Co-Chair: Jie Hua Lu, Department of Sociology, Peking University, Beijing, Beijing, China

As the number of older adults in the U.S. and China continues to increase, promoting healthy aging is essential for individuals, family, and society. Both countries face many similar issues due to their aging populations, including prolonging healthy life expectancy and providing quality of care. However, the change in demographics brings with it unique challenges for both the U.S. and China. This forum invites scholars and researchers from these two countries to share their knowledge and insights on promoting healthy aging and improving care for older adults. This forum includes five presentations and one-panel discussion. Two presentations will focus on long-term care (LTC) in China, one is to forecast the needs of LTC in the next five decades, and the other is to evaluate the current LTC needs and discuss LTC policy. Using the data from the Health and Retirement Study, the third presentation aims to re-conceptualize spousal caregiving as a dyad-level phenomenon and provides a dynamic view of the spousal caregiving experiences. The last two presentations will focus on promoting healthy aging through clinical interventions. The fourth one is to evaluate the effectiveness of adaptive computer-based cognitive training among community-dwelling older adults in China. The last presentation provides some examples of using pragmatic clinical trials to improve the care of older adults in skilled nursing facilities in the U.S. After the five presentations, the three panelists will provide feedback to the presentations and share their views on healthy aging with the audience.

THE FORECASTING OF POPULATION SUPER-AGING AND POLICY SIMULATION OF LONG-TERM CARE IN CHINA (2019-2070)
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The purpose of this paper is to provide a policy simulation of Long-Term Care based on the aging population forecast for China, focusing on the super-aging and oldest-old segments of the population. As a developing country, it is a challenge for China to increase its wealth with the financial implications of an aging nation. The study identified two significant turning points for population development: 1) The multi-pilot program of long-term care policy reform must be executed between 2016 – 2020. This reform is time dependent because the multi-state longevity development period is from 2016 to 2030 and in the year 2030, the oldest-old population will be part of China’s society. 2) The year 2060 will be representative of a stable period in China, as the age of China’s population will no longer be accelerating.

LONG-TERM CARE NEEDS BY CHINESE ELDERLY AND POLICY PRIORITIES IN CHINA
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With the life expectancy in China continuing to increase, age-dependent chronic diseases are also likely to increase, as is the number of people with long-term care needs. This study evaluated the Long Term Care (LTC) needs of the Chinese older population and introduced related policy priorities. Using the 2014 and 2016 “China Longitudinal Aging Social Survey”, this study assessed the physical functions of older adults by measuring their ability to perform Activities of Daily Living independently, compared changes within the two years, and explored other related indicators including, Instrumental Activities of Daily Living, major chronic disease, and mental health conditions. The study also discussed the development of long-term care policies in China and highlighted the priorities of these policies.

RE-CONCEPTUALIZING SPOUSAL CAREGIVING FROM A DYADIC PERSPECTIVE IN THE U.S.
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Existing literature on later-life spousal caregiving tends to focus on one member of the marital dyads, assuming a priori distinction between the caregiver and care-receiver. Theoretically and empirically, this individualistic role-related (caregiver-receiver) approach is inaccurate, as the concept of spousal care intrinsically involves two people within a marital dyad. Therefore, this paper used a social exchange perspective to re-conceptualize spousal caregiving as a dyad-level phenomenon. Using the 2014 wave of the Health and Retirement Study, 6,500 individuals (3,250 couples) aged 65 and above and their spouse were selected. Based on each partner’s need for care, receipt of spousal care, and provision of spousal care, the study identified five distinctive caregiving typologies. Household-level factors such as the availability of other types of informal care were associated with these typologies. This paper offers a broader and more dynamic perspective of the spousal caregiving experiences.

EFFECTS OF ADAPTIVE COMPUTER-BASED COGNITIVE TRAINING ON COMMUNITY-DWELLING ELDERLY
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This quasi-experimental designed study analyzed the effects of adaptive computer-based cognitive training among community-dwelling older adults. A 6-week (5 times/week) program was implemented with an intervention group (Difficulty Adaptive Training) and control group (Difficulty Fixed Training). General cognitive, memory, executive and attention functions were evaluated before (T1), completion (T2), and one month after intervention (T3). Sixty-one participants completed data collection. (1) General cognitive function: improved in both groups at T2, and T3, intervention group had better effect; (2) Memory function: improved in both groups in immediate, short and long-delayed recalls at T2 and T3, and recognition at T2; (3) Executive function: improved in both groups. Time of simple information processing was shortened at T2 and T3 in intervention group, at T3 in control group; TMT response inhibition was shortened at T2 and T3 in both groups. (4) Attention function: digit span forward was improved at T2 in intervention group.

PROMOTING HEALTHY AGING THROUGH PRAGMATIC CLINICAL TRIALS
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GSA 2019 Annual Scientific Meeting
Promoting healthy aging does not end when people enter skilled nursing facilities (SNF) where the demands for clinical and psychosocial care are likely to be greatest. Many chronic conditions present opportunities for better SNF care and thus, healthier aging. Such conditions cannot wait for the often-long path to discovery that is typical of most traditional randomized controlled clinical trials. Conversely, pragmatic clinical trials are real-world investigations that offer the possibility of immediate benefit while answering important research questions. Depression and disrupted sleep are two examples of treatable conditions with opportunities for immediate benefit through pragmatic trials and applied best practices. How best to support best-practice integration has received increasing attention but identifying the most effective strategies continues to evolve. We report two different SNF-mentorship models utilizing Minimum Data Set (MDS) data for depression and environmental (noise-level) data for disrupted sleep, which have supported better SNF practices and presumably, healthier aging.

SESSION 1300 (POSTER)

AGEISM | DISPARITIES | DIVERSITY

RACIAL-ETHNIC DISPARITY IN DENTAL CARE IN NURSING HOMES
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Minority older adults are at higher risks of poor oral health. Little is known about the extent of and the contributing factors to racial/ethnic disparity in dental care quality in the long-term care settings. Previous studies suggest that organizational and system-level factors are key determinants of oral health among minority older adults. We examined the racial/ethnic disparity in dental care delivery in nursing homes (NHs) by facility and market characteristics. We analyzed the 2000-2016 national Inspection Survey data for all certified-NHs (n=248,975 facility-years). Two designated deficiency citations were used to measure dental care performance. Generalized estimating equations were used to compare the rates of deficiency citations among NHs in different quartiles of the share of minority residents, adjusting for facility characteristics, market characteristics, year and state fixed effects. Overall, compared to NHs in the lowest quartile of the share of minority residents (average % minority residents =0.24%), NHs in the highest quartile of the share of minority residents (average % minority residents = 46.5%) and those in the second highest share (average % minority residents=13.9%) had 46.8% and 31.2% higher odds of receiving dental care citations(p<0.001 for both), respectively. The increased citation rates persisted over time (p=0.40) and were greater among for-profit NHs (p=0.02). Our study suggests that minority older adults in NHs are disproportionately affected by poorer dental care performance. There is a great need to improve quality of dental care in NHs, particularly for those that are for-profit and those that disproportionately serve minority residents.

SCALES FOR MEASURING AGEISM AS EXPERIENCED BY OLDER ADULTS: LITERATURE REVIEW AND METHODOLOGICAL CRITIQUE
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A growing body of research shows that ageism negatively affects older adults’ psychological well-being and even physical functioning. However, the tools to measure ageism as experienced by older adults are not well developed. This study reviewed the literature on ageism scale with an emphasis on the methodological issues. Most standardized ageism scales have focused on younger people’s attitudes and beliefs toward older adults. We found only one standardized scale that examined how older adults felt and thought about their experiences being treated as a stereotype. However, the scale is incomplete because it does not fully measure ageism and it has received far less rigorous analysis. Many studies have adopted and revised ageism scales that were developed specifically to measure younger people’s attitudes toward older adults, meaning that the scales’ validity has been problematic when administered to older adults. Furthermore, many studies that discussed older adults’ experience of ageism used uni-dimensional or simple measures. Although significant efforts have been made to outline ageism’s various dimensions and constructs, these efforts have not led to a common consensus on ageism and its characteristics. Lack of consensus, in turn, makes it harder to develop a standardized scale. Finally, existing scales are more suitable for Western societies. Socio-cultural uniqueness has not been considered when developing scales, nor has the scales’ cross-cultural reliability and validity been tested. Our findings suggest that a new scale that applies only to measuring ageism as perceived by older adults and corresponds to the significant dimensions of ageism must be developed.

LONGITUDINAL MENTAL HEALTH CONSEQUENCES OF PHYSICAL DISABILITIES: THE MEDIATING ROLE OF PERCEIVED DISCRIMINATION
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Individuals with disabilities have been historically mistreated by discrimination. The detrimental mental health effects of self-reported interpersonal discrimination are well established. However, little empirical attention has been given to the role of perceived discrimination in the adverse mental health outcomes of adults with physical disabilities. This study aims to examine whether daily interpersonal discrimination (i.e., microaggression) mediates the prospective association between having a functional impairment and subsequent changes in the individuals’ mental health outcomes over their midlife and old age. To address this question, this study used data from two waves of a population-based national study, the National Survey of Midlife Development in the United States, covering a 7- to 9-year period (n=2,503; Mage at baseline = 57, SDage = 11). Physical disability or functional impairment was assessed with items adapted from the SF-36, capturing difficulty with nine activities of