

were observed after adjustment for sociodemographic and time-variant health characteristics. PF trajectories may be associated with changes in body weight or waist circumference during midlife and transition to older adulthood; however, these associations may be explained by other major health-related variables. Future research is needed to understand the complex interplay between PF and body size, particularly for women at-risk for late-life disability that may benefit from preventive efforts in mid-life.

THE FIT OF THE HAPA MODEL TO THE EXPERIENCE OF EXERCISING AFTER STROKE: A DEDUCTIVE CONTENT ANALYSIS

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Sustained physical activity is recommended for secondary stroke prevention. Persons with stroke leave rehabilitation having learned exercises to reduce disability. However, once discharged, people may be on their own to navigate psychological, emotional, social, and physical challenges of maintaining those activities and starting new ones. The Health Action Process Approach (HAPA) provides a framework for understanding how self-efficacy differs depending on where a person is in the process of engaging in physical activity. The purpose of this study was to assess the qualitative fit of the HAPA model to the experience of exercise after discharge from formal stroke rehabilitation using a deductive (directed) content analysis approach. Interviews with 12 stroke survivors were analyzed deductively using the HAPA model concepts task self-efficacy, coping self-efficacy, and recovery self-efficacy to create the analysis matrix. In this sample, a period of psychological adjustment interfered with maintaining exercise and included anxiety, depression, embarrassment, and fear of falling that affected motivation and intention to exercise. Experiences with physical activity and exercise as a child and routines prior to the stroke were factors influencing task, coping, and recovery self-efficacy and ease of dealing with interruptions in exercise, including the discharge from formal rehabilitation. The findings support the qualitative fit of the HAPA model with the experience of exercise after having a stroke. A HAPA model framed intervention is being developed to support the transition from formal rehabilitation support to living in the community.

COMPARING OLDER ADULTS' EXPOSURE TO AND SHARING OF HEALTH-RELATED MESSAGES ON FACEBOOK BY CHRONIC CONDITION STATUS

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We compared older adult Facebook users with and without a chronic health condition on their frequency of exposure to and posting health-related messages. Demographics, social media use, and chronic condition status were collected via survey. Regular Facebook users aged 50+ years were recruited via Qualtrics. Participants reported if they had seen, posted, or shared: health-related information; about others'/ their own health behaviors (e.g., exercise); and about others'/ their own chronic condition. Responses were dichotomized

as "Rarely" or "At least once a month". Six logistic regression models, controlling for demographics and Facebook login frequency, assessed whether viewing and/or posting health-related messages differed by chronic condition status. Respondents (N=697; 77.9% female; 87.9% non-Hispanic White) were on average 61.2 years old (SD=7.9). One-half reported a chronic condition (n=351; 50.4%). In adjusted models, those with a chronic condition had a higher likelihood of seeing posts from others with health information (OR=1.37; 95% CI: 1.01, 1.86) and about others' health conditions (OR=1.64; 95% CI: 1.20, 2.23) \geq monthly (vs no chronic conditions). Similarly, those with a chronic condition had a higher likelihood of posting or sharing health information (OR=1.52; 95% CI: 1.03, 2.24) and about their chronic condition (OR=1.93; 95% CI: 1.16, 3.21) \geq monthly. People with and without chronic conditions did not differ in how often they saw or posted about health behaviors. Older adults with chronic conditions were more likely than those without chronic conditions to regularly see and share health information on Facebook. The content and accuracy of this health information should be explored.

INTEGRATING TELEHEALTH AND COMMUNITY HEALTH WORKERS TO ENHANCE QUALITY CARE ACCESS: A NARRATIVE REVIEW

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Community Health Workers (CHWs) often share cultural, geographic, or other lived experiences with patients and provide health education and support. Use of CHWs and telehealth approaches are promising strategies for addressing the needs of patients with metabolic syndrome (MetS). This narrative review analyzed how these approaches were integrated into programs expanding care access for patients with MetS. Searching PubMed, PSYCInfo, Embase, Web of Science, and Google Scholar resulted in 1,630+ abstracts screened and 12 articles meeting inclusion criteria. These studies examined implementation of tele-mentoring approaches (n=4), patient group classes via videoconferencing (n=2), or individual telehealth consultations facilitated by CHWs (n=7), with some programs including multiple intervention types. This review included adults ranging from 37-79 years old. Most studies focused on late mid-life (ages 50-64). Because health behaviors in midlife have important implications for MetS and related health concerns in later life, it is important to consider midlife interventions. Using the RE-AIM framework, we evaluated studies on five dimensions: reach, effectiveness, adoption, implementation, and maintenance. Reach and implementation indicators suggest reducing barriers to engagement (e.g., home visits) allows for higher participation and program completion rates. Measures of MetS-related behavioral outcomes were heterogeneous across study designs, making overall effectiveness difficult to determine. Adjusting time spent with patients according to health literacy and clinical needs is a strategy CHW programs use to provide equitable, cost-effective care. Programmatic considerations for implementing programs that include both CHWs and telehealth are discussed, with special consideration for what works in late middle age and in older adulthood.