

analysis comparing 4 study groups applying logistic regression with covariance of age, sex, walking and function ability at admission, comorbidities and length of stay demonstrated similar results. Patients from intervention units two years after its implementation had a higher odds of walking at least twice a day outside their room (OR=3.82, 95% CI 1.636-8.899,  $p=0.002$ ) than patients from the same units before intervention. Logistic regression didn't show significant differences between probability of walking at least twice a day outside their room in the group evaluated immediately after intervention implementation and two-years later. Also there were no significant difference between not-intervention and intervention units two-years post-intervention. Walk-FOR is a sustainable practice and tends to spread to additional hospital-units probably due to hospital leadership and organizational commitment.

#### DISPARITIES IN DEPRESSION AMONG CHINESE OLDER ADULTS WITH NEURODEGENERATIVE DISEASES

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Depression is a major health issue among older adults, and it exerts negative impacts on them physically and mentally. In turn, various factors facilitate or impede the occurrence of depression, socially, economically and culturally. At the same time, neurodegenerative diseases have become a leading cause of death and disability worldwide. In China, the incidence rate of Parkinson's disease among older adults aged 65 and older is 1.7%, which means 100,000 new cases occur each year, more than 2.5 million in total. Meanwhile, 3.21% of incidence rate, more than 8 million older adults aged 65 and older with Alzheimer's Disease and Related Dementia (AD/RD) makes China become the largest and fastest-growing area of AD/RD in the world. Around 2050, Chinese older adults with AD/RD will exceed 20 million. However, little is known about the extent to which older adults with Parkinson's or AD/RD in China will suffer from depression. This study was conducted on the latest wave (2011-2014) of the Chinese Longitudinal Healthy Longevity Survey (CLHLS, 1998-2014). The sample included 334 Chinese older adults aged 65 and older with neurodegenerative diseases (Parkinson's or AD/RD). A univariate and binomial hierarchical logistic regression were performed. Result showed that 13.5% ( $n = 45$ ) participants reported depression. Several covariates were significantly correlated with the occurrence of depression, including: co-residence of interviewee, activity level, level of chronic diseases, self-reported health status and Instrumental Activity of Daily Life. Implications for research, policy, and practice are discussed.

#### AGE-RELATED ELEVATED CD4+ T HELPER 17 CELL RESPONSE PROMOTES PROSTATE CANCER CELL GROWTH, MIGRATION, AND INVASION

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Age is the most important risk factor for prostate cancer (PCa). But, how age contributes to PCa remains unknown.

Interleukin-17 (IL-17) -producing CD4+ T helper 17 (Th17) cells play a critical role in inflammatory diseases. It is often elevated in aging humans and mice, however, whether aging affects Th17 cell function and subsequent PCa risk increase is unclear. In this study, we investigated the role of CD4+ T cells in PCa cell growth during the aging process. Splenic T cells were isolated and purified into CD4+CD25- T cells from young and old mice, then cultured in the presence of plate-bound anti-CD3/anti-CD28. Four days later, the cells were re-stimulated with PMA and ionomycin in the presence of brefeldin A for 4 hours and then were collected and used for flow cytometry and/or qPCR. The supernatant (conditioned media) from young and old cultures was collected and used in subsequent experiments. Flow and qPCR results showed that 17-producing T cells and associated cytokines were significantly increased in old mice compared to young mice. When PCa cell lines (LNCaP, DU-145, and PC3) were treated by the conditioned media for 48 and 72 hours. The cell proliferation, migration, and invasion, as well as the activation of NF- $\kappa$ B signaling in PCa cells, were significantly increased after exposure to the conditioned media from aged mice, compared to that from young mice. These results indicated that age-related CD4+ Th17 cell responses are elevated in mice in the aging process and play an important role in PCa growth.

#### DISPARITIES IN DEPRESSION AMONG CHINESE OLDER ADULTS

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Depression has become one of the major health issues among older adults. In turn, various factors can facilitate or impede the occurrence of depression, socially, economically and culturally. Around 2050, China will have 487 million older adults or nearly 35 percent of the total population. Due to the different background of society, economy and culture, what explanations and knowledge can China provide based on present experiences and practices to help better understand depression among older adults from more comprehensive way? This study was conducted on the latest wave (2011-2014) of the Chinese Longitudinal Healthy Longevity Survey (CLHLS, 1998-2014). The sample included 7,107 Chinese older adults age from 65 to 117 years in China. A binomial hierarchical logistic regression was performed to examine the likelihood of having depression among older adults predicted by geographic characteristics, quality of life, chronic diseases, personal community services, social community services, and demographic variables including gender, age, and current marital status. Analysis indicated that approximately 10% of Chinese older adults in the sample reported depression. Compared to female and young-old adults (age 65-74), males (OR=.636,  $p<.001$ ) and oldest-old adults (age 95+) (OR=.822,  $p<.001$ ) were less likely to have depression. Older adults who lived in rural areas (OR=.681,  $p<.001$ ) showed less likelihood of having depression. Older adults who had better life quality (OR=.553,  $p<.001$ ) revealed less likely to have depression. Having social services in the community (OR=.908,  $p<.05$ ) significantly lowered the likelihood of having depression among Chinese older adults. Implications for research, policy, and practice are discussed.