associated with weaker grip strength and slower walking speed, even after adjusting for age, gender, BMI and blood pressure. Further dissection of the pathway revealed the accumulation of 3-hydroxykynurenine, a cytotoxic and neurotoxic intermediate from the kynurenine pathway, with frailty. The increased levels of cytotoxic and neurotoxic molecules in this pathway may in part explain the link between inflammation and cognitive and physical decline in frailty.

ASSOCIATION BETWEEN GERIATRIC HOME VISIT AND EMERGENCY ROOM OR HOSPITAL UTILIZATION: A RETROSPECTIVE STUDY

Xin Zhang,1 and Paul Takahashi,2,1 Mayo Clinic, Rochester, Minnesota, United States

Homebound older adults tend to have more medical comorbidities, higher risk of mortality, and higher healthcare utilization compared to non-homebound, community dwelling older adults in the U.S. Preventative primary care home visit have been shown to reduce hospitalizations and total healthcare costs in this population. Through a retrospective study, we aim to explore characteristics associated with ED and hospital utilization in patients who have received a home visit. A total 608 subjects, 70% female and median age of 86 years, were involved. A 184 (30%) of homebound subjects were hospitalized or visited the ED in 90 days. Comparing those with hospitalization or ED and those without, there was no significant difference in sex, age, race, marital status, or advance care planning. A 74% of those with 90 day ED/hospitalization had prior ED visit within 1 year of home visit compared to 59% of those without (p=0.0004). In addition, 58% of those with 90 day ED/hospitalization had prior hospitalization within 1 year of home visit compared to 44% of those without (p=0.0015). They also had significantly higher number of total medical comorbidities (median 4.5 vs 4, p=0.02). Our study suggests that prior healthcare utilization and medical comorbidity burden may be better predictors of 90 day hospitalization or ED use in geriatric patients who have received a home visit. Advance care planning and age did not significantly differ between the two groups in our study. Further studies should be performed to validate our findings in a prospective manner.

COPING BEHAVIORS THAT INCREASE STRESS AMONG OLDER ADULTS

G. Rainville,1 Alicia R. Williams,1 and Lona Choi-Allum1,1 AARP, Washington, District of Columbia, United States

This study examined the efficacy of a series of 28 behaviors (e.g., comfort eating, attending worship services, getting a massage, etc.) in moderating the perception of stress among older adults. First, 28 individual behaviors were assessed to determine whether they buffered or exacerbated the impact of an objective stress measure (i.e., the count of stressful life events) on perceptions of stress (measured using Cohen’s Perceived Stress Scale [PSS]). A full sample analysis used data from 1,000 randomly selected U.S. adults age 40 and older, but subsequent analyses explored coping behaviors for two age groups—those age 40 to 59 and those 60 and older. In the full sample analysis, multiple moderating conditions were noted including stress-buffering for worship service attendance, recreational shopping, and getting a massage. Also among the full 40+ sample, stress-exacerbation was noted for social media use and coping by “overreacting to things.” Factor analysis (employing a polychoric correlation matrix) reduced the 28 individual behaviors into 9 clusters comprised of related behaviors and representing a general coping approach. Looking within the age groups, significant stress-buffering was limited to those age 60 and older for two coping approaches—a “Self-Care and Travel” approach and an Inspirational approach (e.g., praying, attending church, etc.). For both age subgroups there was no coping approach, not even the hedonistic “blowing off steam” approach, that was found to exacerbate the impact of stressful life events on the perception of stress.

RELATION BETWEEN ERECTILE DYSFUNCTION AND AMNESTIC MILD COGNITIVE IMPAIRMENT ACROSS TWO TIME POINTS

Richard Vandiver,3 Michael J. Lyons,1 and Kristy Cuthbert1,1 Boston University, Boston, Massachusetts, United States

Previous research by the Vietnam Era Twin Study of Aging (VETSA) demonstrated an association between erectile dysfunction (ED) and cognitive functioning. That finding supports a hypothesis that cardiovascular dysfunction may underlie both ED and problems in cognitive functioning. The purpose of the current research was to extend these findings by investigating a putative association between ED and amnestic and non-amnestic mild cognitive impairment (MCI). MCI is of particular interest because of its relationship with Alzheimer’s disease and other dementing illnesses. VETSA is a longitudinal study of twins who served in the U.S military during the Vietnam conflict (N= 960) consisting of data collected at age 20 (enlistment), age 55 (VETSA 1), and 61 (VETSA 2). The results of the current analyses show that ED is related to both amnestic MCI (p=.032) and non-amnestic MCI (p=.009) at VETSA 1. At VETSA 2, however, the relationship between ED and non-amnestic MCI was no longer significant (p=.751) while the relationship between ED and amnestic MCI was stronger (p=.001). These results are consistent with ED and MCI sharing, to some extent, a common etiology. Vascular dysfunction, which is associated with both ED and MCI, is a plausible mechanism responsible for the observed relationship. These results also highlight the potential role that may be played by ED as an early indicator of cognitive impairment and, perhaps, pre-symptomatic AD.

KEY DIMENSIONS OF OASIS, AN OLDER-ADULT DRIVEN MODEL OF AGING-IN-PLACE IN CANADA

Vincent DePaul1, Catherine Donnelly1, Simone Parniak1, and Oasis Study Collaborative2, Queen’s University, Kingston, Ontario, Canada, 2. Oasis Study Collaboration, Ontario, Canada

Oasis Senior Supportive Living (Oasis) is an active aging-in-place model created by older adults in a naturally occurring retirement community, such as an apartment building. The program is member-driven so that participating older residents determine the programming and services that best address their needs. The first Oasis program was established in an apartment building in Kingston, Canada and has been running for more than ten years. Preliminary evaluations of the Oasis program demonstrate that its members report feeling more socially connected, are more physically active, and have increased nutrition as a result of participation.
In-depth interviews were conducted with Oasis members and key program stakeholders to identify the core dimensions of the Oasis program that has led to its success in supporting active aging in place. Interviews were audio-recorded and transcribed verbatim. Thematic analysis was used to identify, analyze, and report themes. Four themes emerged: (1) nutrition, social and physical activities as critical programming pillars; (2) the importance of active member participation and decision-making; (3) the need for onsite support to facilitate programming; and (4) Oasis as a family. These findings highlight the need for programming that is designed for and by older adults. Supporting older adults to come together and form community is key to healthy and active aging. Identification of these elements is critical to modelling Oasis in other community contexts. Oasis is currently being expanded to seven new communities across Ontario using a participatory action research approach.

**BLOOD PRESSURE TRENDS PRECEDING DEMENTIA: A STUDY OF HEART FAILURE PATIENTS**
Connor Wilson,1 Amanda Pangle,1 Jeanne Wei,1 and Gohar Azhari,1, J. Donald W. Reynolds Institute on Aging, UAMS, Little Rock, Arkansas, United States

Blood pressure and perfusion of the brain are central components of neurological health that are often influenced by heart failure. This retrospective case-control study analyzed blood pressure changes preceding the diagnosis of dementia in patients over the age of 60. Blood pressures were obtained from the date of dementia diagnosis, and then one year and five years before diagnosis. Study “controls” were age-matched patients without dementia, using the mean age of dementia diagnosis as the first data point. Over the five-year period preceding diagnosis, 67.2% with dementia showed decreasing systolic pressure compared to 46.6% of patients without dementia. Similarly, 62.7% with dementia showed a decreasing systolic pressure over the one-year period, compared to 50.0% of those without dementia. Additionally, there was a significant difference (p < 0.001) in the dementia rates between African American and Caucasian subgroups (55.0% African Americans vs. 31.0% Caucasians). Patients with dementia were more likely to have decreasing blood pressure trends than age-matched patients without dementia and appeared to have significantly lower blood pressures one year before the diagnosis. It is crucial that providers are cognizant of these trends and risk factors for dementia as they manage blood pressures in geriatric patients.

**SMOOTHING THE MOVE FROM POST-ACUTE TO HOME CARE FOR OLDER CARDIAC PATIENTS: A SOCIAL WORK TRANSITIONS INITIATIVE**
Orah R. Burack,1 Jessica Auerbach-Burgoon,1 Sandra Mundy,1 and Verena R. Cimarolli,2,1 The New Jewish Home, New York, New York, United States, 2. LeadingAge LTSS Center @UMass Boston, Washington, District of Columbia, United States

Transitioning across medical settings (e.g. from hospital to post-acute (PA) or PA to homecare (HC)) is a difficult time with numerous challenges, as critical information passes across sites, new systems are quickly established, and caretakers change. Older cardiac heart failure (CHF) patients, often with comorbidities and having fewer social supports, are especially vulnerable to rehospitalizations at that time. This study examines the impact of a Social Work Transitions (SWT) intervention, designed to ease older cardiac patients’ transition from a PA to HC setting, on rehospitalization rates. The SWT model for CHF patients was developed in a large healthcare system with a continuum of services for older adults including PA and HC. Once a patient enters PA from the hospital a transitions social worker (SW) remains the patient’s primary support and contact through PA discharge and the transition to HC. In HC, that same SW ensures needed services occur, conducts home visits, and provides additional follow-up via phone calls. Study 1: compared HC rehospitalization rates of CHF patients receiving SWT (N=28) with those not receiving SWT (N=26). This natural control group arose during the initial program months, as SW turnover occurred and some CHF patients were not accompanied by a transitions SW. SWT patients had half the rehospitalizations (25%) as controls (54%). Study 2 tracked 30 day rehospitalizations rates for the first 17 study months (N=257). Program rehospitalization rates (16.7%) were below the CMS benchmark (21%). These findings support using the SWT program to prevent unnecessary rehospitalizations in CHF patient.

**BEYOND BINGO: THE IMPACT OF ACTIVITY ENGAGEMENT IN AN ALL-AFRICAN AMERICAN ASSISTED LIVING COMMUNITY**
Inneke L. Vargas,1 Alexis A. Bender,1 Candace L. Kemp,1 and Molly M. Perkins4,1. Wichita State University, Wichita, Kansas, United States, 2. Emory University, Atlanta, Georgia, United States, 3. Georgia State University, Atlanta, Georgia, United States, 4. Division of General Medicine and Geriatrics, Emory University School of Medicine, Atlanta, Georgia, United States

More than one million older adults reside in assisted living (AL) communities in America. This figure is projected to double by the year 2030. It is typical for residents in these communities to have cognitive and physical impairments requiring differing levels of care. Due in part to these impairments, it is vital to the health and well-being of residents to participate in meaningful recreational activities. This secondary analysis of ethnographic observations totaling 818 hours and semi-structured interviews with 25 residents enrolled in an NIA-funded study (5R01AG047408) explores in depth barriers and facilitators to activity engagement in a large (90+ bed) moderate-income, all-African American AL community located in a large urban city in the southern US. Residents range in age from 59 to 103 (mean = 85) and are predominantly female. We linked our findings from thematic analysis to six domains of quality palliative care identified by the 2018 National Consensus Project (NCP) Guidelines for Quality Palliative Care: cultural, physical, psychological, social, structures and processes, and spiritual aspects of care. Key barriers include limitations related to staffing (a low staff-to-resident ratio and high staff turnover) and activities that do not adequately address needs of residents with varying interests and abilities. A robust daily devotion and other activities that incorporate culturally relevant music are activities highly valued by most residents. Implications of these findings contribute to a larger effort to create positive change in the structures and processes of care in AL and...