Influenza persists as a common communicable disease and remains a significant cause of disease burden across the world. Despite preventative therapies, such as influenza vaccination to reduce its spread and transmission, influenza continues to be a source of morbidity and mortality, even in developed countries. For the population over the age of 65, the effects of influenza virus may be more severe when they are compounded by pre-existing conditions and reduced natural immune function. In light of plateauing vaccination rates, a scoping review was conducted to map the literature and determine why seniors aged 65 and above refuse or fail to receive seasonal influenza vaccination. Nine peer-reviewed academic databases covering both social sciences and medical research were searched, along with the grey literature. A total of 6,562 references were identified; after the screening process, 118 references were included in the final review. Thematic analysis focused on the broad areas that positively or negatively influence older adults’ decision-making regarding influenza vaccination, and this resulted in five main themes: (1) barriers to obtaining vaccination; (2) social factors; (3) personal characteristics; (4) individual subjectivity; and (5) direct clinical interventions. This review aims to identify gaps in knowledge and synthesize currently available information to make recommendations for future research, policy development and clinical practice. Increasing the vaccination rate among Canadian older adults will contribute to ongoing efforts to reduce the spread of the influenza virus among the population, reducing influenza-associated hospital admissions and deaths.

HUM ALONG WITH THE SILENT DISCO HEADPHONES: LESSONS LEARNED IN IMPLEMENTING THE HEADPHONE PROGRAM IN A HOSPITAL UNIT
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Silent disco headphones have been used among young people in concerts and parties; such headphones have extended distance coverage for broadcasting from a transmitter, features of noise cancelation, and three channels of music. Rather than using a speaker system, music is delivered by wireless headphones and facilitated by a DJ via a built-in microphone. No study has yet tested whether it is feasible to use such headphones to support well-being among older people in hospital settings. This study examined the feasibility of using silent disco headphones with older adults with dementia staying in a geriatric hospital unit. We employed a video-ethnographic design, including conversational interviews and observations, with video recording among ten patient participants in a hospital unit. Two focus groups were conducted with ten hospital staff across disciplines. Thematic analysis yielded three themes: (a) “it just made me feel happy,” (b) “it brings him back alive,” (c) “it unlocks dementia.” Delivering music and meditation programs via the silent disco headphones in the hospital unit has the potential to be a beneficial intervention that can enhance mood and energy, support self-expression, and promote wellness. Our findings suggested that witnessing the positive effects of headphones on patients changed the staff’s view of how music could be used in the clinical setting to support patients’ well-being. We identified enablers and barriers to implementing the headphone program in the hospital setting. Future research should further investigate how headphones may help to reduce stress and promote wellness for patients in the clinical environment.

OLDER ADULTS LIVING WITH FOOD INSECURITY: THE IMPACT ON PSYCHOLOGICAL HEALTH
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Food insecurity (FI) refers to inadequate access to nutritious foods, either in terms of quality or quantity. In older adults, FI is associated with functional impairment, isolation, financial vulnerability, lower quality of life, and poorer health (e.g., diabetes, cardiovascular disease; Fernandes, et al). The effects of FI on psychological health broadly, however, have not been well-documented among older adults. This study sought to examine the impact of FI severity on psychological health indices among older adults. Older adult clients of local food pantries completed self-report measures of FI severity, worry, internalized weight stigma, trauma history, and eating disorder (ED) symptoms/behaviors. Participants (N=124, aged 66+) included: 68.5% women, 67.7% Hispanic, 75.8% high school education, 51.0% household income < $10,000/year. Controlling for gender in all analyses, results indicated that FI severity predicted increased worry (p < .001, 21.9% variance), greater internalized weight stigma (p = .04, 3.9% variance), and a trend for increased risk for lifetime traumatic event exposure (OR = 1.4, 95% CI [.98, 2.01]). Regarding ED symptoms, male gender (OR = 6.60, 95% CI [1.96, 22.23]) and higher FI severity predicted risk for self-induced vomiting in the past month (OR = 2.5, 95% CI [1.15, 5.36]), risk for laxative/diuretic use for weight control (OR = 2.16, 95% CI [1.03, 4.32]), and greater dietary restraint (p < .001, 16.1% variance). Male gender was associated with higher risk for binge eating in the past month (OR = 3.19, 95% CI [1.10, 9.24]), while FI severity was not. Implications will be discussed.

PATIENT-REPORTED HEALTH OUTCOMES AMONG OLDER ADULTS UNDERGOING TOTAL KNEE ARTHROPLASTY
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Backgrounds Total knee arthroplasty (TKA) is a remedy treatment for severe knee osteoarthritis; yet, postoperative outcomes vary. Preoperative patients’ expectations to functional abilities are important factors influencing postoperative outcomes and satisfaction. Objectives To
investigate the association among preoperative patients’ expectations, post-operative functional abilities, and satisfaction to functional abilities among older adults undergoing TKA at 6-week after surgery. Methods Participants were 97 older adults who purposely selected based on the inclusion criteria. The data were collected at preoperative and postoperative TKA by using the Hospital for Special Surgery Knee Replacement Expectations Survey and the Knee and Osteoarthritis Outcome Score - function in daily living. The data analysis was performed by using descriptive statistics, paired t-test, and Pearson product moment correlation coefficient. Results Before surgery, patients’ expectations to postoperative functional abilities had a high level with the total mean score of 70.21 (SD = 13.86). At 6-week after surgery, the overall functional ability had a significant improvement (t = -9.229, p = .000). Satisfaction to functional ability also had a high level (Mean ± SD = 71.15 ± 14.73). Patients’ expectations to functional abilities had a significantly low positive correlation to postoperative functional ability and satisfaction (r = .273, p < .05; r = .292, p < .01, respectively). A significant moderate positive correlation between functional abilities and satisfaction to functional abilities was observed (r = .603, p < .01). Conclusion Understanding of expectations may be beneficial in gaining knowledge, paving expectations on possible outcomes, and enhancing the quality of care for these populations.

SOCIAL DETERMINANTS OF UNMET HEALTHCARE NEEDS: COMPARISON BETWEEN MIDDLE-AGED AND OLDER PEOPLE

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This study aims to 1) examine unmet healthcare needs by age groups and 2) compare the social determinants of unmet healthcare needs between older and middle-aged people in Korea. This study employed a nationally representative dataset of the 2017 Healthcare Service Experience Survey in Korea. Unmet healthcare needs consisted of three categories by healthcare type: 1) clinic visitation, 2) treatment, and 3) medication. Independent variables include demographic, socioeconomic, and health status. Logistic regression models were estimated to reveal the social determinants of unmet healthcare needs of older (age≥65; N=2,178) and middle-aged (age 40–64; N=5,062) people. There was a positive gradient of unmet healthcare needs prevalence by age group, having the highest prevalence among older people (10.8%). While older people living alone were 1.70 times more likely to report any of unmet healthcare needs, there was no significant relationship between the two among middle-aged people. In addition, the effect of chronic disease morbidity on the probability of unmet healthcare needs was stronger among older people than it is among middle-aged people (OR=3.50 and 2.90, respectively). In contrast, the effect of household income was weaker than it is among middle-aged people (OR=1.73 and 2.95, respectively). The gradient of unmet healthcare needs by age group asks gerontologists and public healthcare scholars to focus on older people regarding unmet healthcare needs. Also, the difference between middle-aged and older people on social determinants of unmet healthcare needs implies different psychosocial pathways of unmet healthcare needs between the two age groups.

SUBJECTIVE AND FUNCTIONAL HEALTH LITERACY SCREENING IN GERIATRIC PRIMARY CARE

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The aim of the current study is to provide comprehensive health care to older adults by assessing physical and mental health in a geriatric primary care setting, including evaluation of both subjective and functional health literacy. Health literacy is vital to understanding medical information and making subsequent decisions based on this information. Knowledge of patient health literacy may be particularly important for care providers, as it can provide guidance on how to best communicate with the patient (Nouri & Rudd, 2015). It may be particularly important to monitor health literacy within older adults, as several studies (e.g., Kobayashi et al., 2015) have shown that health literacy decreases with mild cognitive impairment. Approximately 250 patients (mean age = 76; 74% female; 16% African American) attending an interdisciplinary geriatrics clinic in West Alabama have been recruited to take part in a variety of behavioral health screenings. The current study assessed subjective health literacy using questions developed by Chew, Bradley, and Boyko (2004) and functional health literacy using the Newest Vital Sign (Weiss et al., 2005). While there was a significant correlation between subjective and functional health literacy (r = .43, p < .001), 81% of patients reported adequate subjective health literacy, while only 41% demonstrated adequate health literacy on a functional screening measure. Based on these findings, self-reported health literacy may not necessarily be reflective of performance on more functional measures. Given the potential consequences of overestimating health literacy, this represents a serious barrier to patient care.

THE ASSOCIATION BETWEEN OBESITY AND LONG-TERM COGNITIVE PERFORMANCE IN MIDDLE-AGED AND OLDER ADULTS

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Obesity is a growing epidemic in the United States and has been associated with negative health outcomes such as cardiovascular disease and diabetes. However, an obesity paradox has emerged which suggests that the effects of obesity may vary by age, with older adults potentially seeing a protective effect of obesity. This study examined the effects of overweight and obese status on cognitive performance at baseline and follow-up. It was hypothesized that obese middle-aged adults would perform worse than normal weight peers, but that reverse would be observed in older adults. Data from 701 participants in the Midlife in the United States study were included. Body mass index (BMI) and waist circumference were employed as measures of obesity. Z-scores for executive function, memory, and global cognition were used to quantify cognitive performance. While obese participants tended to perform worse on average than normal weight individuals there were no significant differences in