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

Ryon J. Cobb[1], *1. University of Texas at Arlington, Arlington, Texas, United States*

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

Ana R. Quiñones,[1] Anda Botoseneanu,[2] Sheila Markwardt,[3] Corey Nagel,[4] Jason T. Newsom,[5] David A. Dorr,[3] and Heather G. Allore[6], *1. Family Medicine, Oregon Health & Science University, Portland, Oregon, United States, 2. University of Michigan, Dearborn, Michigan, United States, 3. Oregon Health & Science University, Portland, Oregon, United States, 4. University of Arkansas for Medical Sciences, Little Rock, Arkansas, United States, 5. Portland State University, Portland, Oregon, United States, 6. Yale University, New Haven, Connecticut, United States*

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] Carrie Karvonen-Gutierrez,[6] and Maria M. Brooks[7], *1. Wake Forest School of Medicine, Winston-Salem, North*

Carolina, United States, 2. Department of Social Sciences and Health Policy, Wake Forest School of Medicine, Winston-Salem, North Carolina, United States, 3. Graduate School of Nursing, University of Massachusetts Medical School, Worcester, Massachusetts, United States, 4. Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, Pennsylvania, United States, 5. Department of Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, New York, United States, 6. Department of Epidemiology, University of Michigan School of Public Health, Ann Arbor, Michigan, United States, 7. Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, Pennsylvania, United States

The Study of Women's Health Across the Nation (SWAN) is a multisite, multiracial/ethnic longitudinal study of women initially aged 42-52 (N=3302) designed to characterize the physiological and psychosocial changes that occur during the menopause transition and to assess their relations to subsequent health and age-related diseases. Each of seven clinical sites recruited non-Hispanic white women and women belonging to a predetermined racial/ethnic minority (African American, Hispanic, Chinese, or Japanese). Cohort eligibility was determined from a cross-sectional survey of 16,065 women in 1996-97 aged 40-55 who were aged 42-52, had an intact uterus and at least one ovary, and not using hormone therapy. Cohort participants have been assessed in-person approximately annually through follow-up visit 15 in 2017 using a standardized protocol of detailed questions about medical, reproductive and menstrual history; lifestyle and psychosocial factors; physical and psychological symptoms; and anthropometric measurements, reproductive hormones, bone and body composition, and cardiovascular health.

THE WOMEN'S HEALTH INITIATIVE (WHI): STILL LEARNING FROM 161,808 POSTMENOPAUSAL WOMEN

Andrea Z. LaCroix,[1] and Andrea Z. LaCroix[2], *1. University of California San Diego, La Jolla, California, United States, 2. Family Medicine and Public Health, University of California, San Diego, La Jolla, California, United States*

The WHI enrolled 161,808 women ages 50-79 into 1-3 Clinical Trials (n=68,132) or the Observational Study (n=93,676) from 1993-1998. As of March 31, 2018, 70,812 women are alive and continue to be enrolled including 10,179 over the age of 90, 4588 Black/African American, and 1998 Hispanic/Latina women. 54,877 women have died, including 17,010 from cardiovascular disease and 14,553 from cancer. 64,344 reported a fracture during follow-up. Between 2012-2014, 7875 women completed a brief in-person visit as part of The Long Life Study. This examination included the Short Physical Performance Battery, grip strength, height, weight, blood pressure, heart rate and a blood draw. Genetic data of various types have been collected for over 30,000 WHI participants. Whole genome sequencing data is available for over 11,000 WHI participants. Over 1700 manuscripts have been published. The WHI biospecimen repository contains millions of stored biospecimens. CMS (Medicare) data is available and regularly updated.

THE RANCHO BERNARDO STUDY (RBS) OF HEALTHY AGING: A RICH RESOURCE FOR STUDYING AGING IN WOMEN

Linda McEvoy,[1] Linda K. McEvoy,[2] Gail A. Laughlin,[3] Donna Kritz-Silverstein,[3] Richelle Bettencourt,[3] and Jaclyn Bergstrom[3], *1. University of California San Diego, San Diego, California, United States, 2. Department of Radiology, Department of Family Medicine and Public Health, University of California, San Diego, La Jolla, California, United States, 3. Department of Family Medicine and Public Health, University of California, San Diego, La Jolla, California, United States*

RBS is an ideal cohort to study healthy aging in women and to examine sex differences in aging. Initiated in 1972, RBS enrolled 82% of adult residents of Rancho Bernardo, a suburb of San Diego. Residents were white, and middle to upper-middle class. Participants have been followed via 12 research clinic visits at ~4 year intervals and 32 mailed surveys. RBS contains detailed assessment of cardiometabolic disease risk factors, bone health, biomarkers, physical ability, cognitive function, health and reproductive history, medications, behaviors (smoking, drinking, diet, exercise) and psychosocial measures. Of the 6726 participants, 54% are women and 65% were aged ≥50 at enrollment. Vital status is known for 91% of the cohort; overall mortality is 71%. Death certificates have been coded for cause of death for 91% of decedents. We will discuss contributors to healthy longevity in RBS women (average age of death 86.4 yrs; 29% lived to age ≥90).

THE BALTIMORE LONGITUDINAL STUDY OF AGING: OPPORTUNITIES FOR RESEARCH ON WOMEN'S AGING AND HEALTH

Eleanor M. Simonsick,[1] Eleanor Simonsick,[2] Ann Z. Moore,[3] Michelle Shardell,[3] Nancy C. Shaffer,[3] and Toshiko Tanaka[3], *1. Longitudinal Studies Section, Intramural Research Program, National Institute on Aging, Baltimore, Maryland, United States, 2. Intramural Research Program, National Institute on Aging, Baltimore, Maryland, United States, 3. National Institute on Aging, Baltimore, Maryland, United States*

The Baltimore Longitudinal Study of Aging (BLSA), an ongoing continuous enrollment cohort study of normative aging established in 1958 currently conducted by the NIA Intramural Research Program, began including women in 1978. To date, nearly 1200 women aged 17-94 at enrollment (median=53 Q1-Q3=40-70) have been followed for up to 21 visits spanning 40 years (median visits=6; Q1-Q3=3-9). Over 3 days, participants receive comprehensive examinations, interviews, imaging and functional and cognitive evaluations; repeat visits occur every 1-4 years depending on age. The BLSA offers opportunities to examine distributions of, change in and interrelationships among several rarely concurrently ascertained parameters (e.g., cardiovascular fitness, resting metabolic rate, glucose challenge response, five-factor personality, brain volumes, and diet) over the life course and across birth cohorts. The BLSA also maintains an extensive biorepository. This talk will summarize the extensive measurement catalogue and timeline and provide illustrative examples from ongoing research on women's aging and health.