

personal relationship or accepting family visits beyond the rules. The findings provide direction for further exploration of hospitalization structures and processes needed to support optimal nurses' interactions with families accompanying older adults and family-centered approach training in acute care context.

OLDER BLACK AMERICANS AND DEPRESSIVE SYMPTOMS DURING THE COVID-19 PANDEMIC

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Black Americans have experienced multiple health threats during the COVID-19 pandemic, including greater risk of infection compared to Whites. In addition, older adults are more susceptible to worse disease consequences including hospitalization and mortality compared to those who are younger. Racism and economic costs are additional public health crises during this time that have disproportionately impacted Black Americans. Using data from the Uncovering COVID-19 Experiences and Realities (UnCOVER) Study, we examined depressive symptoms in relation to: (1) worry/fear of COVID-19; (2) work loss among household members (being laid off, reduced work hours); and (3) vicarious racism, a particularly salient source of psychosocial stress during the COVID-19 pandemic, including hearing about or seeing acts of racism committed against other race group members. Participants were Black Americans aged 50 years or older ($n=300$) from five cities (Atlanta, Chicago, Los Angeles, New Orleans, and New York) from May-July 2020. Depression was assessed using the Patient-Reported Outcomes Measurement Information System Short Form. In multivariable linear regression models, all three public health threats were significantly associated with depressive symptoms. When in the model simultaneously, worry/fear of COVID-19 ($b=0.30$, $SE=0.12$, $p<0.01$) and vicarious racism ($b=0.62$, $SE=0.15$, $p<0.001$) showed positive associations; work loss was no longer statistically significant ($b=0.62$, $SE=0.43$, $p=0.15$). When added, the corresponding three-way interaction term was significant ($b=0.12$, $SE=0.04$, $p<0.01$). Synergistic epidemics ("syndemics") among older Black Americans amplify mental health tolls. Multi-pronged public health strategies are required to address depression in this population.

PERCEIVED EVERYDAY DISCRIMINATION AND C-REACTIVE PROTEIN INFLUENCE ON COGNITION OF OLDER BLACK ADULTS

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Black adults and women are more likely to experience serious cognitive decline in older age than their white and male counterparts. Evidence suggests perceived discrimination

is associated with poor cognition in older adults, though the mechanisms remain unclear. Perceived discrimination has been linked to elevated inflammatory markers, such as C-reactive protein (CRP), which increases risk for worse cognitive functioning. Yet, little research has investigated whether CRP is implicated in the association between discrimination and cognition among Black older adults or if this relationship differs by gender. Using 2006-2016 data from Black adults ≥ 65 years old ($N=1343$) in the nationally representative Health and Retirement Study, random effects linear regression models (1) tested the association between discrimination and cognitive functioning; (2) explored whether this relationship differed for women and men; and (3) assessed whether elevated CRP mediated the association between discrimination and cognitive functioning. More frequent discrimination was associated with worse cognitive functioning ($b= -0.24$, $SE=0.11$, $p<0.05$), though gender did not moderate this relationship. Elevated CRP was significantly associated with worse cognitive functioning ($b= 0.40$, $SE=0.18$, $p<0.05$). Discrimination remained statistically significant in this model, indicating no mediation by CRP. Of note, inclusion of depressive symptoms and cardiometabolic conditions accounted for the association between both discrimination and CRP with cognitive functioning. These findings demonstrate the need for more within-group research on older Black adults documenting the complex relationship between discrimination, inflammation, and cognitive health. This approach will provide greater understanding of the biopsychosocial mechanisms underlying disparities in cognitive functioning in Black adults.

PERCEIVED NEIGHBORHOOD DISORDER, SOCIAL COHESION, AND DEPRESSIVE SYMPTOMS AMONG SPOUSAL CAREGIVERS

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Most prior research on caregivers' mental health focused on individual or household factors, we know much less about the influence of neighborhood factors on mental health of spousal caregivers. The current study fills the gap in our knowledge by examining the association of neighborhood characteristics (i.e., perceived neighborhood disorder and neighborhood social cohesion) and depressive symptoms among spousal caregivers. We used data from 2006 to 2016 waves of the Health and Retirement Study, which includes 2,362 spousal caregivers. Negative binomial regression models were estimated to examine the association of perceived neighborhood disorder and neighborhood social cohesion with depressive symptoms. A greater perceived neighborhood disorder was associated with higher CES-D scores, which indicates more depressive symptoms. On the other hand, a higher level of neighborhood social cohesion was associated with lower CES-D scores. When they were included in the same model, the association between neighborhood disorder and depression disappeared, while respondents who reported higher levels of neighborhood social cohesion continue to exhibit lower CES-D scores than those lived in less cohesive neighborhoods. This study highlights the importance of neighborhood contexts in understanding caregivers' well-being. Findings of this study suggest that neighborhood social cohesion may attenuate the negative