Objective: To assess the impact of oral health with quality of life and subjective well-being in the community-dwelling older adults in Mexico. Methods: Non-random sample; 326 subjects: age collected (60-69 ≥ 70); gender (male / female); marital status (couple / no partner); schooling (0-6 years / ≥7); income for basic needs (yes / no); no depression (GDS-15), no cognitive impairment (MMSE) and comorbidity (no disease / ≥1 disease) to control biases. Oral conditions; Caries index (ICPOD) WHO criteria: Very low-Low; Moderate and High. Need for dental prostheses (WHO Manual): No prostheses needed (27-28 natural teeth or fixed / removable / total combination); Need prosthesis: 2-28 tooth without replacement. Xerostomia (Thomson Inventory); moderate to severe xerostomia > 17 points. Dependent variables: Quality of Life Related to Oral Health (GOHAI); 57-60 points: High perception. Subjective well-being: Moral Scale of the Geriatric Center of Philadelphia (PGCMS): Low score (0-11). Results: Age: 71.84 ± 7.278; female / male (70.9 / 29.1%). Controlling confounding factors, multiple logistic regression showed that the need for multi-unit or total prostheses; high CPOD index; severe xerostomia; and low perception of well-being subjective, were associated with low GOHAI scores: P = 0.000; P = 0.004; P = 0.003; P = 0.02 respectively. Subjective well-being only was associated with severe xerostomia and low CVRISO perception: P = 0.0 1; P = 0.02 respectively. Conclusion: Taking into account various confounding factors, the Quality of Life related to Oral Health was the most affected by the deterioration of oral health.

MENOPAUSE SYMPTOM EXPERIENCE AND PERCEIVED WELL-BEING AMONG HIV POSITIVE AND NEGATIVE OLDER WOMEN IN IBADAN, NIGERIA
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Globally, people are living longer with the Human Immunodeficiency Virus (HIV) and older individuals are becoming infected. Menopause symptoms affect women’s health and are associated with perceived declines in wellbeing. This study assessed and compared the menopause symptom experience and perceived wellbeing among HIV positive and negative older women in Ibadan Nigeria. Focus group discussions were conducted among menopausal women attending the ARV and GOP clinics at the University College Hospital Ibadan. Opinions of discussants on knowledge and experience of menopausal symptoms, perceptions about the menopause and perceived health status were explored. A total of 90 HIV positive and 92 HIV negative women aged between 40 to 60 years were sampled. Knowledge of the cause of menopause was poor, with more HIV positive women opining that sexual promiscuity causes menopause. The majority of the discussants had adequate knowledge of menopausal symptoms with most of them reporting vasomotor and musculoskeletal symptoms. In both groups, perceptions about the menopause were generally positive as most of them opined that the menopause means freedom from sexual activity and child birth. More HIV negative women perceived themselves to be in good health compared to HIV positive women. Menopause induces many of the same metabolic changes that are being observed with HIV infection, and this may affect the health and quality of life of aging women with HIV infection. There’s a need for health education and health promoting interventions that will help these women in coping with the double burden of HIV infection and menopause.

POST-MENOPAUSAL BILATERAL OOPHORECTOMY IS ASSOCIATED WITH AN INCREASED RISK OF RESTLESS LEG SYNDROME
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Restless legs syndrome (RLS), a common neurologic disorder, is more prevalent in women than in men. Evidence indicates the potential role of female hormones in the pathophysiology of RLS. However, few studies have examined the relationship between premenopausal bilateral oophorectomy (BSO) and the risk of RLS. The Mayo Clinic Cohort Study of Oophorectomy and Aging-2 (MOA-2) includes all women residents of Olmsted County, Minnesota, who underwent premenopausal BSO before the age of 50 years for a non-cancer reason between 1988 and 2007 (n=1,653). In addition, 1,653 age-matched (± 1 year) referent women who did not undergo BSO prior to index-date were included. Survival analyses were used to examine the association between BSO and risk of RLS (defined by DSM-IV criteria) after adjustments using inverse probability weighting. The median (IQR) age at index-date was 40.0 (40.0-47.0) years for the BSO and 40.0 (40.0-47.0) for the non-BSO cohorts. Women who underwent BSO before menopause had a higher risk of RLS (HR, 1.47; 95% CI, 1.08-2.01). In addition, women who underwent BSO before 46 years (HR: 1.53, 95% CI, 1.03-2.28) or received BSO without benign ovarian indications (e.g., cysts, endometriosis, HR: 1.69, 95% CI, 1.11-2.56) were at greater risk of RLS. Estrogen use after BSO did not affect the risk of RLS. Premenopausal women who underwent BSO had an increased risk of RLS, especially those younger than 46 years and without benign medical indication. Women considering BSO for ovarian cancer prevention should be informed of the increased risk of neurological disorder including RLS.

PREDICTING PERCEIVED HEALTH OF OLDER ADULTS: THE ROLE OF HEALTH, PERSONALITY, AND RESILIENCE
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Past research has not addressed how domain-specific “health” personality traits are associated with resilience and well-being. The purpose of this study was to determine pathways from health personality to perceived health, mediated by resilience. Data included 3,907 participants, 65 and older, collected by a large provider of Medicare Supplemental Health Insurance. The Health Personality Assessment (health neuroticism, health extraversion, health openness, health agreeableness, and health conscientiousness), Brief Resilience Scale, and perceived health were
measured. Structural equation modeling and bootstrap mediation were conducted in Mplus. The hypothesized model resulted in a marginal fit, so direct paths from health openness and health conscientiousness to perceived health were added, resulting in an improved fit, $\chi^2(192)=1660.96$, RMSEA=.04, CFI=.95; $\chi^2(240)=403.99$, p<.001. Health neuroticism and health extraversion negatively predicted perceived health, fully mediated by resilience, $\beta=-.11$, p<.001, and $\beta=-.01$, p<.05, suggesting that people anxious about their health or that talk about their health had significantly lower levels of resilience. Resilience positively predicted perceived health, indicating that more resilient people reported better health. Higher levels of health openness predicted significantly lower levels of perceived health, $\beta=-.19$, p<.001. Greater levels of health conscientiousness predicted better perceived health, $\beta=.20$, p<.001, and resilience in-turn positively related to perceived health, $\beta=.08$, p<.001. Health personality and resilience explained 25.3% of variance in perceived health. This study exemplifies the importance of health personality and resilience in predicting perceived health for older adults. Future research should examine interventions focused on health personality increasing resilience, as older adults with higher resilience reported significantly better health.

PRESERVING THE ACTIVITIES OF DAILY LIVING INDEPENDENCE IN LATE LIFE
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Levels of Assistance (LoA) is an effective caregiving intervention for maintaining activity of daily living (ADL) independence. It is a structured, almost prescriptive, approach to encourage completing ADLs as independently as an elder’s capabilities permit. With appropriate prompts and assistance during dressing, elders can overcome disability, express retained competencies, and experience success. Simultaneously, caregivers learn to view their functions as maintaining the quality of life of able elders, and they receive reinforcement from elders who are more confident and happier. This study is a continuation of a previous project that created and tested a computer application training program for LoA in nursing homes. We refined the app to include grooming LoA and tested on 10 certified nursing assistant (CNA)/resident dyads at a local nursing home. The pilot results showed, although we did not see consistent improvement in CNAs’ dressing LoA, we achieved 10% to 30% improvement in grooming LoA. This indicates that the dressing assistance training is able to transfer to grooming LoA. With only an average of one-hour app training, this improvement is cost effective as compared to training provided by care professionals. Future studies should consider incorporating a culture change strategy to improve CNAs’ intention for assisting elders. In addition, the training program should be offered in the initial hire to achieve maximum effect.

PRODUCTIVE AGING AND WORK: OVERCOMING BARRIERS TO CREATING AGE-FRIENDLY WORKPLACES AMONG OLDER WORKERS IN NIGERIA
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Due to global demographic shifts, the issue of older workers’ health and productive aging is becoming much more pressing and Nigeria, the most populous country in Africa is not left behind. Productive aging involves providing a safe and healthy work environment for everyone using strategies that allow workers to function optimally at all ages, hence this study assessed the barriers to creating age friendly workplaces among older workers in Nigeria. A community based study was conducted among workers in Federal Government establishments aged 60 years and above. Using a Focus Group Discussion guide and an adapted checklist on age friendly workplaces, 16 strategic domains affecting workers’ health and age friendly workplaces were explored. Data were analyzed thematically. A total of 150 older workers aged between 60-70 years were sampled. There is no formal older worker’s health initiative in all the establishments. Only two, of the sixteen domains checked were present. Other domains remain largely neglected by the management. Barriers to age-friendly workplaces include poor knowledge of the strategies, lack of political will and ageism. The concept of older workers’ health is a strange phenomenon among the respondents. Organizations need to invest in developing a robust package to help older workers use their skills and create age friendly workplaces that ensure safety, health and well-being of older workers, from their first day on the job to their last. Government policies targeted at productive aging and work should be put in place in order to create age-friendly workplaces for older workers.

RECIProCAL EFFECTS BETWEEN LIFE SATISFACTION AND SLEEP DURATiOn IN ChiNESE OLDER ADULTS
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Sleep problems are prevalent among older adults. It is evident that sleep duration, as an important indicator of sleep quality, is closely associated with life satisfaction. However, it remains unclear as to whether sleep duration influences life satisfaction, or whether lower levels of life satisfaction increase the likelihood of sleep duration decline. This study examined the directional relationship between life satisfaction and sleep duration among Chinese older adults. Data were derived from the China Health and Retirement Longitudinal Study (2011, 2013, 2015 waves; age60 year; n = 5689). A cross-lagged panel model (path analysis) with three time points was used to jointly examine the longitudinal reciprocal effects between life satisfaction and sleep duration. This model achieved acceptable indices of goodness of fit. The results revealed that sleep duration were positively associated with life satisfaction at all time.