

Older adults with a disability are at greater risk for falls and injury due to falling compared to those without a disability. Evidence-based falls prevention programs (EBFPPs) have been developed and disseminated broadly, however individuals with disabilities were excluded from original research on effectiveness. Using data from the National Falls Prevention Database from the National Council on Aging, we compared the reach and effectiveness of two EBFPPs, A Matter of Balance (MOB) or Stepping On, between those with and without a disability. Program reach was measured using attendance percentage. Program effectiveness was measured using change in fear of falling (FOF), fall-related activity restriction (FAR), and falls self-efficacy (FSE) post-program. A total of 12,667 participants were analyzed. Participants were, on average, 76 years old ($M = 76.18$, $SD = 9.86$), largely female (75%), well educated (80% some college or higher), and white (90%). Nearly half self-reported a disability (40%). Older adults with a disability were as likely to attend ($M = 0.88$, $SD = 0.14$) the program compared to those without a disability ($M = 0.88$, $SD = 0.14$, $p = .30$). Older adults with a disability reported greater FOF and FAR and lower FSE compared to participants without a disability at baseline. Significant improvements were made across effectiveness measures, irrespective of disability status. MOB and Stepping On are effective programs, well attended by older adults with and without disabilities, however older adults with a disability continued to report higher FOF and FAR, and lower FSE compared to those without a disability.

EXERCISE EFFECTS ON WELL-BEING ON CANADIAN WOMEN OVER THE AGE OF 65

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Two groups of Canadian women, over the age of 65, were interviewed ($n = 20$) in a study focused on brain health. The first group ($n = 12$) regularly attended exercise classes and met the exercise standards of the Canadian Society of Exercise Physiologists for the age group over 65 years for at least six months. Women in the comparison group ($n = 8$) had been taking adult education classes twice a week or more for at least six months. Thematic coding was used to analyze the results. Both groups reported benefits from their participation in their respective groups. However, the results show that the group who exercised regularly consistently reported improved mood, increased mental alertness, a better ability to handle stress, less pain, and improved sleep. These factors were not reported by the non-exercise group, which did benefit by gaining new knowledge, making new friends and feeling good because they were learning new things. This study suggests that Canadian women over the age of 65 who have been exercising regularly report many of the effects of exercise on the brain that are beneficial to their well-being. They did not specifically mention the new brain cells being made (neurogenesis) nor did they note neuronal rewiring (neuroplasticity), however they did self-report some psychological benefits that the Comparison Group did not report, as noted above. This research has implications for both practice and research.

EFFECT OF FREQUENCY OF PARTICIPATING IN THE REGION ACTIVITY ON FUNCTIONAL DECLINE

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This 3-year prospective study was conducted to explore whether frequency of participating in the region activity exert independent effect on preventing functional decline among urban Japanese older adults after controlling for potential confounders. We examined a prospective cohort of 2,524 community-dwelling persons, aged 65 years or older, who responded to the baseline mail survey in Toshima ward, Tokyo, Japan in 2014. They were followed for the subsequent 3 years in terms of functional status. Multiple logistic regression models were used to analyze independent effects of frequency of participating in the region activity, such as 1) no participation, 2) no participation in the past year, 3) less than one day per month, 4) few days per month, 5) over one day per week, on functional status, controlling for potential confounders such as age, gender, self-rated health, chronic conditions and social capital at baseline. At baseline, the mean age of 1,261 participants who completely responded to follow-up survey in 2018 was 72.1 years ($SD = 5.0$), and 56.9% were women. As results of analyzing, only "over one day per week" was significant predictors of preventing subsequent functional decline even after adjustment for confounders (odds ratios .361; 95% CI .180–.725). Frequency of participating in the region activity over one day per week have effect on preventing functional decline among urban Japanese older adults after controlling for potential confounders.

SESSION 860 (POSTER)

ECONOMICS

CONSEQUENCES OF ECONOMIC HARDSHIP AND SELF-RATED HEALTH AMONG OLDER ADULTS

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Adequate economic resources ensure that older adults' basic needs are met and facilitate a healthier lifestyle. Hardship signals unfulfilled needs experienced by individuals lacking adequate economic resources. Despite well-documented associations between indicators of hardship and self-rated health, little is known about whether hardship has the same impact on self-rated health across age groups. The purpose of this study was to investigate the association between hardship and self-rated health among older adults and determine whether this association differed by age. Employing data from the 2014 Survey of Income and Program Participation, we conducted logistic regression analysis to examine the association between hardship and self-rated health among adults age 55 and older in the United States, and the moderating effect of age on this relationship. Analyses were weighted using replicate weights provided by the survey. Indicators of hardship were dichotomized (1 = experienced hardship, 0 = no hardship). Analyses indicated that individuals who were unable to pay utility bills,