functioning (e.g., ability to recognize someone across the street). “Participation” was operationalized using 6 items that assessed participation in social and community-based activities (e.g., visiting friends, participating in classes). SRH (measured in 2016) was assessed using a single item asking participants to rate their health on a scale ranging from excellent to poor. We assessed key relationships while holding ICF’s other health dimensions constant. Functional vision status was statistically associated with SRH in models containing all covariates. Participation variables reduced but did not eliminate the effects of vision, suggesting a partial mediating effect—that is, part of the association between vision and SRH was explained by participation factors. These results point to the importance of developing community support and reducing barriers to participation by older adults with functional vision impairments.

FOOD ASSISTANCE PROGRAMS AND REDUCED HOSPITALIZATIONS FOR OLDER ADULTS WITH DIABETES

Monyca L. Johnson,1 and Sarah E. Walsh1, 1. Eastern Michigan University, Ypsilanti, Michigan, United States

Diabetes is an increasingly common and costly condition for older adults. Each year, as many as 1 in 3 Medicare dollars is spent to treat and manage diabetes and associated comorbidities for people with diabetes. To control health care spending in the US, it is imperative that we identify factors for reducing hospitalizations for these individuals. We used data from round five of the National Health and Aging Trends Study to identify predictors of hospitalization in the past 12 months for Medicare recipients ages 65 and older with diabetes. Previous research on the social determinants of health has demonstrated that social stressors like poverty and exposure to racism are associated with poorer health outcomes overall, but we did not find a statistically-significant association between race, gender or Medicaid dual-eligibility and hospitalization for our study population. Notably, receipt of SNAP benefits, Meals on Wheels services or other food assistance was associated with a 43% reduction in the risk of hospitalization in the past 12 months. As previous research has linked food insecurity with poorer medication adherence among individuals with Type II diabetes, food assistance programs appear to be an effective strategy for reducing hospitalizations associated with diabetes and its comorbidities.

USE OF COMPLEMENTARY THERAPIES BY SEXUAL MINORITY OLDER ADULTS: FINDINGS FROM THE NATIONAL HEALTH INTERVIEW SURVEY

Joel G. Anderson,1 Jason D. Flatt,2 Jennifer Jabson,1 and Whitney Wharton3, 1. University of Tennessee, Knoxville, Knoxville, Tennessee, United States, 2. University of California, San Francisco, San Francisco, California, United States, 3. Emory University, Atlanta, Georgia, United States

Sexual minority (lesbian, gay, bisexual; LGB) older adults age 50+ experience a higher prevalence of chronic disease and disability, as well as a poorer physical and mental health status. Many adults use complementary and integrative therapies, particularly mind-body therapies, as health-enhancing approaches and to support wellbeing. However, no study to date has examined the use of mind-body therapies among sexual minority older adults. We examined data from the 2017 National Health Interview Survey to determine the use of mind-body therapies by sexual minority older adults (aged 50+), as well as the influence of health and wellbeing characteristics on mind-body therapy use, compared with their non-LGB counterparts. Sexual minority older adults overall reported higher usage (36%) of mind-body therapies compared with their non-LGB counterparts (22%), with lesbians reporting the highest use (41%). Sexual minority identity was a significant predictor of mind-body therapy use, with LGB adults roughly two times more likely to use a mind-body therapy after controlling for chronic disease status and other wellbeing measures. Future research is needed to explore the reasons sexual minority older adults use complementary and integrative therapies, as well as potential development of mind-body interventions targeted toward this population to address stress and quality of life.

RACIAL DIFFERENCES IN CONTEMPLATIVE PRACTICES IN LATER LIFE: EXAMINING THE ROLE OF SES AND HEALTH DISADVANTAGE

Nirmala Lekhak,1 Tirth Bhatta,2 and Timothy Goler1, 1. University of Nevada Las Vegas, Las Vegas, Nevada, United States, 2. UNLV, Las Vegas, Nevada, United States, 3. Case Western Reserve University, Cleveland, Ohio, United States

Substantial scholarly attention has been placed on prayer as a buffer of life events’ adverse influences on well-being in later life. The disproportionate distribution of adverse life events among Black adults has also attracted scholarly interest in racial differences in contemplative practices. Black adults have been found to more likely engage in private prayer than White adults, whereas studies have observed an opposite pattern for meditation. The contribution of stratification in socioeconomic status and health to racial differences in contemplative practices, especially in meditation has received relatively less attention. Drawing from a subsample from Health and Retirement Survey (N = 1102), this study takes a next necessary step to assess the contribution of socioeconomic status, multimorbidity, and depressive symptoms to racial differences in both prayer and meditation use in later life. Consistent with prior studies, the odds of engaging in private prayer (OR=2.78, p<0.01) was higher among Blacks than White older adults. Our findings of higher odds (OR=2.92, p<0.001) of meditation among Black older adults than White older adults, however, do not align with previous studies. The disadvantage in socioeconomic status, health, and psychological well-being completely explain racial differences in prayer, but this difference in meditation persist even after adjusting for those factors. Our findings call for further research on contextually influenced underlying individual motivations that drive older adults of different racial and social economic groups to engage in various contemplative practices. Further research is also warranted on how older adults, particularly Blacks differentiate between private prayer and meditation.

IMPLEMENTING THE AGE-FRIENDLY HEALTH SYSTEM INTO CVSMINUTE CLINICS

Mary A. Dolansky,1 and Anne polnert1, 1. Case Western Reserve University, Cleveland, Ohio, United States, 2. CVSMinute Clinic, Rhode Island, United States
Each day, 10,000 individuals in the United States turn 65 and nearly 30% of our nation’s 884 million ambulatory care visits involve patients ages 65 and older. With this trend, the use of convenient care settings for treatment for chronic conditions associated with aging such as diabetes and hypertension is emerging. The need for the delivery of age-friendly care in convenient care settings is essential to ensure high quality and safe care. CVS MinuteClinic® and the Institute for Healthcare Improvement (IHI) will present the plan and preliminary findings for the extension of the IHI’s Age-Friendly Health Systems initiative into the CVS MinuteClinic. The Age-Friendly Health System model includes 4 Ms: What Matters, Medications, Mentation, and Mobility as essential components for care delivery. The presentation will include (1) the partnership with the IHI’s Age-Friendly Health System Action Community, (2) a demonstration of the Age-friendly Virtual Clinic and learning platform that includes training modules and practice-based tools to facilitate assessment and action steps for the implementation of the 4Ms based on Age-Friendly Health System content, and (3) the evaluation logic model that will be implemented. The implementation plan will provide the framework to embed age-friendly process and outcome measures into the CVS MinuteClinic electronic health record platform, Epic. The project will impact all 1,100 CVS MinuteClinic locations across the nation.

SESSION 900 (POSTER)

INTERDISCIPLINARY EDUCATION IN GERONTOLOGY AND GERIATRICS

SIGNIFICANT PREDICTORS OF INTEREST IN GERIATRICS AMONG LOW, MIDDLE, AND HIGH INCOME COUNTRIES
Grace Karikari,1, David K. Lohrmann,1 and Lesa L. Huber1, 1. Indiana University School of Public Health, Bloomington, Indiana, United States

Even though the demands for physicians with geriatric related specialties are higher than the available experts around the world, some countries and economies seem to be more impacted by the workforce shortage than others. This systematic review consolidated scientific evidence reporting the significant predictors of interest in pursuing a geriatric career among medical students’ in different countries. A 20-year (1998 – 2018) systematic literature review of high-quality primary research articles was conducted using PubMed, ERIC (EBSCO), Embase and Cochrane Library. Eleven articles (n =11) met the eligibility and quality assessment criteria. For analysis, studies were categorized into (i) low- and middle-income countries and (ii) high income countries, based on the WHO and the World Bank’s income grouping for the 2019 fiscal year. Medical students involved in this review were n = 1,683 representing students from different fields of medicine and year groups. The two most significant predictors of interest in geriatrics in the high-income countries were (1) positive attitudes towards the elderly and (ii) participation in a geriatric related intervention. Lack of published peer-reviewed articles from the low and middle-income countries limited the researchers’ ability to evaluate the similarities and differences between the two income groups. There is an overall need to stimulate interest in geriatric specialization among medical students. Leaders of the LMICs should invest in geriatric education and research in order to promote interest in the field, increase the geriatric workforce, and ultimately, improve the quality of life of the elderly in their respective countries.

DEVELOPMENT AND IMPLEMENTATION OF AN INTERDISCIPLINARY HONORS COURSE ON AGING
Mary C. DiBartolo1, 1. Salisbury University, Salisbury, Maryland, United States

With the aging of Baby Boomers, 2030 will mark the first time in U.S. history that those aged 65 and older will outnumber children. This population shift is expected to place unprecedented demands on the healthcare system in terms of both volume and complexity of care. Given these population shifts and emphasis on an interdisciplinary approach to care, a 4-credit Honors aging course was developed for Honors students in nursing and other health-related majors. Aging Reexamined, Reimagined is offered in a discussion/seminar format with limited enrollment to allow for deep reflective discourse about pertinent issues affecting older adults. Topics include physical/cognitive changes, ageism, Alzheimer’s disease, sexuality, aging in place, polypharmacy, addiction, depression, caregiving, elder justice, and end-of-life care. Guest speakers share their expertise on selected issues, otherwise students alternate leading discussions on remaining topics. There are three focused reflections on assigned experiences which include conducting a videotaped interview with a retired community-based older adult, attending a support group or senior center activity, and visiting a center to view various physical/technological adaptive aids that maintain mobility and independence in the home. There is also a culminating research paper on an issue of their choice. Student evaluations are overwhelmingly positive; comments include gaining in-depth knowledge about the unique needs of this population and the importance of healthy aging with an emphasis on a positive, inter-professional approach to care. It is incumbent upon educators to better prepare students to recognize ageist attitudes, as well as address the significant impact of this “longevity revolution”.

THE IMPACT OF AN INTERPROFESSIONAL SIMULATION ON TEAM COMMUNICATION AT THE END OF LIFE
Anne Halli-Tierney,1 Megan E. Lippe,1 Alexandra Stanley,1 Allison Ricamato,1 and Robert E. McKinney1, 1. University of Alabama, Tuscaloosa, Alabama, United States

It is increasingly important that healthcare professionals understand how to care for patients at the end of life, especially as 75% of hospital deaths occur in the geriatric population. Many new healthcare profession graduates feel under-prepared to provide end-of-life care. Healthcare education programs must provide education on interprofessional communication and end-of-life care. This study explored the effects of an interprofessional end-of-life simulation on medical, social work, and nursing students’ communication skills. Across three simulation phases, teams were required to communicate with the patient (high-fidelity manikin), family members (scripted actors), and team members about...