of time spent on activities. Due to high skewness, the items were dichotomized, 0=no time spent on activity and 1=time spent on the activity. Latent class analysis (LCA) was performed to identify groups based on lifestyle. LCA is a person-centered approach for identifying unobserved subgroups based on similarity in responses to items. Three lifestyle groups were identified. Group 1 was "Outgoing" with 471 individuals. Group 2 was "Adequate" with 229 individuals. Group 3 was "Inactive" with 436 individuals. An ANOVA was then conducted to assess mean differences in self-rated health, cognition, depressive symptoms, and loneliness for the three lifestyle groups. The "Outgoing" and "Adequate" groups had significantly higher scores on self-rated health and cognition, and in addition, significantly lower scores on depressive symptoms and loneliness compared to the "Inactive" group. No significant differences were observed between the "Outgoing" and "Adequate" groups. An implication from this study is the importance of maintaining an active lifestyle in later life for better mental health and cognition.

SOCIAL RELATIONSHIPS AND ALCOHOL ABUSE IN OLDER AGES

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In an aging world, researchers and practitioners often extol the health benefits of social relationships (e.g., family ties, social participation) for older adults. Yet, they generally ignore how these same bonds and activities may contribute to negative health behaviors, such as alcohol use and abuse. Using data from the Wisconsin Longitudinal Study (16,065 observations from a cohort of 7,007 respondents), I examine