Frailty is a state of heightened vulnerability due to the cumulative declines across multiple physiological systems. Growing attention is given to identifying social environmental factors associated with the risk of frailty. It is not yet known how different aspects of social relationships (structure and quality) are linked to frailty, and whether the strength and directions of links may differ by relationship types. Current study aims to 1) to identify sub-populations that follows distinctive trajectory of frailty and 2) to examine the multidimensional social relationship predictors of frailty trajectory. Data came from six waves of the Health and Retirement Study (2006-2016). Sample was older adults aged over 65 (n = 8,892; Mage = 74, SD = 6.96). Frailty index was created using 32 items each wave. Network size, frequency of contact, support, and strain with each relationship type (spouse, children, family, friends) was measured at baseline. Growth mixture model identified three distinctive subpopulations of older adults who share similar frailty trajectory, namely the average, high, and steep increase frailty group. Multinomial logistic regression results showed that frequent contact with friends were associated with lesser frailty. Perceived strain with the spouse, children, and family members all had additive influence on the membership to the higher or steep increase frailty group, compared to the average frailty group. Total network size or perceived support from ties were not significant factors for frailty progression. Interventions can target friendships and stress with kin members as modifiable factors to reduce the risk of frailty progression.

SYSTEMS BIOLOGY OF HUMAN AGING - NETWORK MODEL 2019
John D. Furer,1, 1. Legendary Pharmaceuticals, Gainesville, Florida, United States

This network schema is presented to aid in conceptualizing the many processes of aging, the causal chains of events, and the interactions among them, including feedback and vicious cycles. Contemplation of this network suggests promising intervention points for therapy development. This diagram is maintained on the Web as a reference for researchers and students. Content is updated as new information comes to light. www.LegendaryPharma.com/chartbg.html At first glance the network looks like a complicated web. However, as a conceptual summary, in one view, we can see how the many biogerontological processes relate to each other. Importantly, examination of these relationships allows us to pick out reasonably plausible causal chains of events. Within these chains, we can see age-related changes or accumulations that appear to be promising targets for future therapy development. Especially harmful is damage to the body’s regeneration and repair systems, because they normally repair damage to other structures and systems. The many observable signs of human senescence have been hypothesized by various researchers to result from several primary causes. Inspection of the biochemical and physiological pathways associated with age-related changes and with the hypothesized causes reveals several parallel cascades of events that involve several important interactions and feedback loops. This network model includes both intracellular and extracellular processes. It ranges in scale from the molecular to the whole-body level. Effects due to externalities, lifestyle, environment, and proposed interventions are highlighted around the margins of the network.

BUILDING H.O.U.S.E. (HEALTHY OUTCOMES USING A SUPPORTIVE ENVIRONMENT) FOR LGBTQ OLDER ADULTS
Amy Rosenwohl-Mack,1 Matt Beld,2 Meredith Greene,3 Karyn Skultety,4 Leslie Dubbin,3 Madeline B. Deutsch,4 and Jason D. Flatt1, 1. University of California, San Francisco, San Francisco, California, United States, 2. Institute for Health & Aging, School of Nursing, University of California, San Francisco, San Francisco, California, United States, 3. School of Medicine, University of California, San Francisco, San Francisco, California, United States, 4. Openhouse, San Francisco, California, United States, 5. Department of Social & Behavioral Sciences, School of Nursing, University of California, San Francisco, San Francisco, California, United States, 6. Center of Excellence for Transgender Health, University of California, San Francisco, San Francisco, California, United States

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults face unique challenges in finding affordable, inclusive, and supportive housing. These challenges may be due to discrimination, income disparities, and higher rates of health problems compared to cisgender heterosexual seniors. To our knowledge, this is the first longitudinal study of the health and wellbeing of older adults who move into LGBTQ-welcoming, affordable senior housing. Participants completed a brief baseline survey at the time of their housing lottery application. Questions focused on physical, psychological, and social health and current health service use. We calculated descriptive statistics on health status at baseline. 184 participants completed the baseline survey, mean age was 68 years (SD 5.2), and nearly 75% reported an annual income under $30,000. Almost half reported a diagnosis of hypertension, 40% depression, 27% anxiety, and 25% HIV/AIDS. Around 70% reported their health as good to excellent, 21% fair, and 9% poor or very poor. However, 58% reported their physical activities were at least somewhat limited by their physical health, 43% reported difficulties with balance or walking, and 32% reported memory problems. Nearly 3% had been admitted into the hospital and 10% had visited the emergency room in the past 30 days. In terms of social wellbeing, 63% felt isolated from others at least some of the time. In summary, LGBTQ older adults seeking affordable senior housing report relatively good health, although they also experience functional and social difficulties. New forms of housing that are explicitly LGBTQ-welcoming may help address these health challenges.

CORRELATES OF MENTAL HEALTH PROBLEMS AMONG OLDER AFRICAN AMERICANS WITH CHRONIC ILLNESS
Eunkyung Yoon,1 and Susie Spence1, 1. Jackson State University, Jackson, Mississippi, United States

Prior epidemiologic studies have established that high rates of comorbidity of diabetes and depression is common. The aim of this study is to examine prevalence and correlates of mental health conditions among older African Americans with chronic health conditions The sample (n=1,399) from the first round of the NHATS includes older African Americans living in their community: 60% women, 35% married, 39% less than HS, 57% from the South. A two-way MANCOVA was conducted to determine the
QUALITY IMPROVEMENT IN DEMENTIA CARE:
EFFECTIVENESS OF IMPLEMENTING STAR-VA IN A VA COMMUNITY LIVING CENTER

Thomas Chacko,1 Kim Curyto,2 Marc Maller,3 and Connie Eddy1, 1. University at Buffalo, New York, United States, 2. Center for Integrated Healthcare, VA Western New York Healthcare System, Batavia, New York, United States, 3. VA Western NY Healthcare System, New York, United States

Staff Training in Assisted Living Residences adapted for Veterans Affairs (STAR-VA) is an evidence-based, interdisciplinary behavioral intervention to manage challenging Behavioral Symptoms of Dementia (BSD) at VA Community Living Centers (CLCs). Components of STAR-VA included creating realistic expectations for individuals with dementia, effective communication, using a behavioral problem-solving approach, and increasing resident-centered pleasant events. STAR-VA was implemented at VA Western New York CLC to help staff manage Veteran BSD. The purpose of the study was to examine the effectiveness of STAR-VA implementation in 17 CLC Veterans with Dementia who demonstrated BSD distressing to themselves, other Veterans and/or staff and documented in 2017-2018. STAR-VA was facilitated by the behavioral coordinator and nurse champion in partnership with the CLC behavior team during weekly rounds and as needed modeling and debriefing. The team included the medical provider, recreation therapist, social worker, and all levels of nursing. On average, the intervention involved four assessments over 75 days. Outcome measures at baseline and post-intervention included assessments of target behavior frequency and severity, direct care tracking of behaviors, and the Minimum Data Set distress behavior indicator. Compared to baseline scores, clinically meaningful reduction was documented using team assessment and direct care ratings of BSD frequency and severity, and overall inappropriate utilization of antipsychotic medication. CLC clinical staff tailored implementation of STAR-VA to be feasible and effective. Ongoing evaluation of STAR-VA implementation using routine measures promotes measurement based care, providing feedback to the team to improve care quality.

AGE DIFFERENCES IN THE CHARACTERISTICS AND HABITS OF 2019 BIKE WEEK ATTENDEES IN DAYTONA BEACH, FLORIDA

Felicia V. Wheaton,1 and Desmond Brown1, 1. Bethune-Cookman University, Daytona Beach, Florida, United States

Older adults are an important demographic group in the tourism sector, particularly in Florida. This study assessed age-group differences in the characteristics and habits of 2019 Daytona Bike Week attendees, as evidence indicates the average age of bike week visitors is rising. Aging Studies and Hospitality undergraduate students at Bethune-Cookman University interviewed 335 participants using Google Forms on their mobile phones. Results from chi-square tests indicate that there were significant differences between younger (20-39 years), middle-aged (40-59 years) and older adults (60+ years) in terms of gender and income, expenditures on accommodations, type of accommodations, nights spent, and first-time attendance. A greater percentage of older bike week attendees were male and higher income, and were less likely to be first-time attendees. Older adults also tended to spend

PROGRESSIVE CARE OF AN AGING WOMAN:
INTERACTIVE VIDEO SIMULATION CASES SPANNING 15 YEARS

Laurie M. Kennedy-Malone,1 Karen Amirsheh,2 Rachel Zimmer,3 and Joshua Borders4, 1. School of Nursing, UNCG, Greensboro, North Carolina, United States, 2. School of Nursing, UNCG, Greensboro, United States, 3. Sticht Center for Healthy Aging and Alzheimer’s Prevention, Winston-Salem, United States, 4. School of Nursing, UNCG, North Carolina, United States

As a means of enhancing experiential educational opportunities for adult-gerontology nurse practitioner students who are prepared to manage the complex care of older adults, interactive simulation videos were developed using the eLearning authoring tool HSP to create learning experiences for students that can be used either in face to face classroom experiences or embedded in learning management systems. HSP is a web-based authoring tool that helps faculty build interactive course content. HSP activities provide instant feedback to students, allowing them to self-assess their understanding of the dynamic video simulation case. With funding through the Health Resources and Service Administration Advanced Nursing Education Workforce grant, four video simulation cases were developed that address emerging chronic care conditions in an older women who aged 15 years presenting initially with signs of hypothyroidism, progressed to early frailty, through moderate dementia and eventually along with her daughter face end of life health care issues. Partnering with the university instructional design experts, nurse practitioner faculty created questions that were inserted throughout the video as a means of keeping students engaged in problem-solving and decision making. A faculty handbook that described the case scenario with the interactive questions with suggested discussion questions was developed for each video simulation. The adult-gerontology primary care nurse practitioner competencies addressed in each case are identified in the handbook. Recommendations for the interactive question format will be presented and QR codes with access to direct viewing of the videos will be presented on the poster.