survey multinomial logistic regression models adjusting for predisposing sociodemographic factors, health-enabling economic characteristics and health behaviors. Relative risk ratios (RRR) across all unadjusted models varied from 1.36-4.84 and 1.36-3.31 for those with dementia and who died in 2014 respectively, suggesting worse health outcomes in midlife are associated with higher dementia/mortality risk in later-life. After covariates-adjustment, comorbidities (RRR=1.15[1.04,1.27]) and Self-reported Health (RRR=1.36[1.22,1.52]) were associated with CIND, and attenuation was particularly pronounced for IADLS (RRR=3.15[2.25,4.43]) and Fine Motor Skills (RRR=1.94[1.46,2.57]) for individuals with dementia in 2014. Neither sex nor race/ethnicity modified these associations. Modifying the midlife health profile of US adults can yield important public health savings and reductions in structural and social health burdens through extenuating the prevalence of dementias and reducing excess mortality.

PROBLEMS AND PROSPECTS OF TECHNOLOGICAL AND BIOPHYSIOLOGICAL STUDIES OF TECHNOSTRESS IN MID-LIFE ADULTS

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Long-term exposure to stress places people at risk for chronic diseases including but not limited to obesity, Type-2 diabetes, and heart disease. Various aspects of technology use are associated with stress. Known as technostress, this unique stress is characterized by individuals' inability to cope with demands generated by computer-related technologies. To date, studies on technostress have focused on young adults and older adults, with an emphasis on self-reported indicators of both technology use and stress. This study differs from prior work in two ways. One, it examines technology use and stress in mid-life adults (50-64), an understudied population in research on technostress. This segment of the population is important because their technostress may negatively affect their successful transition into older adulthood. Second, we use three types of data to elucidate the linkages between technology use and stress: (1) self-reported survey measures of technology use and stress; (2) objective measures of technology use from tracking applications, and (3) biophysiological measures of stress. The study focuses on smartphone use, which was the most commonly used technology by mid-life adults on both weekdays and weekends based on our initial results (N=40). The goal of this pilot study is to highlight the problems and prospects of conducting technostress research through the utilization of multiple data collection modes: self-report, tracking applications (apps), and biophysical indicators.

DEMENTIA WITHOUT BORDERS: BUILDING COMMUNITY CONNECTIONS TO REDUCE STIGMA AND FOSTER INCLUSION

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BACKGROUND: The concept of social citizenship is gaining traction in the field of dementia studies, but as a practical tool to guide development of supports and services, it remains poorly understood. A one year project to promote collaboration between University of Washington in Seattle and University of British Columbia in Vancouver addressed this very question. Activities were undertaken so these communities could know each other better, with researchers, service providers and people with dementia connecting to share knowledge and expertise. PURPOSE: The project culminated with a public festival to put into practice and share some of what was learned over the year. METHODS: People with dementia and care partners helped plan "Dementia Without Borders", held at an international park straddling the border between Seattle and Vancouver. 150 people came from the US and Canada, including many people with dementia, family members and friends. The day began with a community walk and gift exchange, followed by a meal and creative activities including poetry readings, music, an art exhibit, and quilt making. RESULTS: Evaluation was overwhelmingly positive with people expressing a sense of hope and belonging. For some, it was their first time to speak openly about having dementia, and meeting others in this space was a joy-filled experience. CONCLUSIONS: This project has leveraged the symbolic power of an international border to raise awareness of the importance of social connection for people with dementia. We further explore how the notion of "dementia without borders" extends theoretical and practical understanding of social citizenship.

EFFECTS OF RESISTANCE EXERCISE TRAINING ON ENDOTHELIAL FUNCTION AND MUSCLE PERFUSION IN OLDER ADULTS WITH DIABETES

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BACKGROUND: Sarcopenia contributes to frailty, disability, and dependence in older adults, and is accelerated by Type 2 Diabetes Mellitus (T2DM). In addition to its direct role in increasing muscle mass, progressive resistance exercise training (PRET) may also reduce sarcopenia by improving endothelial function and muscle perfusion. METHODS: Fifteen older adults with uncomplicated and well-controlled T2DM participated in a PRET program 3 times weekly for 3 months. Prior to and immediately following the intervention, flow-mediated dilation testing was performed to assess large vessel endothelial function via ultrasound and muscle perfusion via near-infrared spectroscopy (NIRS). RESULTS: Preliminary ultrasound data from 9 subjects show a significant increase (5.21% to 8.73%, p=0.0448) in percent flow mediated dilation (%FMD), suggesting a modest improvement in endothelial function after 3 months' PRET. Preliminary NIRS data from 7 subjects showed no significant changes in oxygen saturation or reperfusion rates as a result of the intervention. CONCLUSION: Our preliminary data indicate that, in older adults with T2DM, 3 months' PRET is associated with modestly improved endothelial function in large vessels (as demonstrated by a significant increase in %FMD), but does not appear to be associated with improvements in muscle perfusion