Title

Successful Aging Among Older Hispanics

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synthesized, and analyzed. Findings represent organizational staff's perceptions of the mental health issues among older Chinese immigrants, needs and accessibility of mental health services, and facilitation of access and utilization of services by screening, education and referral. The qualitative results address individual help-seeking behavior and pattern, organizational response to and coordination of mental health needs, and capacity building on the community level.

IF I'M WORRYING ABOUT GETTING WELL, HOW CAN I GET WELL? DECISION-MAKING AMONG AFRICAN AMERICANS WITH ADVANCED CKD.

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Objectives: Chronic kidney disease (CKD) is an emerging major public health concern in the United States. Shared decision-making (SDM) has gained attention as an important area of inquiry in chronic kidney disease research. Few studies focus on shared decision-making or preferences of older African Americans during the advanced stages of CKD before the initiation of dialysis. The objective of this study was to understand decision-making preferences and shared decision-making among older African Americans with advanced chronic kidney disease who have yet to start dialysis. Methods: Data were collected from an outpatient clinic sample of older African Americans ≥ 55 years old (N = 10) diagnosed with advanced CKD. Participants were administered a survey with open-ended questions related to shared decision-making, CKD healthcare and general healthcare preferences (both open-ended and closed-ended questions), and participant characteristics. A thematic analysis framework was applied to identify themes and patterns in the data. Results: Several themes emerged in regard to shared decision-making and patient preferences including: complexity of CKD management, uncertainty of prognosis, barriers and facilitators to CKD self-management and SDM, diagnosis and dialysis information, elements of SDM, and the structural and social context of SDM related to racial inequities. Discussion: Participants identified a nuanced understanding of the concerns related to managing CKD. The complex and ever-changing nature of CKD was emphasized as participants discussed how they perceived their care needs. This study provides implications for social work practice, healthcare policy and interprofessional collaboration in the care of older African Americans.

MINORITY STATUS AND READMISSIONS: A MODERATED MEDIATION MODEL OF CAREGIVERS' HEALTH LITERACY

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Family caregivers help patients to understand informa¬tion during clinical encounters. Less is known about factors that may affect family caregiver's Ensuring and Explaining Medical Care (EEMC) during hospitalization and its impact on improved health outcomes. This study examined whether EEMC during hospitalization mediated the association between minority status of patients and 30-day-readmissions, and whether levels of Health Literacy (HL) of caregivers moderated this mediated association. A prospective cohort study of 517 internal medicine patients, Hebrew (general population, coded as 0) and Russian, or Arabic native speakers (minority status, coded as 1), at a tertiary medical center in central Israel, who were accompanied by an informal caregiver. EEMC and HL were patients' self-reported. 30-day-readmissions were retrieved from the healthcare organization. Logistic regression indicated that minority status was not associated with 30-day readmission when the mediator ICEEMC was not included (B=0.98; p>0.05). However, moderated mediation analysis indicated significant direct (B=-1.08; p=0.003) and indirect effect of minority status on readmission through high ICEEMC during hospitalization among patients who had informal caregivers with high HL level (Mediated effect (ME)=–0.62; CI= -1.07 to -0.29) but not among ones with low HL level (ME= 0.37; CI=-0.24 to 1.06). These findings suggest that caregivers' high HL may be an essential factor in improving EEMC among minorities. Identifying informal caregivers with high HL level at time of admission to the hospital, and encouraging their involvement during patients' hospital stay, might be a useful strategy to improve transitions and reducing 30-day readmission, especially among minority patients.

SUCCESSFUL AGING AMONG OLDER HISPANICS

Marlen Garcia,[1] Alejandra Morlett Paredes,[2] Dilip Jeste,[2] Alison Moore,[2] and Maria J. Marquine,[2] *1. San Diego State University, San Ysidro, California, United States, 2. University of California, San Diego, La Jolla, California, United States*

Successful Aging has been defined as the absence of objective physical, cognitive, and social difficulties. More recently, self-rated successful aging (SRSA) has been recognized as an important outcome in its own right. The purpose of this study was to assess SRSA and its correlates among older Hispanics/Latinos. Seventy-four Hispanic/Latino adults age 50+ (31.9% primarily Spanish-speaking; 62.5% women, mean age=69.6±12.2, mean years of education=14.3±3.3) completed a measure of SRSA (scaled from 1 [lowest] to 10 [highest]), and self-report measures of hypothesized correlates, including culturally-relevant factors (language use, acculturation, fatalism, familism, perceived discrimination and frame of reference), as well as physical (perception of physical health and physical performance), cognitive (perception of cognitive problems), and psychosocial correlates (social functioning and resilience). Fifty-five percent of the participants reported SRSA of 8 or above (mean=7.99±, range: 3-10). Factors that were significantly associated with SRSA in univariable models, were entered into a multiple linear regression on SRSA. The final multivariable model explained 58.5% of the variance on SRSA (F(3,54)=27.8, p<.001) and showed that social functioning (B=.21; p=.031), resilience (B=.34; p=.002), and perception of physical health (scaled from 1 [highest] to 5 [lowest]), (B=-.43; p<.001) were independent predictors of SRSA. Culturally-relevant factors were not independently associated with SRSA in the multivariable model. While future longitudinal studies would be better suited to address causality, the present cross-sectional

findings indicate psychosocial correlates of SRSA are as important as physical correlates among older Latinos. Future studies might examine whether culturally relevant factors modify these associations.

TRAJECTORIES IN HEALTH IN LATE MIDLIFE: DISPARITIES PERSIST ACROSS RACIAL/ETHNIC GROUPS IN US

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Introduction: Recent research has revealed that during late midlife, Hispanics experience a lower mortality relative to non-Hispanic Whites (Whites), whereas non-Hispanic Blacks (Blacks) experience a higher mortality relative to Whites. Much less is known about whether there are also racial/ethnic disparities in patterns of how overall health changes during this period, and if so, whether personal lifestyle or economic characteristics that can explain it. We examine these important issues. Methods: Longitudinal and nationally representative data on adults ages 50-64 from the Health and Retirement Study are used for our analysis. Latent class discrete time and growth curve modeling are implemented to identify different types of "trajectories" in self-rated health and mortality across racial/ethnic groups and three distinct time periods, 1998-2004, 2004-2010, and 2010-2016. Additionally, multinomial logit models are estimated to determine whether Hispanics or Blacks experience different trajectory profiles than Whites do, and how different characteristics at baseline affect one's own trajectory. Results: We identify five types of trajectories: "Poor-Health with Rapid Mortality," "Sustained Poor-Health," "Moderate-Health Back and Forth," "Good-Health with Rapid Mortality," and "Sustained Good-Health." These specific types persist even after controlling for multiple health determinants. Discussion: We find significant and persistent differences across racial/ethnic groups in how health changes during late midlife. After controlling for a wide range of health determinants, Blacks and Hispanics are less likely than Whites to experience "Sustained Good-Health" and more likely to experience "Sustained Poor-Health" across all three time periods. Blacks are also consistently more likely to experience "Poor-Health with Rapid Mortality."

SESSION 10330 (LATE BREAKING POSTER)

MOBILITY/DISABILITY

BRAIN RESILIENCE: THE EFFECT OF WHITE MATTER DISEASE ON BRAIN NETWORKS IN COGNITIVELY NORMAL OLDER ADULTS

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Brain pathologies are increasingly understood to confer mobility risk, but the malleability of functional brain networks may be a mechanism for mobility reserve. In particular, white matter hyperintensities (WMH) are strongly associated with mobility and alter functional network connectivity. To assess the potential role of brain networks as a mechanism of mobility reserve, 116 participants with MRI from the Brain Networks and Mobility Function (B-NET) were categorized into 4 groups based on median splits of SPPB scores and WMH burden: Expected Healthy (EH: low WMH, SPPB>10, N=45), Expected Impaired (EI: high WMH, SPPB10, N=24), Unexpected Impaired (EI: low WMH, SPPB<10, N=10) and Unexpected Unhealthy (UH: low WMH, SPPB<10, N=37). Functional brain networks were calculated using graph theory methods and white matter hyperintensities were quantified with the Lesion Segmentation Toolbox (LST) in SPM12. Somatomotor cortex community structure (SMC-CS) was similar between UH and EH with both having higher consistency than EI and UI. However, UH displayed a unique increase in second-order connections between the motor cortex and the anterior cingulate. It is possible that this increase in connections is a signal of higher reserve or resilience in UH participants and may indicate a mechanism of compensation in regards to mobility function and advanced WMH burden. These data suggest functional brain networks may be a mechanism for mobility resilience in older adults at mobility risk due to WMH burden.

DIABETES, DISABILITY AND MORTALITY IN VERY OLD MEXICAN AMERICANS

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This study examines the relationship between diabetes, disability and mortality for very old Mexican American, a rapidly growing and understudied segment of the population. Data comes from Wave 7 of the Hispanic EPESE which surveyed 1078 Mexican Americans ≥80 years old, living in the Southwestern United States. Measures included self-reported physician diagnosis diabetes, ADL disability, demographic characteristics, and other self-reported comorbidities. Severe diabetes was defined as being diagnosed more than 10 years ago and/or taking insulin. Diabetes and mortality were studied over a five-year follow-up. Participants with diabetes are more likely to be disabled, 55% prevalence compared to 46% in non-diabetics. Even when controlling for demographic characteristics and comorbidities, the predicted probability of ADL disability in diabetics is 54% compared to 45% in non-diabetics. Logistic regression analysis showed an odds ratio (OR) of 1.51, 95% confidence interval [CI], 1.14-2.02 of any ADL disability among diabetics, controlling for demographic characteristics and comorbidities. Stroke and arthritis were significantly associated with ADL disability as well, OR 2.59, [1.6-4.2] and 1.53 [1.15-2.04] respectively. Diabetics had greater odds of mortality, OR 1.25, than non-diabetics, and among diabetics, severity was predictive of mortality OR 1.38. Gender was an insignificant predictor of mortality. Diabetes prevalence in the very old Mexican American population is increasing and is associated with increased disability and mortality. Increased awareness of the prevalence of diabetes in this population and thus the increased potential of disability is needed to decrease the burden of disease and increase quality of life.