and whether the importance of the proposed mechanisms for well-being varied as a function of age. A community-based sample of 623 participants aged between 18 and 86 years (M = 48.78, SD = 16.74) was recruited via an internet-based research platform. Participants completed questionnaire measures of mindful characteristics (i.e., present-moment attention, nonjudgment, interoception, acceptance, nonattachment, and decentering), flexible goal adjustment, and well-being. Parallel mediation analyses using bootstrapping showed that both present-moment attention and nonjudgment provided significant pathways to (a) well-being through acceptance, nonattachment, and decentering; and (b) flexible goal adjustment through nonattachment and decentering. Furthermore, most aspects of mindfulness were positively associated with age. Conditional process analyses revealed that the direct relationships between (1) present-moment attention and well-being, (2) nonjudgment and well-being, and (3) decentering and flexible goal adjustment were significant for adults from around age 40 and became stronger with increasing age. The findings provide preliminary support for a recently proposed model of mindfulness and suggest that present-moment attention, nonjudgment, and decentering may become especially important for well-being across the second half of life. In particular, these aspects of mindfulness may represent psychological qualities that require a relatively modest investment of physiological and cognitive resources and can be targeted in interventions designed to enhance well-being in later adulthood.

PREDICTION OF THE NUMBER OF AND CARE COSTS FOR DISABLED OLDER ADULTS FROM 2020 TO 2050 IN URBAN AND RURAL AREAS IN CHINA

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Disability for the elderly has become a crucial policy concerns in rapidly aging Asia counties, especially in China. This study aimed to predict the trend of the number of and care costs for disabled older adults from 2020 to 2050 in urban and rural areas in China. Population Administration Decision Information System was used to predict the population of China by urban and rural areas and age group from 2020 to 2050. Monte Carlo simulation and Policy Simulation Model were used to estimate the number and care costs of disabled elderly between urban and rural areas, based on the Chinese latest census data, statistical yearbook, and national survey database. The total disabled population rises rapidly from 43.75 million in 2020 to 91.4 million in 2050, of which 69.7% were urban adults. Compared with the values in 2020, the growth rates of the adults with mild, moderate and severe disabilities were 108%, 104% and 120% in 2050, respectively. The value were 167% and 39% in urban and rural areas, respectively. By 2050, the total care costs increase from 538.0 billion yuan in 2020 to 8530.8 billion yuan, of which 80.2% occurs in urban areas. The predicted results indicate that the numbers and care costs for disabled older adults increase sharply from 2020 to 2050, especially in urban areas of China. It provided a series of evidence for the establishment of the long-term care insurance system in China.

A COHORT LONGITUDINAL STUDY OF SOCIAL CAPITAL AND DEPRESSIVE SYMPTOMS IN THE WISCONSIN LONGITUDINAL STUDY

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This study examined the association between the two dimensions of social capital, structural and cognitive, and depression, as well as investigating their within- and between-effects. Using the Wisconsin Longitudinal Study, I applied a multi-level 2-wave longitudinal analysis, over a 7-year period, to examine these two dimensions of social capital influence on individual's depressive symptoms at both the between- and within person levels. Results suggest both dimensions of social capital are negatively related with levels of depressive symptoms for individuals. The within-person changes for both self-efficacy and sense of belonging were larger than the estimates of between-effects, while trust and structural social capital effects were equal. These findings add to the growing body of literature examining depressive symptoms in late life, while also providing evidence for policymakers to hone in on key areas that can address depressive symptoms with social capital interventions.

NUTRITIONAL INTAKE AND STATUS AND PHYSICAL FUNCTION OF OLDER ETHNIC MINORITIES: A LONGITUDINAL STUDY

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There are limited longitudinal data regarding nutritional intake and status, and physical function in community-dwelling ethnically diverse older adults. This study explored these variables and their relationship at baseline (n=100) and after 8-months (n=81) among community-dwelling ethnically diverse older adults (≥60 years) in Birmingham, United Kingdom. Multiple pass 24-hour dietary recalls and the Mini Nutritional Assessment-Short Form assessed nutritional intake and status, respectively. The Short Physical Performance Battery(SPPB) and handgrip strength measured physical function. Linear and multinomial regression analyses were used to predict the relationship between nutritional intake, status and physical function. Mean(SD) age was 70(8.1) years (60% male), with 62% of the sample being obese. Significant decreases in intakes of vitamin B6(0.88-0.77mg/day, p=0.014); vitamin B1(0.73-0.63mg/day, p=0.029); iron(6.16-5.85mg/d, p=0.045); folate(113.23-106.66µg/d, p=0.043); and magnesium(154.54-144.59mg/d, p=0.031) occurred over time. At both timepoints, across sexes, daily intakes of all micronutrients except vitamin B12, phosphorus and manganese were below the Recommended Nutrient Intakes. There were significant declines in SPPB scores(Z=-4.01, p<0.001) and nutritional status(Z=-2.37,p=0.018) over time. At baseline, younger age, better nutritional status, and higher vitamin D and fibre intakes were associated with higher SPPB scores. At follow-up, higher baseline SPPB scores (OR=0.54 95% CI:0.35, 0.81) were associated with reduced decline in nutritional status. The observed declines in nutritional status and physical function, and the inadequate nutrient intakes in the absence of weight loss within eight months pose serious challenges to healthy ageing. There is an urgent need

to re-evaluate and tailor appropriate dietary advice for this population to support them to age healthily.

THE PREVALENCE OF ORTHOSTATIC HYPOTENSION AMONG HOSPITALIZED OLDER ADULTS AT RISK FOR FALLING

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Orthostatic hypotension (OH) may cause falls in hospitalized older adults. OH is a sustained drop of at least 20 mm Hg for systolic blood pressure or at least 10 mm Hg for diastolic blood pressure when changing position from supine to sitting, sitting to standing, or supine to standing. A recent systematic review revealed an inconsistent relationship between OH and falls. Orthostatic vital signs (OVS) measurement is often included in fall prevention initiatives. Some experts suggest that the time required to collect OVS and the possibility of measurement inaccuracy by nurses make this bedside screening unnecessary. The study aims were to determine: 1) the prevalence of OH, 2) if those older adults with documented OH experienced falls, and 3) the influence of medications known to be associated with OH and falls. Medication categories included antihypertensives, dopamine agonists, antipsychotics and antidepressants. A retrospective chart review was conducted on a convenience sample of 8,474 older adults on two Acute Care of the Elderly units at a large health system in the mid-Atlantic between 2015 and 2018. Results were determined using contingency tables and Chi-square analysis. More complex relationships were pursued using log linear models. The overall OH prevalence was 46.9% at some point during their hospital stay. Over the three years, 68 patients of whom 62% were hypotensive (p=.034). There was no statistical association of OH with medications or co-morbidities. The results demonstrate that although prevalent in almost half of this sample, orthostatic hypotension did not lead to falls.

EMBEDDING DEMENTIA-FRIENDLY TRAINING IN A HEALTH CARE SYSTEM

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Alzheimer's disease, the most common form of dementia, is now the 6th leading cause of death in the United States, affecting one in ten people over the age of 65. With our country's rapidly aging population, and age being the primary known risk factor for dementia, the number of people with dementia is expected to increase from 5.8 million in 2019 to 14 million in 2050. People with dementia are hospitalized more often and have prolonged stays, poorer outcomes, higher costs, and increased readmission rates. Hospital employees have expressed the desire to have specialized training to learn how to more effectively communicate with and provide better care to patients with dementia to minimize adverse outcomes and increase patient satisfaction. To better address these identified patient and hospital employee needs, the University of North Carolina's Center for Aging and Health (UNC CAH) is disseminating hospital-specific dementia-friendly training to four hospitals within the UNC Health Care System. The training is being delivered via online modules and follow-up didactic sessions to over 4,000 clinical and non-clinical staff who interact with patients. To monitor outcomes, pre and post training data is being collected on dementia patients' length of stay, readmission rates, and falls. The pilot project was conducted in 2019, and results of the pilot will be presented in the poster. The dementia-friendly hospital training initiative will prepare hospitals to provide better care for people with dementia, which should lead to improved health outcomes and more positive experiences for patients, caregivers, and hospital employees.

THE IMPACT OF NEIGHBORHOOD CONNECTEDNESS ON LIFE SATISFACTION AND SPIRITUAL EXPERIENCES ACROSS THREE AGE GROUPS.

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This study operationalized the third dimension of Rowe & Khan's Successful Aging model, social engagement, as neighborhood connectedness. We examined 2820 older adults in the MIDUS III dataset to assess the impact of neighborhood connectedness on life satisfaction and daily spiritual experiences. A composite scale for neighborhood connectedness (Cronbach = .745) was created. Linear regression analysis was undertaken for life satisfaction on daily spiritual experience, neighborhood connectedness, neighborhood environment and age controlling for gender, co-habitation, income, and disability. Regression analysis was also conducted for daily spiritual experience on the same variables. Analysis for each outcome variable was run three times to explore changes across three age groups of older adults (55-69, 70-85, and 86-100). Results of regression analysis found frequency of daily spiritual experience was a substantial and significant predictor of life satisfaction for all age groups (β= .211, β= .191, β= .208) Additionally, regression analysis revealed a higher level of neighborhood connectedness was the most powerful predictor of daily spiritual experience across all age groups (β= .329, β= .312, β= .327) This study demonstrates the applicability of operationalizing the Successful Aging model's social engagement dimension as neighborhood connectedness. This study also contributes evidence of the impact of daily spiritual experience on life satisfaction. Finally, the study supplies promising new evidence linking neighborhood connectedness with spiritual well-being.

MEASURING THE EFFECTS OF A CYCLING PROGRAM ON QUALITY OF LIFE OF OLDER ADULTS LIVING IN LONG TERM CARE

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Cycling Without Age (CWA) is a program offered in long-term care (LTC) homes around the world that allows older adults who are unable to ride a bicycle the pleasure of a bike ride again. Two residents sit in the front bench seat of a trishaw, and a volunteer bike pilot pedals the bike. A variety of