AD pattern similarity (AD-PS) score using MRIs obtained in the Atherosclerosis Risk in Communities (ARIC) study. Here, we investigate the potential of the AD-PS scores as a brain-focused measure of biologic age. Among 1970 ARIC participants with MRI collected at ARIC Visit 5, we related AD-PS scores to three measures of aging: mortality (n=356) over 8 years of follow-up; an a priori panel of 32 proteins related to aging (N=1647); and a deficit accumulation index (DAI) based on 38 health-related measures. We found lower AD-PS scores associated with significantly lower mortality (HR=0.58, CI-95%, [0.45 - 0.75], $p < 0.001$) after adjusting for age, race, smoking and hypertension. Among the 32 proteins, nine were significantly associated to AD-PS scores ($p < 0.05$) with 4 remaining significant adjusting for multiple comparisons (Growth/differentiation factor 15, Tumor necrosis factor receptor superfamily member 1A and 1B and Collagen alpha-1(XVIII) chain). Finally, in a linear regression model after adjusting for age, race, sex, hypertension and smoking, AD-PS scores were associated with the DAI ($p < 0.001$). The consistent patterns of associations suggest that a data-driven measure of AD neuroanatomic risk may be capturing aspects of biologic age in older adults.

CARE RECIPIENT DIAGNOSIS MODERATES THE RELATIONSHIP BETWEEN CAREGIVER WORRY AND VIGILANCE

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Family members of persons diagnosed with dementia or a traumatic brain injury (TBI) are often relied upon to provide daily support to their care recipients. However, research on the differing experiences of caregivers based on care recipient diagnosis is limited. The aim of this study was to examine the impact of worry and feelings of vigilance among caregivers of people with cognitive impairment due to either TBI or dementia. This sample included 61 caregivers (88.5% female, mean age 57.3±15.5) of persons with either a TBI (n = 32) or dementia (n = 29). Worry was assessed with the Penn State Worry Questionnaire and Vigilance was assessed with the Caregiver Vigilance Scale. Linear regressions revealed that after controlling for age, care recipient diagnosis moderated the relationship between worry and caregiver vigilance. Specifically, worry was significantly associated with caregiver vigilance in those caring for someone with dementia; however, a similar relationship was not seen in those caring for someone with a TBI. This suggests caregivers of people with TBIs have a different experience of worry and vigilance than caregivers of people with dementia. These findings demonstrate the need for more research on the unique needs of caregivers of people with TBIs. Additionally, this research suggests interventions targeting worry may be particularly effective in supporting caregivers of people with TBIs.

COGNITIVE DECLINE AND RETIREMENT: FINDINGS FROM THE CANADIAN LONGITUDINAL STUDY ON AGING.

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Since increasing life expectancy leads to a longer period of retirement, several studies have been investigating the possible impact of retirement on cognitive health. Several epidemiological studies with cross-sectional designs have reported a negative association between retirement and cognitive capacities. However, very few studies with longitudinal designs have confirmed the negative effect of retirement on cognitive functioning. The present study was conducted to investigate the impact of retirement on cognitive capacities among older Canadians. We used data from the Comprehensive cohort of the Canadian Longitudinal Study on Aging (CLSA) to compare performance retirees and workers (N = 1442), 45 to 85 years of age at baseline. Memory and executive functioning were assessed using standardized assessment tools at baseline and at three-year follow up. Retirees and workers were matched for age, gender and education using the nearest neighbor propensity score method with a caliper of 0.02. Mixed ANOVA and post hoc analyses were conducted separately for the English- and French-speaking samples. Results for the English-speaking sample showed a significant decline on both the Stroop and the Mental Alternation Task for retirees compared to workers from baseline to follow-up. These results support previous cross-sectional studies that have demonstrated a negative effect of retirement on executive functioning. The absence of significant results in the French-speaking sample will be discussed in terms of sample size and professional occupation.

COMBATING SOCIAL ISOLATION AMONG OLDER IMMIGRANT ADULTS: A QUALITATIVE INTERPRETIVE META-SYNTHESIS

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Older immigrants totaled 7.3 million in 2018, representing 13.9 percent of the population of seniors in the U.S. While this population is found to contribute significantly to society, along with new opportunities comes circumstantial challenges. Of these, one of the most salient issues for foreign-born older adults is social isolation. Additionally, this population may be at an increased risk for social isolation with poor mental health because migrating to a new country might results in resettlement challenges. Despite these concerns, less is known about the consequences of social isolation among older immigrant adults. Guided by the Population Interest Context (PICO) framework and the Qualitative Interpretive Meta-Synthesis (QIMS) guidelines, this study seeks to explore consequences of social isolation among older immigrant, as well as interventions to combat isolation. The final sample of six full text articles were published between 2011 and 2021, totaling 180 participants with ages ranging from 61 to 93 years old. Findings from the study indicated that older immigrants are at risk of social isolation and loneliness because they have fewer social connections

due to leaving behind their familiar social group in the home country, encounter linguistic challenges that negatively contribute to greater social isolation and poor mental health. Despite these difficulties older immigrants reported various social interventions, i.e., access to senior centers, community programs and services to be of greater importance in building social networks. Authors discuss opportunities for future research, such as exploring evidence-based studies on interventions for social isolation and loneliness of older immigrant populations.

CONCEPTUALIZING THE VALUE OF AGING: WHAT IS IT LIKE TO BE AN OLDER WOMAN IN THE 21ST CENTURY?

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The basis for this hermeneutic phenomenological research was to identify common themes in women 65 years of age and older and determine whether these women felt valued in ageing. The best description of this research becomes the study of the phenomena as real living or "entering the lifeworld "(Finlay, 2012). The research sought to increase the knowledge of how older women feel about their own ageing and the effect of society's response to them. The participants covered a large age range of 66 to 93 years of age all of which experienced physical, emotional, and social changes involving age. The participants' response to these changes of ageing and society's response to them ranged from very positive to very distressing. Twelve women were interviewed from a vast range of locations throughout the United States through zoom due to COVID 19. Their responses reflect four main categories: ageism, successful ageing, active engagement, and social support. The interviews focused on seven main questions: Tell me about being your age? Is there a time you can recall when you first felt older? Have you ever felt mistreated as an older adult? Have you ever felt you were discounted or ignored as being an older woman? Have you done anything to maintain your youth? Have you done anything to feel youthful? Have you ever felt dismissed related to your age? Utilizing seven questions and the conversation with these questions brought forth this study. This became a platform for these women to tell their stories.

CORESIDENCE INCREASES RISK OF TESTING POSITIVE FOR COVID-19 AMONG OLDER BRAZILIANS

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Brazil is among the countries hit hardest by COVID-19, and older adults are among the vulnerable groups. Intergenerational coresidence and interdependence among family members, both prevalent in Brazil, likely increase social and physical contact. Using nationally representative data from the COVID-19 module of the Brazilian National Household Sample Survey, collected from July to November of 2020, we examined the association between living arrangements and exposure to and testing for COVID-19 among 63,816 Brazilians 60+. Our multivariate analyses utilize multilevel mixed-effects Poisson regression to examine the association between living arrangements and the COVID-19 outcome measures. Results show that those living alone were more likely to report having symptoms and having had a test for COVID-19. However, older adults in multigenerational (PR=1.532, 95% CI 1.15, 2.04, p<0.001) and skipped generation households (PR=1.607, 95% CI 1.04, 2.48, p<0.001) were more likely than solo-dwellers to test positive for COVID-19. Those with symptoms were more likely to test, regardless of their living arrangement. Among older adults without symptoms, those living alone had a higher probability of testing than those living in multigenerational or skipped-generation households. Overall, our findings suggest that coresidence with younger family members is a risk factor for older adults' health due to the higher COVID-19 positivity. As younger Brazilians are increasingly vulnerable to COVID-19 and experiencing severe outcomes, policy makers need to be more attentive to the health needs of households that comprise older and younger cohorts, which are also more prevalent in poor and marginalized segments of the population.

DEMENTIA READY: COMPARING APPROACHES FOR BUILDING CAREGIVER READINESS AND KNOWLEDGE OF DEMENTIA

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Despite the rising prevalence of dementia and the high cost and complexity of care for people with dementia, most dementia care is provided at home by informal caregivers who are not clinically trained. Building caregiver readiness and knowledge of dementia is key to supporting quality care and desirable health outcomes, such as preventing falls and reducing nursing home admissions. We sought to determine and compare the impact of two interventions—Resilient Living with Dementia (RLWD) and Care of Persons with Dementia in their Environments (COPE)—and of their combined delivery (both RLWD and COPE) on increasing caregiver readiness and knowledge of dementia. Between January 2019 and March 2021, 77 caregivers of people with dementia in Connecticut participated in RLWD and/or COPE and completed the Alzheimer's Disease Knowledge Scale (ADKS) and the Preparedness for Caregiving Scale (PCGS) at baseline and at four-month and ten-month follow-ups. Analyses were conducted to compare outcomes by intervention(s). From baseline to four months and to ten months, we observed statistically significant (p < .05) improvement on the ADKS among participants in RLWD, and on the PCGS among participants in COPE and among participants in RLWD. The most substantial impact on PCGS was observed among participants in both COPE and RLWD. No improvement in the ADKS was observed among participants in only COPE, but ADKS improvement was observed at four months among