guide message and intervention development for community-dwelling older adults.

RISK FACTORS FOR UNDERDIAGNOSIS OF DIABETES: BASED ON THE KOREAN NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

D. Min¹, E. Cho², 1. *Yonsei University College of Nursing*, 2. *Yonsei University*

Diabetes is a widespread disease and is known to have many complications and high mortality. Therefore, prevention, early diagnosis, and treatment of diabetes are very important. The diagnostic criterion for diabetes is HbA1c (≥ 6.5). There are many people with diabetes who have not been diagnosed with the disease. This study aimed to analyze the risk factors for underdiagnosis, classifying diabetic patients who were not diagnosed with diabetes into normal group and risk group using data from the 6th Korea National Health and Nutrition Examination Survey (2013–2015). We included 11,298 subjects aged 30 years or older who did not have diabetes, as diagnosed by doctors, and had undergone HbA1c screening. This study was analyzed by reflecting the weight that the sample was presented to represent Korea in KNHANES. The differences between the two groups were analyzed using t-test and chi-squared test (X^2), and risk factors for underdiagnosis of diabetes were examined by logistic regression analysis. Risk factors were: age (Odds Ratio(OR): 1.06, 95% Confidence Interval (CI): 1.04–1.08), Medical Aid (OR: 2.77, 95% CI: 1.25–6.14), presence of family history of diabetes (OR: 1.97, 95% CI: 1.36–2.84), serum triglyceride (OR: 1.01, 95% CI: 1.01–1.03), serum HDL (OR: 0.96, 95% CI: 0.95–0.98), smoking status (OR: 1.85, 95% CI: 1.20–2.85), and presence of health checkups (OR: 1.41, 95% CI: 1.01–2.00). Therefore, in order to prevent diabetes and enable healthy life, it is necessary to establish a diabetes prevention program for vulnerable people and to implement health-related policies such as smoking cessation and regular checkups.

STRESS, COPING BEHAVIORS, AND LONELINESS IN UNMARRIED OLDER ADULTS

N. Md Nordin¹, P. Martin², A. Bishop³, 1. *IOWA STATE UNIVERSITY*, 2. *Iowa State University*, 3. *Oklahoma State University*

Unmarried older adults (i.e., divorced, widowed, or never-married adults) often experience stressful events, such as widowhood, divorce, or loss of close friends. These stressors can be associated with higher levels of loneliness unless effective coping behaviors mediate the stress-loneliness relationships. Therefore, the study of stress, coping behaviors, and loneliness is important in order to promote optimal psychological health among unmarried older adults. This study examined the mediating effects of coping behaviors in the relationships between stress and loneliness. Participants included 227 older unmarried adults recruited from a Midwestern state. Questionnaires were used to assess participants' coping behaviors, stress, and loneliness. Data were analyzed using bootstrapped mediation analyses. Results revealed that problem-focused coping and escape-avoidance partially mediated the relationships between stress and loneliness. Approximately 27% of the variance in loneliness was accounted by the predictors in the problem-focused coping model and 27% for escape-avoidance model. The indirect effect of problem-focused coping ($B = .05$,

$SE = .02$, 95% CI = .01, .09) and escape-avoidance coping ($B = .04$, $SE = .02$, 95% CI = .01, .09) between stress and loneliness was significant. These results indicated that lower levels of problem-focused coping and higher level of escape-avoidance coping mechanisms were significantly related to high level of stress and loneliness. Our findings suggest that the use of problem-focused coping instead of escape-avoidance coping should be used to manage stress and loneliness in older unmarried adults.

STROLL SAFE OUTDOOR FALL PREVENTION PROGRAM

T. Chippendale, *New York University*

Fall prevention programs have largely focused on indoor falls. To fill this gap, the Stroll Safe outdoor fall prevention program was developed using the Ecological and Health Belief Models and research on common causes and locations of outdoor falls as a guide. The 7-week educational intervention includes didactic presentations, group discussion/problem solving, mobility training, and self-advocacy regarding reporting environmental hazards. The purpose of this study was to assess the program's feasibility and to use the findings to plan a large scale efficacy trial. Consistent with suggested guidelines for feasibility studies, process, scientific, management and resource assessments were conducted. Feasibility was assessed quantitatively using retention rates and attendance records, and qualitatively using a fidelity assessment, reflective log, and an audio recorded focus group. The scientific assessment included descriptive statistics to explore trends pertaining to changes in fall prevention strategy use, concern about falling outdoors, and number of slips, trips and falls outdoors from study enrollment through 2 month follow up. Findings included successful recruitment ($N=24$, 100%) and retention of the majority of participants (83%), and predominantly positive participant feedback, with no adverse events. The Stroll Safe program appears to be feasible to implement among active, community-dwelling older adults. Feedback was obtained to refine the program and research methodology for a larger study, including considerations for hiring and training of research assistants, staffing, program content, and choice of measures. Preliminary results reveal program benefits including increased use of prevention strategies and a decrease in trips, slips and falls.

SUBJECTIVE AGE AS AN ANTECEDENT OF HEALTH BEHAVIORS AND CONTROL BELIEFS: EVIDENCE FROM THE MIDUS NATIONAL STUDY

S. Agrigoroaei, *Université catholique de Louvain (UCL)*

Subjective age is a reliable marker of aging processes beyond chronological age. Feeling older than actual age is associated with poorer health and increased mortality. Using the national longitudinal MIDUS data (waves 2 and 3), the goal of this study was to examine whether subjective age accounted for specific health behaviors, such as vigorous physical activity, social engagement, seeing health professionals, and medication use. An additional outcome was control beliefs, a prominent predictor of healthy aging. At baseline, MIDUS 2 participants ($N=3,398$, aged 34–84, $M=55.34$, $SD=12.09$) estimated what age they felt most of the time. Subjective age was operationalized as the proportional discrepancy between felt and chronological age. The outcomes