ROLE OF NATIVITY IN END OF LIFE CARE PLANNING
Kay Thwe Kyaw, Elizabeth Helzner, Carl Rosenberg, and Michael Reinhardt. 1. SUNY Downstate Health Sciences University, Brooklyn, New York, United States, 2. SUNY Downstate Health Sciences University, Brooklyn, New York, United States, 3. SUNY Downstate Health Sciences University, Brooklyn, New York, United States

Given the rapidly aging population, optimal end-of-life (EOL) consistent with individual wishes is a public health priority. Advanced Care Planning (ACP) involves Advanced Directives (AD) and establishing a Power of Attorney (POA). AD describe EOL Care preferences including options to limit treatment, withhold treatment, provide comfort care, and prolong treatments. Nativity can provide meaningful guidance in decision-making at the end of life. Data from this study came from the Health and Retirement Study, nationally representative longitudinal study of U.S. residents. The sample included 4,015 older adults, 65 and above years of age who died during study follow-up. Nativity was categorized as U.S. born and Foreign born. ACP variables included presence of AD and POA, and EOLC preferences included provide comfort care, limit, withhold, or prolong treatment. Covariates included age, gender, race, marital status, education, and subjective health at baseline. Cox Proportional Hazards (Cox PH) and Weibull Models were used to identify associations between nativity and end of life care.

**Results**: Compared to U.S. born, Foreign born participants were less likely to have POA (HR: 0.75; 95 % CI:0.64-0.89) in Cox PH and POA (HR: 0.63; 95% CI:0.53-0.75) in Weibull models in unadjusted models, limited treatment (HR: 1.58; 95% CI: 1.2, 2.1), and prolong treatment (HR: 0.23; 95% CI:0.06-0.99) and Cox PH and (HR: 0.20; 95% CI: 0.05-0.83) in Weibull modes.

**Conclusion**: There are differences in Advanced Care Planning by nativity. Country of origin should be considered when helping individuals plan for end-of-life care.

ROLE OF SOCIAL ISOLATION AND RURALITY ON FUNCTIONAL LIMITATIONS IN OLDER ADULTS LIVING IN THE US
Kaleigh Ligus, Keith Bellizzi, and Greg Rhee. 1. UCONN, Storrs, Connecticut, United States, 2. UCONN, Farmington, Connecticut, United States

Social isolation is a growing problem among adults aged ≥65. Using 2019 data from the National Health and Aging Trends Study (NHATS) (n=4,603), we examined the associations of social isolation and rurality with functional limitations in US older adults. We hypothesized that rural older adults would report social isolation more than non-rural adults, and social isolation and rurality would have an interaction effect on difficulty in performing activities of daily living (ADLs). Stress buffering theory guided this research suggesting individuals who have greater social connections also have greater coping skills to buffer against health-related stress. We assessed rural and non-rural older adults’ social isolation (measured by a composite score of engagement in community activities and social connections) and difficulty in completing ADLs (e.g., difficulty in dressing, bathing, and eating in the past month). Our results supported one of the hypotheses that there were differing levels of social isolation among both rural and non-rural older adults. In both rural and non-rural groups, oldest-old (85+), non-White adults, those with poor health or had multiple comorbidities were significantly isolated or experienced severe isolation. These results support (1) the premise that specific demographic characteristics are associated with social isolation as well as (2) a growing body of research showing rural adults have unique characteristics that are protective against social isolation. Our findings are related to demographic predictors which could help target interventions toward specific at-risk groups. Policymakers and healthcare practitioners should be aware of risks for social isolation and prepare to discuss these issues.

SEDENTARY BEHAVIOR, SLEEP QUALITY, AND SUBJECTIVE MEMORY FUNCTION IN MIDDLE-AGED ADULTS
Yen Chen, Carole Holahan, and Darla Castelli. 1. University of Michigan, Ann Arbor, Michigan, United States, 2. The University of Texas at Austin, Austin, Texas, United States

While there is evidence that prolonged sedentary behaviors (SB) are associated with poor memory performance, less is known about the effect of SB on subjective memory. Poor subjective memory could be an early symptom of mild cognitive impairment or dementia. Besides SB, sleep quality has been identified as an essential component of cognitive health. Yet little is known about the effects of different types of SB on sleep quality and how such effects could, in turn, affect middle-aged adults’ subjective memory. The sample included 306 adults ranging in age from 40 to 60 (M = 44.42) from United States.

**Purpose**: This study aimed to explore the associations between SB, sleep quality, and subjective memory function in middle-aged adults. Additionally, we explored whether race and ethnicity moderated these associations.
Amazon MTurk. Mediation analysis with PROCESS (Hayes, 2013) was used to examine the mediational path, controlling for demographic variables. Exploratory factor analysis categorized 10 different sedentary activities into Common Engaging SB (e.g., sitting in cars), High Engaging/Leisure SB (e.g., doing hobbies when sitting), and Less Engaging/Passive SB (e.g., watching TV). Common Engaging SB included a variety of behaviors, including transportation, reading, talking on the phone, and socializing. Common Engaging SB had a significant direct effect on sleep quality (B = 0.19, p < .001) and frequency of forgetting (B = -1.61, p < .001), and sleep quality had a significant direct effect on frequency of forgetting (B = -1.90, p < .001). Sleep quality mediated the association between Common Engaging SB and frequency of forgetting (indirect effect = -0.05, 95% bootstrap CI = -0.09, -0.02). Reducing sitting time, particularly Common Engaging SB, could be a useful strategy to improve subjective memory functioning.

SELF-REPORTED FRAILTY CONCERNS IN OLDER BREAST CANCER SURVIVORS DURING THE COVID-19 PANDEMIC

Adele Crouch, and Diane Von Ah, 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. Indiana University, Indianapolis, Indiana, United States

Frailty among older adults is common, especially those who have undergone breast cancer treatment; however, we do not know how frailty among this group presented during the COVID-19 pandemic. The purpose of this descriptive, cross-sectional study was to examine self-reported frailty among older breast cancer survivors (BCS) during the pandemic. This IRB-approved study recruited BCS who were at least 1-year post-treatment and 60 years of age or older, via online advertisements (e.g., Dr. Susan Love Foundation). BCS completed demographic and Tilburg Frailty Indicator (TFI) RedCap questionnaires from 11/2020 to 05/2021. The TFI, a 15-item measure with 3 sub-scales with published cut points indicating frailty: total (5), physical (3), psychological (2), and social (2). Descriptive statistics were used. Older BCS (n=203) who were on average 65.5 (SD=4.7) years of age, white (93.6%; n=190) and had stage II breast cancer at diagnosis (39.9%; n=81) participated. The average total (M=5.4, SD=2.5) and physical (M=3.2, SD=1.3) frailty scores were above the threshold for frailty. Overall, 58.6% (n=119) and 63.1% (n=128) scored at or above the threshold on the total and physical sub-scales, respectively. In addition, 78.8% (n=160) responded that they ‘missed having people around’ on the social frailty sub-scale. Research has shown that higher TFI scores (more frailty) are associated with increased healthcare utilization, poorer quality of life, and even mortality. Thus, frailty among older BCS is an important health concern within the context of the pandemic. Further research is needed to understand the lasting effects of self-reported frailty for BCS including COVID-19 survivors.

SHOULDER FUNCTION AND FATTY INFLATION ON MRI IN OLDER ADULTS DURING REHABILITATION FOR ROTATOR CUFF TEAR

Derik Davis, 1 Ranyah Almardawi, 2 Omer Awan, Lawrence Lo, 3 Sagheer Ahmed, Shams Jubouri, 2 and Rao Gullapalli, 1. University of Maryland School of Medicine, Ellicott City, Maryland, United States, 2. University of Maryland School of Medicine, Baltimore, Maryland, United States, 3. Perelman School of Medicine at the University of Pennsylvania, Philadelphia, Pennsylvania, United States, 4. Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, United States

Rotator cuff tear is highly prevalent in older adults, with supraspinatus tendon tear (STT) the most common. Shoulder rehabilitation is a major treatment strategy, but supraspinatus-muscle-fat infiltration (FI) and shoulder function in older adults with rotator cuff tear primarily managed by physical therapy (PT) is inadequately documented. We tested the hypothesis that older adults receiving usual-care PT when stratified by supraspinatus tear-status differ in supraspinatus FI [by quantitative Dixon fat fraction (FF) and semi-quantitative Goutallier grade (GG) on MRI] and shoulder function [by the American Shoulder and Elbow Surgeons score (ASES-score) over time. Longitudinal cohort study (pilot): adults 60-85 years, PT-cohort (n=15) and control-cohort (n=25). Participants completed both shoulder MRI and ASES survey at baseline and follow-up visits. Kruskal-Wallis test compared within cohort among 3 groups: no tear (no-STT), partial-thickness tear (pt-STT), full-thickness tear (ft-STT). Mann-Whitney U test compared equivalent groups between cohorts. Baseline PT-cohort groups differed for GG (p=0.033) [no tear, 0.50±0.50; pt-STT, 1.11±0.22; ft-STT, 1.50±0.50] without difference in age, BMI, comorbidity, or ASES-score. Baseline control-cohort groups differed for FF (p=0.034) [no-tear, 5.77%±1.16%; pt-STT, 7.14%±6.26%; ft-STT, 21.44%±10.44%], without difference in age, BMI, comorbidity, or ASES-score. Baseline no-tear groups for ASES-score (p=0.049) differed between cohorts: PT-cohort (58.87±8.21) versus control-cohort (83.98±21.89). Both cohorts showed no difference in Δ-FF or Δ-GG over time. PT-cohort groups differed for Δ-ASES-score over time (p=0.042) [no-tear, 16.65±4.69; pt-STT, -7.24±0.94; ft-STT, 4.48±3.45], but control-cohort groups did not (p=0.050). Our results suggest differences exist for supraspinatus FI and self-reported shoulder function among older adults receiving PT for rotator cuff tear when stratified by supraspinatus tear-status.

SIX-MONTH LOWER-LEG SENSORY STIMULATION AUGMENTS NEURAL NETWORK CONNECTIVITY ASSOCIATED WITH IMPROVED GAIT

Chun Liang Hsu, 1 Ikechukwu Ilpoluteife, 2 Lars Oddsson, 3 Brad Manor, 4 and Lewis Lipsitz, 5. 1. Hinda and Arthur Marcus Institute for Aging Research, Harvard Medical School, Burnaby, British Columbia, Canada, 2. Hebrew Senior Life, Boston, Massachusetts, United States, 3. RxFonction, Eden Prairie, Minnesota, United States, 4. Hinda and Arthur Marcus Institute for Aging Research, Harvard Medical School, Boston, Massachusetts, United States, 5. Hebrew SeniorLife, Boston, Massachusetts, United States

Foot sole somatosensory impairment associated with peripheral neuropathy (PN) is prevalent and a strong independent risk factor for gait disturbance and falls in older adults. A lower-limb sensory prosthesis providing afferent input related to foot sole pressure distributions via lower-leg vibrotactile stimulation has been demonstrated to improve gait in people with PN. The effects of this device on brain function related to motor control, however, remains...