an association between neighborhood disorder, diet quality, and physical activity. Neighborhood disorder was associated with poor diet and physical inactivity. For one additional negative neighborhood feature, HEI-2015 scores and MET-equivalent activity points decreased by 0.55 (95% CI: -1.09, -0.01) and 0.69 (95% CI: -1.05, -0.33). Findings of this study suggest that older adults living in adverse neighborhoods are at a greater risk of poor diet and physical inactivity, which are important risk factors for poor health and chronic diseases. Promoting neighborhood environments and perceived neighborhood safety would increase access to health food, encourage healthy diet and physical activity, and support healthy aging.

AGE DISCRIMINATION AND PERCEIVED WORK ABILITY: THE MEDIATING EFFECT OF SELF-EFFICACY

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As the number of older workers in the U.S. workforce increases, perceived work ability, which indicates a worker’s capacity to perform job-related tasks or to remain employed, becomes increasingly important. However, age discrimination may undermine the ability of older adults to remain active in the workplace as it poses a significant barrier to their work ability. The purpose of this study was to examine how age discrimination affects perceived work ability among older workers. We also evaluated the role of self-efficacy as a potential mediator between age discrimination and perceived work ability. Self-efficacy can contribute to older adults’ productive aging since it helps them view age-related situations more positively. Using 2,011 respondents (aged 50+) data from the 2018 Health and Retirement Study, structural equation modeling analysis was conducted. Our findings indicated that age discrimination had a direct negative effect on perceived work ability (B = -.230, p < .001). Older workers who experienced more age discrimination were more likely to have low levels of perceived work ability. The indirect effect of self-efficacy (B = -.177; 95% CI = -.240, -.135) was significant. Older workers who experienced more age discrimination were more likely to have low levels of self-efficacy, and this relationship led to lower levels of perceived work ability. These results suggest that greater efforts are required to reduce age discrimination and its negative consequence on perceived work ability and self-efficacy among older workers. Furthermore, age discrimination laws should be more explicitly enforced in the policy direction for older workers.

AGE-RELATED ETHNIC DIFFERENCES IN SELF-REPORTED HAND FUNCTION

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Racial/ethnic differences in the prevalence of disability based on self-reported activities of daily living (ADLs) exist in older Americans, particularly in Hispanic adults. Such studies have relied on large data sets in which disability is measured across a broad range of functional tasks. While useful in generating a global measure of disability, it precludes an ability to differentiate, for example, deficits in upper versus lower extremity function which can provide useful information in targeting therapeutic interventions. Despite known age-related declines in hand function and concomitant ADLs, racial/ethnic differences in hand-related ADL limitations have not been addressed. Using 2011-2018 data from the National Health and Nutrition Examination Survey (NHANES), we identified 3,189 non-Hispanic White and Hispanic adults aged 65 and older, and classified responses based on perceived difficulty to five self-reported tasks requiring hand dexterity. Compared to non-Hispanic Whites, Hispanic males reported 2.2 times higher rates of difficulty for dressing tasks (p<0.01) and 3.3 times higher rates for difficulties preparing meals (p<0.01). Similar rates of difficulty were also observed in females. Additionally, Hispanic females reported 4.6 times higher rates of difficulty in tasks requiring grasping small objects (p<0.01). Deficits in hand function are often under-reported in older adults despite the role of dexterity in maintaining functional independence. The results presented here indicate that difficulties in hand-related ADLs are more prevalent in the Hispanic population and warrant greater attention in health care settings. Future work will include identifying factors contributing to these observed differences in self-reported difficulties in hand-related ADLs.

ALLOSTATIC LOAD FOLLOWING SHORT-TERM INTERVENTION: COGNITION IN OLDER HYPERTENSIVE ADULTS

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Allostatic load (AL), a measure of cumulative effect of prolonged stressors across physiological systems, is consistently associated with adverse health outcomes. Greater AL is correlated with functional decline in aging, but effects of behavioral interventions, such as Tai Chi (TC), on AL in older adults in a short-term is unknown. To investigate the effects of TC practice on AL and cognitive function and an AL-cognition relationship, older adults (60-95 years) with hypertension were recruited and randomly assigned to 12-week TC or Healthy Aging Practice-centered Education (HAP-E) classes. The AL index (ALI) included: SBP and DBP; urinary epinephrine and norepinephrine; plasma inflammatory biomarkers (CRP, IL-6); metabolic biomarkers (HDL, total cholesterol, triglycerides, HbA1c); and BMI. The Montreal Cognitive Assessment (MoCA) was administered to assess cognitive function. Generalized linear mixed-effects models, adjusted for age, race, education, and intervention attendance, was used. Pre- and post-intervention ALI did not change significantly in TC (2.61 (1.48) to 2.76 (1.62)) or HAP-E (2.84 (1.61) to 2.66 (1.86)). High ALI was associated with lower MoCA scores, indicating poorer cognitive performance (IRR=0.96; 95% CI: 0.93-0.98; p=0.002) across the time points. Of note, the MoCA scores did not significantly change across time (25.4 (3.2) to 26.0 (3.0)). 12-week