

connectedness for psychological wellbeing in later life. This finding is consistent with prior research demonstrating significance of social support in later life for the overall psychological wellbeing of the older adults.

LONGITUDINAL ASSOCIATIONS OF PHYSICAL TOUCH WITH LONELINESS AMONG OLDER ADULTS

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Older adults in the US face heightened risks for social disconnection, and the COVID-19 pandemic has further exacerbated this crisis. Physical touch is a key dimension of social connection that uniquely predicts physical and mental health benefits. However, most studies have been limited by cross-sectional designs, and no prior work has examined the long-term effects of physical touch on loneliness. To investigate the prospective association between physical touch and loneliness among older adults, this study utilized data from 1626 older adults (Mean age = 68, range = 57-85) who participated in Waves 1 and 2 of the National Social Life, Health, and Aging Project (NSHAP). Participants reported on their loneliness and physical contact with family and friends, as well as with pets, at both waves. Results revealed that more frequent physical contact with family and friends predicted larger decreases in loneliness over the subsequent five years ($p < .0001$), controlling for age, race, gender, health conditions, marital status, frequency of social interaction, and baseline levels of loneliness. Physical contact with pets had no unique effect ($p = .136$). To further assess directionality, models tested whether lonelier people experienced decreased touch over time, and the effects were null ($p > .250$). Taken together, this longitudinal study is the first to identify the unique contribution of human physical touch to prospective changes in loneliness, beyond the well-established effects of covariates, including social interaction frequency. Touch represents a compelling mechanism by which social isolation may lead to loneliness, which in turn raises risks for poor health and premature mortality.

MEASURING MINDFULNESS: ASSESSING THE UTILITY OF THE FFMQ IN THE OLDER VETERANS WITH DEMENTIA AND THEIR CAREGIVERS

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Mindfulness is increasingly popular as a low cost, convenient, and accessible way to address mental health and chronic health conditions. Despite its popularity, best practices in measuring mindfulness in clinical settings and intervention research are still being defined. The Five Facet Mindfulness Questionnaire (FFMQ-15) measures mindfulness traits; however, its use has been limited in older adults, those with dementia, and caregivers. Method: Caregivers (N=82) and veterans with dementia (N=62) enrolled in a randomized

pilot intervention study completed the 15-item FFMQ at baseline, 6-month, and 12-month assessments. Veterans were mostly male (98%), White/Caucasian (65%), and living with a partner/spouse (79%). Caregivers (M=65 years old) were mostly female (89%) and White/Caucasian (66%). FFMQ response options were simplified to a 3-point Likert-scale for individuals with dementia (0=rarely true to 2=often true). Results: Internal consistency statistics (Cronbach's alphas) at the scale-level were acceptable among caregivers at baseline and 6-months (.71-.75) but questionably reliable at 12-months (.59, N=46). For individuals with dementia, the simplified version of the FFMQ (with 3 response options) achieved questionable reliability at baseline (.57, N=56) and 6-months (.67, N=32), but improved to acceptable at 12-month assessments (.75, N=15), after significant attrition. Conclusion: Researchers should apply caution when using the FFMQ total score with caregivers and those with cognitive impairments. Though simplified response options eased administration, utility of the tool may be limited in those who are more impaired. Before mindfulness measures can be used meaningfully, reliability of available tools like the FFMQ-15 need to be examined in more diverse samples.

MEASURING UTILITY OF VASS ELDER MISTREATMENT SCREENER WITHIN COMMUNITY DWELLING U.S. CHINESE OLDER ADULTS

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Elder mistreatment (EM) is often underreported, making potential screening a valuable tool. There is limited literature on the screening utility, especially for minority populations. This abstract aims to study sensitivity and specificity of a commonly used 10-point EM screener compared to a detailed EM questionnaire among Chinese older adults. This study used data from a representative sample of 3,157 community-dwelling U.S. Chinese older adults 60+. Chi-squared test was conducted between VASS 10-questionnaire screener and EM measured by 56 items on psychological, physical and sexual mistreatment, caregiver neglect and financial exploitation subtypes. Sensitivity and specificity was calculated using the Bayes Theorem. In this sample, average age was 72 and 59% female. 637 (20.30%) reported any EM while 475 (15.14%) older adults screened positive for EM. Of participants reporting any EM, 365 (57.30%) did not screen positive for EM. The screener had a sensitivity of 42.70% and specificity of 91.88% for all EM subtypes. Gaps between reported EM and negative EM screener is smaller in psychological (sensitivity 72.85%, specificity 91.07%) and physical (sensitivity 63.64%, specificity 86.66%) EM subtypes, but much larger in financial exploitation (sensitivity 34.60%, specificity 86.85%) and neglect (sensitivity 14.11%, specificity 84.75%). The VASS screener demonstrates poor sensitivity but acceptable specificity rate for any EM. The screener showed better sensitivity and specificity for physical and psychological mistreatment, but performed worse for more common forms of mistreatment like financial exploitation and neglect. Modifying this screener may improve sensitivity and specificity in identifying EM.