aged 60 years and more, using a cross-sectional survey design. Using a structured interview format, we interviewed 1005 older women from 7 out of 14 districts in the state through a stratified random sampling procedure. Multiple linear regression analysis results reveal that older women's healthcare access barriers significantly increased when they experienced a long duration of multimorbidity alongside poor recognition of autonomy and basic amenities available at health facilities. However, confidentiality, the ability to pay for healthcare expenditure, and the type of health care significantly improved healthcare access. In factors influencing older women's delay in treatment-seeking, optimal instrumental functionality in daily living, optimal quality of life and access to healthcare services significantly reduced delay in treatment initiation. Whereas poor health-seeking behaviors, long duration of multimorbidity, and the quality of basic amenities at hospitals significantly increased treatment initiation delay and explained 13.6% of the variance. In factors influencing older women's use of self-medication, advancing age, living in rural areas, optimal functionality, perception of providers' respect for confidentiality were associated with increased self-medication frequency. Whereas, better wealth status, prompt attention to older women's health needs, and basic amenities at hospitals significantly reduced their self-medication practice. Therefore, the optimal functional abilities, fewer morbidities, and optimal health system responsiveness significantly reduce healthcare access barriers and self-medication while improving older women's treatment-seeking behaviors.

A WINDOW TO TELEHEALTH GERIATRIC SOCIAL WORK JOB MARKET LANDSCAPE: A CROSS-SECTIONAL STUDY

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The purpose of this research study is to explore current Telehealth geriatric social work by describing its most recent job market characteristics. As part of a larger longitudinal research, data for this cross- sectional study was collected in January 2021. Three top job search engines, Google, ZipRecruiter, and Indeed, were used to collect data on Telehealth social work job openings. On each search engine, five searches were completed with the five key words: "social work" Telehealth jobs, LCSW Telehealth jobs, remote LCSW jobs, Telehealth "social work" jobs, and Telehealth "social worker" jobs. It analyzed 112 Telehealth geriatric social work job ads, 12.8% of total 873 ads from these fifteen searches. Results from descriptive and thematic data analysis show large, for-profit organizations are dominating the Telehealth geriatric social work field while small private practices are emerging during the pandemic. The study found Telehealth geriatric social work is providing vital continuum services to older people in communities, hospitals, and long-term care facilities at individual, family, and group levels. The results document innovative technological tools present new methods to engage, assess, and intervene, particularly with mental health needs. The Telehealth organizations are making the pitch to attract competitive professionals. While nearly 1/3 of the sampled organizations stated they intended to make Telehealth/remote positions temporary, the study concludes Telehealth has built its infrastructure and workforce to become an indispensable and ongoing part of gerontological and geriatric social work. Social work education, research, and practice must pay close attention to its implications in skill building.

CONTINUE OR NOT TO CONTINUE? ATTITUDES TOWARDS DEPRESCRIPTION AMONG COMMUNITY-DWELLING OLDER ADULTS IN CHINA

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Inappropriate prescribing of medications and polypharmacy among older adults could lead to avoidable harms. It is hence vital to stop potentially inappropriate medications in this vulnerable group. An approach coined 'deprescribing' has been used to describe a patient-centerd process of optimizing medication regimens. But patient resistance to discontinuing medication use is a significant barrier to deprescribing. The present study aims to describe attitudes towards deprescribing and to examine individual-based characteristics that might be associated with these attitudes among community-dwelling older adults in China. We conducted a cross-sectional study through in-person interviews using the validated Patients' Attitudes Towards Deprescribing questionnaire in two communities through the community-based physical examination platform. Participants were 65 years and older and had at least one chronic disease and one regular prescription medication. Of the 1,897 participants in the study, the average age was 74 years and 1,023 (53.9%) were women. The majority had one chronic disease (n=1,364 [71.9%]) and took 1-2 medications (n=1,483 [78.2%]). A total of 947 (50.0%) older adults reported being willing to stop taking one or more of their medicines if their physician said it was possible, and 1204 (63.5%) older adults wanted to stop a medicine been taking for a long time. Chronological age, marital status, number of chronic diseases, and self-rated health status were associated with the attitudes towards deprescribing. This study showed that half of the participants were willing to cease a medication that their physician though was no longer required. Individual-level factors were associated with attitudes towards deprescribing.

OLDER ADULTS' PERCEPTIONS AND USE OF PATIENT PORTALS: A COMPARATIVE ANALYSIS OF TWO SAMPLES

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Older adults can benefit from using patient portals. Little is known whether the perceptions and use of patient portals differ among diverse older adult populations. The aim of this study was to assess the difference in perceived usability of patient portals, self-efficacy for using patient

portals, and patient portal use between two adult samples aged 65 years or older. One sample was recruited from a health care system, including hospitals and clinics (n = 174), and the other sample was recruited from nationwide communities (n = 126). Conducting a secondary data analysis using two survey datasets, this study performed a series of linear and ordinal logistic regression analyses. The health care system sample had a higher mean number of chronic diseases and proportion of recent hospitalization than the community sample. The health care system sample showed higher perceived usability, self-efficacy, and usage frequency of patient portals compared to the community sample. eHealth literacy was a significant predictor of perceived usability and self-efficacy. Perceived usability was another significant predictor of self-efficacy. Self-efficacy and health condition variables significantly predicted the more frequent use of patient portals. Compared to the health care system sample, the relationship between perceived usability and use of patient portals was stronger and significant in the community sample. These findings suggest that approaches for promoting patient portal use should consider personal characteristics and health conditions of diverse older adult populations. Future research needs to focus on assessing the impact of using patient portals on older adults' health care outcomes.

PATTERNS OF HEALTHCARE COSTS AMONG OLDER ADULTS: DEMOGRAPHICS, HEALTH PERSONALITY, AND RESILIENCE

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The purpose of this study was to examine healthcare costs of older adults in relation to demographic characteristics, individual health personality traits, and resilience. Data included 3,907 participants, 65 and older, collected by a large provider of Medicare Supplemental Health Insurance. The Health Personality Assessment*, Brief Resilience Scale, total healthcare cost, and demographic information were used. In our sample, the average healthcare cost was $13,283.69 (SD=30,784.87), ranging from $0–$989,084, and higher healthcare costs were found among older, male, and less health-neurotic (i.e., lower health-related anxiety) adults. Configural frequency analyses were conducted to identify "types" and patterns of healthcare costs by age and gender. The following significant patterns emerged: Women in the oldest group with high healthcare costs and women in the young-old age group who had low healthcare costs occurred significantly more than expected by chance, p<.01. Next, we hypothesized configuration patterns for resilience, health personality, and healthcare costs. Results confirmed the following "types" or patterns occurring more often than expected by chance: less-resilient individuals with high health neuroticism and high healthcare costs, p<.001, and less-resilient, less-health-conscientious adults with high healthcare costs, p<.001. The results suggest higher healthcare costs for individuals who are less resilient, more neurotic about their health, and less disciplined in their health practices. Future intervention programs may benefit from promoting resilience, reducing health neuroticism, and increasing health conscientiousness. *The Health Personality Assessment (HPA) is

PSYCHOLOGICAL INFLEXIBILITY AND GERIATRIC PRIMARY CARE: TRANSFORMING PERI-URBAN AND RURAL AGING

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Based on the acceptance and commitment therapy (ACT) framework, human suffering is thought to be caused by psychological inflexibility. Psychological inflexibility is characterized by rigid avoidance of unpleasant experiences, fusion with unhelpful thoughts, lack of contact with the present moment, fusion with a narrow self-narrative, and lack of clarity and contact with one's core values in life. Psychological inflexibility captures the unhelpful or unworkable ways in which individuals respond to emotional discomfort. Research using samples of adults under age 65 indicate that psychological inflexibility is associated with poorer quality of life and mental well-being; however, the literature on psychological inflexibility in older adults is limited. Patients (N=129) ages 65 and older presenting to a Geriatric Primary Care clinic in the Deep South completed measures of depression, anxiety, subjective health literacy, and psychological inflexibility. Our team used the Acceptance and Action Questionnaire-II (AAQ-II), which is the most commonly used measure of psychological inflexibility. Anxiety ($r = 0.66$, $p < .001$) and depression ($r = 0.70$, $p < .001$) were moderately correlated with psychological inflexibility, which is consistent with the existing literature on psychological inflexibility in adults under the age of 65. Subjective health literacy significantly predicted psychological inflexibility, $b = –.058$, $t(127) = -4.07$, $p < .001$. This finding provides additional support for the importance of increasing health literacy among older adults in the Deep South, as it has implications in level of psychological flexibility and, thus, quality of life and mental well-being.

SELF-REPORTED UTILIZATION OF NUTRITION-RELATED RESOURCES IN VETERANS COMPARED TO NON-VETERANS

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As they age, Veterans are at elevated risk for developing nutrition-associated chronic diseases compared to their Non-Veteran counterparts. This is despite Veterans often being eligible for a variety of nutrition-related resources. This project compared self-reported utilization of community and government nutrition-related resources in male Veterans compared to Non-Veterans participating in the 2013-2014 and 2015-2016 National Health and Nutrition Examination Surveys. Veterans (mean: age: 59 years; BMI: 29 kg/m2; N=135) self-reported "yes" and Non-Veterans (age: 61 years; BMI: 30 kg/m2; N=230) self-reported "no to "ever having served on