

interventions compared to control groups. Implementing diet or exercise interventions in older Hispanics with Type 2 diabetes leads to significantly reduced glycosylated hemoglobin levels; the effects of combined diet and exercise interventions were not superior to the effects of single interventions in HbA1c levels. Exercise and diet seem to be effective non-pharmacological interventions to manage type 2 diabetes in older Hispanics, but additional research is needed.

NORMALIZED GRIP STRENGTH IS INVERSELY ASSOCIATED WITH DNAM AGE IN MIDDLE AGE AND OLDER ADULTS.

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There is a large body of evidence linking muscular weakness, as determined by low grip strength, to a host of negative aging-related health outcomes. Given these links, grip strength has been labeled a “biomarker of aging”; and yet, this metric provides no biological plausibility. The objective of this study was to determine the association between grip strength and DNA methylation (DNAm) age acceleration. Middle age and older adults from the 2006-2008 waves of the Health and Retirement Study with 8-years of follow-up were included. Cross sectional and longitudinal modeling were performed to examine the association between grip strength (normalized to body mass: NGS) and DNAm age acceleration, adjusting for cell composition, sociodemographic variables, and smoking. Three DNAm clocks were incorporated for estimating age acceleration including the established DunedinPoAm, Levine, and GrimAge clocks. There was a robust and independent cross sectional association between NGS and DNAm age for men (β :-0.36; p <0.001) and women (β :-0.36; p <0.001) using the DunedinPoAm clock, and for men only using the Levine (β :-8.04; p =0.01) and GrimAge (β :-4.76; p =0.01) clocks. There was also an independent longitudinal association between baseline NGS and DNAm age for men (β :-0.27; p <0.001) and women (β :-0.36; p <0.001) using the DunedinPoAm clock, and for women only using the Levine (β :-8.20; p <0.001) and GrimAge (β :-6.04; p <0.001) clocks. Our findings provide some evidence of age acceleration among men and women with lower NGS. Future research is needed to understand the extent to which DNAm age mediates the association between grip strength and chronic disease, disability, and mortality.

OLDER PEOPLE'S PERCEPTIONS OF WHAT IS NEEDED TO EXPERIENCE DIGNITY AND WELL-BEING AT RESIDENTIAL CARE FACILITIES.

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Dignity and well-being are central values in care of older people living in residential care facilities. In addition, care

of older people living in residential care facilities should be person-centred. Dignity and well-being can according to the person-centred practice framework be interpreted as person-centred outcomes. Despite this older people living in residential care facilities have described that they not fully experience dignity and well-being and improvements are needed. To improve care it is important to know what to target. The aim of this qualitative study was therefore to describe residents' perceptions and experiences of what is needed to live with dignity and a sense of well-being. Interviews were carried out with older people living at residential care facilities (n =20). Inductive content analysis was used to analyse data and one overarching theme and three categories emerged. The result revealed the importance of, and that staff and the care environment supported, to manage daily life by oneself, to be shown respect and to belong to a social context. For older people to experience the person-centred outcomes dignity and well-being managers at residential care facilities need to develop and support the staff prerequisites related to knowledge, skills and attitudes and to improve the care environment. According to the person-centred practice framework, the staff prerequisites and the care environment must be taken into account to achieve the person-centred outcomes dignity and well-being.

PEAK EXPIRATORY FLOW PREDICTS INCIDENT DEMENTIA IN A U.S. SAMPLE OF OLDER ADULTS

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Dementia is an increasingly important public health problem with known vascular contributors. Respiratory function, measured by peak expiratory flow (PEF), may be a novel modifiable risk factor in reducing the risk of dementia along the vascular pathway. We investigated the association between PEF and incident dementia in older adults from the National Health and Aging Trends Study (NHATS). Using NHATS criteria, participants were categorized as having or not having probable incident dementia during NHATS Rounds 2-4, spanning three years. Of 3,622 participants with available PEF and covariate data, 543 (15.0%) had incident cases of dementia. Quartile of baseline PEF was analyzed as a predictor of incident dementia using logistic regression models, while controlling for several health and sociodemographic covariates. The fourth quartile of PEF had statistically significantly decreased odds of incident dementia when compared to the first PEF quartile (OR = 0.27; 95% CI [0.19, 0.40]). Significantly reduced odds of incident dementia were found when comparing the third and second PEF quartiles to the first PEF quartile, as well (OR = 0.35; 95% CI [0.26, 0.47] and OR = 0.62; 95% CI [0.48, 0.80], respectively). These relationships were dose-dependent so that increasing PEF quartile levels were more protective against incident dementia. PEF may be considered as an easily administered, low-cost measure of respiratory function and a possible screening tool for dementia risk. Improving PEF may reduce dementia risk through vascular mechanisms

(e.g., increased blood circulation and brain oxygenation). Future research should explore these potential causal pathways between PEF and dementia.

PERCEIVED PARTNER RESPONSIVENESS AND DEPRESSION: THE MODERATING ROLE OF AGE AND GENDER

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A growing body of research suggests that greater perceived partner responsiveness—the extent to which individuals feel cared for, understood, and validated by their romantic partner—leads to longer, healthier, and happier life in adulthood, yet little is known about possible moderating factors between responsiveness and well-being. Using a longitudinal design, the current study tested the moderating roles of age and gender in association between perceived partner responsiveness and depression symptoms. The data for the present study came from the National Survey of Midlife in the United States (MIDUS I and II) which is a longitudinal study on health and aging. A life span sample of 2856 married or cohabiting individuals (1402 Female, Mage= 47.16) completed measures of perceived partner responsiveness, depression, age, and gender in two waves (T1 and T2). The results showed that greater perceived partner responsiveness at T1 predicted lower depressive symptoms at T2 controlling for depressive symptoms at T1. This finding remained when controlling for potential confounders including demographics and health covariates. The moderation analysis demonstrated that participants' age was not a significant moderator in the association between perceived partner responsiveness and depression. Yet, gender significantly was a significant moderator such that the association of perceived partner responsiveness and depression was significant for female but not for male participants. These findings can have implications for mental health and relational well-being.

PILOT TESTING OF THE UB-CAM DELIRIUM SCREENING APP

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Systematic screening improves delirium detection among hospitalized older adults. This poster describes the development and pilot testing of an iOS-based app that incorporates the Ultra-Brief Confusion Assessment Method (UB-CAM), a two-step, delirium detection protocol that combines the UB-2 (2-item screener) and 3D-CAM. Previous work tested a RedCAP-based UB-CAM app in 527 patients with 399 physicians, nurses, and certified nursing assistants (CNAs) showing it can be successfully completed

by all three disciplines in 97% of eligible patients in 80 seconds on average with over 85% accuracy relative to a gold standard. To improve accessibility to the clinical setting, our research team now collaborated with a computer scientist to develop and refine an iOS-based UB-CAM app for the iPhone and iPad through iterative “laboratory” testing. The app was piloted by non-clinician, research testers in hospitalized older adults (age \bar{x} =83, SD= 8.0) with dementia (Clinical Dementia Rating Scale \bar{x} =1.1, SD= .30); 64% were assessed to be delirium positive. The app demonstrated preliminary efficiency (90 seconds on average), high acceptability (100% satisfaction of users), and reliability (100% inter-rater). This project underscores the need for close collaboration between researchers, clinicians, and computer scientists with iterative testing of bedside-facing apps prior to testing with patients. Next steps include testing effectiveness in a pragmatic trial with clinician users (physicians, nurses, CNAs), integrating the UB-CAM app into the routine hospital care of all older patients. Having rapid, accurate bedside delirium detection has the potential to transform care.

PILOTING THE “ANTI-OPPRESSIVE PRACTICE & RESEARCH WITH DIVERSE OLDER ADULTS” TRAINING PROGRAM DURING COVID-19

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There is a critical need to develop our gerontological-sensitive workforce. Social workers (SW) frequently provide services to older adults yet there are few opportunities for them to train as gerontological clinicians and/or researchers. To provide an opportunity for SW students to gain gerontological knowledge, clinical practice, and research skills, we developed, and pilot tested the “Anti-Oppressive Practice and Research with Diverse Older Adults” virtual training program at a major medical facility in Manhattan, NY. We explored the feasibility, implementation, and impact of this novel program. The 21-hour weekly MSW field placement program followed an anti-oppressive framework and included: 1) supervision and training sessions; and 2) direct clinical and research practice (e.g., theory, funding, assessment, data collection etc.) and aging topical seminars (e.g., depression, loneliness, pain etc.). Racially diverse supervisors and graduate SW students engaged in reflective writing exercises, iterative discussions (recorded & transcribed) and a thematic analysis of data. All interns successfully completed the program and reported enhanced skills related to SW core competencies and research (e.g., standardized assessments), research and practice gap awareness (e.g., minority aging) and plans to pursue advanced research training and/or gerontological clinical work. Intern challenges included: 1) disconnect between MSW curricula and research placements; and 2) managing minority and contextual stressors (e.g., imposter syndrome, covid-19, civil unrest). Supervisory