

FACTORS OF CAREGIVING RESILIENCE BY RACE-ETHNICITY IN A NATIONAL SAMPLE OF CAREGIVERS

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Despite heavy burdens and responsibilities, some caregivers are more likely to cope better with their care responsibilities than others, and this could vary by cultural beliefs and norms on caregiving. This study examined contributing factors of resilience with three racial-ethnic groups (White, Blacks, Hispanic). A total of 2,652 caregivers were included from Round 7 of the National Study of Caregiving. Caregiving resilience was defined by higher levels of care demands and higher levels of psychological well-being. Five domains of contributing factors were included: socio-demographic characteristics, context of care, caregivers' psychological attributes, informal and formal support. Multiple logistic regressions showed that caregivers with higher psychological attribute levels were more likely to be resilient in all three groups. However, unique predictors have also been observed by race-ethnic groups (e.g., Blacks using formal support were more resilient). These findings suggest the need for culturally specific programs to facilitate resilience among caregivers.

COGNITIVE-BEHAVIORAL STYLES OF DEMENTIA CARE MANAGEMENT: TARGETING AND TAILORING TO STYLE

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Despite an extensive literature on the stress process of caregiving, little attention has focused on how caregivers provide care (caregiving styles). To explore caregiving styles among 100 primary caregivers for persons living with dementia, we utilize k-modes machine learning analysis. This technique clusters caregiver's use of behavioral (Dementia Management Strategies Scale; criticism, active management, encouragement) and cognitive (Caregiver Readiness Scale; understanding, adaptability) approaches into style profiles. Three styles were identified: Managers (n=25; high use of criticism, moderate use of active management and encouragement, poor understanding and adaptability), Adapters (n=48; low use of criticism, high use of adaptive management and encouragement, good understanding and adaptability), and Avoiders (n=27; low use of all behavioral strategies, moderate adaptability and understanding). Styles differ by demographic and care characteristics. Findings suggest that caregivers have variable approaches to care that are measurable, thus, targeting/tailoring interventions to caregiver style could be an effective approach.

Session 1210 (Paper)

Cardiovascular Health and Aging

ARTERIAL STIFFNESS AND AGE MODERATE THE ASSOCIATION BETWEEN PHYSICAL ACTIVITY AND COGNITION IN OLDER ADULTS

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Background: Evidence supports that time spent on physical activity has beneficial effects on cognition in older adults. Nevertheless, this beneficial effect is likely to change in function of individual modifying factors like age and level of arterial stiffness. This study aims to reveal whether arterial stiffness and age modulate the positive impact of physical activity on cognition by developing a double moderation model. Methods: 110 healthy older adults aged 60 to 75 years old were examined for arterial stiffness (carotid-femoral Pulse Wave Velocity [cf-PWV]), global cognition (composite score of Montreal Cognitive Assessment, and Mini-Mental State Examination), and self-reported physical activity (PACED diary). Using PROCESS macro for SPSS, we evaluated if cf-PWV (moderator 1), and age (moderator 2) moderate the relationship between physical activity (X) and global cognition (Y). The threshold for high stiffness was set at 8.5 m/s based on previous studies that reported this cut-off more appropriate for classifying cerebrovascular risk groups. Results: The interaction of arterial stiffness x age moderated the effect of physical activity on global cognition ($\beta = -.89$, $SE = .42$, $p = .037$) (Model: $R^2 = .15$, $p = .018$). Physical activity had a positive effect on cognition in younger-older adults (aged 60 to 68.5 years) with cf-PWV > 8.5 m/s ($\beta = .57$, $SE = .222$, $p = .011$, 95% CI .133 to 1.014) and on older-older adults (aged 68.6 to 75 years) with cf-PWV < 8.5 m/s ($\beta = .49$, $SE = .190$, $p = .010$, 95% CI .116 to .869). Conclusions: Identifying the right age groups and arterial stiffness levels at which physical activity can have beneficial effects on cognition is a key step in providing tailored behavioral interventions.

CAROTID INTIMA MEDIA THICKNESS AND COMORBID CARDIOMETABOLIC DYSFUNCTION IN WOMEN: THE SWAN STUDY

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Metabolic syndrome (MetS) and obesity are risk factors for atherosclerosis but their combined impact is unknown. The aim of this study was to quantify the added risk of obesity on carotid artery intima media thickness (cIMT), an early indicator for atherosclerosis, beyond MetS alone. The Study of Women's Health Across the Nation (SWAN) is a multi-center, multi-ethnic cohort of women traversing

the midlife into early late adulthood. cIMT was assessed between 2005-2007 and MetS, obesity and covariates were measured at the same time. This cross-sectional analysis is restricted to 1,433 women with a body mass index ≥ 18.5 kg/m² and free of cardiovascular disease (CVD) when cIMT was measured. Mean maximum cIMT was related to obesity, MetS and their interaction using multivariable linear regression models. The average age was 60 years (standard deviation 2.7) and the prevalence of obesity and MetS were 44% and 35%, respectively. Both conditions occurred in 24% of women. After adjustment for age, race, smoking, family history of heart disease, and antilipemic medications, obese women had a 0.051mm (95% confidence interval (CI): 0.033,0.070; $p < 0.001$) larger maximum cIMT versus women not obese and women with MetS had a 0.066mm (95%CI: 0.042,0.090; $p < 0.001$) larger maximum cIMT versus women without MetS. There was a statistically significant antagonistic interaction between obesity and MetS; women with both had a mean cIMT of 0.972mm (95%CI: 0.955,0.989) and MetS alone a cIMT of 0.961mm (95%CI:0.938,0.983). This suggests that there is only a small risk of obesity on augmenting cIMT beyond MetS alone.

EPIDEMIOLOGY OF PERIPHERAL VASCULAR DISEASE IN THE LONG LIFE FAMILY STUDY (LLFS)

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Atherosclerotic occlusion of peripheral arteries is a major contributor to morbidity and mortality in older adults. Our aim was to describe the epidemiology of peripheral artery disease (PAD) and other peripheral vascular disease (OPD) in the LLFS. 3248 individuals from 509 families (1182 probands, mean age 89; 2066 offspring, mean age 60) had doppler ankle-brachial index (ABI) assessment. Measures were performed twice for each posterior tibial artery and minimum of the mean ABI was used. PAD was defined as any $ABI < 0.9$. OPD was defined as any $ABI > 1.4$ or ≥ 1 non-compressible artery. Stepwise linear or logistic regression determined significant independent clinical and demographic predictors ($P < 0.05$) after adjustment for age, sex, study center, and familial relatedness. Overall, ABI had a median of 1.2 with 7.4% PAD (18.1% probands, 1.2% offspring; $P < 0.001$). OPD prevalence was 10.6% and was more common than PAD in offspring (8.1%). Age-adjusted OPD was higher in men (13.3%) than women (8.3%, $P < 0.001$), while age-adjusted PAD did not differ by sex ($P = 0.45$). Predictors of PAD included greater age and systolic blood pressure, lower diastolic blood pressure, prevalent kidney disease, antihypertensive use, and current smoking. Predictors of OPD included greater age, male sex, and current smoking. In these exceptionally long-lived families, PAD was low compared to other epidemiologic studies. However, OPD including non-compressible arteries, a marker of arterial stiffness, was more prevalent than PAD. These findings in long-lived families highlight a need for more epidemiologic research in other peripheral vascular disease in adults from the general population.

POSITIVE PSYCHOLOGY, ACTIVATION, AND SELF-CARE ADHERENCE IN A DIVERSE SAMPLE OF ADULTS WITH HEART FAILURE

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Heart failure (HF) self-care is vital to health and wellbeing, yet more than half of all persons with HF do not adhere to the self-care recommendations of taking medications as prescribed, weighing daily, eating low salt foods, or exercising. It has been suggested that disparities in HF among racial/ethnic groups may be reflective of underlying determinants of health, such as poor engagement in self-care activities, rather than genetic or physiological differences. The purpose of this study was to examine direct and indirect effects of perceived social support, positive psychological (PP) characteristics, and patient activation on self-care behaviors in a diverse sample of older adults with HF. A nationwide survey was conducted in cooperation with the recruitment and sampling company Qualtrics. Stratified random sampling was used where 49% of the 174 respondents were persons of color (POC). The mean age was 60. Logistic regression statistical models were used with a lasso procedure. In this study, PP characteristics and activation level were most predictive of HF self-care adherence, particularly medication adherence. Respondents who were resilient, hopeful, and activated also reported higher medication and self-care adherence. Perceived social support and health literacy levels were not associated with self-care adherence. There were no differences in predictive variables by race/ethnicity, gender, or age. Interventions aimed at increasing resilience, hope, and engagement in care or activation may improve HF self-care adherence among persons with HF. Further research is needed to understand the impact of PP characteristics and patient activation level on HF self-care adherence in POC.

Session 1215 (Symposium)

COHORT DIFFERENCES AND SIMILARITIES IN WOMEN'S ATTITUDES ABOUT SELF AND AGING

Chair: Aurora Sherman

Discussant: Jamila Bookwala

This panel focuses on four complementing and international views of women's aging, with a special emphasis on cohort comparisons and using three different studies of women, with contrasting methodological frameworks. In so doing, we present evidence related to trends in social perceptions of aging, attitudes about aging and identity, and ideas about control and objectification. Dr. Newton presents data on older Canadian women showing the connection between physical aging and identity maintenance, using both qualitative and quantitative data and using the lifecourse perspective. Dr. Ryan, using data from the Health and Retirement Study to compare cohorts of women from the 2008 and 2018 HRS waves, reports cohort differences in negative self-perceptions of aging, and that both cohort