This systematic review aimed to examine the effects of TCQ on cognitive and physical functions in older adults using a meta-regression approach. The systematic search in 13 electronic databases identified 19 randomized studies (n=2365, mean age=70.3 years) published in English (k=17), Korean (k=1) and Chinese (k=1). A review of bias was assessed by two raters according to Cochrane RoB 2.0, resulting in low risk (k=6), some concern (k=12), and one high-risk study. Tai Chi (k=16) and Qigong (k=3) were applied for an average duration of 20.2 weeks. The control groups received either alternative exercise (k=14) or no treatment (k=5). The results of the meta-analysis on 19 RCTs using a random-effects model showed the significant effect of TCQ on cognitive function (Hedges's g = 0.32, 95% CI= 0.18, 0.46) and physical function (Hedges's g = 0.35, 95% CI= 0.21, 0.49). In addition, meta-regression was used to explore the effect size of TCQ in association with the level of physical function. The effects of TCQ on cognitive function remained significant (Q=38.86, p=0.003) when controlling for the effect of physical function in this model (unexplained variance = 0.0199). The coefficient of the physical function was significant (b=0.47, p=0.008), showing that 58% of heterogeneity was explained by physical function as a moderator variable. It confirmed that changes in physical function were associated with changes in cognitive function. The findings imply the potential health benefits of TCQ in promoting cognitive function among older adults directly and indirectly through improving physical function.

CONSTRUCT VALIDITY OF EXERCISE ADHERENCE RATING SCALE IN COMMUNITY DWELLING OLDER WOMEN: PROOF OF CONCEPT
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Exercise is an effective health promotion strategy that has a positive effect on frailty and sarcopenia, particularly in older women, yet they do not adhere to exercise guidelines. Accurate assessment is critical for clinical management and research with this population. Interviews and exercise logs are most commonly used to assess adherence to exercise. However, they are burdensome and not highly reliable. A brief validated measure of exercise adherence for assessment is greatly needed. The six-item Exercise Adherence Rating Scale (EARS) was originally validated among a clinical orthopedic population but not been used in community-dwelling adults. Our aim was to determine the feasibility of using the EARS to assess exercise adherence among community-dwelling older women. Twelve women (age=72±7 years) completed one-time assessment for this proof-of-concept study. For the EARS, overall Cronbach’s alpha was 0.78 with inter-item correlations of 0.72–0.89 for all but item three that pertains to healthcare professionals (correlation of 0.27). When item three was removed, overall Cronbach’s alpha increased to 0.80. Correlation analysis with the reduced five-item scale demonstrated good construct validity. There were significant relationships with global quality of life (r=0.76, p < .01) and physical function (r=0.61, p < .05). There were also moderate to strong relationships with variables expected to be linked to exercise adherence including mobility (r=0.57), BMI (r=0.51), vigorous (r=0.40) and moderate (r=0.36) exercise, upper body strength (r=0.41) and lower body strength (r=0.30). Based on these findings use of a five-item version of the EARS is feasible and appears to be a valid measure of exercise adherence.

THE IMPACT OF THE OLD AGE PENSION EXPANSION ON BLOOD PRESSURE AMONG OLDER MEN IN RURAL SOUTH AFRICA
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The impact of improved socioeconomic welfare after retirement on cardiovascular health among older men in low-income settings is unknown. Using natural experiment, we investigated the impact of eligibility for additional Old Age Pension (OAP) income on systolic blood pressure (SBP) among older men in rural South Africa using data from 1,208 men aged ≥60 in the population-representative “Health and Aging in Africa: A Longitudinal Study of an INDEPTH Community in Rural South Africa” (HAALS) cohort. The South African Old Age Pension (OAP) incrementally expanded age eligibility for men from age 65 prior to 2008 to age 65 in 2010. This expansion provided exogenous variation in pension income among men, based on their year of birth. We estimated predicted SBP among the birth cohorts of men who were eligible for one through five extra years of OAP income, using a multivariable linear regression model estimated in those without access to extra pension income (over age 65 when the expansion rolled out) based on covariates. We then estimated mean SBP difference scores among men in each of these five birth cohorts, based on their observed SBP minus predicted SBP. Men in OAP expansion birth cohorts had lower SBP than those who were not exposed to extra pension, although the differences were not statistically significant (5-years estimate = -2.735 (p=0.353) vs. 1-year estimate = 1.633 (p=0.531)). This trend suggests a possible long-term benefit of blood pressure control with greater cumulative pension income among men living in rural, low-income settings.

ENTERING MEDICARE ADVANTAGE FROM EMPLOYER-SPONSORED PLANS: CHANGE IN OUT-OF-POCKET COSTS AND UTILIZATION AT AGE 65
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An increasing proportion (nearly 40%) of older adults entering Medicare at age 65 are electing to enroll in private Medicare Advantage (MA) plans, which reflects more generous coverage relative to traditional Medicare and similarity to many features of employer sponsored plans. However, few studies have examined the impact of transitioning to MA from an employer-sponsored plan on out-of-pocket costs and health services utilization. We used longitudinal administrative data from Optum Insights between 2010 and 2021 to follow individuals from ages 62 through 67, spanning continuous enrollment in employer-sponsored insurance