to appointments. Conclusion: Lower SES was related to an increased likelihood of missed appointments in people with AMD, as well as poorer visual functioning. Attendance at clinical appointments may be a factor in explaining the relationship between lower SES and poor vision in people with age-related macular degeneration.

SPECIFIC MEDICATION LITERACY: WHAT DO PEOPLE KNOW ABOUT THE MEDICATIONS THEY TAKE?
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We present findings from the in progress “Strengths of specific medication literacy and clinical correlates in older adults with asthma” study; a supplement to the parent study NIH-NIA R01AG047297, “Asthma in Older Adults: Identifying phenotypes and factors impacting outcomes”. Barriers to successful asthma medication management have been identified and include adherence, health literacy, complexity of living multiple comorbidities and polypharmacy. Medication use and overall health literacy has been shown to reduce hospital admissions, increase adherence and improve disease outcomes. This study aims to characterize the knowledge of older adult study participants regarding individual medications they are using inclusive of all (not just asthma) medications. We present data on specific medication literacy of drug name, purpose, administration, and other aspects of medication literacy, as well as our analysis of potential correlates with Asthma outcomes in complex older adult study participants.

THE EFFECTIVENESS OF HEALTH INVESTMENT ON NON-COMMUNICABLE DISEASES AMONG OLDER PEOPLE IN CHINA: A MULTILEVEL STUDY
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Non-communicable diseases (NCDs) are common among older people and have been found to increase the risks of illness. An effective health investment could prevent health deterioration and reduce health inequalities among older people. Since 2011, China has achieved nearly universal coverage of social medical insurance. However, different levels of economic development across China and inequitable reimbursements for different medical insurance schemes among older people have determined the unequal distribution of health investments for older people which could result in increment of health inequalities. This study uses a individual data from the Chinese Longitudinal Healthy Longevity Survey 2011–2014 linked with province level data from Chinese Statistics Yearbook to explore the effectiveness of health investment on NCDs among older people in China. At the individual level, we study the effect of different medical insurance schemes on number of chronic diseases among older people to interpret how different rates of reimbursement of medical services from different medical insurance schemes could contribute health inequalities in later life; at the provincial level, health investment from the state varies across China, we study on whether the effect of states’ health investment could mediate the health inequalities among older people. The results demonstrate that various medical insurance schemes have different effects on the number of chronic diseases among older people; Province with higher percentage of public health expenditure in revenue is associated with less number of chronic diseases among older people. This implicates that increasing health investment from government prevents health deterioration among older people.

THE ROLE OF FAITH-BASED NURSES IN CARING FOR OLDER ADULTS IN THE COMMUNITY
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The purpose of this study was to explore the perceptions regarding the role of the faith-based nurse from the perspective of stakeholders (parish nurses, pastors and older adult clients) and determine the current and potential impact on wellness and disease maintenance in older adults. In order to determine the participant’s perceptions regarding the role of faith-based nurses, it was determined that the best method would be to complete a qualitative descriptive study. The data collection method was using focus groups. Focus groups were used to encourage interaction and dialogue among the participants which would elicit personal perceptions regarding the role of the parish nurse. The results found several common themes regarding the role of the faith-based nurse in the care of older adults. These included security, safety, openness, dependability, knowledge worker, liaison, provider of hope and comfort. All of these characteristics can encourage open communication and a positive relationship when dealing with disease related issues or wellness concerns. Based on the findings of the study, the role of the faith-based nurse is significant from the viewpoint of all those impacted by the program. These results suggest that utilization of the faith-based nurse could be of significant benefit in assisting the physician in obtaining chronic disease management and wellness in the community setting. Further interventional studies are needed to determine the impact of these roles and avenues in which collaboration between the physician and the faith-based nurse could be enhance to improve outcomes in this patient population.

TRAJECTORIES OF KIDNEY FUNCTION AND ASSOCIATED FACTORS AMONG COMMUNITY-DWELLING OLDER JAPANESE: THE KUSATSU STUDY
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Background: Chronic kidney dysfunction is a well-known risk factor for cardiovascular disease and mortality. However, no study reported trajectory patterns of kidney function in later life. This prospective study aimed at examining age-associated changes in serum creatinine level (SCr) by sex, classifying trajectory patterns of SCr, and identifying associated factors. Methods: We collected data from annual geriatric health checkups (GHC) conducted during 2002 through 2017 in Kusatsu, Gunma prefecture, Japan. 1990 adults aged 65–90 years (mean age, 71.0 years; women, 57.0%) participated in the GHC at least once during the period and total observation number was 9291. To those data we applied the mixed-effects model, group-based semiparametric mixture model, and Chi-squared test and analysis of variance. Results: Men showed approximately 0.2mg/dL higher SCr than women. We identified three trajectory patterns of SCr and denoted as high, middle, and low trajectory groups. Proportions of each groups were 5.4%, 41.0% and 53.6%