

community-living older adults ( $\geq 65$ y) in Worcester County, Massachusetts. The research team is bilingual, racially and culturally diverse. A direct mail campaign was conducted in a geographically diverse random sample of residents from neighborhoods with high concentrations of minorities, stratified by rurality. To increase minority participation, the mailings included an invitational letter or a flyer with a graphic that portrays diverse racial/ethnic background. We engaged communities by presenting the study at senior and community centers, and faith-based organizations that are frequented by minorities and by posting study information in minority social media groups (e.g., Chinese resident associations). Participants promoted the study to friends while staff promoted through professional or social networks. To recruit non-English speaking minorities, all materials were printed in age-friendly large fonts in Spanish or Chinese, and interviews were conducted using their preferred language. Within 9 months, we enrolled 326 participants, including 216 Whites, 57 Hispanics, 21 Blacks, 31 Asians, and 1 Native American. An additional 38 Asians are on the waiting list. Blacks were more likely to respond to community presentations. Hispanics were most likely to respond to the colorful flyer. Older minorities ( $>76$ y) were more likely to respond to presentations (57%) while the younger ( $<75$ y) to the mailings (60%). In summary, this multifaceted recruitment approach is effective in minority recruitment.

#### GERIATRICS PREVENTABLE ADMISSIONS CARE TEAM (GERIPACT): A HIGH-RISK INTENSIVE AMBULATORY GERIATRICS PROGRAM

Stephanie W. Chow,<sup>1</sup> Lizette Munoz,<sup>2</sup> Susana Lavayen,<sup>2</sup> Shamsi Fani,<sup>2</sup> Blair MacKenzie,<sup>2</sup> and Audrey Chun<sup>1</sup>, 1. *Icahn School of Medicine at Mount Sinai, New York, New York, United States*, 2. *Mount Sinai Hospital, New York, New York, United States*

The Geriatrics Preventable Admissions Care Team (GERIPACT) is an inter-professional team of 2 clinicians, 1 social worker, and 1 care coordinator, dedicated to offering temporary intensive ambulatory care services to complex older patients at high-risk for incurring expensive health care (ie. frequent emergency room visits or hospitalizations). GERIPACT services include frequent office visits for medical and social work needs, frequent telephone contact, home visits, specialty visit accompaniment, and a 24/7 telephone hotline. Use of this innovative model aims to serve communities lacking in geriatrician and geriatric social work providers, with a main goal of serving the highest risk older population. We reviewed the healthcare utilization of GERIPACT enrollees 6 months prior-to-enrollment and compared with 6 months following graduation from GERIPACT from 2016 to 2018. 78 patients were evaluated, with 49 total ED visits prior to enrollment and 35 post-graduation, saving 14 ED visits for a ratio of 18 saved ED visits per 100 GERIPACT patients. There were 45 hospitalizations prior to enrollment with 29 hospitalizations post-graduation, saving 16 hospitalizations, or 20 hospitalizations per 100 GERIPACT patients. Hospital days were reduced by 237 days post-graduation. An intensive ambulatory program for high risk geriatrics patients may be shown to be an efficient model of care for targeting those older patients who potentially incur greater expenses to the health care system. This focused team may be

deployed to primary care communities with complex elderly patients in need of geriatricians and geriatric social workers, and may reduce unnecessary emergency room visits and in-patient stays.

#### ORAL FRAILTY IS ASSOCIATED WITH MULTIFACETED FRAILTY IN ELDERLY OUTPATIENTS AT COMMUNITY DENTAL CLINICS

Misa Nishimoto,<sup>1</sup> Tomoki Tanaka,<sup>2</sup> Yutaka Watanabe,<sup>3</sup> Hirohiko Hirano,<sup>3</sup> Takeshi Kikutani,<sup>4</sup> Tetsuro Sato,<sup>5</sup> Kazuko Nakajo,<sup>6</sup> and Katsuya Iijima<sup>1</sup>, 1. *Institute of Gerontology, The University of Tokyo, Tokyo, Japan*, 2. *Institute of Gerontology, The University of Tokyo, Japan, Tokyo, Japan*, 3. *Tokyo Metropolitan Institute of Gerontology, Tokyo, Japan*, 4. *Division of Clinical Oral Rehabilitation, Nippon Dental University Graduate School of Life Dentistry at Tokyo, Tokyo, Japan*, 5. *Kanagawa Dental Association, Kanagawa, Japan*, 6. *Kanagawa Prefectural Government, Japan, Kanagawa, Japan*

**Aim** For achieving healthy aging, frailty prevention is essential. Because it is reported that accumulated declines in multiple oral functions (i.e. oral frailty) could lead to frailty progression, detailed countermeasures for oral frailty are currently required. However, dentists of community dental clinics don't even know a prevalence of oral frailty among outpatients. Thus, we aimed to identify the prevalence of oral frailty and to examine the association with frailty in outpatients at community dental clinics. **Methods** The subjects were elderly outpatients at dental clinics in Kanagawa, Japan. Frailty was assessed using the Kihon checklists (KCL); those with  $\geq 8$  KCL score were classified as frailty. Furthermore, multiple functions (physical, nutrition, and oral) were assessed using subscale of the KCL. Oral frailty was defined as  $\geq 3$  deteriorations out of 5 oral status (remaining teeth, chewing ability, articulatory oral motor skill, subjective difficulties in eating and swallowing). **Results** Of 1,699 outpatients (mean age,  $75 \pm 6.3$  years old; 40% men), 12% were frailty and 21% were oral frailty. When adjusted by confounding factors such as age and sex, those with oral frailty were associated with higher prevalence of frailty (OR, 3.25; 95%CI, 2.34-4.53), decreased physical and oral functions (OR, 1.53; 95%CI, 1.07-2.16; OR, 8.14; 95%CI, 6.05-10.95, respectively). **Conclusions** Oral frailty was associated with multi-faceted frailty in outpatients at community dental clinics. In addition to the importance of maintenance of whole oral functions including treating teeth, our findings suggest that it is also indispensable to consider the multi-faceted frailty for elderly patients.

#### LIFE SATISFACTION AND SELF-PERCEPTION OF AGING IN CONTRIBUTING TO SUCCESSFUL AGING IN A CHINESE CONTEXT

Sunny H.W. Chan,<sup>1</sup> Yao Pan,<sup>2</sup> Yuebin Xu,<sup>2</sup> and Ka Ching Yeung<sup>3</sup>, 1. *The Hong Kong Polytechnic University, Hong Kong, Hong Kong*, 2. *Beijing Normal University, Beijing, China*, 3. *The University of Hong Kong, Hong Kong, Hong Kong*

Research indicated that life satisfaction and a positive self-perception of aging are vital during the aging process which contribute significantly to successful aging. Discovering the underlying determinants should provide a novel insight into

the mechanism involved in achieving successful aging. A representative random sample of 2161 Chinese older people aged 60 years or above was surveyed by face-to-face interview. Sociodemographic factors were measured by age and educational level. Physical functioning was identified in terms of self-perceived health, basic and instrumental activities of daily living, and number of chronic illnesses. Social functioning was characterized in terms of number of people living together, social support network, and sense of loneliness. Hierarchical multiple linear regressions were performed to identify significant determinants of life satisfaction and self-perception of aging. Results showed that people in older age with lower educational level had a higher level of life satisfaction; whereas people in younger age with higher educational level had a more positive self-perception of aging. Moreover, social functioning took precedence over physical functioning in contributing to life satisfaction. In contrast, physical functioning outweighed social functioning in promoting a positive self-perception of aging. A sense of companionship and a supportive social network are imperative in enhancing life satisfaction, whereas perceived physical health and functional independence are essential in facilitating a positive self-perception of aging. This study provides empirical support to improve understanding of the primary mechanism of achieving successful aging. It also lays important groundwork for future tailored-made interventions for promoting successful aging in a Chinese context.

#### THE IMPACT OF SOCIOECONOMIC STATUS ON AGE TRAJECTORY OF BODY MASS INDEX AMONG MIDDLE-AGED AND OLDER ADULTS

YU-CHUN LIN,<sup>1</sup> and YU-HUNG CHANG<sup>2</sup>, 1. *China Medical University Hospital, Taichung, Taiwan*, 2. *China Medical University, Taichung City, Taiwan*

Body weight tends to decrease along with age. Weight loss and low body mass index (BMI) in the elderly, associated with socioeconomic status, are both strong predictors of subsequent mortality. This study aims to investigate the relation between income and BMI changes in later life. We used data from the Taiwan Longitudinal Study in Aging (TLSA) from 1999 to 2007. There were 5,131 participants aged 50 and over, who were excluded for those without primary study variables. Income was evaluated by asking the amount of annual income, including salary, pension, rent, interest, welfare benefit, etc. Participants' BMI were assessed in each survey. General estimating equation models were performed to examine the association between age, annual income, and their interaction with BMI adjusting for covariates including sex, education, marital status, smoking, exercise frequency, appetite, and number of comorbidities. Totaling 11,350 person-times was in three follow-up surveys, which left 9,723 person-times of observations after exclusion. After adjusted for covariates, the low income group compared to the higher income, would have higher estimated BMI at age of 50 (BMI= 24.75 kg/m<sup>2</sup> and 24.19 kg/m<sup>2</sup> respectively), and more rapid reduction (-0.08 kg/m<sup>2</sup> per year), while relatively stable BMI was found in higher income group (0.01 kg/m<sup>2</sup> per year, slope difference= 0.10 kg/m<sup>2</sup> per year, 95% confidence interval [CI] = 0.03-0.17). In conclusion, compared to invariable BMI observed among individuals with higher financial status, the economically disadvantaged experienced BMI decline with age among middle-aged and older adults.

#### LIFE HABITS AND LIPID PEROXIDATION OF WOMEN OVER 40 YEARS OLD

Renata F. Oliveira,<sup>1</sup> Maria Mota,<sup>2</sup> Jorge Soares,<sup>2</sup> Zirlene Santos,<sup>2</sup> Bianca Rosa,<sup>3</sup> Caroline Santana,<sup>3</sup> Dalton Pessoa-Filho,<sup>4</sup> and Cassiano M. Neiva<sup>4</sup>, 1. *Universidade de Trás-os-Montes e Alto Douro, Vila Real, Portugal, Portugal*, 2. *UTAD, Vila Real, Portugal, Portugal*, 3. *UNIFENAS, Divinópolis, Minas Gerais, Brazil*, 4. *UNESP, Bauru, São Paulo, Brazil*

Oxidative stress is involved in degenerative processes, aging, and diseases. Lifestyle can be change oxidative stress. One of reactive oxygen species targets is polyunsaturated fatty acid, an important cellular membrane component. The aim of this study is to analyse the contribute of lifestyle in lipid peroxidation in over fourty years old women. Were included 60 women which age ranged between 41 and 82 years old (53.3 ± 9.1 years). Lifestyle were explored doing a food frequency questionnaire, Perceptive Stress Scale (PSS) and International Physical Activity Questionnaire (IPAQ). The functional capacity was determinate by 6-min walking test (cardiorespiratory capacity) and Squat-jump (leg strength and power). Parameters of oxidative stress were determinate from plasma during fasting, lipid peroxidation was evaluated by TBARS, and antioxidant capacity was evaluated by catalase activity and ABTS. Spearman correlation and Multiple Linear Regression model, through Stepwise method, considering TBARS as dependent variable, and age, weight, body mass index, waist circumference, stress perception, physical activity level, total antioxidant capacity, catalase activity, cardiorespiratory capacity, leg strength and power, daily caloric intake, daily fruit, vegetables, coffee/tea, vitamin E and alcohol intake, as independent variable, was performed. Negative correlations were obtained between TBARS and cardiorespiratory capacity ( $r = -0.35$ ;  $p = 0.026$ ) and between TBARS and ABTS ( $r = -0.33$ ;  $p = 0.038$ ). Total antioxidant capacity was the model's first variable ( $F = 5.50$ ;  $p = 0.013$ ), explaining 15.3% of TBARS, then cardiorespiratory capacity ( $F = 5.50$ ;  $p = 0.047$ ), explaining 10.5% of TBARS. The results revealed total antioxidant capacity and cardiorespiratory capacity as predictors to lipid peroxidation damage.

#### INDIRECT EFFECT OF PARTICIPATION ON THE ASSOCIATION BETWEEN FUNCTIONAL VISION AND SELF-RATED HEALTH OF OLDER ADULTS

Bernard A. Steinman,<sup>1</sup> and Casandra Mittlieder<sup>1</sup>, 1. *University of Wyoming, Laramie, Wyoming, United States*

Older adults with visual impairments experience barriers to participation that could impact their own health and wellbeing. Participation limitations that are associated with poor vision and unsupportive environments have been associated with objective health outcomes, including chronic disease and secondary outcomes such as fall injuries. In this study, we assessed the association between functional vision impairment and self-rated health (SRH). We also tested the mediating role of participation in that relationship. We conducted analysis with covariates representing six domains included in the International Classification of Functioning, Disability, and Health (ICF). We computed ordinal logistic regression models using two waves (2011 and 2016) of the National Health and Aging Trends Study (NHATS). Vision status was assessed via self-reported measures of visual