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The Centers for Medicare & Medicaid Services defines a hospital readmission as an inpatient stay that begins within 30 days of the discharge date of an index admission, to the same or a different hospital. The aims of the study were to analyze the recurrent readmissions of older persons admitted to a community hospital with diagnoses of: Chronic Obstructive Pulmonary Disease (COPD), Pneumonia (PNA), and Congestive Heart Failure (CHF). Based on the results, we will develop additional strategies that can be used to reduce the rate for hospital readmission for older patients. A retrospective chart review of hospitalizations was conducted. Among 30 readmissions, the mean age was 79.5±14. The index disposition was distributed among three destinations: self-care (27%), home health organization (40%), and to skilled nursing home (33%). Most of the readmissions were for CHF (27%), COPD (10%), and PNA (13%), the only other large category include respiratory failure (10%). The readmission disposition was different from the index disposition: self-care (7%), home health organization (47%), and to skilled nursing home (20%). After hospital readmission within 30 days, older persons were more likely to be discharged to home health care organization than self-care, p<0.05. Actions that can be taken by hospitals to reduce 30-day readmissions to maintain older person independence include: clinical readiness of patients for discharge, proper infection prevention techniques, reconciling medications, good communication, and adequate patient education. This study reports that that older persons are at higher risk for unplanned hospital re-admissions and often lose their independence.

SESSION 10300 (LATE BREAKING POSTER)

HEALTH PROMOTION

ATTITUDES TOWARD AGING, PHYSICAL ACTIVITY, AND FUNCTIONAL LIMITATIONS TEN YEARS LATER IN MIDDLE AND OLDER ADULTS

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Positive attitudes toward aging have been associated with better functional health (Bryant et al., 2012; Levy, Slade, & Kasl, 2002; Sargent-Cox, Anstey, & Luszcz, 2012). The current study examined the mediational role of regular leisure-time physical activity (LTPA) in this association among middle-aged and older adults. Participants were 2,209 adults ranging in age from 40 to 75 at baseline (M = 56.19; 51.2% women) from the second and the third waves of the Survey of Midlife Development in the United States (MIDUS). The mediation model was tested in Mplus 7.4. The model tested the direct association and indirect association through LTPA of attitudes toward aging in MIDUS 2 with functional limitations in MIDUS 3 ten years later. Attitudes toward aging were measured as a latent variable with two indicators (subjective age and future health expectancies). Age, sex, race/ethnicity, education, marital status, and number of chronic conditions were included as covariates. Individuals with more positive attitudes toward aging reported less functional limitations ten years later ($\beta = -.43$, $p < .001$). Further, more positive attitudes toward aging related to higher levels of LTPA ($\beta = .20$, $p < .001$), which in turn predicted less functional limitations ten years later ($\beta = -.10$, $p < .01$). The indirect effect of attitudes toward aging on functional limitations through LTPA was statistically significant (indirect effect = -.02, $p < .01$). Positive attitudes toward aging operating through higher levels of LTPA may play an important role in functional health among middle-aged and older individuals.

BLUE ZONE REGION OLDER ADULTS MITIGATE ACES AND OTHER CHRONIC STRESS EXPOSURES

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Adverse Childhood Experiences (ACEs) has been linked to many negative health outcomes, including shortened lifespan. ACEs are prevalent in the US, where it is estimated that one in ten have experienced at least three ACEs. Knowing the adverse ACEs impact, it is important to understand mitigating factors, leading to healthier and longer life. Loma Linda, CA has been identified as a longevity hotspot region (LHR) and may provide insight into reducing impact of chronic stressors. Our purpose to interview LHR older adults regarding their childhood experiences to inform chronic disease prevention framework. We conducted a qualitative study with LHR community members. Childhood exposures and practices assessed using semi-structured key informant interviews (KIs), with questions informed by ACE International Questionnaire and supplemented with lifestyle and resiliency factor (RFs) questions. Data were audio recorded and transcribed. Integrative grounded theory methods guided coding and theming. Participants included 26 community members (14 aged 100 or older and 12 aged between 90 and 99) who reported numerous chronic stressors including ACEs and environmental exposures (i.e. household economic depression). Correlation analysis revealed overlapping of negative experiences. Several domains of protective themes (i.e. guiding presence, spirituality)—were identified in childhood, with potential to dampen chronic systemic inflammation—and many themes maintained across their life. Our findings show that even among older adults who are 90 or older there is a high prevalence of ACEs and stressors; however, many lifestyle protective factors were practiced by them, which may offset damage of stressors and positively influence health and longevity.

OLDER ADULTS' VACCINE HESITANCY: PSYCHOSOCIAL PREDICTORS OF INFLUENZA, PNEUMOCOCCAL, & SHINGLES VACCINE UPTAKE.

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Influenza, pneumococcal disease, and shingles are more prevalent in older people, with this group having an increased risk of developing severe illnesses and complications. These illnesses are preventable via vaccination, but uptake of these vaccines is low and decreasing year-on-year. However, little research has focused on understanding the

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reasons behind vaccine hesitancy in older adults. We implemented a cross-sectional survey to determine the self-reported vaccination behaviours of 372 UK-based adults aged 65-92 years. We assessed previous uptake and future intention to receive the influenza, pneumococcal, and shingles vaccines. Participants also self-reported their health and socio-demographic data, and completed two scales measuring the psychological factors associated with vaccination behaviour (5C and VAX scales). Self-reported daily functioning, cognitive ability, and social support were also assessed. Considerably more participants had received the influenza vaccine in the last 12 months (83.6%), relative to having ever received the pneumococcal (60.2%) and shingles vaccines (58.9%). Multivariate logistic regression analyses showed that a lower sense of collective responsibility independently predicted lack of uptake of all three vaccines in this population. Greater calculation of the disease/vaccination risk and preference for natural immunity also predicted not getting the influenza vaccine. For both the pneumococcal and shingles vaccines, concerns about profiteering predicted lack of uptake. Therefore, more understanding of vaccine benefits and disease risks may be required for these vaccines. Additional qualitative data generally supported these findings, which can contribute to future intervention development and research targeted at more diverse groups (e.g. older adults with cognitive impairments).

SCREENING OLDER ADULTS FOR HEARING LOSS IN PRIMARY CARE: INSIGHTS OF PATIENTS, PROVIDERS, AND STAFF

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Over one-third of older adults have a disabling hearing loss, with potentially severe implications for well-being. Hearing screening is not routine in primary care (PC) and patients are relied upon to report hearing concerns. We compared outcomes of three approaches to linking telephone-based screening with PC (providing information at PC visit, encouraging at visit, or completing at visit). This poster presents results of focus groups/interviews with providers and staff from participating clinics (n= 35), study enrollees who completed screening and were referred for diagnosis (n=14), and enrollees who did not complete screening (n=12). Results show that most patients had prior hearing concerns they had not reported to their PC. Patients forgot or were resistant to completing screening at home. Negative attitudes towards admitting hearing loss and using hearing aids were common; experiences of family and friends influenced many patient attitudes, both negative and positive. PC personnel wish to help, but are challenged by lack of time, space, and reimbursement for screening, and loathe to screen when specialty care and hearing aids are costly. Study results indicate that relying on patients to report hearing concerns is inadequate. Integration of hearing screening into PC would be helped by strengthening reimbursement for screening, specialty care, and hearing aids, and education of both providers and patients on other available treatments for hearing loss. Patients also require education on hearing aid technology. There is a need to address stigma associated with hearing loss, taking into consideration the influence of family and friends on attitudes.

SESSION 10310 (LATE BREAKING POSTER)

LONG TERM CARE

IS HEALTH INFORMATION EXCHANGE USE BY HOSPITALS AND HOME HEALTH AGENCIES ASSOCIATED WITH LOWER READMISSION RATES?

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For older adults transitioning from the hospital to home health agencies (HHAs), clinical information exchange is key for optimal transitional care. Hospital and HHA participation in regional health information exchanges (HIEs) could address fragmented communication and improve patient outcomes. We examined differences in characteristics and outcomes for patients with either Medicare or Medicare Advantage (MA) insurance who transitioned from hospitals to HHAs based on HIE participation with 2014-2018 data from the Colorado All Payer Claims Database. We performed analyses including chi square and t tests to compare patient characteristics and 30-day readmission rates for high versus lower HIE use, determined by HIE participation (+) and non-participation (-) among HHAs and hospitals: High HIE use dyads (Hospital+/HHA+) were compared to lower HIE use dyads (Hospital+/HHA-, Hospital-/HHA+, Hospital-/HHA-). We identified 57,998 care transitions from 123 acute care hospitals to 71 HHAs. On average, patients were 75 years old, had a three day hospital length of stay, over half were female (58%), 82% had Medicare and 18% had MA insurance. Although most characteristics were similar between high versus lower HIE use dyads, high HIE use dyads had a higher proportion of Medicare patients compared to the lower HIE use dyads (85% vs 79%, $p < 0.001$). Thirty-day readmissions were 12.4% for care transitions that occurred among high HIE use dyads (n=27,784) compared to 12.8% among lower HIE use dyads (n=32,929, p=0.102). For adults transitioning from hospitals to HHAs among high HIE use dyads, a trend toward lower 30-day readmission rates was identified.

MINDFULNESS INTERVENTION BENEFITS OLDER ADULTS RECEIVING REHABILITATION SERVICES IN LONG TERM CARE

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Research literature includes preliminary examination of mindfulness in rehabilitation settings; however, further investigation is warranted. Some of the strongest findings to date are adaptation improvements such as self-efficacy, increased quality of life, and decreased stress. The purpose and aims of this pilot feasibility and acceptability study were to

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