

### PERSONAL FACTORS ASSOCIATED WITH DROPOUT RATE IN SHORT-TERM FALL PREVENTION PROGRAM FOR OLDER ADULTS

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Fall prevention programs towards older adults are beneficial, however, drop-out rate among older adults in short-term fall prevention programs are relatively high (one out of three). With older adults dropping out, the programs benefit less for their target populations and achieve a lower level of cost-effectiveness as reported to funders. Literature review has revealed that previous studies on attrition frequently focus on longitudinal research, leaving the factors causing older adults to quit short-term (e.g., 8 weeks) fall prevention programs understudied. This study aimed to explore the association between demographic factors, educational level, health status, fall history, and the completion of the short-term fall prevention program named A Matter of Balance. A total of 691 older adults (526 females, 76.1%) 65 and older participated in the program were included and a Descriptive Discrimination Analysis (DDA) was conducted to analyze the multivariate relationship stated above. The results have identified that fall frequency, educational level, fear of falls, health status, perceived limitations due to fall, injury cases resulted from falls, and having arthritis are the most statistically significant factors that are associated with the completions among older adults for the short-term fall prevention program. The implications of this study include suggestions to modify future recruitment eligibilities in order to include the most suitable participants in certain programs, as well as adaptive modifications for short-term fall prevention programs that aim to serve larger aging populations with individualized conditions. Networking of evidence-based research outcomes should be shared for increased success of future programs.

### GOALS OF CARE IN END-STAGE RENAL DISEASE: THE INFLUENCE OF AGE AND MULTIMORBIDITY

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The number of people with End Stage Renal Disease (ESRD) who need dialysis treatment has increased sharply among adults age 75+. Older adults on dialysis have lower rates of advance care planning and higher treatment intensity, hospitalization and intensive care than people with other chronic illnesses. Comprehensive care of older adults with ESRD includes advance care planning that addresses goals of care and not just specific medical treatments. The purpose of this study was to explore the nature of symptom burden and advance care planning in dialysis patients. The study design was exploratory, descriptive and cross-sectional. Quantitative and qualitative data were collected during in-person chairside interviews with people having dialysis treatments. Categorical questions focused on demographics and advance directives. The Dialysis Symptom Inventory was used to measure symptom burden. Open-ended questions addressed the trajectory of illness and goals of care. Thirty-five

interviews were conducted. Participants' Mage=55.8 years (range 27-84); 51 % were >60. A distinctive pattern of difference by age emerged. Participants >60 demonstrated greater multimorbidity and lower symptom burden (MDSI=30.13; Range 11-63) compared with those <60 (MDSI=36.31; Range 3-78). Goals of care also varied with age. Older adults' goals were: (1) Functional (e.g. to walk better, drive); and (2) Existential (e.g. maintaining, surviving, enjoying). Goals of participants <60 were: (1) Transplantation; and (2) Engagement (e.g. work, school, travel). The results suggest that the illness experience and goals are influenced by age and multimorbidity. Implications: ESRD-specific advance care planning conversations with a focus on goals of care are important.

### PREVALENCE AND MANAGEMENT OF HYPERTENSION AMONG MIDDLE-AGED AND OLDER ADULTS IN CHINA

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The study aimed to examine hypertension prevalence and management in China. Data were from a national survey of a probability sample of 45+ in China (N = 17,047). Self-reported hypertension diagnosis and readings from electronic blood pressure monitors were used to create four variables: diagnosed, measured ( $\geq 140/90$  as high), undiagnosed, and overall (diagnosed + undiagnosed) hypertension. Respondents with diagnosed hypertension were asked about medication use, blood pressure monitoring, and lifestyle advice from doctors; and were considered inadequate blood pressure control if having measured hypertension. Weighted descriptive statistics and multivariate logistic regression were conducted. The prevalence of diagnosed, measured, undiagnosed and overall hypertension was 27%, 37%, 14%, and 51%, respectively. Across all four, older age adults, women, and urban residents had higher rates. Among hypertensive patients, 82% took anti-hypertensive medications, 91% monitored blood pressure, 60% received lifestyle advice, and 53% had inadequate blood pressure control. Compared to the 45-54 years old, the 75+ was less likely to receive lifestyle advice (OR=0.63, 95% CI=0.43-0.95) and the 65-74 was less likely to have adequate control (OR=0.75, 95% CI=0.73-0.98). Men were less likely to use medications (OR=0.77, 95% CI=0.63-0.95) but more likely to receive lifestyle advice (OR=1.48, 95% CI=1.23-1.78) than women. More education and urban (vs. rural) were associated with better hypertension management and control. In conclusion, hypertension affects half of the middle-aged and older population in China. More than half of hypertensive patients have inadequate blood pressure control. People who are older, women, low-educated, and rural residents are disadvantaged in hypertension management.

### PARTICIPATION IN TWO EVIDENCE-BASED FALLS PREVENTION PROGRAMS AMONG OLDER ADULTS WITH AND WITHOUT A DISABILITY

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