THE URBAN AGING RESIDENT’S COALITION: A CASE STUDY IN LATE-ADULTHOOD COMMUNITY ACTIVISM
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The COVID-19 global pandemic, police brutality, and threats to voting rights retraumatized African American older adults, who lived during civil rights, causing feelings of powerlessness. Older adults can be equipped to regain agency and control through community activism. We provide a case study of an older African American activist’s (Ms. P) journey to create the Urban Aging Resident’s Coalition (UARC)—an affiliation of the National African American Men’s Wellness Agency. UARC was founded in 2019 to improve mental and physical health for urban older adults. Post-pandemic, Ms. P along with teenage volunteers, held monthly educational sessions that included interactions with local police and voting rights education. To facilitate a non-confrontational experience, Ms. P had the police bring Golden Retriever therapy dogs and a community support person. To increase relatability for voter education, Ms. P formed a panel of retired legislators, the first African American state senator who developed the Ohio Office of Minority Health, a younger state representative, and the former CEO of the Urban league to hold an open forum on voting rights and redistricting. Nearly 60 older adults attended the monthly educational sessions. The community activist addressed those traumas experienced by older adults in a safe and encouraging social environment. Participants reported feeling more comfortable interacting with the police. Older adults increased their awareness of the importance of voting to elect leaders that represent them and their ideas. This model, to engage minoritized groups to regain agency and power, can be a template for other communities.

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EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY

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A growing body of research shows that volunteering is beneficial for those served, the volunteers, and the larger communities. However, major challenges remain that hinder the practical implications for volunteer activity as a public health intervention, including potential selection effects, lack of longitudinal studies that adjust for baseline characteristics, and a paucity of studies that consider multiple physical health outcomes in a single model. Using data from the 2006-2016 waves of the Health and Retirement Study (N=18,847) and an outcome-wide approach, the current paper evaluated if changes in volunteering between 2006/2008 (t0) and 2010/2012 (t1) were associated with seven cardiovascular disease biomarkers four years later (2014/2016, t2). Further, these models were adjusted for demographic factors, socioeconomic status, health behaviors, chronic conditions, baseline biomarkers, and baseline volunteering. Inverse probability treatment weights (IPTW) were included for the selection into volunteering and multiple imputation was conducted for missing data. Compared to non-volunteers, volunteering more than 200 hours a year was associated with a lower risk for clinically high diastolic blood pressure. Increased volunteering effort (change from 1-99 hours at t0 to >100 hours at t1) was associated with a lower likelihood of clinically high systolic and diastolic blood pressure levels. Sustained high volunteering (>100 hours at both t0 and t1) was associated with lower diastolic blood pressure. The current study adds to the evidence of the health benefits of volunteering for adults 50 and older by inferring a potential causal link between high-intensity volunteering and reduced blood pressure.

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CHANGES IN D3CR MUSCLE MASS, WALKING SPEED, GRIP STRENGTH, AND CHAIR STANDS PERFORMANCE IN THE OLDEST OLD MEN
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One tenet in sarcopenia research is that strength is lost substantially more quickly than muscle mass with age. This assertion is mostly supported by data that uses indirect proxies for muscle mass, such as lean mass from dual energy x-ray absorptiometry (DXA). We posit that changes in direct estimates of muscle mass, such as muscle mass determined by d3-creatine dilution (D3Cr muscle mass), will be similar in magnitude to changes in strength and physical performance. In men who completed the Year 14 and Year 20 visits (N=220, Year 14 mean age: 82.9 yrs) of the MrOS study, we measured change in D3Cr muscle mass (kg), walking speed (m/s), grip strength (kg), and five repeat chair stand performance (stands/10 seconds). Over an average of 6.1 years of follow-up, men had extensive declines in D3Cr muscle mass (-3.29 kg, -12.8%), grip strength (-5.4 kg, -15.1%), walking speed (-0.23 m/s, -17.8%), and chair stands performance (-1.0 stands/10 seconds, -9.0%). Annualized percent change was of similar magnitude for D3Cr muscle mass (-2.2%/year), grip strength (-2.5%/year), walking speed (-2.9%/year); with slightly lesser decline in chair stands performance (-1.5%/year). Change in D3Cr muscle mass was correlated with change in grip strength (r=0.22, p<0.05) but not with...