SELF-TAILORED SUCCESSFUL AGING: OLDER ADULTS’ POINTS OF VIEW
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The study aimed to map out the main constructs involved in aging successfully, as perceived by older adults, and highlight the importance of self-management. This qualitative study was comprised of eighteen interviewees and sixty participants across nine focus groups, including: Independent older adults aged 65 to 84 years living at home, health professionals working with older adults, and family members of older adults. Participants shared experiences concerning their everyday occupations and routines. Focus groups were recorded, transcribed verbatim, and qualitatively analyzed, using the constructivist grounded theory principles.

Results: Three successful aging theoretical categories emerged: self-management abilities, daily lifestyle, and individual differences. An example for self-management abilities can be described by a 67-year-old man’s son, who said: “He is a very busy man, he doesn’t have any commitments, but he always creates things for himself to do”. Results revealed diversity in how older adults perceive successful aging. For example, a 68-year-old woman said: “Retirement is like heaven, I enjoy every moment, there’s a lot to do”, whereas a 69-year-old man claimed: “Nobody needs you anymore… I retired a year ago and I still haven’t succeeded in organizing a daily schedule”. Additional results and quotes reflecting the categories will be represented. Conclusion: Older adults who succeed in managing their daily life, and experience control of their own life, delineate successful aging. The diversity accentuates that each older adult needs to tailor their own self-fitted “suit” to wear as they stride successfully into their aging years.

FEASIBILITY OF INTEGRATED TECHNOLOGIES TO PROMOTE LEISURE ACTIVITY ENGAGEMENT AMONG ASSISTED LIVING RESIDENTS

Research suggests that advanced technologies, such as wearable technology and tablets, can serve an important role in the cost-effective, accessible delivery of health promotion that is individualized, immersive, and engaging for users. The present study was designed to test the feasibility and acceptability of two integrated technologies among assisted living facility residents: CareBand’s wearable technology and Eperture’s RememberStuff (R/S) tablet platform. The purpose of the qualitative component of the project was to provide preliminary information from the perspective of the assisted living facility participants on these two technologies. Another goal was to assess the challenges of their participation. Drawing on qualitative thematic analyses of data collected from semi-structured interviews with 16 participants (four staff members and 12 residents) prior to and following the 6-week integrated technology program, three themes emerged as positive outcomes of the technology experiences: (a) leisure activity engagement, (b) exploration of tablet features, and (c) cognitive stimulation. This finding suggests that these technologies may enhance leisure engagement and cognitive function. On the other hand, there were three challenges that participants experienced while participating in the program: (a) inability to grasp functionality, (b) need for continued education for the technology, and (c) negative stereotypes toward technology use. These challenges provide guidance for future protocol design in follow-up studies to further explore the integrated technology efficacy for older adult users. The practical implications of this study and suggestions for health professionals are discussed.

COMMUNITY CENTERED APPROACHES TO INCREASE PARTICIPATION OF AFRICAN AMERICANS IN BRAIN HEALTH AND ADRD RESEARCH
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African Americans/Blacks continue to be underrepresented as participants in Alzheimer’s Disease and related dementia (ADRD) and brain research. Numerous challenges such as lack of information about the Alzheimer’s Disease and related dementia (ADRD), socioeconomic barriers, historical and systemic racism, and distrust of research goals and processes persist in research participation. Research approaches tend to be more recruitment oriented rather than partnership driven that do not address these challenges. As a result, community engagement approaches are increasingly being recognized as a means of building trust and creating new pathways for participation in ADRD studies. This poster focuses on the preliminary work of the Collaborative on Aging Research and Engagement (CARE) --- a community academic partnership comprising the CARE Advisory Team (a community action team of 10 African American leaders), Alzheimer’s Association, the Alzheimer’s Association Greater Indiana Chapter, IU Schools of Nursing, Public Health, and Informatics, Computer Science, and Engineering, and the Indiana Alzheimer’s Disease Research Center. The goal of the partnership is to facilitate active engagement of African Americans aged 45 years and older in research opportunities taking place in in Central and Northwest Indiana. Experiences and perspectives shared at the CARE Advisory Team meetings as well as memos from the researcher staff generated five lessons learned in building relationship oriented, as opposed to recruitment driven, processes. These lessons will be used to develop a community engagement framework focused on the integration of culturally relevant
THE SOCIAL COST OF MODIFIABLE RISK FACTORS IN SINGAPORE

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Close to half of total disease burdens are attributable to modifiable risk factors, indicating that many illnesses are preventable by modifying behaviors such as increasing physical activity levels or maintaining a healthy diet. This study measures the social costs attributable to modifiable risks in Singapore, one of the most rapidly ageing populations in the world. Measuring the social cost of modifiable risk factors can help public health policymakers prioritize public health programs and allocate resources. Our study builds on the comparative risk assessment framework from the Global Burden of Disease study. We used a prevalence-based cost-of-illness approach to estimate the social cost attributable to modifiable risk factors. We included healthcare costs from inpatient hospitalisation and productivity losses from absenteeism and premature mortality. Our results found that metabolic risks had the highest social cost of S$2.2 billion in 2019, followed by lifestyle risks of S$1.98 billion and substance risks of S$1.56 billion. Across the risk factors, the social costs were largely driven by productivity losses, heavily skewed towards the older working-age group. For metabolic risks, approximately 80% of the total cost (S$1.82 billion) was from those aged above 45 years old. This study provides evidence of the high social cost of modifiable risks and highlights the importance of developing holistic public health promotion programmes. Our findings suggest that implementing effective population-based programmes targeting multiple modifiable risks would have a strong potential to manage rising disease burdens and healthcare costs, especially with an ageing population.

THE EFFECTS OF LOSING A SECURE JOB ON HEALTH BEHAVIORS ACROSS THE LIFE COURSE

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Involuntary, no-fault job loss from a relatively secure position has become more common among workers. However, it is not clear how displaced workers cope with the stress induced by the job loss and change their health behaviors due to work precarity, especially in the long-term. To address these gaps, we take advantage of the case of policy-driven layoffs from the State-Owned Enterprises in transitional China (1990s – mid-2000s), which resembles a quasi-experimental design, and examine effects of losing a secure job on dietary diversity, drinking, and smoking behaviors. We use the China Health and Nutrition Survey (1989–2015) and fixed effects models for controlling individual confounders. The results show that job loss decreases displaced workers’ dietary diversity (β=-.18, p < .05); however, the decline bounced back after three years after job loss. The career stage in which job loss occurred made a difference. The reduction of dietary diversity only applies to early-career job loss (aged 35 or younger, β=-.24, p < .1), and mid-career job loss (aged 36 – 45, β=-.37, p < .01). Job loss increases probability of drinking (OR=1.36, p < .1), but the effect is only statistically significant for late-career job loss (aged 45+, OR=1.60, p < .1). Risks of heavy drinking are only increased for early-career job losers (OR=2.09, p < .05). Risks of smoking are not impacted by job loss. The findings highlight how health behaviors serve as coping strategies for job loss, how the effects vary by the timing of job loss, and how health promotions could be helpful to address the potential risks of work displacement.

TRUST IN GOD AND THE CHURCH, NOT NEIGHBORS: EXPLORING SOCIAL COHESION AMONG AGING HIV+ INDIVIDUALS

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Rates of new HIV diagnoses among people 55+ years old remained unchanged between 2015–2019, suggesting potential HIV prevention challenges in the aging population due to co-morbidities, social isolation, and age-related stigma. Socio-cultural factors play a strong role in influencing HIV outcomes. Social cohesion — including appraisals of trust in neighbors and levels of belongingness to a community — has been shown to be an important channel for HIV prevention in the general population. However, there is scant evidence about how social cohesion relates to HIV prevention and care engagement among older adults. We employed a convergent, parallel mixed-methods study to investigate this topic among a sample (n = 17) of adults aged 50+ living with HIV in New Haven, CT. We conducted semi-structured interviews which were analyzed using thematic analysis in NVivo.v12. We also collected quantitative data in RedCap and calculated descriptive statistics in STATA.v16. Participants were on average 57 years of age (SD=4); 53% female, and 69% Black/African American. Participants’ trust in their neighborhoods was low [mean=2.61 (range 1 - 5, where 5 indicates high trust)]. In interviews, trust did not significantly influence one’s HIV status disclosure or care management. Instead, participants often identified their faith in God or relationship with local churches as significant sources of social and informational support they often rely on for their HIV-related needs. Our results show that investigating the impact of religious belonging on outcomes may be a fruitful path of research to improve HIV outcomes among the aging population.

ITF3 GENE EXPRESSION AND FUNCTION CONTRIBUTE TO HAND PATHOLOGY EVEN WITH ANTIRETROVIRAL THERAPIES (CARTS).

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