Older adults with a disability are at greater risk for falls and injury due to falling compared to those without a disability. Evidence-based falls prevention programs (EBFPs) have been developed and disseminated broadly, however individuals with disabilities were excluded from original research on effectiveness. Using data from the National Falls Prevention Database from the National Council on Aging, we compared the reach and effectiveness of two EBFPs, A Matter of Balance (MOB) or Stepping On, between those with and without a disability. Program reach was measured using attendance percentage. Program effectiveness was measured using change in fear of falling (FOF), fall-related activity restriction (FAR), and falls self-efficacy (FSE) post-program. A total of 12,667 participants were analyzed. Participants were, on average, 76 years old (M = 76.18, SD = 9.86), largely female (75%), well educated (80% some college or higher), and white (90%). Nearly half self-reported a disability (40%). Older adults with a disability were as likely to attend (M = 0.88, SD = 0.14) the program compared to those without a disability (M = 0.88, SD = 0.14, p = .30). Older adults with a disability reported greater FOF and FAR and lower FSE compared to participants without a disability at baseline. Significant improvements were made across effectiveness measures, irrespective of disability status. MOB and Stepping On are effective programs, well attended by older adults with and without disabilities, however older adults with a disability continued to report higher FOF and FAR, and lower FSE compared to those without a disability.

EXERCISE EFFECTS ON WELL-BEING ON CANADIAN WOMEN OVER THE AGE OF 65
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Two groups of Canadian women, over the age of 65, were interviewed (n = 20) in a study focused on brain health. The first group (n = 12) regularly attended exercise classes and met the exercise standards of the Canadian Society of Exercise Physiologists for the age group over 65 years for at least six months. Women in the comparison group (n = 8) had been taking adult education classes twice a week or more for at least six months. Thematic coding was used to analyze the results. Both groups reported benefits from their participation in their respective groups. However, the results show that the group who exercised regularly consistently reported improved mood, increased mental alertness, a better ability to handle stress, less pain, and improved sleep. These factors were not reported by the non-exercise group, which did benefit by gaining new knowledge, making new friends and feeling good because they were learning new things. This study suggests that Canadian women over the age of 65 who have been exercising regularly report many of the effects of exercise on the brain that are beneficial to their well-being. They did not specifically mention the new brain cells being made (neurogenesis) nor did they note neuronal rewiring (neuroplasticity), however they did self-report some psychological benefits that the Comparison Group did not report, as noted above. This research has implications for both practice and research.

EFFECT OF FREQUENCY OF PARTICIPATING IN THE REGION ACTIVITY ON FUNCTIONAL DECLINE
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This 3-year prospective study was conducted to explore whether frequency of participating in the region activity exert independent effect on preventing functional decline among urban Japanese older adults after controlling for potential confounders. We examined a prospective cohort of 2,524 community-dwelling persons, aged 65 years or older, who responded to the baseline mail survey in Toshima ward, Tokyo, Japan in 2014. They were followed for the subsequent 3 years in terms of functional status. Multiple logistic regression models were used to analyze independent effects of frequency of participating in the region activity, such as 1) no participation, 2) no participation in the past year, 3) less than one day per month, 4) few days per month, 5) over one day per week, on functional status, controlling for potential confounders such as age, gender, self-rated health, chronic conditions and social capital at baseline. At baseline, the mean age of 1,261 participants who completely responded to follow-up survey in 2018 was72.1 years (SD=5.0), and 56.9% were women. As results of analyzing, only “over one day per week” was significant predictors of preventing subsequent functional decline even after adjustment for confounders as such as age, gender, self-rated health, chronic conditions and social capital at baseline. Frequency of participating in the region activity over one day per week have effect on preventing functional decline among urban Japanese older adults after controlling for potential confounders.

SESSION 860 (POSTER)

ECONOMICS

CONSEQUENCES OF ECONOMIC HARDSHIP AND SELF-RATED HEALTH AMONG OLDER ADULTS
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Adequate economic resources ensure that older adults’ basic needs are met and facilitate a healthier lifestyle. Hardship signals unfulfilled needs experienced by individuals lacking adequate economic resources. Despite well-documented associations between indicators of hardship and self-rated health, little is known about whether hardship has the same impact on self-rated health across age groups. The purpose of this study was to investigate the association between hardship and self-rated health among older adults and determine whether this association differed by age. Employing data from the 2014 Survey of Income and Program Participation, we conducted logistic regression analysis to examine the association between hardship and self-rated health among adults age 55 and older in the United States, and the moderating effect of age on this relationship. Analyses were weighted using replicate weights provided by the survey. Indicators of hardship were dichotomized (1 = experienced hardship, 0 = no hardship). Analyses indicated that individuals who were unable to pay utility bills,
unable to pay rent or mortgage, or who experienced food insecurity had lower odds of reporting good/very good/excellent health relative to those not experiencing these hardships. The association between hardship and self-rated health was shown to be less substantial among the oldest cohort (age 75 and older) relative to younger adults. Hardship is directly relevant to health outcomes as it represents the consequence of unfulfilled needs experienced by individuals lacking adequate economic resources. This study contributes to our understanding of the role of age in the association between hardship and self-rated health.

ASSOCIATION OF ATTITUDES WITH ECONOMIC WELL-BEING AND HEALTH: A FOUNDATION FOR PUBLIC POLICY
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The 1960s War on Poverty was based on expectations that certain attitudes could improve health and economic well-being: aspiration and ambition, propensity to plan, personal efficacy, avoidance of unnecessary risk, connectedness to information and help, and trust. If true, promoting those attitudes might improve lives. The nationally representative Panel Study of Income Dynamics (PSID) developed scales to repeatedly measure associations of those attitudes with income and well-being. After five annual measurements, researchers found few associations. Acknowledging more data might be needed, researchers concluded that changing attitudes was unlikely to help. We studied those same associations using five decades of PSID measures on income and work disability, physical or “nervous” health problems limiting work (1968-present; n=5,027; 170,583 person-years; mean baseline age 34.2), with multinomial logistic Markov models and dynamic microsimulation, modelling three levels of each outcome plus death. We also examined persistence of the attitudes (measurement reliability). Results suggested the attitudes were persistent (intraclass correlations > 0.87). Controlling for age, sex, race, education, and baseline income, attitudes were strongly associated with the outcomes. For example, with above-median baseline income, 19.4% in the top baseline self-efficacy quintile had incomes below 150% of poverty at age 70, compared with 27.0% in quintile 1 (p<0.001). Similarly, 5.5% in the highest quintile reported severe work disability (could not work, or limited “a lot”) at age 70 compared to 23.7% in the lowest (p<0.001). Other attitudes showed similar significant patterns. Attitudes in early- to mid-adulthood may indicate important to economic well-being and health throughout later life.

THE LFDSS DETECTS HIGH-RISK FINANCIAL DECISION-MAKING IN COGNITIVELY VULNERABLE OLDER ADULTS
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The Lichtenberg Financial Decision-Making Screening Scale (LFDSS) is a brief screening tool that quantifies an individual’s informed decision making and risk for exploitation in a real-world financial transaction. Previous literature found that the ideal cut-off score for those at higher risk of financial exploitation was five and above. The purpose of the present study was to examine the utility of the LFDSS as a screening tool for financial decision-making ability in a high-risk sample of people with cognitive impairment. The sample was obtained from the Michigan Alzheimer’s Disease Center and was comprised of both cognitively healthy individuals (n=73) and those with cognitive impairment (n=45). All participants completed the LFDSS as part of a larger test battery. A Pearson chi-square analysis was used to examine group differences in financial decision-making risk between cognitively healthy individuals and those with cognitive impairment. A Pearson chi-square analysis found that those who had cognitive impairment were significantly more likely to score above the cut-off for high-risk financial decision-making compared to those who were cognitively healthy (χ²(1)=4.61, p=.032). The base rate of high-risk financial decision-making was 3.2x greater for those with cognitive impairment compared (17.7%) to those who were cognitively healthy (5.5%). These results demonstrate the utility of the LFDSS to detect high-risk decision-making in individuals with cognitive impairment. This tool serves a need in many professional settings (e.g. doctor’s offices and Adult Protective Services) for a brief, standardized assessment measure of financial decision-making and exploitation risk for a real-world, significant financial transaction.

DEBT AMONG OLDER ADULTS: DATA FROM AN EXPLORING STUDY IN SOUTH BRAZIL
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In recent years, Brazil has experienced significant increase in indebtedness rates amongst older adults. This is partly due to prominent forms of credit such as credit cards and payroll deductible credit, a type of credit that accounts for up to 35% of pensions. In addition, indebtedness is aggravated by high interest rates which are charged in Brazil. Exploratory study on the propensity for indebtedness amongst older people in Rio Grande do Sul, Southern Brazil (n = 406; age 46-97 years old; average 68,7 years old) aims to analyze reasons and factors which interfere in the financial-related issue. In general, indebtedness is a complex process that is often triggered by critical life events such as illness, death, separation, accident and unemployment. And, it is mediated by a number of behavioral and sociodemographic factors. The present work aims to analyze the relation between financial problems, income, schooling, age, materialism, consuming habits as well as altruism in two different social groups: a middle class (SESC) and a lower middle-class (FASC). Concerning theoretical reference, data discussion is based on Ronald Inglehart’s theory on Materialism and Postmaterialism. Data analysis has shown differences in factors and relations among the two social groups. Consuming habits and altruism have a significant correlation with financial problems in both groups. However, income, education and materialism has shown a significant correlation only in the lower middle-class group. In the middle-class group, no relation between income, education, materialism and financial problems has been found.