

and Retirement Longitudinal Study (CHARLS) in 2011 and 2015 ($n = 9,083$), to clarify the hypertension care cascade for the older population in China by specifying the level of diagnosis, treatment, and control of hypertension. We then examine the characteristics of those (1) who received appropriate hypertension care and (2) whose care improved over time. Diagnosis and care improved between 2011 and 2015. Among those with hypertension, 55% and 67% were diagnosed in 2011 and 2015 respectively; 46% and 60% were treated with modern medication; and 20% and 29% were effectively controlled. Those who had higher income ($OR=1.52$; $P<0.01$) or obese ($OR=2.43$; $P<0.001$) were relatively more likely to be diagnosed, while those living in the western region ($OR=0.65$; $P<0.01$) or living in urban areas with a rural hukou ($OR=0.54$; $P<0.01$) were less likely. Persons age 75+ ($OR=0.55$; $P<0.05$) were less likely to have their blood pressure controlled, while those who had higher income ($OR=1.50$; $P<0.05$) were more likely. The improvement from 2011 to 2015 in hypertension care was concentrated among those that are obese or living in the West.

IS CANCER HISTORY RELATED TO NEUROLOGIC SPECIALTY CARE IN PATIENTS WITH DEMENTIA?

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Background: The incidence and prevalence of aging-related diseases such as dementia and cancer are increasing, as are cancer survival rates. Cancer and its treatments have been associated with cognitive effects for those who later develop dementia. Guidelines have suggested that cancer patients return to follow-up in primary care following remission and be referred to specialists for cognitive complications, but it is unclear how well these guidelines are followed. **Methods:** Electronic health record data at the University of Alabama at Birmingham were extracted from July 2003 May 2020. Rates of specialty care utilization on or after dementia diagnosis were compared by cancer history status in adults 50 years old or older at dementia diagnosis. Predictors of specialty care utilization were examined using logistic regression. **Results:** Rate of specialty care utilization was lower for those with cancer history compared to those without on the date of dementia diagnosis (11.3% vs. 17.1%) and after diagnosis (13.5% vs. 19.2%). Older age at dementia diagnosis, non-Hispanic Black race, anticholinergic burden, socioeconomic status, and vascular risk factors were associated with lower odds of specialty care utilization. Dementia medication use was associated with higher odds of specialty care utilization on and after dementia diagnosis. **Conclusions:** Cancer survivors with a dementia diagnosis are less likely to utilize specialty care than those with no history of cancer. Several factors predicted specialty care utilization. Additional studies should assess potential barriers in referring cancer survivors to specialty care for cognitive impairment.

MARKERS OF GLUCOSE METABOLISM AND MUSCLE STRENGTH DECLINE AMONG THE OFFSPRING OF LONG-LIVED INDIVIDUALS

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Diabetes has been linked to accelerated muscle strength decline with aging. However, the association between glucose metabolism and muscle strength decline among individuals without diabetes is less clear. We tested whether fasting plasma markers of glucose and insulin metabolism (glucose, insulin, hemoglobin A1c, and soluble receptor for advanced glycation end products (sRAGE)) are associated with grip strength decline among 1415 non-diabetic offspring of exceptionally long-lived individuals who have a low diabetes risk (age range 36-88; mean age \pm SD = 60 ± 8 years; mean BMI \pm SD = 27 ± 4.7 kg/m²; 57% women). Grip strength was assessed using a hand-held dynamometer at two clinic visits over an average of 7.9 years. Multiple linear mixed models were adjusted for age, sex, field center, lifestyle, comorbidities, body weight, height, weight change, and family relatedness. Each standard deviation higher fasting insulin (7.3 mIU/L) was related to greater grip strength decline (-0.38 ± 0.16 kg; $p=0.016$), while each standard deviation higher fasting sRAGE (430 pg/mL) was related to slower grip strength decline (0.36 ± 0.18 kg; $p=0.04$). Our findings suggest that even among non-diabetic individuals from families with a clustering of “healthier” metabolic profiles - insulin metabolism and advanced glycation end products may be important biomarkers of muscle strength decline with aging. Potential mechanisms, including genetic and metabolic mediators underlying the observed associations, warrant further investigation.

OLDER ADULT MAINTAINING AND IMPROVING HEALTH SELF-MANAGEMENT THROUGH PEER SUPPORTED SMART GOAL SETTING

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Non-medical interventions to address risk factors (such as reducing smoking, increasing physical activity, and tackling limited social interaction) are needed to help tackle escalating social and financial health costs. Peer supported interventions have been used successfully to support persons' health self-management; however, there is limited evidence for group interventions facilitated by older adults. A proof-of-concept study by the first author demonstrated the potential of older adults meeting in groups to each create and follow through with a single SMART goal for any area of health over one-month. This study extends SMART goal setting to enhancing health management over six months. Older adult participants from across Ontario will attend virtual SMART goal setting group sessions followed by six monthly support group meetings where they are free to choose any goal, whether a mitigation or a new behavior. Each month