

The extent to which brain functional correlations (FCs) are modulated by age and sex is unknown. We studied default mode network (DMN) FC changes in 136 participants with mild traumatic brain injury (mTBI; 52 females, age range: 19 – 79 years, age μ = 42, age σ = 17; 72 participants younger than 40). Structural and functional magnetic resonance images (MRIs) were acquired ~1 week and ~6 months post-injury; the FreeSurfer Functional Analysis Stream (FS-FAST) was used for group-level FC comparisons across sexes and age groups (younger vs. older than 40). FC seeds were two sub-networks of the DMN, M1 and M2, defined by the standard Yeo parcellation scheme. For M1, clusters with significant FC differences across sexes were in the right paracentral lobule, central sulcus, postcentral gyrus, superior frontal gyrus, and precentral sulcus ($p = 0.0001$), and in the left paracentral lobule and central sulcus ($p = 0.022$). For M2, clusters spanned the right postcentral gyrus, middle occipital gyrus, transverse occipital sulcus, and central sulcus ($p = 0.0001$), the left precuneus and inferior parietal lobe ($p = 0.0096$). Females either exhibited no significant FC change or underwent FC increases. Males underwent significant FC decreases within all clusters, suggesting their increased vulnerability to mTBI-related effects. Clusters whose FCs differed significantly across age groups were localized to the left superior temporal gyrus ($p = 0.0078$), highlighting the vulnerability of temporal regions to age effects. Future studies should explore the age \times sex interaction and uncover the mechanisms for these observed findings.

THE ROLE OF OBESITY IN FRAILTY INCIDENCE: THE SAN ANTONIO LONGITUDINAL STUDY OF AGING

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Background: Although initially conceptualized as a wasting syndrome, obesity has been associated with frailty in prior studies. The goal of this study was to examine the associations of obesity and waist circumference with frailty and determine whether they predict incident frailty in an ethnically diverse population of older Mexican Americans (MAs) and European Americans (EAs). Methods: 749 MA and EA community-dwelling older adults (65+) participated in the baseline examination of the San Antonio Longitudinal Study of Aging (SALSA), and 474 participants completed the first follow up approximately 6 years later. Frailty was classified using Fried criteria. Baseline characteristics, including body mass index (BMI) and waist circumference (WC) were summarized by frailty category (non-frail, pre-frail, frail) using ANOVA. The odds of becoming frail at follow-up by baseline BMI and WC were estimated using separate logistic regression models, adjusting for age, sex, ethnicity, diabetes, comorbidity (presence of ≥ 2 chronic diseases not including diabetes), baseline frailty score, and follow-up time. Results: At baseline, participants were 69 ± 3 years old, 61% female, and 50% MA. BMI and WC increased with increasing frailty category ($p < 0.01$ for both). BMI was a significant predictor of incident frailty (OR=1.08, 95% confidence interval [CI]: 1.02-1.14, $p=0.011$). WC also predicted frailty (OR=1.03,

95% CI: 1.01-1.05, $p = 0.017$). Conclusion: These results demonstrate that BMI and WC are significant predictors of frailty. Interventions which target obesity may reduce the incidence of frailty; however, more research in this area is needed.

Global Aging

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CENTENARIANS IN THE GLOBAL SOUTH: A VIEW FROM ETHIOPIA

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As global aging advances, the number of centenarians worldwide is greatly increasing. Most of what is known about centenarians comes from the Global North. It is not clear what factors contribute to longevity of centenarians in impoverished, mostly rural areas of Global South nations that still lack basic amenities. Cultural differences in the profile, lifestyles, and needs of centenarians in Africa have yet to be documented. Using a case study design, this descriptive inquiry investigated the profiles of centenarians in Ethiopia including religion, marriage, education, occupation, income, and living arrangement. Data were generated through in-depth interviews with nine centenarians (1 woman, 8 men) and were analyzed using descriptive narrative analysis. Respondents were between 100 and 108 years old. All nine were adherents of Orthodox Christianity, had been married, and were great-grandparents. Their adult lives were marked by both residential and marital stability. The Ethiopian centenarians persevered through many losses and hardships with the help of strong community-based social networks. Unlike studies of centenarians in the Global North, most respondents were male and had strict religious upbringings. Understanding the unique profiles of centenarians in the Global South will help to inform research and practice with this growing population of the oldest-old.

COMPARISON OF CATASTROPHIC OUT-OF-POCKET MEDICAL EXPENDITURES IN THE US AND SOUTH KOREA

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To date, relatively few studies have examined catastrophic out-of-pocket medical spending in the United States, especially in comparison to other high-income countries. We compared catastrophic out-of-pocket medical spending among adults age 65 and older in the United States versus South Korea, a high-income country with national health insurance that is often overlooked in cross-country comparisons. We defined catastrophic medical spending as health care expenditure for the past two years that exceeds 50% of one's annual household income. Using data from the 2016 Health and Retirement Study (HRS) and Korean Longitudinal Study of Aging (KLoSA), we performed a logistic regression to examine the factors affecting catastrophic out-of-pocket medical spending for older adults in both countries. We also performed a Blinder-Oaxaca decomposition to compare the