member and current PI of MCUAAAR. The talk by session chair Dr. Briana Mezuk will discuss the ways in which the training approach of Analysis Core has inspired new training programs on integrative methods focused on minority health and disparities. The talk by Dr. Tam Perry will describe the innovations of the Community Liaison and Recruitment Core, including how COVID-19 impacted the activities of the Healthier Black Elder Center. The third talk by Dr. Rodlescia Sneed, a MCUAAAR early-career scientist, provides an example of how this Center supports interdisciplinary minority aging research through her project focused on older adults who have a history of incarceration. Finally, Discussant Dr. Roland Thorpe, a member of the MCUAAAR Advisory Board, will reflect on Dr. Jackson's legacy of mentorship and collaboration.

# METHODS TRAINING TO ADVANCE INTEGRATIVE SCIENCE ON MINORITY AGING

Briana Mezuk,<sup>1</sup> Monica Firestone,<sup>2</sup> and Wassim Tarraf,<sup>3</sup> 1. University of Michigan, Ann Arbor, Michigan, United States, 2. Department of Epidemiology, University of Michigan School of Public Health, Michigan, United States, 3. Institute of Gerontology & Department of Healthcare Sciences, Wayne State University, Detroit, Michigan, United States

Minority aging is an inherently interdisciplinary field. However, it can be difficult for early-career investigators to develop skills on how to integrate data sources, study designs, measurement approaches, and analytic tools from disparate fields into their research programs. This session will illustrate how the biopsychosocial framework has been used to structure the content and delivery of methods training related to minority health/aging research in two NIH-funded exemplar programs: the MCUAAAR Analysis Core, and the Michigan Integrative Well-Being and Inequality (MIWI) Training Program. This talk will illustrate how the 20-year history of MCUAAAR informed the development of MIWI, and how both initiatives approach early-career scientist training through: i) centering learning within a mentorship structure to model team science, ii) avoiding false dichotomizes and hierarchies in study designs and data sources, and iii) attending to the unique challenges faced by scientists working in minority health through knowledge sharing.

#### PROMOTING CONNECTIONS THROUGH CREATIVE APPROACHES TO RESEARCH ENGAGEMENT FOR OLDER AFRICAN AMERICANS

Tam Perry,<sup>1</sup> Jamie Mitchell,<sup>2</sup> Kent Key,<sup>3</sup> Vanessa Rorai,<sup>4</sup> Sean Knurek,<sup>5</sup> and Peter Lichtenberg,<sup>1</sup> 1. Wayne State University, Detroit, Michigan, United States, 2. University of Michigan School of Social Work, Ann Arbor, Michigan, United States, 3. Michigan State University, Flint, Michigan, United States, 4. Wayne State University Institute of Gerontology, Detroit, Michigan, United States, 5. Michigan State University, Corunna, Michigan, United States

This presentation will feature innovative retention approaches that contributed to sustaining connections to older Black participants in the long-standing Healthier Black Elders Center (HBEC). The HBEC aims to address and reduce health disparities through research and education. In 2020, this outreach has included a telephone outreach program and a weekly social group, "The Party Line," to promote

connections and collect data on mental health, coping mechanisms and newly acquired skills, as well as health care access including access to masks, testing and tele-health. The presentation will also describe tailored approaches to initiating a Community Advisory Board and programming in Flint, MI and creative efforts to retain participants in Detroit, MI, thus ensuring the relationships between researchers and older community members are sustained despite program modifications.

### SOCIAL RELATIONSHIPS AND SOCIAL ENGAGEMENT AMONG AFRICAN AMERICAN ADULTS WITH A HISTORY OF INCARCERATION Rodlescia Sneed, Bridget Farmer, and Jennifer Johnson, *Michigan State University, Flint, Michigan, United States*

Strong social relationships and social engagement are crucial for both successful aging and successful community re-entry after incarceration. Here, we utilized a mixed methods approach to understand the impact of incarceration on social relationships and social engagement among formerly incarcerated community-dwelling African-American adults aged >50. Participants in the 2012 or 2014 waves of the Health and Retirement Study answered questions regarding prior incarceration, social relationships, and participation in social activities. Additionally, we utilized key informant interviews to further explore how incarceration might impact relationships and social engagement. This presentation will describe quantitative associations between prior incarceration and social relationship structure & function. Further, we will use our qualitative interview data to further explore possible explanations for our findings. Finally, we will describe how MCUAAAR Scientist/Faculty interactions facilitated this work.

## Session 3160 (Paper)

## Alzheimer's Disease II (HS Paper)

#### ASSOCIATION BETWEEN LATE-LIFE HYPERTENSION AND RESILIENCE TO ALZHEIMER DEMENTIA AMONG OLDER ADULTS

Mo-kyung Sin,<sup>1</sup> and Yan Cheng,<sup>2</sup> 1. Seattle University, Seattle, Washington, United States, 2. George Washington University, Washington, District of Columbia, United States

While midlife hypertension is known as one contributing factor for cognitive impairment and Alzheimer dementia in late-life older adults, less is known about the role of latelife hypertension in resilience to Alzheimer dementia. We examined the relationship between late-life hypertension and Alzheimer dementia resilience among older adults using the National Alzheimer's Coordinating Center data from 2005-2020 (n=3,170). Hypertension, captured within 5 years prior to death, was defined as blood pressure (BP) ≥ 140/90 mmHg in at least two visits and/or ever treated with anti-hypertensive agents. Resilience was defined as positive Alzheimer disease (AD) pathology (CERAD score moderate or severe and BRAAK stage V or VI) from autopsy and Clinical Dementia Rating (CDR) - Sum of Boxes (SOB): 0.5-2.5 or CDR global (0-0.5) from last data point before autopsy. Student's t-tests and Chi-square tests were conducted to compare patients