

odds of new onset sleep difficulty at Time 2. Moreover, among those without excessive sleepiness at Time 1, sex-, age-, and health-specific job discrimination predicted new onset of excessive sleepiness at Time 2. There was no association with sleep duration. We also found a dose-response relationship such that those who experienced job discrimination due to ≥ 3 reasons had greater odds of developing a sleep problem. Results suggest sleep health disparities emanating from the workplace.

PERSONALITY AND SELF-REPORTED AND ACTIGRAPHY-MEASURED SLEEP HEALTH IN ADULTHOOD

Nasreen A. Sadeq,¹ Nasreen A. Sadeq,¹ Soomi Lee,¹ Alyssa Gamaldo,² and David M. Almeida², 1. *University of South Florida, Tampa, Florida, United States*, 2. *The Pennsylvania State University, University Park, Pennsylvania, United States*

Personality may be associated with sleep health, however, the majority of existing studies rely on self-reported measures of sleep (often focusing on sleep duration). The purpose of this study is to examine the associations between Big Five personality traits and self-reported and actigraphy measured sleep. This study included 3928 participants and a subsample of 441 participants from the Midlife in the United States study. Linear regressions were used to analyze the relationships between personality traits and sleep. Neuroticism was associated with more frequent actigraphy-measured waking after sleep onset, and several self-reported measures of sleep quality, including shorter sleep duration, longer sleep latency, and a greater number of insomnia symptoms. Agreeableness was associated with shorter actigraphy-measured sleep duration and more self-reported insomnia symptoms. Our findings support an association between Neuroticism and poor sleep, and suggest that Agreeableness may be associated with worse sleep health.

DOES RECEIVING SUPPORT HURT? PAIN AND SLEEP IN OLDER ADULTS' EVERYDAY LIVES

Meng Huo,¹ Jamie I. Fuentecilla,¹ Kate Leger,² and Karen I. Fingerman¹, 1. *The University of Texas at Austin, Austin, Texas, United States*, 2. *University of Kentucky, Lexington, Kentucky, United States*

Pain is prevalent in late life and may cast negative impacts on older adults' sleep. We examined this link in older adults' everyday lives and asked whether receiving support on days when older adults had pain improved or worsened their sleep. We drew on the Daily Experiences and Well-being Study; over 300 adults aged 65+ reported on their pain, sleep and social support received throughout each day across 5 days. Multilevel models revealed that older adults in greater pain were more likely to nap throughout the day and to incur sleep disturbances at night. Older adults who slept better at night reported less pain the next day. The link between pain and sleep disturbances was stronger on days when older adults received support compared to days when they did not. This study adds to the literature regarding pain and sleep and explores what roles social factors play in this link.

SLEEP QUALITY AS A MECHANISM LINKING PHYSICAL ACTIVITY AND COGNITIVE FUNCTIONING

Alycia N. Bisson,¹ and Margie E. Lachman¹, 1. *Brandeis University, Waltham, Massachusetts, United States*

Modifiable health behaviors, such as physical activity and sleep quality are important for cognition throughout life. A growing body of research also suggests that engaging in enough physical activity is important to sleeping well. One recent study found that sleep efficiency mediates the relationship between physical activity and cognition. It is still unknown whether other metrics of sleep quality are mediators. The present study tested mediation in the second wave of the Midlife in the United States (MIDUS) study. Using the PROCESS macro for SPSS, we found that those who were more physically active fell asleep faster, and had better executive functioning. In addition, those who were more physically active reported waking up fewer times during the night, and had better executive functioning and self-rated memory. Discussion will focus on the moderating role of gender and distinctions between findings with different measures of sleep, physical activity, and cognition.

SESSION 3585 (SYMPOSIUM)

RACIAL DISPARITIES IN COMMUNITY- AND INSTITUTION-BASED LONG-TERM SERVICES AND SUPPORTS

Chair: Chanee D. Fabius, *Johns Hopkins University, Baltimore, Maryland, United States*

Long-term services and supports (LTSS) are services provided to individuals with functional limitations and chronic conditions who need assistance to perform daily activities such as bathing, dressing, preparing meals, and administering medications, and can be provided in community settings via services such as home health, as well as institutions such as nursing homes. Racial disparities are persistent across systems of LTSS, with older adults of color receiving lower quality care and experiencing worse health outcomes than their white counterparts. Given the increasing diversity of the aging population, and the need to ensure equity in quality and health outcomes in LTSS, there is a greater need for more understanding of how experiences of care vary across multiple settings for diverse groups of older adults and the people who help them. This symposium will feature 5 presentations that provide novel insight regarding racial disparities in community- and institution-based LTSS. We focus on racial differences in functional needs and disparities among those receiving home health services and living in nursing homes. Individual presentations will describe 1) race and gender differences in physical functioning needs of older adults; 2) disparities in home health quality across racially diverse and low income geographic areas; 3) racial disparities in nursing home residents overtime; 4) racial and ethnic disparities in rates of 30-day rehospitalization from skilled nursing facilities among Medicare Fee-For-Service and Medicare Advantage patients; and 5) the impact of the unequal burden of care provided to minority nursing home residents by staff of color.