VA COMPASSIONATE CONTACT CORPS: A PHONE-BASED INTERVENTION FOR VETERANS INTERESTED IN SPEAKING WITH PEERS
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The VA Voluntary Service has developed and implemented a new social prescription program called Compassionate Contact Corps which was created during the COVID-19 pandemic when in-home volunteers could no longer enter Veterans’ homes. The program targets Veterans who are lonely, socially isolated or seeking additional social connection. Volunteers and Veterans are matched based on common interests. Trained volunteers provide support by making periodic phone calls. Program referrals are made from VA providers in several clinical programs (e.g. Home-based Primary Care). To date, CCC has been implemented in more than 80 sites in the VA, with 310 volunteers, 5,320 visits, and 4,757 hours spend with Veterans.

GROUP TELEHEALTH INTERVENTIONS FOSTERING SOCIAL CONNECTION AMONG OLDER VETERANS AND THEIR FAMILIES
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During the early months of the COVID-19 pandemic, virtual and telephone visits rapidly replaced most in-person care within the Veterans Health Administration (VA) to reduce virus spread. To address the emerging mental health needs of older Veterans (e.g., isolation, loneliness), we developed an 8-week group treatment manual, deliverable over telephone or videoconference, to foster social connection and address pandemic anxieties. The manual was disseminated in March 2020 as a rapid response to emergent COVID-19 pandemic realities, during which many locations in the United States called for immediate self-quarantine measures for unknown durations. This talk will present the user-centered design of the manual, preliminary feasibility and acceptability findings from provider surveys, and introduce versions of the manual targeting specific populations (e.g., caregivers, Spanish speakers) currently in development or in pilot testing.

Session 2280 (Symposium)

ORAL HEALTH, COGNITIVE FUNCTION, AND MORTALITY: FINDINGS FROM NATIONAL SURVEYS
Chair: Bei Wu Co-Chair: Susie Keeper
Discussant: Michèle Saunders

Poor oral health, diabetes mellitus (DM), and cognitive impairment are common problems in older adults. Using national surveys, this symposium aims to present new findings regarding the impact of the co-occurrence of DM and poor oral health on cognitive function, cognitive decline, and mortality. This symposium will also cover the topic of dental care use among adult populations in the U.S. Using data from the Health and Retirement Study (HRS) (2006-2018), the first study shows that adults with both DM and edentulism had the worst cognitive function, followed by those with edentulism alone, and those with DM alone. Using the same HRS data, the second study found that co-occurrence of DM and edentulism had a higher risk of more rapid cognitive decline with advancing age than the presence of each condition alone. The third study used data from the 2006-2016 HRS linked with mortality files, and revealed that the risk of diabetes and edentulism on mortality may vary across racial/ethnic groups. Using the Behavioral Risk Factor Surveillance System survey (2002-2018), the fourth study examined disparities of dental service utilization among racial/ethnic groups (Whites, Hispanics, Blacks, Asians, American Indians or Alaska Natives, and Native Hawaiian or other Pacific Islanders). Age differences in dental services were also compared between older adults and other younger and middle-aged populations. This symposium highlights the role of oral health in improving cognitive health. Policies and programs are needed to increase dental care access, a critical way to help maintain good oral health.

DIABETES MELLITUS, EDENTULISM, AND TRAJECTORY OF COGNITIVE DECLINE AMONG OLDER ADULTS
Chenxin Tan,1 Brenda Plassman,2 Frank Sloan,2 Mark Schwartz,3 Samrachana Adhikari,1 Angela Kamer,4 Huabin Luo,5 and Bei Wu,4 1. New York University, Jersey City, New Jersey, United States, 2. Duke University, Durham, North Carolina, United States, 3. New York University, NYC, New York, United States, 4. New York University, New York, New York, United States, 5. East Carolina University, Greenville, North Carolina, United States

We examined the impact of diabetes mellitus (DM) and edentulism on the trajectory of cognitive decline, using the Health and Retirement Study. We analyzed self-reported DM and edentulism collected in 2006 and cognition data from 2006 and its follow up waves through 2018. Among 15,709 eligible participants age 50+ in 2006, 65.96% had neither DM nor edentulism (Group 1), 15.12% had DM alone (Group 2), 13.79% had edentulism alone (Group 3), and 5.12% had both conditions (Group 4). Results from linear mixed-effects models show that in comparison to Group 1, individuals in Group 4 had the lowest level of cognitive function, followed by those in Group 3 and Group 2. Group 4 had a modestly faster rate of cognitive decline (p=0.0032). This study illustrates that co-occurrence of DM and edentulism has a higher risk of more rapid cognitive decline with advancing age than the presence of each condition alone.

THE IMPACT OF DIABETES AND EDENTULISM ON ALL-CAUSE MORTALITY: RACIAL AND ETHNIC DISPARITIES
Huabin Luo,1 Frank Sloan,2 Brenda Plassman,2 Samrachana Adhikari,1 Mark Schwartz,3 Xiang Qi,4 and Chenxin Tan,4 1. East Carolina University, Greenville, North Carolina, United States, 2. Duke University, Durham, North Carolina, United States, 3. New York University, NYC, New York, United States, 4. New York University, New York, New York, United States, 5. East Carolina University, Greenville, North Carolina, United States


This paper aimed to examine disparities of dental service utilization for younger (20-49), middle-aged (50-64), and older adults (65+), among Whites, Hispanics, Blacks, Asians, American Indians or Alaska Natives (AIAN), and Native Hawaiian or other Pacific Islanders (NHOPI). Weighted logistic regression models were conducted to analyze nine waves of data (2002-2018) from the Behavioral Risk Factor Surveillance System. Results show that the all-wave average prevalence was 71% and racial/ethnic disparities increased with age. Black older adults had the lowest level of dental service utilization (65%), comparing to the two highest groups: White older adults (79%) and Asian older adults (76%). The younger adult populations had low prevalences with the lowest among Asians (65%). The AIAN and NHOPI all age groups tended to have average or below average prevalences. Health policy, federal funding, and community-based programs should address needs of dental service utilization for racial/ethnic minorities including Blacks, AIANs, and NHOPIs.

Session 2285 (Symposium)

PERCEIVED PHYSICAL FATIGABILITY: A PROGNOSTIC MARKER OF BIOLOGICAL, ORGAN SYSTEM, AND BRAIN AGING

Chair: Nancy W. Glynn Co-Chair: Eleanor Simonsick
Discussant: Basil Eldadah

Characterizing perceived physical fatigability enables researchers to quantify an individual’s susceptibility to experiencing fatigue in the context of a standardized physical task. This approach eliminates self-pacing, and is a less-biased, more sensitive means to measure the degree to which fatigue may limit activity. Our previous work with two validated measures of perceived fatigability, the Pittsburgh Fatigability Scale (PFS) and Borg Rating of Perceived Exertion (RPE) at the end of a standardized 5-minute treadmill walk, are prognostic indicators of phenotypic aging. This symposium will present new directions related to greater fatigability as a marker of biological aging, organ system health and functioning, as well as brain pathology and structure. Specifically, Mr. Katz will explore the relationship between leukocyte telomere length, a marker of biological aging, with PFS fatigability in participants from the Long Life Family Study. The other four papers use data from the Baltimore Longitudinal Study of Aging (BLSA) and RPE fatigability (RPE). Drs. Simonsick and Karikkineth investigate fatigability as an early marker of aging and disease related impacts on key organ systems, specifically diminished renal function as reflected in estimated Glomerular Filtration Rate and cardiovascular health evaluated as vascular stiffness. Ms. Liu and Dr. Schrack will explore whether there are associations of perceived fatigability with brain health, specifically Alzheimer’s disease-related pathology (PiB) and changes in brain structure. Lastly, our Discussant, Dr. Eldadah, will critically review the presentations in the context of new directions in fatigability research.

ASSOCIATION OF LEUKOCYTE TELOMERE LENGTH WITH PERCEIVED PHYSICAL FATIGABILITY

Joseph Zmuda,1 Joseph Lee,2 Lawrence Honig,3 Kaare Christensen,4 Mary Feitosa,2 Mary Wojczynski,6

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DISPARITIES IN DENTAL SERVICE USE AMONG ADULT POPULATIONS IN THE UNITED STATES

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EFFECTS OF THE CO-OCCURRENCE OF DIABETES AND TOOTH LOSS ON COGNITIVE FUNCTION

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Using data from the 2006, 2012, and 2018 waves of the Health and Retirement Study, we estimated effects of co-occurrence of diabetes mellitus (DM) and complete tooth loss (CTL) on cognitive function among 10,816 adults age 50+. Cognitive function was measured using a shortened version of the Telephone Interview for Cognitive Status. Results from the fixed effects linear regression model showed that in comparison to those with neither condition, adults having both DM and CTL had the worst cognitive function (b = 1.49, p < 0.001), followed by having CTL alone (b = 0.78, p < 0.001), and having DM alone (b = 0.42, p < 0.001). Our study suggests that CTL is a stronger risk factor for lower cognitive function than DM, and the co-occurrence of DM and CTL poses additive risk. Further research is needed to investigate the pathway from DM and CTL to poor cognition.

This study examined the relationships between the co-occurrence of diabetes mellitus (DM) and edentulism and mortality among Black, Hispanic, and White older adults in the US. We used data from the 2006-2016 Health and Retirement Study with 2,108 Black, 1,331 Hispanic, and 11,544 White respondents aged 50+. Results of weighted Cox proportional hazards models showed that the co-occurrence of DM and edentulism was associated with a higher mortality risk for Blacks (Hazard Ratio [HR] = 1.58, p < 0.01), Hispanics (HR = 2.16, p < 0.001) and Whites (HR = 1.61, p < 0.001). Findings also indicated that DM was a risk factor for mortality across all racial/ethnic groups, but edentulism was a risk factor only for Whites (HR = 1.30, p < 0.001). This study revealed that the risk of DM and edentulism on mortality varied among racial/ethnic groups. Our study gives alternative explanations for the observed findings.

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