

more pronounced for males, we did not find significant sex moderation. Univariate biometric models considered smoking behavior (status and pack years) and age as moderators of genetic and environmental components contributing to cognitive performance. Results for both Symbol Digit and Block Design suggest that smoking (current and past) is associated with lower genetic, and higher environmental influences on cognition compared to non-smoking. For Block Design, but not for Symbol Digit, pack years moderated shared environmental contributions, with the highest contributions found for current smokers compared to former. Overall, results illustrate an increasing saliency of smoking related environmental influences for processing speed and spatial reasoning tasks. Cognitive tasks with speed components may be sensitive to age-related declines, and speed may also represent a factor vulnerable to smoking exposure, potentially implicating important health and neurobiological pathways. Supported by NIH Grant Nos. R56 AG037985, R01 AG060470.

LINKAGES BETWEEN INDIGENOUS CULTURAL GENERATIVITY AND SOBRIETY TO PROMOTE ALASKA NATIVE SUCCESSFUL AGING

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The aim of this study was to explore motivating and maintenance factors for sobriety among older AN adult participants (age 50+) from across Alaska. Ten life history narratives of Alaska Native older adults, representing Alutiiq, Athabascan, Tlingit, Yup'ik/Cup'ik Eskimos, from the PA sample were explored using thematic analysis. AN older adults are motivated to abstain from, or to quit drinking alcohol through spirituality, family influence, role socialization and others' role modeling, and a desire to engage in indigenous cultural generative activities with their family and community. A desire to pass on their accumulated wisdom to a younger generation through engagement and sharing of culturally grounded activities and values, or indigenous cultural generativity, is a central unifying motivational and maintenance factor for sobriety. The implications of this research indicate that family, role expectations and socialization, desire for community and culture engagement, and spirituality are central features to both AN Elders' understanding of sobriety and more broadly, to their successful aging. Future research is needed to test these findings in population-based studies and to explore incorporation of these findings into alcohol treatment programs to support older AN adults' desire to quit drinking and attain long-term sobriety. Sobriety can put older AN adults on a pathway to successful aging, in positions to serve as role models for their family and community, where they are provided opportunities to engage in meaningful indigenous cultural generative acts.

NUTRITIONAL RISK PREDICTS HEALTH SERVICES UTILIZATION AND DEATH OVER 1 YEAR: RESULTS FROM THE UAB STUDY OF AGING II

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GSA 2019 Annual Scientific Meeting

Nutritional risk has been demonstrated to be associated with poor health outcomes, increased risk of health services utilization (HSU), and mortality among older adults. The aim of this study was to assess the prospective relationship between nutritional risk; HSU focusing separately on emergency department visits, hospitalization, and nursing home admission; and mortality. Using the University of Alabama-Birmingham Study of Aging II, we examined this relationship among 419 community-dwelling older Alabamians (75+years). We used the Mini-Nutrition Assessment (MNA), a well-validated nutritional risk assessment, which classifies individuals as either well-nourished, at-risk or malnourished, collected at baseline. We assessed HSU by asking about healthcare encounters since the last monthly follow-up call for 12 months and verified death with family reports and official documents. We completed univariate, bivariate, and Cox proportional hazards regression analyses with one-year of follow-up data, adjusting for social support, social isolation, comorbidities, and demographic variables. Accounting for covariates, being either at-risk or malnourished, relative to well-nourished, was associated with emergency department visits (HR: 1.30, 95% CI:1.14,1.48), hospitalization (HR: 1.58, 95% CI:1.37,1.82), nursing home admission (HR: 8.94, 95% CI:3.99,20.02), and mortality (HR: 1.90, 95% CI:1.25,2.88). These findings underscore the growing awareness that nutritional risk, particularly for older adults, is a significant factor affecting their well-being and particularly their ability to continue living in the community. Nutrition assessment, interventions, and services for community-dwelling older adults may lead to a reduction in health care utilization, particularly nursing home placement, and ultimately to reduced healthcare costs to families and taxpayers.

SENSE OF PURPOSE IN LIFE AND REDUCED LIKELIHOOD OF FUTURE DRUG MISUSE

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A stronger sense of purpose in life is hypothesized to reduce the likelihood of drug misuse because it has been linked with several protective factors including: increased ability to handle stress and pain tolerance, decreased impulsivity, and reduced risk of depression and chronic conditions. However, the association between purpose in life and drug misuse has been understudied. We tested whether people with a stronger sense of purpose in life had a decreased likelihood of incident drug misuse 9-10 years later. We also tested whether people with a stronger sense of purpose were less likely to cope with stress by misusing drugs. Participants were drawn from the Midlife in the United States Study (MIDUS; n=3,483) and from a stress coping module of the Health and Retirement Study (HRS; n=498). Among MIDUS respondents not misusing drugs at baseline, people in the highest quartile of purpose (compared to people in the lowest quartile) had 42% reduced odds (95% CI: 0.37-0.92) of incident drug misuse 9-10 years later in the fully-adjusted model (e.g.,