lower quality of life (QoL) and the fear of falling (FoF). The most commonly used frailty criteria is the Fried Phenotype, which solely focuses on physical dimension of frailty. This study aims to evaluate the three-dimensional frailty index (namely, physical, psychological and social), and its association with QoL and FoF in a sample of community-dwelling Taiwanese older people. Methods. A total of 751 older adults aged 65 years and older (mean age 73.69 yrs; SD=6.6) were included from May 2019 to Jan 2020 in Taipei City. The 8-Item Short-Form Health and the Falls Efficacy Scare International (FES-I) were used. Structural equation models (SEM) were employed to examine the association of the three-dimensional frailty index with QoL and FoF. Results. The SEM results confirmed a three-dimensional frailty index (physical, psychological and social frailty), and it is significantly associated with QoL and FoF. Physical frailty had the strongest association with PCS and FES-I, yet social frailty with MCS. Conclusion. Public health efforts to prevent elder frailty should not solely focusing on physical aspect of frailty.

THE OKLAHOMA FALLS PREVENTION PROGRAM TARGETING RURAL COMMUNITY-DWELLING OLDER ADULTS
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The Oklahoma Healthy Aging Initiative is a statewide health promotion program for older adults based at the University of Oklahoma. Seven staff educators and 32 volunteers delivered 2 community-based fall prevention programs, Staying Active and Independent for Life (SAIL) and Tai Chi Quan: Moving for Better Balance (TCBB) to 763 older Oklahomans in 71 sites across the state over 9 months. For both programs, twenty-four 60-90 minute classes were delivered over 12 weeks with pre and post assessments completed at the first and last class, respectively. Two hundred ninety eight participants (39%) completed at least 75% of class sessions and to date 140 completed a posttest evaluation and were included in the evaluation. Participants were mostly older (87% ≥60 years), female (86%), college educated (45%), white (87%), and most participated in TCBB (89%). Participants improved in 2 physical performance measures: mean 30-second chair stands increased from 11.5 (SD3.8) to 13.1 (SD3.4) stands (p<0.0001); and mean timed up and go time decreased from 10.0 (SD2.9) to 9.4 (SD2.9) seconds (p=0.004). More participants reported vigorous or moderate activity at least 3 times per week after program completion, 134 (96%) vs. 114 (81%), p=0.0001. There was no difference in measures of global health, satisfaction with social roles and activities, or companionship with participant mean scores near the upper range of these scales at baseline. Older Oklahomans participating in community-based exercise report good overall health and report high social connection. Future efforts will focus on more socially isolated older adults and diverse communities.

THE ROLE OF FUNCTIONAL RISK AND FEAR OF FALLING IN OLDER ADULTS’ EVERYDAY WALKING ACTIVITY
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Some persons have low functional risk (FR) but also high levels of fear of falling (FOF), in some it may be the exact opposite; in others, FOF matches actual functional risk. In order to characterise older persons in this respect, Delbaere et al. (2010) defined four groups: ‘vigorous’ (low FR/FOF), ‘anxious’ (low FR/high FOF), ‘stoic’ (high FR/low FOF), and ‘aware’ (high FR/FOF). We examined how the proposed group model translates into actual walking behaviour and explored whether group differences in walking occur due to FR level rather than the amount of FOF. Group allocation of N=294 participants was determined based on previously published cut-offs for FR (high vs. low Timed Up-and-Go) and FOF (high vs. low Short Falls-Efficacy Scale International). Walking activity was operationalised as mean number of steps per day over one week, assessed using ‘activPAL4™ micro’ accelerometers. Number of steps in the four groups were 6,335 (‘vigorous’), 5,782 (‘anxious’), 4,851 (‘stoic’), and 4,627 (‘aware’). Linear regression results showed that in the two low FR groups, those with high FOF did not differ significantly from the reference group with low FOF (anxious - vigorous: B=−1097.1 steps, p=.068), however, the two groups with high FR showed a significantly different number of steps than the ‘vigorous’ group, irrespective of their FOF (aware-vigorous: B=−1536.1 steps, p=.002; stoic-vigorous: B=−1314.8 steps, p=.005). This means that FR outperformed FOF in their association with walking behaviour, i.e., participants can be better separated in their daily walking behaviour by FR than by FOF.

THE ROLE OF GENDER IN THE TRANSITION TO DRIVING CESSION IN PERSONS WITH DEMENTIA
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Driving often provides a sense of independence, quality of life and emotional wellbeing. For older adults living with dementia, driving cessation eventually becomes inevitable. Driving cessation has been shown to negatively impact older adults’ mobility and, consequently, quality of life. Caregivers of persons with dementia (PWD) who have ceased driving are also impacted as they often become responsible for meeting the mobility needs of PWD and they provide emotional support in respect to this significant life transition.
To date, there is little information on the role of gender in the transition to driving cessation in PWD. The purpose of this study was to examine the role that gender plays among drivers and ex-drivers with dementia from the perspectives of PWD, their caregivers, and healthcare practitioners. Secondary thematic analyses were conducted from a pre-existing sample of persons with dementia (N=10), family caregivers (N=13), and healthcare practitioners (N=6) who participated in interviews and focus groups about their experiences around driving cessation in the context of dementia. Data analyses involved an inductive thematic technique that allowed for generating themes. The main themes identified gender differences as a significant factor in: (1) difficulty accepting driving cessation (2) driving as it is tied to identity, (3) emotional responses to driving cessation, (4) driving as part of the caregiving role. The findings suggest that there is a need for tailored interventions for men and women who lose their ability to drive, in addressing their unique emotional responses and in supporting them through this important life transition.

**TRENDS IN DISABILITY AMONG ADULTS 55-64 IN THE UNITED STATES AND ENGLAND FROM 2002 TO 2016**

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The paper’s goal is to assess whether and, if so, the extent to which prevalence in disability of adults near retirement ages in the US increased over time compared to their peers in England and examine income group differences in the relative trends. This study uses 2002-2016 Health and Retirement Study (HRS) and English Longitudinal Study of Ageing (ELSA) focusing on adults aged 55-64. Annual percent changes over the period of 2002-2016 for limitations in instrumental activities of daily living (IADL) and activities of daily living (ADL) are estimated for each survey (HRS and ELSA) using multivariable logistic regressions to adjust for individual-level characteristics. While disability prevalence of adults ages 55-64 in England improved over the years of 2002-2016 (annual % change = -2.01 for IADL; -2.53 for ADL), disability prevalence of US adults has not improved and in fact even worsened in terms of IADL (annual % change= +1.35). There are substantial variations in the IADL/ADL trends by income groups. In the US, the adverse trends in disability were more pronounced among the lowest income groups (annual % change in IADL=1.76 for bottom 20% vs. -2.08 for top 20%; annual % change in ADL=1.08 for bottom 20% vs. -2.08 for top 20%). In England, the disability status improved over time for all but the lowest income group. We will examine further to identify specific factors contributing to divergent/convergent trends in disability between the US and England.

**USE OF SITTIERS FOR PATIENT SAFETY IN A VETERAN POPULATION**

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Patient safety including falls risk, is a high priority and an increasing challenge for all health care facilities. Safety risk factors include both physical factors and psychological factors. One common strategy to increase safety has been the use of “sitters.” Studies on functions and outcomes are conflicting some have reported no differences in falls, decreases in falls and restraints, and increases in falls. A total survey sample of 22 “sitters” and 56 registered nurses conducted at a large midwestern VA facility to assess perceptions of sitters. Groups were similar in ages (41-50 years) with sitters having slightly more experience (11-20 years) versus nurses (6-10 years). Safety conditions most likely to be identified with sitter usage were delirium, elopement, and being a hospice patient. Sitters were more likely to identify falls risk, sitters 63% of time versus RN perception 30.9% (Chi Square=7.0, df=1, p=.008); dementia 59% vs 13% (Chi square=17.15, df=1, p=.001) and weakness 66.7% vs 18.2% (Chi square=16.54, df=1, p=.001). Sitters were more likely to have training in delirium 55% vs nurses, 34% (Chi sq=2.557, df=1 p=.11). Nurses identified that the use of sitters were very likely to prevent falls 29.8%, calm patients 25.2%, maintain lines 25.2%, prevent elopement 30.5% and redirect patients 29.7%. Nurses identified the following available safety strategies: alarms (67.2%), adjusting assignment (47.2%), music therapy (5.4%), use of restraints (<2%), pet therapy (<2%), and video monitoring (<1%). Implementation of safety programs must address availability of multiple strategies including; matching sitter competencies with patient populations served.

**SESSION 2935 (POSTER)**

**MENTAL AND PSYCHOLOGICAL HEALTH**

**AFFECTIVE RESPONSE DURING A SORTING TASK FOR GERIATRIC HOARDING**

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Previous research suggests older adults with hoarding disorder are more likely to express non-fear-based emotions when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting. The purpose of this study was to examine the emotions expressed by eight rural-dwelling older adults with hoarding disorder when sorting and discarding possessions. The study took place in participants’ homes and involved a 15-minute behavioral sorting task where participants were asked to sort through personal items and make a decision when sorting.

For the four participants who did complete the task, an average of 53 items were sorted and an average of 24 items of a desire to discard objects (e.g., “I want to keep it all”). For the four participants who did complete the task, an average of 53 items were sorted and an average of 24 items of a desire to discard objects (e.g., “I want to keep it all”). For the four participants who did complete the task, an average of 53 items were sorted and an average of 24 items of a desire to discard objects (e.g., “I want to keep it all”). For the four participants who did complete the task, an average of 53 items were sorted and an average of 24 items of a desire to discard objects (e.g., “I want to keep it all”). For the four participants who did complete the task, an average of 53 items were sorted and an average of 24 items of a desire to discard objects (e.g., “I want to keep it all”). For the four participants who did complete the task, an average of 53 items were sorted and an average of 24 items of a desire to discard objects (e.g., “I want to keep it all”). For the four participants who did complete the task, an average of 53 items were sorted and an average of 24 items of a desire to discard objects (e.g., “I want to keep it all”). For the four participants who did complete the task, an average of 53 items were sorted and an average of 24 items of a desire to discard objects (e.g., “I want to keep it all”).