using population-based data on LGBTQIA+ caregivers in terms of caregiving burden and mental health. Shana Stites will present results from the Health and Retirement Study highlighting differences among same-sex spouses in terms of caregiving patterns and research participation. Next, Ethan Cicero will present prevalence estimates of care needs and challenges among diverse transgender adults living with memory problems. Finally, we will highlight a promising intervention for LGBTQIA+ caregivers of persons with ADRD. Jason Flatt will describe the adaptation and feasibility of the Savvy Caregiver program for LGBTQIA+ caregivers. Joel Anderson, an expert in LGBTQIA+ caregiving for persons with ADRD, will facilitate a conversation about these results and place them in the context of current LGBTQIA+ and ADRD research.

HEALTH CONCERNS FOR LGBTQ+ CAREGIVERS OF PEOPLE WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

Krystal Kittle,[1] Joel Anderson,[2] Jennifer Pharr,[3] Sheniz Moonie,[3] and Jason Flatt,[3] *1. University of Nevada, Las Vegas, Las Vegas, Nevada, United States, 2. University of Tennessee at Knoxville, Knoxville, Tennessee, United States, 3. University of Nevada Las Vegas, Las Vegas, Nevada, United States*

We examined four states with data on LGBTQ+ identity and the ADRD caregiving modules from the 2019 Behavioral Risk Factor Surveillance System. Multivariable regression models examined the associations between LGBTQ+ identity and health outcomes. Among the ADRD caregivers, 55,920 (4.7%) identified as LGBTQ+. Compared with non-LGBTQ+ caregivers, LGBTQ+ caregivers were younger and more likely to live in rural counties. Half of LGBTQ+ caregivers spent 20+ hours per week providing care, and nearly 72% reported helping with personal care. LGBTQ+ caregivers reported more days when their mental health was not good than non-LGBTQ+ caregivers (B = 8.01;95% CI= 2.32-13.75). Female caregivers overall were twice as likely than males to experience depression (OR = 2.11;95% CI=1.29-3.45). These findings provide insight into characteristics of LGBTQ+ caregivers and their health concerns. Interventions that promote mental health and reach diverse LGBTQ+ caregivers in rural communities are crucial in supporting LGBTQ+ caregivers of people with ADRD.

PATTERNS AMONG SAME-SEX SPOUSAL COUPLES: DIVERSE SOCIOCULTURAL REPRESENTATION IN ALZHEIMER'S RESEARCH

Shana Stites, *University of Pennsylvania, Philadelphia, Pennsylvania, United States*

Emerging evidence shows that understanding characteristic patterns between study partners (SP) and subjects can inform initiatives to diversify representation of sociocultural groups in ADRD research. This study examined same-sex spousal dyads with the goal of identifying bellwethers of opportunities to build diversity in ADRD research. Descriptive analysis of The Aging, Demographics and Memory Study (ADAMS), which enrolled a subset of subjects from the Health and Retirement Study and a SP for each subject. Eight same-sex spousal couples were among 718 SP-subject dyads (1.1%). Gay men were 3 times as likely to be spousal

SPs (n=6) than lesbians (n=2), even though women far outnumber men overall. Patterns in caregiving and other characteristics also differed. Same-sex couples are underrepresented in ADRD research. Patterns among those enrolled suggest masculine and feminine norms may drive research engagement. This is discussed in the context of increasing sociocultural diversity in ADRD research across key social groups.

MEMORY-RELATED LIMITATIONS AND CARE NEEDS OF GENDER MINORITY BIPOC ADULTS

Ethan Cicero,[1] Nickolas Lambrou,[2] Whitney Wharton,[3] and Jason Flatt,[4] *1. Emory University School of Nursing, Atlanta, Georgia, United States, 2. University of Wisconsin, Madison, Madison, Wisconsin, United States, 3. Emory University, Atlanta, Georgia, United States, 4. University of Nevada Las Vegas, Las Vegas, Nevada, United States*

Limited research exists investigating cognitive impairment and Alzheimer's disease and related dementias (ADRD) among gender minority (GM) adults (transgender/non-binary/, including examining memory-related challenges among GMs who also identify as Black, Indigenous, or People of Color (BIPOC). 2015-2019 Behavioral Risk Factor Surveillance System data were used to explore care needs of GM and cisgender (CG) adults with subjective cognitive decline (SCD, N=441), which may be the first clinical manifestations of ADRD. Regression models examined SCD-associated functional limitations and care needs among GM-BIPOC, GM-White, CG-BIPOC, and CG-White adults. GM-BIPOC and GM-White were 2-4x more likely to have SCD-related limitations, require assistance with daily tasks, be unable to do day-to-day or social activities when compared to CG-White. GM-BIPOC were 2-5x more likely to be uninsured and experience cost-related healthcare barriers compared to GM-White and CG-White/BIPOC. Additional research is needed to improve care and well-being for this understudied population.

EVALUATION OF THE SAVVY CAREGIVER PROGRAM FOR LGBTQIA ADULTS LIVING WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

Jason Flatt,[1] Kiera Pollock,[2] Yeonsu Song,[3] Whitney Wharton,[4] and Joel Anderson,[5] *1. University of Nevada Las Vegas, Las Vegas, Nevada, United States, 2. Los Angeles LGBT Center, Los Angeles, California, United States, 3. UCLA, Los Angeles, California, United States, 4. Emory University, Atlanta, Georgia, United States, 5. University of Tennessee at Knoxville, Knoxville, Tennessee, United States*

Approximately 350,000 LGBTQIA+ older adults in the U.S. currently have Alzheimer's disease and related dementias (ADRD), with projections nearing 1 million by 2030. LGBTQIA+ older adults face challenges in receiving adequate and inclusive care and caregiving support due to the inability to rely on traditional family networks, greater disability, and discrimination when seeking aging services. Working with the Los Angeles LGBT Center Aging in Community Initiative, we evaluated the: 1) Adaptation of the Savvy caregiver training program for care providers of LGBTQIA+ persons living with ADRD; and 2) Feasibility and acceptability of the program. Care providers were very satisfied with the program, strategies, information, and activities

of the tailored Savvy program. For psychosocial outcomes, there were trends in greater care planning, increases in asking friends/family for support, and decreased loneliness. Additional research is needed on culturally-relevant aging services and behavioral interventions for care providers of LGBTQIA+ persons living with ADRD.

Session 3575 (Symposium)

MARGRET M. AND PAUL B. BALTES AWARD LECTURE: OPTIMISM AND HEALTH: RESOURCE OR DELUSION?
Chair: Eileen Crimmins

The lecture will be given by the 2020 Baltes Award recipient, William Chopik, PhD, of Michigan State University. The recipient of the 2021 Baltes Award is Laura B. Zahodne, PhD, of the University of Michigan. The Margret M. and Paul B. Baltes Foundation Award in Behavioral and Social Gerontology recognizes outstanding early-career contributions in behavioral and social gerontology. The award is generously funded by the Margret M. and Paul B. Baltes Foundation.

OPTIMISM AND HEALTH: RESOURCE OR DELUSION
William Chopik, *Michigan State University, East Lansing, Michigan, United States*

There is a general, widely-held belief that optimism is always a good thing. While there is much previous research suggesting that optimists enjoy several health and wellness benefits, there is also a large body of research suggesting that optimism is not always advantageous. Examining how optimism develops and changes across the lifespan may give us insight into how we use optimism and allow us to determine if and when optimism is helpful or maladaptive. In this talk, I will review evidence debating the efficacy of optimism, as well as examine how optimism develops across the lifespan. I also discuss how life events may or may not impact the developmental trajectory of optimism. Lastly, I address currently unanswered questions and emphasize the contextual nature of optimism's advantages. Ultimately, being persistently optimistic about the future is a nearly universal human trait. But the exact contexts in which this positive thinking is helpful--if ever--is an intriguing question that speaks to how we think about ourselves, how we think about others, and how we think about our many possible futures.

Session 3580 (Paper)

Marriage and Health

MARITAL QUALITY AND HEAVY ALCOHOL USE AMONG OLDER COUPLES
Angela Curl, Jennifer Bulanda, and
Amy Restorick Roberts, *Miami University, Oxford, Ohio, United States*

Supportive marital relationships may reduce partners' problematic health behaviors, whereas unhappy relationships may lack efficacious spousal monitoring of health and increase the likelihood of using maladaptive coping strategies, such as heavy alcohol use, to deal with relationship problems. We used pooled data from the 2014 and 2016 waves of the Health and Retirement Study to examine how both partners' perceptions of marital quality were associated with heavy drinking. Our analytic sample included married couples in which both spouses were over age 50, completed the leave-behind psychosocial questionnaire, and provided non-missing data on marital quality and alcohol use (n=2,095 couples). Measures included both positive and negative dimensions of marital quality and controls for sociodemographic, economic, health, household and marital characteristics. Using Proc Glimmix, we estimated a dual-intercept Actor-Partner Interdependence Model (APIM), in which separate equations were computed simultaneously for husbands and wives. For husbands, higher negative marital quality was associated with an increase in the odds of their own heavy drinking (OR=1.27), but there was no significant association between wives' marital quality and husbands' heavy drinking behavior. For wives, marital quality was not significantly associated with their own heavy drinking, but husbands' higher ratings of both negative and positive marital quality increased the risk of wives' heavy drinking (OR=1.60 and OR=1.75, respectively). Results suggest that marital quality is associated with heavy drinking in later life: self-ratings of marital quality matter for men, whereas spousal perceptions of marital quality are more important for women.

MARITAL STATUS, MARITAL TRANSITIONS, AND SLEEP QUALITY IN MID TO LATE LIFE
Kristin August, *Rutgers University, Camden, Camden, New Jersey, United States*

Sleep is an important behavior in the prevention and management of chronic conditions in later life. Marital status may account for variability in sleep quality, but little is known about this association in the later part of life or how transitions into and out of marriage are related to changes in sleep quality. This study used the resource model and crisis model as frameworks to understand how marital status and marital transitions were related to sleep quality in mid to late life and whether these findings differed by gender. Interview data from 2,872 participants 50-74 years old (M=59.77 years; 63.7% women) from the ORANJ BOWL, a longitudinal panel study in New Jersey, were used. Marital status and sleep quality were examined in two waves approximately 10 years apart. All analyses controlled for health and sociodemographic characteristics. Weighted regressions revealed that individuals in committed romantic relationships and women had worse sleep quality than those in other marital status groups and men (p<.005). Weighted fixed effects regressions revealed that compared to individuals who remained married, individuals who remained divorced or widowed or who became widowed had better sleep quality, whereas those who became divorced had worse sleep quality (ps<.05); individuals who transitioned into marriage had better sleep quality than those who remained divorced or widowed (ps<.03). Findings differed depending on the index of sleep quality examined. Efforts to understand which middle-aged and older adults are most vulnerable to sleep disturbances can inform the design of interventions to promote better sleep quality.