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As the growth of the population aged 65 and older is projected to be one of the most substantial demographic trends in history, geriatricians and other professionals working with older adults will be regularly consulted for opinion regarding an individual's testamentary capacity (Brenkel et al., 2018). For individuals with severe cognitive and psychiatric impairment, the reduced capacity to make decision is evident. However, testamentary capacity among individuals with mild or moderate cognitive impairment has been mixed: some patients with mild cognitive impairment may be incapable of will making, while other patients with moderate cognitive impairment may have testamentary capacity (Spar & Garb, 1992). While several measures of testamentary capacity have been developed, these instruments are either not available for clinicians or lacks the sophistication of a comprehensive assessment (Marson, Huthwaite, & Herbert, 2004; Papageorgiou et al., 2018). With increasingly complex modern family structures (e.g., multiple marriages and stepchildren from these relationships), together with a projected largest transfer of wealth in human history about to occur in the next 30 years (Havens and Schervish, 2003), more standardized assessment procedures for testamentary capacity will be valuable for clinicians working with geriatric populations. In this study, healthy community-dwelling older adults and patients with Major Neurocognitive Disorder due to Alzheimer's disease were recruited to participate in a validation study of a proposed testamentary capacity measure. Preliminary findings and implications are discussed.

METHODOLOGICAL STRATEGIES AND CHALLENGES FOR EVALUATING PARTICIPANT VIEWS ON DEMENTIA RESEARCH RECRUITMENT

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There is an urgent need to expand enrollment in clinical Alzheimer's disease (AD) research. Current recruitment methods for AD research predominantly identify patients from primary/specialty clinic settings, potentially creating barriers for individuals unconnected to care. In response to these challenges, the 2018 National Strategy for Research Recruitment and Participation has called for the development of an applied science of recruitment to inform best strategies. However, progress in this area is hindered by methodological challenges to accurately measure AD patient/caregiver participant views on research participation. The objective of this presentation is to report methodological strategies developed to during a prospective qualitative study to investigate AD patient/caregiver views on acute care research recruitment and participation. Participants included patients with dementia (N=2) who had recently been hospitalized and/or their informal caregivers (N=15). We engaged in iterative development and revision of data collection approaches (i.e. semi-structured questions, audiovisual tools, interview guidance) through collaboration with a Community Advisory Board (CAB). Detailed memos were generated to document interview-related challenges, successes and revisions. Therapeutic misconception in delineating research from clinical care was common during interviews regardless of prior research participation. Interview strategies that focus on lived experiences, remove ambiguity from hypothetical recruitment scenarios, and incorporate supportive visual tools that clarify processes around recruitment improved data collection. Challenges included the lack of a common, shared language around recruitment, which was addressed through CAB guidance and input. In conclusion, thoughtful collaboration with community/lay advisers can successfully inform and data collection methods used in applied recruitment research.

THE INFLUENCE OF THE UNIVERSAL TWO-CHILD POLICY ON CHINA'S FUTURE AGING AND POPULATION

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China's aging situation is becoming more and more prominent, and both the people and the government are facing unprecedented pressure of providing for the aged. For this reason, the Chinese government began implementing a new family planning policy for couples to have two children since 2016 (referred to as "universal two-child policy"). In order to explore the impact of the newly released policy, our research is based on the sixth census of China. And first, we use the cohort-component method and a Leslie matrix to construct the population prediction model. Considering some certain unique factors in China, such as the significant urban-rural dual structure and the household registration system and so on, we divide the total fertility rate into urban and rural areas which fully reflects the characteristics of China's family planning policy. Then we predict and analyze the number and structure of China population between 2011 and 2050 based on the three scenarios of high, medium and low. And the results show that the Chinese population will present an inverted pyramid structure, and the population structure will continue to deteriorate. Besides, we adapt three indicators to analyze the aging trend in China, namely, the old-age coefficient, the population aging index, and the social dependency ratio. And the three indicators of China will continue to grow under the universal two-child policy with different changing rate, which means, the newly released policy will not change China's aging population growth trend and the severity of China's aging.

YOU'LL SEE: YOUNGER RESEARCHERS INTERVIEWING OLDER PARTICIPANTS

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In qualitative research, similarities and differences between the participant and researcher influence the research process and dynamics. Specifically, the age difference between older participants and relatively younger qualitative researchers is a common, but under-examined dynamic requiring nuanced, reflexive analysis. Using a life course

conceptual framing, this study explored age-related participant-researcher dynamics in interviews from two qualitative studies of older women's sexual experiences in later life. Participants included 25 women whose ages ranged from 55 to 93 and both studies were completed by the same researcher, a relatively younger woman (age 23 and 28 at times of data collection). A thematic analysis revealed three primary themes: 1) taking care - participants took care of the researcher by offering advice, asking about the researcher's life, and expressing hopes for a positive future, 2) expertise – varied expertise was demonstrated by the researcher (e.g. substantive and scholarly) and participants (e.g. life experience), and 3) researcher growth - the researcher's interviewing tactics shifted between the two studies (e.g. use of validation rather than consolation in response to aging-related concerns), indicating a shift in perceptions of aging and later life. Findings indicate that older women participants and younger women researchers are bound together through the life course, by shared gendered experiences, the fact that one will eventually become the other, and the mutual sharing of expertise and caring. Gerontology researchers must actively reflect on the impact of their own identities and aging perceptions on the interviewing process in order to enhance rigor in qualitative research.

THE TRUTH ABOUT AGE DIFFERENCES IN PERFORMANCE ON VARYING LENGTHS OF LIKERT-TYPE TEST ITEMS

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Guidelines for self-report assessment with older adults emphasize the use of shorter Likert-type or agree/disagree response formats to reduce cognitive load (e.g., Yesavage et al., 1983). However, these suggestions are not founded on empirical studies directly comparing younger and older adults' responses on different scales. Thus, the current study tested differential responding on varying Likert-type response scale lengths between younger, middle-aged, and older adults. Participants completed three versions of the International Personality Item Pool (IPIP) Neuroticism scale with 3, 5, and 7 Likert-type response scale lengths in counterbalanced orders with other questionnaires between versions. Six multi-group confirmatory factor analyses (CFAs) assessed measurement invariance across scale lengths and age groups. Invariance of convergent validity networks was also assessed with multi-group CFAs of the associations between the IPIP and measures of depression, anxiety, anger, worry, and affect. The final sample consisted of 835 adults (327 18-44; 279 45-64; and 229 65 or older) via Amazon Mechanical Turk. Measurement invariance was supported in analyses by age within each scale length and by scale length within each age group, indicating that response patterns across all scale lengths and age groups did not significantly differ. Analyses of convergent validity also supported invariance, suggesting that responses across all scale lengths and age groups reflect the same underlying construct. This study indicates that, among community-dwelling adults, shortened response scale lengths do not yield significantly

different or more valid responses for older adults compared to younger adults.

A MULTIDIMENSIONAL MODEL FOR POLYPHARMACY MEASUREMENT IN OLDER ADULTS: EVIDENCE FROM THE HEALTH RETIREMENT STUDY

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Polypharmacy is associated with increased health care costs and adverse health outcomes. Traditional research on polypharmacy uses dichotomous measures which overlook its multidimensional nature. We propose a new approach to grouping older adults based on the number and type of medications taken as well as other indicators of polypharmacy. Data was extracted from 1328 respondents of the 2007 Prescription Drug Survey (a sub-study of the Health Retirement Study) who were between 50 and 70 years old and taking ≥1 medication each month. Latent class analysis was carried out with the optimal number of classes assessed based on relative model fit (AIC, adjusted BIC) and interpretability. Latent classes were formed based on the number of medications, drug types, duration of medication intake, side effects, and presence of chronic health conditions. A four-class model was selected based on model fit and interpretability of the solutions. Although there was some overlap when we compared our model with standard cut-offs for polypharmacy (i.e., 'high polypharmacy' classes were more likely to take 5+ and 9+ medications), chi-square tests showed significant differences between our latent classes and cut-offs based on 5+ [X2 = 894; p<0.001] and 9+ medications [X2 = 398; p<0.001]. Among individuals taking <5 medications, our model differentiated two distinct types of 'low polypharmacy' based on the types of drugs reported. Our proposal to incorporate a multidimensional assessment of polypharmacy considers the wider context of medication use and chronic health in older age, moving beyond crude medication counts.

COGNITIVE INTRAINDIVIDUAL VARIABILITY TO MEASURE INTERVENTION EFFECTIVENESS: BALTIMORE EXPERIENCE CORPS TRIAL

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Studies investigating the effectiveness of intervention programs on cognitive ability in older adults are equivocal; however, these studies generally focus on traditional measures of cognition, and therefore may miss some improvements by not utilizing alternate measures. We evaluate the potential for intraindividual variability in cognitive speed