

this relationship does not exist among Whites. Days since last visit can be explained by income for Whites ( $\beta = -.92$ ), not for Blacks and Hispanics. This compounded disparity puts a disproportionate economic burden on minority groups, but the current Medicare policy fails to address that.

#### PHYSICAL ACTIVITY AS A MEDIATOR IN THE RELATIONSHIP BETWEEN RACE OR ETHNICITY AND CHANGES IN MULTIMORBIDITY

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Racial/ethnic disparities in multimorbidity ( $\geq 2$  chronic conditions) and their rate of accumulation over time have been established. Studies report differences in physical activity across racial/ethnic groups. We investigated whether racial/ethnic differences in accumulation of multimorbidity over a 10-year period (2004-2014) were mediated by physical activity using data from the Health and Retirement Study ( $N = 10,724$ , mean age = 63.5 years). Structural equation modeling was used to estimate a latent growth curve model of changes in the number of self-reported chronic conditions (of nine) and investigate whether the relationship of race/ethnicity (non-Hispanic Black, Hispanic, non-Hispanic White) to change in the number of chronic conditions was mediated by physical activity after controlling for age, sex, education, marital status, personal wealth, and insurance coverage. Results indicated that Blacks engaged in significantly lower levels of physical activity than Whites ( $b = -.171$ ,  $\square = -.153$ ,  $p < .001$ ), but there were no differences between Hispanics and Whites ( $b = -.010$ ,  $\square = -.008$ , ns). Physical activity also significantly predicted both lower initial levels of multimorbidity ( $b = -1.437$ ,  $\square = -.420$ ,  $p < .001$ ) and greater decline in multimorbidity ( $b = -.039$ ,  $\square = -.075$ ,  $p < .001$ ). The indirect (mediational) effect for the Black vs. White comparison was significant ( $b = .007$ ,  $\square = .011$ , 95% CI [.004,.010]). These results provide important new information for understanding how modifiable lifestyle factors may help explain disparities in multimorbidity in middle and later life, suggesting greater need to reduce sedentary behavior and increase activity.

#### RACIAL DISPARITIES IN COGNITIVE FUNCTIONING: THE MEDIATING ROLE OF SOCIAL RESOURCES

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Despite frequent recognition of disparities in cognitive functioning between White and non-White older adults, the pathways or mechanisms through which race affects cognitive functioning have yet to be elucidated. The research questions addressed in this paper are: 1) Is there a relationship between racial minority status and cognitive functioning in

middle and later life? 2) To what extent do social resources (i.e., social support, social networks, and social participation) mediate the relationship between racial minority status and cognitive functioning? 3) Finally, drawing on intersectionality theory, if social resources do mediate the relationship between racial minority status and cognitive functioning, to what extent is this mediation effect moderated by the interaction of gender and Socioeconomic Status (SES)? Using cross-sectional data drawn from the Canadian Longitudinal Study on Aging (CLSA) with a sample of over 50,000 Canadians (2010-15) aged 45 to 85 years, multivariate regression analyses (OLS, logistic, multinomial logistic) assess the mediating effect of social resources on the relationship between racial minority status and cognitive functioning. Controlling for age, gender and other relevant determinants, preliminary results reveal that racial disparities in cognitive functioning (i.e., lower cognitive test scores) exist in Canada and that this relationship is partially mediated by some indicators of social resources (e.g., functional social support, emotional social support). Our findings suggest the need for interventions targeted at increasing social resources for racial minority groups to cope with the risk of developing cognitive impairment in later life.

#### RELATIVE IMPORTANCE OF POSITIVE AGING DIMENSIONS AMONG LATINO OLDER ADULTS AND SERVICE PROVIDERS

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The variation in Latino older adults' conceptualizations of positive aging across studies suggests greater attention should be paid to within-group factors. The purpose of the current study was to identify which factors are important to positive aging from the perspective of Latino older adults, and whether the importance of these factors varied based on participant characteristics. A second aim of this study was to examine whether there are differences in views of successful aging between Latino older adults and service providers who support aging Latinos. The current study was conducted as part of a broader research project investigating Latino older adults' perceptions of positive aging. Latino older adults ( $n = 93$ ) and aging services providers ( $n = 45$ ) rated the importance of a series of statements related to positive aging. Mixed-methods analysis of the statements identified nine distinct dimensions (Positive Outlook, Spirituality/Religion, Healthy Behaviors, Independence, Self-Care, Support for Others, Social Support, Leisure Activities, and Adaptability). Latino older adults rated Positive Outlook and Spirituality highest on importance, and ratings differed based on gender and other individual difference characteristics. For example, men placed greater relative importance on Independence and Support for Others compared to women, and younger participants rated Independence higher on importance compared to older participants. In addition, Latino older adults (vs. providers) placed greater importance on all aspects of positive aging, with greatest mean differences related to providing Support for Others and Spirituality. These findings have implications for wellness programs for Latino older adults and training for service providers.