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Service refusal, where patients actively refuse clinicians' recommendations for additional services needed to achieve safe and full recovery after discharge, is a key but often overlooked cause of readmissions. There is a dearth of literature on the extent of service refusal and providers' (e.g. clinicians, nurses, social workers) observations regarding how to deal with these situations. As part of a larger, 10 VA site organizational case study of readmission, semi-structured interviews exploring causes of readmission were conducted with 21-41 staff members at each site (n=314). 41 providers identified Veteran service refusal and decision-making as causes of readmission. Providers acknowledged the need to honor patient autonomy/self-determination in decisions while at the same time worrying about potential adverse outcomes. Incongruence between Veterans' and providers' perceptions (especially for capacity for self-care), goals, and discharge plans was also cited as a factor in service refusal. Frustration was also raised about initial acceptance of service followed by refusal at time of service delivery. Providers also felt readmissions increased even further when combined with lack of or inadequate caregiving arrangements/family support, lack of cognitive capacity, homelessness, or home care affordability. Findings point to the need for interventions to evaluate congruence between provider and patient assessment of self-care capabilities and provide more in-depth goal setting and motivational interviewing techniques to help patients reach more realistic post-discharge care goals.

Session 3400 (Symposium)

HEALTH DISPARITIES RESEARCH WITH THE NATIONAL INSTITUTE ON AGING (NIA)

Chair: Cerise Elliott

Co-Chair: Patricia Jones

Discussant: Patricia Jones

The National Institute on Aging has taken special efforts to support research endeavors that explore ways to address health disparities. For example, the NIA Health Disparities Research Framework was developed in 2015 to provide a visualization of priority areas in Aging Research. The Framework can help researchers assess advances and potential opportunities for stimulating and supporting rigorous methods to address health disparities in Aging Research among the phases of research. The goal of this symposium is to highlight the different resources and research opportunities that NIA offers to support aging researchers, centers, and institutions for health disparities-related research or programs. Dr. Ron Kohanski will present a concept piece on how laboratory animals might be leveraged to mimic the impact of early life disparities on aging over the life-course, based on research in the hallmarks of aging support by NIA's Extramural Division of Aging Biology. Dr. Damali Martin will identify the different resources focused on health disparities related research within the Division of Neuroscience. Dr. Lyndon Joseph will discuss the different health disparities

research opportunities that are available from the Division of Geriatrics and Clinical Geriatrics. Dr. Frank Bandiera will highlight the different resources and research opportunities that are available to address health disparities within the Division of Behavior and Social Research. These presentations, taken together, will provide important information that bolsters knowledge of resources and research opportunities to address health disparities over the lifecourse and in late life.

CRITICAL THOUGHTS ABOUT HEALTH DISPARITIES WITH THE NIA DIVISION OF NEUROSCIENCE

Damali Martin,¹ and Cerise Elliott,² 1. NIA, NIH, Bethesda, Maryland, United States, 2. National Institute on Aging, Bethesda, Maryland, United States

Population-based health disparities studies requires improved research design and appropriate research questions for investigation that will inform evidenced-based interventions and prevention strategies. The NIA Division of Neuroscience is committed to supporting new studies that 1) invests in health priorities as reflected by needs of minoritized populations (e.g. Race/Ethnic minorities; Rural or Sexual Gender Minorities); 2) examines Alzheimer's Disease and cognitive changes across the individual lifespan; and 3) understands intersectionality of cohorts and minimize potential biases in participant selection. This brief session will outline updated steps to permit critical thought about the use of the NIA's Health Disparities Framework to examine relevant biological, sociocultural, behavioral and environmental across multiple levels of influence.

THE DIVISION OF AGING BIOLOGY ON BASIC RESEARCH IN HEALTH DISPARITIES

Stacy Carrington-Lawrence,¹ and Ronald Kohanski,² 1. Division of Aging Biology/ NIA/ NIH, 2. National Institute on Aging, Bethesda, Maryland, United States

The core mission of the Division of Aging Biology is to explore the molecular and cellular mechanisms of aging. Work supported by the Division is best known for research using laboratory animals, but we have a less well-recognized program of research engaging human participants. With a goal expanding our presence in clinical research and the hope that we can have an impact on health disparities, this talk will provide an overview of how our grantees approach basic mechanistic questions of aging in human communities. In addition, a forward-looking but speculative presentation will be made on ways in which laboratory animals might be used to study health disparities from the perspective of hallmarks of aging.

HEALTH DISPARITIES SCIENTIFIC RESEARCH IN THE DIVISION OF GERIATRICS AND CLINICAL GERONTOLOGY

Lyndon Joseph, NIA, Bethesda, Maryland, United States

The Division of Geriatrics and Clinical Gerontology (DGCG) supports clinical and translational research on health and disease in the aged, and research on aging over the human lifespan, including its relationships to health outcomes. Key areas include development of new interventions for age-related conditions and pathologies, prevention and treatment of multiple chronic conditions, geriatric palliative

care, factors influencing the progression of chronic diseases over the life span, and predictive markers of aging that may inform potential interventions for extension of health span. Population diversity and health disparities are critical aspects of science that cut across DGCG research areas. This presentation will highlight several examples of DGCG-supported studies related to health disparities and discuss potential future research directions. One potential upcoming research area of interest involves leveraging large data sets to examine disparities in risks and benefits of long-term osteoporosis drug therapy and drug holidays according to racial and ethnic groupings

NIA DIVISION OF BEHAVIORAL AND SOCIAL RESEARCH PRIORITIES IN HEALTH DISPARITIES

Frank Bandiera, *National Institute on Aging, Bethesda, Maryland, United States*

This presentation will include priority research areas in health disparities in the NIA Division of Behavioral and Social Research (BSR). It will include a portfolio analysis and description of BSR program and research in health disparities. Specifically, the 2019 BSR National Advisory Committee on Aging (NACA) recommended BSR's number one research priority in health disparities. In 2020 BSR held a workshop on structural racism. BSR supports funding announcements in health disparities in Alzheimer's Disease and Related Dementias, sleep, Native American Health, and immigration among others. Key themes for BSR include racial disparities that often center on context and resources, that is, factors such as residential segregation, rurality, individual and neighborhood SES, and access to health care; persistent racial differences in chronic health conditions; disparities in health systems; immigration and nativity closely linked with race and health outcomes; and racial discrimination linked to poorer mental health and psychological stress.

Session 3405 (Paper)

Healthy Aging and Health Promotion

DYNAMIC ASSOCIATIONS BETWEEN LIFESTYLE FACTORS AND POSITIVE AND NEGATIVE AFFECT IN MIDDLE-AGED AFRICAN AMERICANS

Raheem Paxton,¹ Chuong Bui,² Rebecca Allen,¹ and Edward Sazonov,² 1. *University of Alabama, Tuscaloosa, Alabama, United States*, 2. *University of Alabama, University of Alabama, Alabama, United States*

Purpose: The purpose of this study was to examine the dynamic association between lifestyle factors and both positive and negative affect in middle-aged African Americans. **Methods:** Study participants (N = 69, Mean age=51 years, 80% female) were recruited from two African American churches in the Deep South. Participants completed daily surveys on positive and negative affect, physical activity, sedentary behavior, diet quality, and sleep quality daily for up to 10-days. Mixed-effect models were used to examine associations between the variables of interest. **Results:** On days that participants were more active, they experienced higher mean positive affect (P = .015) and lower mean negative affect (P = .028) scores. Conversely, more time spent sitting in

lagged models (i.e., T-1) was associated with higher mean negative effect (P = .001) and lower mean positive effect (P = .040) scores. In lagged models, better sleep quality was associated with higher positive effects (P = .007) scores but reported lower negative effects (P < .0001) scores on the same day. Lastly, on days where diet quality was higher, positive effect scores were higher (P < 0.05). Association between diet quality and positive effect was moderated by age (P = .025). **Conclusion:** The data suggest that same and previous day health behaviors may have a significant impact on the health and well-being of middle-aged African Americans. More research is needed to determine whether these behaviors can be targeted in real-time as a means of improving mental health outcomes in this population.

INTRINSIC CAPACITY AND ITS RELATIONSHIP WITH LIFE SPACE AREA (INCREASE) IN COMMUNITY-DWELLING OLDER ADULTS

Jia Qi Lee,¹ Yew Yoong Ding,² Laura Tay,³ Aisyah Latib,³ and Yee Sien Ng,⁴ 1. *Duke-NUS Graduate Medical School, Singapore, Singapore*, 2. *Geriatric Education and Research Institute, Singapore, Singapore*, 3. *Sengkang General Hospital, Singapore, Singapore*, 4. *Singapore General Hospital, Singapore, Singapore*

Intrinsic capacity (IC), defined as 'the composite of all physical and mental capacities of an individual', is of increasing interest in geriatrics as a potential multidimensional measure of health in older adults. According to the International Classification of Functioning, Disability and Health (ICF) framework, IC, through its interactions with environmental factors, determines a person's participation in the community. However, there is lack of empirical evidence demonstrating this association. The primary aim of this study was to examine the association of IC with Life Space Area (LSA; a measure of participation) among community-dwelling older adults. The secondary aim was to determine whether age and gender modify this relationship. Cross sectional analysis was performed on data from the Individual Physical Proficiency Test for Seniors (IPPT-S) study conducted in the Northeastern region of Singapore. Standardized IC factor scores were calculated through confirmatory factor analysis using variables that represented the 5 IC domains. Association of IC with LSA and its effect modification by age and gender were examined with regression analyses. The study included 751 participants with mean age of 67.6 and mean LSA score of 88.6. IC showed a positive and significant association with LSA (B=6.33, P<0.001) and the effect remained significant even after controlling for potential confounders (B=4.76, P<0.001). Age and gender did not show significant modification on this relationship. Our findings support the empirical rigour of the ICF framework and provide guidance for healthcare providers who aim to enhance life space mobility and promote healthy aging in older adults.

PERCEPTIONS OF HEALTHY AGING AMONG COMMUNITY-DWELLING OLDER PERSONS IN AN URBAN SLUM IN IBADAN, NIGERIA

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Background: Healthy Ageing is the process of the development and maintenance of functional capacity which allows