

was assessed by the Short Performance Physical Battery (range=0-15). A cut-off point of 6 was used to define physical frailty as suggested by prior research. Depressive symptoms were assessed by the nine-item Patient Health Questionnaire. Social support was measured by a scale assessing positive support and negative strain from spouse, family members, and friends. Logistic regression analyses with interaction terms were conducted. In our sample, 1,682 (54.3%) had depressive symptoms, and 16.1% had physical frailty. Having physical frailty was positively associated with depressive symptoms (Odds Ratio [OR] 1.15, 1.11-1.18). Additionally, female gender (OR 1.39, 1.20-1.61), education (OR 1.03, 1.01-1.04), and chronic conditions (OR 1.18, 1.12-1.25) were positively associated with depressive symptoms. Social support (OR 0.85, 0.83-0.87) and children (OR=0.92, 0.87-.97) were negatively associated with depressive symptoms. Furthermore, family members (OR 0.96, 0.94-0.98) and friends (OR 0.96, 0.94-0.98) has moderating effect on the relationship between physical frailty and depressive symptoms. However, the interaction between social support from spouse and physical frailty was not significant. The findings highlight the interconnections among physical frailty, social support, and depressive symptoms. Intervention strategies focusing on social support may have the potential to reduce depressive symptoms among frail U.S. Chinese older adults.

DO INTRA-PROXY GAPS EMERGE WHEN FAMILY CAREGIVERS ASSESS QOL FROM DIFFERENT PERSPECTIVES?

PATRICIA EGAN¹, 1. *University of Wisconsin-Madison, Madison, Wisconsin, United States*

Dementia family caregivers are routinely enlisted as proxy assessors of care recipients' quality of life (QOL). This study explored whether prompts to change perspective during QOL assessment could elicit an intra-proxy gap. The intra-proxy gap was hypothesized to be any difference between those assessments made from the caregiver's own perspective and those made from the adopted perspective of the care recipient, as the care giver imagined it to be (Pickard and Knight, 2005). Thirty-six dementia family caregivers were recruited from senior service agencies. Subjects completed the Quality of Life-Alzheimer Disease (QOL-AD), Caregiver Version under two conditions: First, from an unprompted perspective and second, from the adopted perspective of the care recipient, as the family caregiver imagined it to be. T-testing indicated intra-proxy gaps emerged for eleven of the QOL-AD's thirteen domains. For these domains, QOL scores were higher when assessed from the care recipient's perspective, as the family caregiver imagined it to be. The sample was then repeatedly bisected using caregivers' personal, relational, and health factors. T-testing indicated that family caregivers' personal factors were associated with intra-proxy gaps across more QOL-AD domains than their relational or health factors were. Three personal factors, being of older age, having more empathetic concern, and having more empathetic distress, were associated with intra-proxy gaps more frequently than other personal factors were. Findings suggest that clinicians should be alert for perspective employed by proxy assessors and for the possibility of intra-proxy gaps. Recognition of these gaps could help improve interpretation of QOL scores.

SENIOR COMMUNITY CENTER AS A SOCIAL ENGAGEMENT PLATFORM FOR OLDER ADULTS IN NEPAL: AN ADAPTATION OF WESTERN CONCEPT

Sabita Shrestha,¹ and Tina Colson², 1. *Southeastern Louisiana University, Hammond, Louisiana, United States*, 2. *Southern Illinois University, Carbondale, Illinois, United States*

Older adults around the world are living longer. Similarly, in Asian countries longevity of older adults have significantly altered the demographics shift as well as the cultural landscape and needs of the society. These changes have compounded with challenges and needs as a community grapples with how to best take care of aging population. Nepal, a developing country, is also faced with a similar demographic shift among the geriatric population. This shift has brought challenges and needs to communities such as health care, daily living needs, social support systems, economic needs, etc. The geriatric population will require social support systems as they age. Historically, older adults have relied on traditional family support systems for their care and needs maintaining cultural values and norms which may burden immediate or extended family members. Recently, traditional family structures along with social support systems are breaking away from their family trees due to community advancement and modernization, and many are leaving for better economic opportunities. This trend has left many older adults alone in social isolation. Despite challenges in the community, Nepal government doesn't offer infrastructure for social engagement for older adults. One solution to prevent isolation and loneliness is to establish "senior community centers" (western based concept) for social engaging older adults. Based on ecological framework, this presentation proposes a need of "Senior Community Centers" for older adults where they can become involved in social engagements and receive social supports outside traditional family support systems; thus, optimizing their health and well-being.

DUAL IMPACTS ON MEANING IN LIFE IN OLDER PERSONS VOLUNTEERING FOR ELDERLY MENTAL HEALTH PROGRAM

Dara K.Y. Leung,¹ Joyce Sing,¹ Lesley Sze,¹ Jessica Tang,¹ Shiyu Lu,¹ Tianyin Liu,¹ Gloria H.Y. Wong,¹ and Terry Lum², 1. *The University of Hong Kong, Hong Kong, Hong Kong*, 2. *Department of Social Work and Social Administration, PokFuLam, Hong Kong*

Volunteering provides sense of meaning in life. The impact of volunteering on different dimensions of meaning in life and the mechanisms explaining the effects have been rarely researched. This study examined the effects and the mechanism of a formal volunteering program for mental health in older persons, including training, service provision, and supervision, on two dimensions of meaning in life — presence of meaning and searching for meaning — among senior volunteers. A mixed method study was conducted. 103 volunteers (average age=63.3±6.6) completed assessments at three time points: before and after the training, and one-year after service provision. They self-assessed Meaning in Life Questionnaire (MLQ) and reported time use in different tasks. 26 of them participated in focus groups discussing their experience in the program. Volunteers' search for meaning differed between time points ($F(1.87,173.81)=3.20, p<.01$)

while presence of meaning persisted. Search for meaning reduced from before the training to after service provision ($p < .05$) as revealed by post-hoc tests. Proportion of home visit during service provision explained 2.7% of the variance of presence of meaning before and after service provision ($R^2 = 0.05$, $F(6,74) = 1.376$, $p < .05$). Findings from focus groups revealed that application of trained skills and building trusting relationship with their clients via home visits are sources of meaning. Formal volunteering may have dual impacts on meaning in life in older age: reducing search for meaning and maintaining presence of meaning. For senior volunteers, being able to apply what they learn and building social connects are the key factors for attaining meaning.

FALL PREVENTION IN RURAL COMMUNITIES OF NORTH DAKOTA

Melissa L. O'Connor,¹ Jane Strommen,¹ Philip Estep,¹ Megan Hay,¹ Heather Fuller,¹ Rachel Grace,¹ and Sean Brotherson¹, 1. *North Dakota State University, Fargo, North Dakota, United States*

Fall-related injuries are common sources of morbidity and mortality for adults aged 65 and older. Thus, interventions for preventing falls can have substantial public health benefits. One promising fall prevention program is the Stepping On program, which involves seven community-based workshops. In these workshops, older adults learn about risk factors for falls, as well as safety-conscious behaviors. Stepping On has been offered in several states, and outcomes have been positive. However, research in rural areas has been lacking. To address this issue, the current study examined 508 older adults who participated in the Stepping On program across 53 rural communities in North Dakota through May of 2019. Most participants were female (82%), with an average age of 79 years (range 65-98). Participants completed baseline and post-test assessments of their knowledge regarding health, mobility, and safety issues. At baseline, 46% of participants reported falling at least once during the previous year. Repeated-measures ANOVAs showed that participants had improved significantly in the following areas at post-test: understanding how vision influences safety; knowledge of balance and strength exercises; recognizing hazards in the home; choosing safe footwear; confidence in mobility; understanding how medications affect fall risk; and the importance of bone health ($p < 0.001$ for all). Just 14% of participants reported falling during the year following the workshops, and 62% felt that the program reduced their risk of falls "to a big extent." These findings suggest that the Stepping On program is feasible to administer in rural areas and benefits older adults in such communities.

OASIS STUDY: ACTIVITY PATTERNS OF OLDER ADULTS LIVING IN FIVE AGING IN PLACE COMMUNITIES

Vincent DePaul,¹ Catherine Donnelly,¹ Simone Parniak,¹ and Oasis Study Collaborative², 1. *Queen's University, Kingston, Ontario, Canada*, 2. *Oasis Study Collaboration, Ontario, Canada*

Background: The Oasis program is a model of aging-in-place that targets social connectedness, physical activity and nutritional wellness through member-driven programming. Oasis, first established in an apartment building in Kingston Ontario, has recently been expanded to 6 new communities

across Ontario in a participatory action research study. The purpose of this poster is to describe the physical activity patterns of five unique Oasis communities (Original and 4 new) and explore the impact of personal, environmental, and Oasis program characteristics on these patterns. Methods: Participants were recruited from Oasis communities in 3 market-priced apartments, 1 subsidized apartment, and 1 mobile-home park. Participants wore the ActivPAL3 activity monitor for 7 days. Mobility was measured using the Timed Up and Go. Programming was described by type (e.g. social, exercise, nutrition), frequency, and timing of programming. Results: Participants included 70 older adults aged 79.8 (min 62, max 97), community mean age ranged from 66.2 – 83.5 years. TUG score 11.6 (SD 4.9) (community range 10.5 to 13.7 s). Average daily step count was 5800 (SD 2835) steps, with communities ranging from 4685 to 6472 steps/day. An average of 604 (community range 236 – 1056) of steps were taken at a healthy pace (100 steps/min). Only 27% of participants took the recommended 7000 steps/day (with community rates ranging from 9.5% to 37.5%). Conclusions: Older adults within these aging in place communities demonstrated low to moderate levels of physical activity, with activity patterns differing across communities. Impact of community make up and characteristics on activity patterns will be presented.

PERCEIVED SOCIAL ISOLATION AND HEALTH-RELATED QUALITY OF LIFE IN HEAD AND NECK CANCER

Janet H. VanCleave,¹ and Jane M. Fall-Dickson², 1. *NYU Meyers College of Nursing, New York, New York, United States*, 2. *Georgetown University School of Nursing & Health, Washington, D.C., United States*

Patients treated for head and neck cancer may experience impaired eating and talking that may affect their ability to undergo social activities. We conducted a secondary data analysis to explore: 1) prevalence of perceived social isolation, and 2) association between perceived social isolation and health-related quality of life (HRQoL) in patients with head and neck cancer. Data were collected during a clinical usefulness study of the Electronic Patient Visit Assessment (ePVA), a valid, reliable web-based patient-reported symptom measure for head and neck cancer. The study population consisted of 56 patients recruited during or after treatment for head and neck cancer. Perceived social isolation data were collected using the ePVA. HRQoL data were collected using the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30, a valid measure frequently used in the head and neck cancer population. Data analysis consisted of descriptive statistics and Student's T-Test. The study population consisted primarily of persons > 60 years (mean age = 61.5 + 12), male (68%), White (77%), and receiving surgery, chemotherapy, radiation therapy or combination of these treatments (70%). Among participants, 36% reported that their current health situation negatively affected their social activities. Reasons for perceived social isolation included fatigue, feeling ill. Statistical analysis found that perceived social isolation was significantly associated with decreased HRQoL ($t = 5.3$, $p < .001$). We conclude that participants in this sample treated for head and neck cancer were at risk for perceived social isolation, which has previously been reported to negatively influence cancer treatment outcomes.