had lower odds of reporting fair or poor health, (aOR=0.43, 95% CI=0.2-0.9). For transgender participants, Hispanic and Other Race adults had approximately twice the odds of reporting fair or poor health compared to White adults (aOR=2.1, 95% CI=1.2-3.7, and aOR=1.9, 95% CI=1.2-3.0, respectively).In conclusion, the results of this study suggest that cultural differences in racial/ethnic groups may influence the health of the LGBT community, making it an important factor to consider in research on LGBT older adults.

HEALTHCARE DISPARITY AND COMORBIDITY BURDEN IN HEART FAILURE PATIENTS OVER THE AGE OF 80

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The healthcare industry is currently struggling with providing access and coverage for a rapidly ageing and increasingly diverse population with multiple co-morbid conditions. This retrospective study analyzed the electronic health records of elderly heart failure patients (age range 80-103; mean 87 ±4.9) for common co-morbid conditions of hypertension, hyperlipidemia, dementia and diabetes mellitus. Chart review analysis of 316 patients showed a racial distribution of 251 White vs. 65 Black patients (79% vs. 21%). Male patients were under-represented (B= 13.8% and W= 26.3%). Females patients predominated (B= 86.2% and W= 73.7%). Overall, the prevalence of all four comorbidities was approximately three times higher in Blacks (18.5%) vs. White (7.2%). The proportion of Blacks and Whites with HTN and was comparable at 98.5 and 92.4% respectively. Hyperlipidemia was present in 84.6% Black and 63.3% White. The diagnosis of diabetes was higher in Blacks, 41.5% compared to Whites, 21.9%. The greatest disparity was in the diagnosis of dementia which was higher in Blacks, 61.5% vs Whites, 44.6%. Our study is unique for studying healthcare disparity in octogenarian and nonagenarian residing in a rural setting. Our results also highlight the importance of making a special effort to engage older Black patients in seeking healthcare in addition to designing strategies to reduce barriers that impede access and availability of resources and clinical care, especially in economically underserved regions of the country.

IMPACTS OF SOCIAL CAPITAL FACTORS ON BLOOD GLUCOSE CONTROL AND DEPRESSIVE SYMPTOMS

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Social capital, conceptualized as resources arising from social networks, is receiving increased attention for its role in prevention and management of chronic conditions such as diabetes and depression that commonly co-occur. Although social capital has been linked to control of blood glucose and depression, previous research has not considered these two outcomes simultaneously while distinguishing between cognitive (i.e., perceived social support, shared values and trust in community) and structural (i.e., social connectedness and participation) domains. This study examined how these two domains of social capital relate to glucose control and depressive symptoms, and whether physical exercise and care access mediate those relationships, using structural equation modeling. The sample included 3,043 older adults aged 57 and above from wave 2 of the National Social Life, Health and Aging Project. Although a higher level of cognitive social capital was associated with higher levels of physical exercise (b=.38, p<.001), access to care (b=.40, p=.007), lower levels of blood glucose (b=-.43, p<.001) and depressive symptoms (b=-.84, p<.001), a higher level of structural social capital was associated only with a higher level of physical exercise (b=.16, p=.002). The mediating effects of physical exercise and access to care were not significant. Findings suggest that cognitive social capital may have greater influence on blood glucose and depressive symptoms than structural social capital, and therefore have different implications for practice, especially in the context of pandemic-related disruptions to social capital. Future research should examine other mediators and investigate how promotion of cognitive social capital might improve health outcomes.

IS RESILIENCE PROTECTIVE OF MOVEMENT-EVOKED PAIN IN OLDER BLACK WOMEN WHO EXPERIENCE DISCRIMINATION?

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Older non-Hispanic black (NHB) individuals experience greater pain and more frequent experiences of perceived discrimination compared to non-Hispanic white individuals with knee osteoarthritis. The current study explored whether being resilient buffers against movement-evoked pain (MEP) in NHB women who report everyday experiences of discrimination. In a secondary analysis of the Understanding Pain and Limitations in Osteoarthritic Disease (UPLOAD-2) study, data were collected at the University of Florida and the University of Alabama at Birmingham. Participants were 58 community-dwelling older women who self-identified as NHB and reported knee osteoarthritis. Participants completed the Brief Resilience Scale, a self-report measure of trait resilience. MEP was assessed following the Short Physical Performance Battery. Moderation analyses were conducted to investigate whether resilience moderates the association between experiences of discrimination and MEP. Study site, age, body mass index, and income were included as covariates. Overall, neither everyday experiences of discrimination (b=.292, 95% confidence interval [CI]=-.415 to 1.000) nor trait resilience was associated with MEP (b=-11.540, 95% CI=-23.583 to