points (2011 to 2013: B=.06,SE=.01,p<.0001; 2013 to 2015: B=.05,SE=.01,p<.0001), and life satisfaction also positively predicted sleep duration across timepoints (2011 to 2013: B=.07,SE=.01,p<.0001; 2013 to 2015: B=.03,SE=.01,p<.05). These associations remained unchanged when taking demographics, and nontime napping into account. The findings indicate that the relationship between life satisfaction and sleep duration is bidirectional. Sleep duration may present as a mechanism for the relationship between life satisfaction and health, and suggests that effective treatment of sleep duration may improve life satisfaction.

T3:T4 RATIO CAN DISTINGUISH BETWEEN ADAPTIVE CHANGES AND TRUE SUBCLINICAL HYPOTHYROIDISM IN OLDER ADULTS

Because of heterogeneity in hormonal aging,1 we believe isolated elevated TSH is insufficient to drive clinical decision making for thyroid hormone replacement in older adults. We performed a cross-sectional study involving 63 older adult participants of the BLSA in order to assess the diagnostic value of individual hormone levels or free T3: free T4 ratio for differentiating thyroid-aging phenotypes. We defined two phenotypic groups, central adaptation and primary hypothyroidism, both with a rising TSH and with a rising or falling FT4 respectively. Fifty-four percent of study participants were male, the average age was 78.8 years, and 66.7% had the primary hypothyroidism phenotype. The unadjusted odds ratio of having the central adaptation phenotype is 23.40 (95% CI 3.66-149.73) for every unit increase in the FT3:FT4 ratio. The ROC curve had a C-statistic of 0.815.

WHAT ACCOUNTS FOR PHYSICAL AND EMOTIONAL HEALTH? INFLUENCE OF HEALTH, PERSONALITY, AND HEALTH ACTIVATION

The purpose of this study was to identify associations among health personality, health activation, and emotional and physical health, and to identify direct and indirect effects. Participants in the study consisted of 3907 older adults, 65 years of age and older. Measures used in the analyses were the Health Personality Assessment, the Consumer Health Activation Index, and The Veterans RAND 12-Item Health Survey. Structural equation modeling with bootstrap sampling estimation was conducted to examine direct and indirect effects. The measurement model, X2(307)=2142.34, CFI=0.96, RMSEA=0.04, and structural model, X2(313)=2167.36, CFI=0.96, RMSEA=0.04 yielded an acceptable fit. Significant direct paths were observed between health personality factors and health activation, and in turn health activation to emotional and physical health. The results indicate that older adults with lower levels of Health Neuroticism, lower Health Openness, higher Health Agreeableness, and higher Health Conscientiousness had higher levels of health activation. In addition, older adults with higher levels of health activation had higher emotional and physical health. Also, direct paths from health personality to emotional and physical health were observed. Lastly, significant indirect effects were health activation had a significant positive indirect effect on physical health through Health Agreeableness. Health activation had a significant negative indirect effect on emotional health through Health Neuroticism and Health Openness. The implication of this study is that health activation has a significant role in the emotional and physical health of older adults.
through health personality dispositions. In addition, health personality factors directly influence the emotional and physical health of older adults.

**SESSION 2907 (POSTER)**

**MOBILITY DISABILITY**

**ASSOCIATIONS BETWEEN COGNITIVE FUNCTION, BALANCE, AND MOBILITY IN COMMUNITY-DWELLING OLDER ADULTS WITH COPD**

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Older adults with chronic obstructive pulmonary disease (COPD) are at risk for physical and cognitive impairment. Cognitive function is associated with falls in older adults however it is unknown if a relationship exists between cognitive function and falls in COPD. The aim of this study was to examine the relationships between cognitive function and balance and mobility in older adults with COPD. A secondary analysis was performed using data from the 2010 wave of the Health and Retirement Study (HRS) (N=4051). Cognitive (immediate and delayed recall, executive function) and physical (gait speed, tandem balance time) measure data was extracted from older adults with COPD (N=382) and an age matched control group without COPD (N=382) who met inclusion/exclusion criteria. Multivariate linear regression modeling was performed to examine associations between cognitive function and mobility while controlling for age, gender, BMI, grip strength, and education. We found that in COPD, immediate word recall, delayed word recall, orientation, and executive function (β ranging from 0.004-0.02) were significantly associated with gait speed while only delayed word recall (β = 0.122, p < .05) was associated with tandem balance. These same associations did not exist in those without COPD. In older adults with COPD, cognitive function is associated with balance and mobility. Screening for cognitive function, specifically delayed recall, should be a part of the management of falls in this population.

**CLINICAL SCREENING FOR LOWER LIMB MUSCLE WEAKNESS IN COMMUNITY-DWELLING OLDER WOMEN**

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The objective of the present study was to evaluate the ability of the five times sit to stand test (5TSST), grip strength (GS) and step test (ST) to detect older women with reduced lower-limb muscle strength (LLMS), and to investigate the clinical usefulness of the combination of such tests. One hundred and nineteen older women were submitted to the 5TSST, GS, ST and lower limb peak torque by an isokinetic dynamometer. The capacity of the clinical tests to detect older women with reduced LLMS was measured using the ROC curve, followed by calculation of posttest probability (PoTP). The results show that a ST score of 0.24 cm per cm of participant’s height shows the best PoTP for a positive test (72%). However, the combination of the ST and 5TSST enhances the accuracy from 48% (prevalence of weakness in the population) to 82.6% if both tests are positive, and decreases the PoTP from 48% to 11.4% if both tests are negative. The inclusion of GS provided additional benefits of small magnitude. In conclusion, the ST performed alone or in combination with 5TSST could be an alternative for clinical screening of LLMS reduction in older women. The early identification of impairment of lower-limb muscle strength in independent older adults may favor early intervention and prevention of negative outcomes such as falls and functional limitations.

**DIETARY QUALITY AMONG OLDER OVERWEIGHT OR OBESE VETERANS WITH DYSMOBILITY**

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Older adults have unique dietary challenges due to a myriad of factors including age-related taste and smell changes and lack of nutrition knowledge that increase the risk for poor dietary quality. Healthier dietary quality is associated with higher muscle mass, strength and physical performance which may reduce the development of frailty and disability later in life; however, few studies have examined dietary quality among older Veterans with limited physical functioning. The purpose of this study was to examine overall dietary quality among older, overweight/obese veterans with dysmobility. Habitual dietary intake was assessed at baseline using three, nonconsecutive 24-hour recalls and used to calculate healthy eating index (HEI-2015; higher scores indicate higher diet quality). Twenty-eight participants were included in analysis: 93% male; 54% black; aged=69.5±7.0 years; BMI=35.5±5.4 kg/m2. Means and standard deviations were calculated for average intake of total daily energy (2184±645 kcals) and protein (0.89±0.3g/kg), daily servings of fruits (0.84±0.94) and vegetables (1.3±0.87), and HEI-2015 (52.8±13.4). Overall, 96% consumed fewer than the recommended 5 daily servings of fruits and vegetables and 68% consumed <1.0g/kg/d of protein (1.0-1.3g/kg/d recommended for older adults). Mean HEI-2015 was below the US national average for adults >65 years (2015-2016 NHANES 65+ years: 64.0), suggesting poor dietary quality among our sample. This pilot study suggests that dietary intake quality is suboptimal in older, obese Veterans with disability and highlights the need to identify strategies that improve dietary intake quality of older Veterans who may benefit from obesity and disability management.

**DISABILITY AND SYMPTOM BURDEN AMONG THE VERY OLD: COMPARISON OF SURVIVORS AND DECEDENTS**

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