maintaining brain homeostasis and provide new insights into AD pathogenesis and drug discovery.

**FACTORS INFLUENCING HEALTH BEHAVIORS OF KOREAN OLDER ADULTS WITH CORONARY ARTERY DISEASE**

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Purpose: The purpose of this study was to examine the effects of disease-related knowledge, depression, and family support on health behaviors of older patients with coronary artery disease. Methods: The subjects were 139 older patients with coronary artery disease who had visited the internal medicine outpatient clinic at one general hospital located in metropolitan city B, Korea. A set of self-reported questionnaire was administered to assess general characteristics, disease-related knowledge, depression, family support, and health behaviors of the subjects. Collected data was analyzed using descriptive statistics, t-tests, one-way ANOVA, Pearson correlation coefficients, and multiple regression. Results: The mean (±SD) age of the subjects was 70.86 (±4.70) years. Health behaviors of the subjects had significant negative correlations with disease-related knowledge (r=-.17, p=.050) and depression (r=-.32, p<.001) while having a significant positive correlation with family support (r=.67, p<.001). In the final multiple regression analysis, factors influencing health behaviors of subjects were medication intake status (β=-.17, p=.009), depression (β=-.15, p=.017) and family support (β=.61, p<.001). The explanatory power of the subjects’ medication intake status, disease-related knowledge, depression and family support on health behaviors was 48.9% (F=33.97, p<.001). Conclusion: Medication intake status, depression, and family support had significant influences on health behaviors of older patients with coronary artery disease. Improvements in medication intake, depression, and family support for older patients with coronary artery disease may be beneficial for their health behaviors, and ultimately, have a positive effect on their recovery from the disease and well-being.

**DEPENDENT INDEPENDENCE: REFRAMING AGING AND CAREGIVING AFTER CHINA’S ONE-CHILD POLICY**

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Global aging has led to substantive demands for caregiving. In China, the country’s birth control policy and recent economic downturn have exacerbated the situation. Given the decreasing care they have received, older Chinese online users 65-74 years of age from single-child families, however, have demonstrated more positive attitudes than negative ones—expressing satisfaction and speaking highly of their adult children’s filial care. Why older Chinese come to appreciate their adult children’s filial performance? Building upon the concept of “regeneration” (Cole and Durham, 2007), I propose the term “dependent independence” to highlight the mutually constitutive parent-adult children relations in China’s single-child families. Employing a relational approach to aging and care in China, I analyze online posts from China’s most populous information-sharing platform, Zhihu. As the major cause of the care crisis in China, the One-Child Policy, I argue, creates the solution at the same time by modernizing Chinese families such that new care values and preference, specifically affective bonds and independence, have become dominant. I first demonstrate that this sample of older Chinese adults have shifted care preferences from physical support to affective bonds. I then analyze their reformulation of care values from servility to older adults to adult children’s independence and individual success. Revealing the changing values and preference of caregiving and family relations in China, this paper reminds us of what kind of future we aspire to, and what kind of values we cling to no matter as an adult child or an older adult.

**HOW A RURAL COMMUNITY ADAPTS TO AN AGING POPULATION USING AN ALLIANCE**

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Older adult populations in rural America are growing more rapidly than ever before, but most do not have the facilities and resources to support the growth. Good health and quality of life are the driving forces in these communities. However, they need assistance in restructuring their support for older adult services and education, housing, social engagement opportunities, and care for aging-in-place. Summit County Utah is a federated recognized rural community and may act as a functioning model for recognizing and addressing these aging issues for other rural areas within the United States. The Summit County Aging Alliance (SCAA) is a unique union of multiple federal, state and local agencies and, concerned and influential citizens who are helping to create the programs and services needed such as the submission of grants, the reassessment of the senior center, the creation of open communication between county and city politicians, connection of locals with key stakeholders, and growth to geriatric medicine in the area. SCAA is one of the five priorities of the Summit County Health Department Mental Wellness Alliance. SCAA focuses on the issues that are crucial for an older adult to sustain a healthy lifestyle in a rural community.

**TELLING THE STORY OF ADULT PROTECTIVE SERVICES: CALIFORNIA’S IDENTIFICATION, SERVICES, AND OUTCOMES MATRIX**

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Adult Protective Services (APS) is responsible for investigating reports of abuse, exploitation, and neglect among vulnerable adults. California’s APS program...
Sarcopenia has been recognized as a progressive and generalized skeletal muscle disorder leading to loss of strength, muscle mass, and function. It is associated with an increased likelihood of adverse outcomes like falls, fractures, physical disability, and mortality. International consensus groups continue providing new definitions and clinical cut-off points despite over a decade of work in this area. Thus, the purpose of this research was to determine the prevalence of sarcopenia using two of the most current operational definitions (Foundation of NIH Sarcopenia Project (FNHI) and the European Working Group on Sarcopenia in Older Persons 2 (EWGSOP2)). Our cohort of acutely hospitalized older adults was formed from combining data from two randomized controlled trials and one cross-sectional observational study. Testing during hospitalization included measures of: demographics, body composition (DEXA), physical function tests, psychological wellbeing and independence questionnaires, and chart review. These were used to analyze the cohort according to three main groupings of low physical performance, low muscle strength, and low lean mass. We compared multiple tests and cutoffs for each of the three groupings under the FNHI and EWGSOP2 definitions, which varied 3% for low lean mass up to 48% for tests of low physical performance. After examining the efficacy of each cutoff, we evaluated the differences between FNHI and EWGSOP2. In our cohort, the prevalence of sarcopenia was 15.79% by EWGSOP2 and 13.59% by FNHI. The groupings within FNHI and EWGSOP2 were found to be near identical across almost all measures despite the definitions’ discrepancies in cutoff points.

A TELEHEALTH DELIRIUM COACHING INTERVENTION FOR FAMILY CAREGIVERS OF OLDER ADULTS WITH ALZHEIMER’S DISEASE
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The purpose of this study is to develop and evaluate the feasibility of a telehealth coaching intervention for delirium prevention among family caregivers (FCs) of community-dwelling older adults with dementia. This study used an explanatory mixed methods design in which survey data was augmented with semi-structured interviews. A purposive sample of 20 older adult dyads participated. The intervention consisted of 6-weeks of telephone coaching sessions. FCs conducted daily delirium assessments. We employed correlations and GLM to investigate the relationships between variables and the outcomes. Results: The model showed a statistically significant positive correlation between the Human Connection Scale and the SF-36 pretest domain of physical health (r=.47, p=.04). There were statistically significant positive correlations between the Human Connection Scale and the SF-36 posttest domains of physical functioning (r=.54, p=.014) and general health (r=.76, p<.001). There were a small positive changes in mean scores on each domain between the pre- and post-test scores on the SF-36. The most impressive findings came from FCs identification of delirium using the FAM-CAM. These participants had no history of delirium but 6 of 20 (30%) reported at least one episode of delirium. The qualitative data revealed that FGs found weekly coaching sessions beneficial and supportive. The results suggests that the intervention has a meaningful impact on how we assess delirium in the community and warrants further study.

ANGIOTENSIN (1-7) EXPRESSING LACTOBACILLUS DOSE-DEPENDENTLY BENEFITS THE GUT-BRAIN AXIS IN AGED RATS
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Aging is associated with gut dysbiosis – a condition linked with altered central nervous system function (i.e. the “gut-brain axis”). Age-related health benefits have been ascribed to the renin-angiotensin system (RAS), mediated partially via the angiotensin (1-7) or Ang(1-7) axis. This pre-clinical study explored dosing of a genetically modified probiotic expressing Ang(1-7) – which we previously showed to induce dose-dependent increases in circulating Ang(1-7) – in modulating the gut-brain axis. Twenty-nine male F344BN rats were randomized at 24 months of age to receive oral gavage of Ang(1-7) Lactobacillus paracasei (LP) zero (control), one, three, or seven times/week over 28 days. At day 29, samples of feces, serum and pre-frontal cortex (PFC) were collected. Microbiome taxonomic analysis of fecal samples was performed via 16S-based PCR. Serum samples were analyzed for...