

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

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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

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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

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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.