

support participants (Goal 3)". Leveraging the findings from two National Institute on Aging funded dementia-caregiving related research studies, ADS-Plus and The Providing Evidence-Based Approaches to Caregiver Stress, the goal of this presentation is to discuss methodologies and approaches to develop culturally competent content for outreach. Recruitment strategies from the two studies will explore the impact of race/ethnicity on recruiting Hispanic (ADS-Plus), and Black/African American populations. Further, the effectiveness of recruitment strategies from both studies will be discussed, as an effort to (1) conceptualize best practices necessary to develop and sustain equitable and sustainable community partnership, and (2) create and improve evidence-based recruitment resources.

RACE BY AGE PATTERNS IN KIDNEY FUNCTIONING AMONG OLDER ADULTS: EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY

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The present study considers how race combines with chronological age to shape kidney function among older adults. We analyzed cross-sectional data from a nationally representative study of older adults. Our measure of kidney function derived from the cystatin C-based estimated glomerular filtration rate. We use a pattern variable to divide White and Black respondents into four groups based on their age group membership: early midlife (age 52–59), late midlife (age 60–69), young old (age 70–79), and oldest old (80s+ years). Results from our ordinary least squares models reveal that Blacks and Whites in late midlife, young old, and oldest old exhibited poorer kidney function than Whites in early midlife. Our study uncovers evidence of race by age disparities in kidney function among older adults. Future longitudinal studies will provide further insight into how and why race combines with age to pattern kidney function over time.

TRACKING CHANGES IN MULTIMORBIDITY AMONG RACIALLY AND ETHNICALLY DIVERSE POPULATIONS

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Multimorbidity is widely recognized as having adverse effects on health and wellbeing above and beyond the risk attributable to individual chronic disease. Much of what is known about multimorbidity rests on research that has largely focused on one point-in-time, or from a static perspective, with little consideration to issues involved in assessing longitudinal changes in multimorbidity. In addition, less focus has been placed on assessing racial and ethnic variations in longitudinal changes of multimorbidity. Addressing this knowledge gap, we highlight important

issues and considerations in addressing multimorbidity research from a longitudinal perspective and present findings from longitudinal models that examine differences in the rate of chronic disease accumulation and multimorbidity onset between non-Hispanic white (white), non-Hispanic black (black), and Hispanic study participants in the Health and Retirement Study starting in middle-age and followed for up to 16 years.

SESSION 1455 (SYMPOSIUM)

INTEREST GROUP SESSION—WOMEN'S ISSUES: FROM MENOPAUSE TO MEDICARE: CONTRIBUTIONS FROM COHORT STUDIES OF AGING WOMEN'S HEALTH

Chair: Nancy F. Woods, *University of Washington, Department of Biobehavioral Nursing and Health Informatics, Seattle, Washington, United States*

Co-Chair: Barbara B. Cochrane, *University of Washington School of Nursing, Seattle, Washington, United States*

Discussant: Barbara B. Cochrane, *University of Washington School of Nursing, Seattle, Washington, United States*

Although some countries have well-established birth cohorts for research on aging, few US projects have followed the evolution of women's health from midlife through older age, leaving gaps in understanding their health and ignoring a window of time spanning age groups during which women may benefit from health promotion and prevention efforts. Cohort studies of midlife and older women's health have begun to address this gap, providing opportunities to advance our understanding of both reproductive and healthy aging, including multiple racial/ethnic groups and US regions. Studying existing cohorts of aging women provides investigators with opportunities to: track changes over time, identifying trajectories of health along with aging; clarify antecedent-consequent relationships; identify how historical events may be related to emergent patterns of health; incorporate common data elements that allow comparisons within and across cohorts over time; and introduce new measures/indicators, such as genomic markers. This symposium will provide a foundation for future research using existing databases from studies providing longitudinal health-related measures of women as they age. Opportunities for conducting new analyses on midlife and older women's health will be described for four large cohort studies: two studies of women exclusively -- the Study of Women's Health Across the Nation and the Women's Health Initiative -- and two studies with large numbers of women participants -- the Baltimore Longitudinal Study of Aging and the Rancho Bernardo Study of Healthy Aging. Unique and common considerations for answering future questions about women's health from menopause to Medicare in these studies will be discussed.

THE STUDY OF WOMEN'S HEALTH ACROSS THE NATION (SWAN): FROM MIDLIFE ONWARD

Nancy E. Avis,¹ Nancy E. Avis,² Sybil Crawford,³ Alicia Colvin,⁴ Carol A. Derby,⁵

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