the mechanism involved in achieving successful aging. A representative random sample of 2161 Chinese older people aged 60 years or above was surveyed by face-to-face interview. Sociodemographic factors were measured by age and educational level. Physical functioning was identified in terms of self-perceived health, basic and instrumental activities of daily living, and number of chronic illnesses. Social functioning was characterized in terms of number of people living together, social support network, and sense of loneliness. Hierarchical multiple linear regressions were performed to identify significant determinants of life satisfaction and self-perception of aging. Results showed that people in older age with lower educational level had a higher level of life satisfaction; whereas people in younger age with higher educational level had a more positive self-perception of aging. Moreover, social functioning took precedence over physical functioning in contributing to life satisfaction. In contrast, physical functioning outweighed social functioning in promoting a positive self-perception of aging. A sense of companionship and a supportive social network are imperative in enhancing life satisfaction, whereas perceived physical health and functional independence are essential in facilitating a positive self-perception of aging. This study provides empirical support to improve understanding of the primary mechanism of achieving successful aging. It also lays important groundwork for future tailored-made interventions for promoting successful aging in a Chinese context.

THE IMPACT OF SOCIOECONOMIC STATUS ON AGE TRAJECTORY OF BODY MASS INDEX AMONG MIDDLE-AGED AND OLDER ADULTS

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Body weight tends to decrease along with age. Weight loss and low body mass index (BMI) in the elderly, associated with socioeconomic status, are both strong predictors of subsequent mortality. This study aims to investigate the relation between income and BMI changes in later life. We used data from the Taiwan Longitudinal Study in Aging (TLSA) from 1999 to 2007. There were 5,131 participants aged 50 and over, who were excluded for those without primary study variables. Income was evaluated by asking the amount of annual income, including salary, pension, rent, interest, welfare benefit, etc. Participants’ BMI were assessed in each survey. General estimating equation models were performed to examine the association between age, annual income, and their interaction with BMI adjusting for covariates including sex, education, marital status, smoking, exercise frequency, appetite, and number of comorbidities. Totaling 11,350 person-times was in three follow-up surveys, which left 9,723 person-times of observations after exclusion. After adjusted for covariates, the low income group compared to the higher income, would have higher estimated BMI at age of 50 (BMI= 24.75 kg/m2 and 24.19 kg/m2 respectively), and more rapid reduction (-0.08 kg/m2 per year), while relatively stable BMI was found in higher income group (0.01 kg/m2 per year, slope difference= 0.10 kg/m2 per year, 95% confidence interval [CI] = 0.03-0.17). In conclusion, compared to invariable BMI observed among individuals with higher financial status, the economically disadvantaged experienced BMI decline with age among middle-aged and older adults.

LIFE HABITS AND LIPID PEROXIDATION OF WOMEN OVER 40 YEARS OLD

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Oxidative stress is involved in degenerative processes, aging, and diseases. Lifestyle can be change oxidative stress. One of reactive oxygen species targets is polyunsaturated fatty acid, an important cellular membrane component. The aim of this study is to analyse the contribute of lifestyle in lipid peroxidation in over forty years old women. We included 60 women with age ranged between 41 and 82 years old (53.3 ± 9.1 years). Lifestyle were explored doing a food frequency questionnaire, Perceptive Stress Scale (PSS) and International Physical Activity Questionnaire (IPAQ). The functional capacity was determinate by 6-min walking test (cardiorespiratory capacity) and Squat-jump (leg strength and power). Parameters of oxidative stress were determinate from plasma during fasting, lipid peroxidation was evaluated by TBARs, and antioxidant capacity was evaluated by catalase activity and ABTS. Spearman correlation and Multiple Linear Regression model, through Stepwise method, considering TBARs as dependent variable, and age, weight, body mass index, waist circumference, stress perception, physical activity level, total antioxidant capacity, catalase activity, cardiorespiratory capacity, leg strength and power, daily caloric intake, daily fruit, vegetables, coffee/tea, vitamin E and alcohol intake, as independent variable, was performed. Negative correlations were obtained between TBARs and cardiorespiratory capacity (r= -0.35; p=0.026) and between TBARS and ABTS (r= -0.33; p=0.038). Total antioxidant capacity was the model’s first variable (F= 5.50; p = 0.013), explaining 15.3% of TBARs, then cardiorespiratory capacity (F= 5.50; p = 0.047), explaining 10.5% of TBARs The results revealed total antioxidant capacity and cardiorespiratory capacity as predictors to lipid peroxidation damage.

INDIRECT EFFECT OF PARTICIPATION ON THE ASSOCIATION BETWEEN FUNCTIONAL VISION AND SELF-RATED HEALTH OF OLDER ADULTS

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Older adults with visual impairments experience barriers to participation that could impact their own health and wellbeing. Participation limitations that are associated with poor vision and unsupportive environments have been associated with objective health outcomes, including chronic disease and secondary outcomes such as fall injuries. In this study, we assessed the association between functional vision impairment and self-rated health (SRH). We also tested the mediating role of participation in that relationship. We conducted analysis with covariates representing six domains included in the International Classification of Functioning, Disability, and Health (ICF). We computed ordinal logistic regression models using two waves (2011 and 2016) of the National Health and Aging Trends Study (NHATS). Vision status was assessed via self-reported measures of visual
functioning (e.g., ability to recognize someone across the street). “Participation” was operationalized using 6 items that assessed participation in social and community-based activities (e.g., visiting friends, participating in classes). SRH (measured in 2016) was assessed using a single item asking participants to rate their health on a scale ranging from excellent to poor. We assessed key relationships while holding ICF’s other health dimensions constant. Functional vision status was statistically associated with SRH in models containing all covariates. Participation variables reduced but did not eliminate the effects of vision, suggesting a partial mediating effect—that is, part of the association between vision and SRH was explained by participation factors. These results point to the importance of developing community support and reducing barriers to participation by older adults with functional vision impairments.

FOOD ASSISTANCE PROGRAMS AND REDUCED HOSPITALIZATIONS FOR OLDER ADULTS WITH DIABETES
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Diabetes is an increasingly common and costly condition for older adults. Each year, as many as 1 in 3 Medicare dollars is spent to treat and manage diabetes and associated comorbidities for people with diabetes. To control health care spending in the US, it is imperative that we identify factors for reducing hospitalizations for these individuals. We used data from round five of the National Health and Aging Trends Study to identify predictors of hospitalization in the past 12 months for Medicare recipients ages 65 and older with diabetes. Previous research on the social determinants of health has demonstrated that social stressors like poverty and exposure to racism are associated with poorer health outcomes overall, but we did not find a statistically-significant association between race, gender or Medicaid dual-eligibility and hospitalization for our study population. Notably, receipt of SNAP benefits, Meals on Wheels services or other food assistance was associated with a 43% reduction in the risk of hospitalization in the past 12 months. As previous research has linked food insecurity with poorer medication adherence among individuals with Type II diabetes, food assistance programs appear to be an effective strategy for reducing hospitalizations associated with diabetes and its comorbidities.

USE OF COMPLEMENTARY THERAPIES BY SEXUAL MINORITY OLDER ADULTS: FINDINGS FROM THE NATIONAL HEALTH INTERVIEW SURVEY
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Sexual minority (lesbian, gay, bisexual; LGB) older adults age 50+ experience a higher prevalence of chronic disease and disability, as well as a poorer physical and mental health status. Many adults use complementary and integrative therapies, particularly mind-body therapies, as health-enhancing approaches and to support wellbeing. However, no study to date has examined the use of mind-body therapies among sexual minority older adults. We examined data from the 2017 National Health Interview Survey to determine the use of mind-body therapies by sexual minority older adults (aged 50+), as well as the influence of health and wellbeing characteristics on mind-body therapy use, compared with their non-LGB counterparts. Sexual minority older adults overall reported higher usage (36%) of mind-body therapies compared with their non-LGB counterparts (22%), with lesbians reporting the highest use (41%). Sexual minority identity was a significant predictor of mind-body therapy use, with LGB adults roughly two times more likely to use a mind-body therapy after controlling for chronic disease status and other wellbeing measures. Future research is needed to explore the reasons sexual minority older adults use complementary and integrative therapies, as well as potential development of mind-body interventions targeted toward this population to address stress and quality of life.

RACIAL DIFFERENCES IN CONTEMPLATIVE PRACTICES IN LATER LIFE: EXAMINING THE ROLE OF SES AND HEALTH DISADVANTAGE
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Substantial scholarly attention has been placed on prayer as a buffer of life events’ adverse influences on well-being in later life. The disproportionate distribution of adverse life events among Black adults has also attracted scholarly interest in racial differences in contemplative practices. Black adults have been found to more likely engage in private prayer than White adults, whereas studies have observed an opposite pattern for meditation. The contribution of stratification in socioeconomic status and health to racial differences in contemplative practices, especially in meditation has received relatively less attention. Drawing from a subsample from Health and Retirement Survey (N = 1102), this study takes a next necessary step to assess the contribution of socioeconomic status, multimorbidity, and depressive symptoms to racial differences in both prayer and meditation use in later life. Consistent with prior studies, the odds of engaging in private prayer (OR=2.78, p<0.01) was higher among Blacks than White older adults. Our findings of higher odds (OR=2.92, p<0.001) of meditation among Black older adults than White older adults, however, do not align with previous studies. The disadvantage in socioeconomic status, health, and psychological well-being completely explain racial differences in prayer, but this difference in meditation persist even after adjusting for those factors. Our findings call for further research on contextually influenced underlying individual motivations that drive older adults of different racial and social economic groups to engage in various contemplative practices. Further research is also warranted on how older adults, particularly Blacks differentiate between private prayer and meditation.

IMPLEMENTING THE AGE-FRIENDLY HEALTH SYSTEM INTO CVS MINUTE CLINICS
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