Hospice Compare site data. No study has examined Yelp hospice reviews and compared the themes identified in Yelp reviews to the topics addressed by CMS’s HC measures. To better understand how consumers perceive hospice care, we drew a purposeful sample of 67 hospices in California. Researchers used grounded theory to identify themes and categories within the hospice reviews. Each of two teams of two researchers independently coded the reviews and then met to compare coding and reconcile discrepancies until 100% consensus was reached. We coded a total of 692 consumer Yelp reviews, identifying 15 themes and grouping them under five overarching thematic categories: patient/caregiver-provider relationship; clinical care; agency competency; staff professionalism; and medical equipment and supplies. We found that overall Yelp comments were positive. The most frequently mentioned Yelp themes in hospice reviews were compassionate, caring staff; patient/family gratitude; and staff responsiveness. There was considerable overlap between the themes captured in HC caregivers survey items and Yelp. However, Yelp reviews cover a greater number and more diverse themes than those measures reported on the CMS Hospice Compare site. We recommend that consumers consider both HC and online review sites such as Yelp when evaluating a hospice.

PHYSICAL ACTIVITY IN EARLY AND MIDDLE ADULTHOOD PREDICTS LATER-LIFE MEMORY TRAJECTORIES VIA HEALTH PATHWAYS
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Physical inactivity measured during late-life is a modifiable risk factor for dementia, but many studies use concurrent assessments with limited longitudinal follow-up. Less is known regarding life course exposure to physical inactivity. Physical activity patterns at different ages may make independent contributions to dementia risk, which would point to multiple critical periods for intervention. Using Health and Retirement Study Life History Mail Survey data (N=4,396), latent growth curves tested whether retrospectively-reported activity in early (18-29 years) and middle (40-49 years) adulthood predicted later-life memory trajectories over 18 years (mean age at study entry = 60.56 ± 5.44; mean follow-up = 13.27 ± 4.03 years). Total metabolic equivalents were computed from reports of moderate and vigorous physical activity. Biennial memory performance was modeled from study entry (between 1996 and 2014) to 2014. Self-reported physical and mental health at study entry were modeled as independent mediators. Models were adjusted for age at study entry, sex, education, race, ethnicity, childhood socio-economic status, year of study entry, and year of mail survey enrollment. More physical activity at ages 18-29 and 40-49 were independently associated with better initial memory, but not subsequent memory change. The association between physical activity at ages 40-49 and initial memory was partially mediated by better mental and physical health. These observational results support the possibility that physical activity interventions during multiple stages of the adult life course might be effective at lowering dementia risk. In particular, mid-life physical activity may have broad effects on later mental, physical, and cognitive health.

CONSCIENTIOUSNESS, ACTIVITY ENGAGEMENT AND MOMENTARY AFFECT IN OLDEST-OLD ADULTHOOD
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Participation in meaningful activities may be particularly important for late life well-being. We examined associations of moment to moment variability in meaningful activity engagement with positive and negative affect in the daily lives of oldest-old adults. Moderating effects of conscientiousness on meaning-affect associations were also examined considering recent theorising that late life declines in conscientiousness could reflect adaptive self-regulatory processes. Participants were 73 adults aged 84 and above from the Australian Longitudinal Study of Aging Daily Life Time-Sampling (ADuLTS) study, who provided self-report data on activity engagement (including ratings of meaning and degree of challenge associated with activities) and affect on five occasions per day over seven days. Within-person variability in meaningful activity engagement was associated with positive and negative affect; however, these associations were conditional upon the extent to which activities were rated as challenging. Specifically, positive affect tended to be lower on occasions when activities were rated as less meaningful, but also more challenging. Similarly, negative affect was rated as lower on occasions when activities were regarded as more meaningful, and at the same time less challenging. Participants who were higher in conscientiousness reported higher overall positive affect, and associations of higher conscientiousness with lower momentary negative affect were evident on occasions when activities were rated as more challenging. Engagement in meaningful activity is associated with higher positive, and lower negative affect in late life, with these associations dependent on the extent to which activities are challenging. Findings are discussed in the context of self-regulatory perspectives on adaptation.

ANALYSIS OF THE EFFECTS OF SOCIAL CAPITAL ON SMOKING BEHAVIOR AMONG OLDER ADULTS IN CHINA
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By 2030, China will become the most aging country in the world. At the same time, China is the world’s largest producer and consumer of tobacco, also the largest victim of tobacco. Tobacco exposure is one of the most important risk factors for many chronic non-communicable diseases among older adults. Based on the data from China Health Retirement Longitudinal Study(2011&2015), we aim to analyze the effects of base-period social capital on current smoking behaviors among Chinese older adults of 60 and above (N=7686) with univariate analysis and ordered logit model. Results show that, older adults with high social trust (OR=0.783) preferred to choose not to smoke; those who had emotional support (OR=0.933) and financial support (OR=0.967) would be more possible to choose not to smoke; and older adults were more likely to choose heavy smoking if they had
two or more types of social participation (OR=1.223). This study demonstrates that social trust and social support are the protective factors of smoking behavior among Chinese older adults, while social participation was a risk factor. The Chinese government has launched "the 2030 Plan for healthy China" to promote people's healthy behaviors, and this study will provide good evidence for actions aiming at reducing smoking behaviors among Chinese older adults.

SESSION LB2570 (LATE BREAKING POSTER)

LATE BREAKING POSTER SESSION III

30-DAY READMISSION IN PATIENTS WITH CARDIOVASCULAR DISEASE: DO PATIENTS KNOW THEIR RISK BEFORE DISCHARGE?

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Cardiovascular disease (CVD) is the leading cause of disability and death in the United States, and older adults with CVD are at a high risk of readmission after discharge. This study examined whether patients’ perceived risk of readmission at discharge was associated with actual 30-day readmissions in patients with CVD. A standardized survey and electronic health records (EHR) were used to collect sociodemographic, psychosocial, behavioral, and clinical data on patients admitted to the Duke Heart Center (n=730). Prior to discharge, patients were asked their perceived likelihood of returning to the hospital for an unplanned/emergency visit within 30-days. Logistic regression models were used to examine all-cause 30-day readmission among patients who perceived low versus high readmission risk. Nearly 1-in-3 patients (31.4%) perceived high-risk of readmission at the time of discharge. Life stressors, poor self-rated health, and ADL limitations were associated with perceptions of high-risk. Patients who perceived high risk had significantly higher subsequent readmissions compared with low-risk (23.3% vs. 15.6% p=0.016). Among patients who perceived low-risk of readmission, those who were widowed, had adequate health literacy, and reported difficulty accessing care exhibited a higher likelihood of being readmitted. In those perceiving a high-risk, nonwhites and those with poor self-rated health, difficulty accessing care, and prior hospitalizations in the past year were significantly more likely to be readmitted. These findings have important implications for identifying CVD patients at high risk of readmission within 30 days after discharge, particularly older adults who may lack adequate resources (e.g., social support, literacy, access to care).

FACTORS AFFECTING BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS IN OLDER ADULTS WITH DEMENTIA

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The purpose of this study was to identify factors predicting behavioral and psychological symptoms of dementia (BPSD) in older adults with Dementia. This is a cross-sectional study, recruiting 157 participants from neurology general hospital as study subjects. Data collection was performed from June 2018 to May 2019. BPSD were classified using a modified version of the Cohen-Mansfield agitation inventory (CMAI), which are physically non-aggressive behaviors (PNAB), physically aggressive behaviors (PGAB), verbally non-aggressive behaviors (VNAB), verbally aggressive behaviors (VAGB). The Cornell scale for depression in dementia (CSDD), korean activity of daily living scale (K-ADL), korean mini-mental state examination (KK-MMSE), activity and sleep time through using actigraphy for 2 weeks, salivary melatonin and cortisol level at 4 times a day done after waking up, after breakfast, before and after dinner, and medication were measured as influencing factors. The generalized linear mixed model analyses indicated that VNAB and VAGB were associated with severe depression (p<0.01, respectively), low melatonin level at the after waking up (p<0.05, respectively), and high melatonin.