

quality of life. There are well-established racial and gender disparities in the distribution of caregiver duties and caregiver quality-of-life. Growing evidence suggests the potential for “disparities within disparities”, such as gender disparities in caregiving intensity varying across racial/ethnic groups. Therefore, this study uses intersectional methods to assess how gender modifies the associations between caregiving intensity and quality-of-life among informal caregivers from different race groups. Data were abstracted from the 2011 National Study of Caregiving (n=1014) and generalized linear modeling was used to estimate the associations between social and emotional quality of life and caregiving intensity among different race-gender groups. Black females provided significantly higher intensity care than White females (0.32 SD units, 95% CI 0.08–0.56). Likewise, Black males provided higher intensity care than White males (0.51 SD units, 95% CI 0.14–0.87). Although White females provided higher intensity care than White males (0.23 SD units, 95% CI 0.06–0.40), there was no significant difference between Black females and males. The association between caregiving intensity and emotional burden was significant for all race-gender subgroups (ORs 2.37–4.21) except for Black females. These findings highlight the need to account for disparities in caregiving duties and the effect caregiving has on health and quality of life among informal caregiver subgroups when developing interventions to reduce caregiver burden and caregiver disparities.

GREATER DISEASE BURDEN, GREATER RISK? EXPLORING COGNITIVE CHANGE AND HEALTH STATUS AMONG OLDER BLACKS

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Health disparities across multiple domains of health disproportionately impact Blacks compared to Whites. There is growing research that suggests that poor health and disease burden contribute to variability in cognitive functioning. We hypothesize that health will impact change in psychometric dimensions of cognition over time. Longitudinal data from the Baltimore Study of Black Aging-Patterns of Cognitive Aging were used to assess cognitive change over a 33 month interval in five domains; working memory, perceptual speed, verbal memory, vocabulary and inductive reasoning. The sample consisted of 602 community-dwelling blacks, aged 48–92 years at initial interview and 450 at the second interview. Co-morbidities were assessed using a summary of counts of chronic conditions (diabetes, CVD, hypertension, arthritis, stroke), which were dichotomized into having two or more conditions compared with one or none. Other measures of health included average peak expiratory flow and blood pressure. OLS was used to examine the relationships between measures of health and cognitive change, controlling for age, gender, education and baseline cognition. Findings indicated that a greater number of co-morbidities was associated with change in perceptual speed; whereby, Blacks with two or more conditions had significantly slower speed than those with one or no conditions ($b=-5.099$, $p= 0.022$). Average peak expiratory flow (a measure of lung functioning) was associated with changes in

working memory ($b=0.029$, $p= 0.019$) and perceptual speed ($b= 0.026$, $p= 0.026$). These findings suggest that different aspects of health may impact specific domains of cognitive change in later life among Blacks.

HMONG ELDERS' KNOWLEDGE OF AND EXPERIENCE WITH HOSPICE CARE

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Since arriving in the US, the Hmong community has sought to integrate its beliefs and rituals into the health-care services they receive at end-of-life. Despite being in this country for over 40 years, only two studies have been conducted on this topic: one study seeking understanding of the Hmong's end-of-life beliefs and rituals (Her-Xiong & Schroepfer, under review) and another providing evidence that those beliefs and rituals were not honored and resulted in a Hmong elder's poor quality dying process (Culhane-Pera, 2003). The purpose of this study was to garner an understanding of Hmong elders' knowledge of and experience with hospice care. Face-to-face interviews were conducted with 20 Hmong elders, and conventional content analysis was used to identify themes. Findings revealed that over half of the respondents knew a little about hospice care from their experience with a family member who had used this service. They reported that these experiences raised concerns regarding their potential use of hospice care such as limited understanding of this care, communication and language challenges, and hospice care providers' lack of understanding of Hmong culture. Respondents felt that education about hospice care and providers being open to Hmong beliefs and rituals might result in their use of these services. Findings have implications for hospice care agencies to outreach to the Hmong communities with the goal of educating and collaborating on the provision of culturally sensitive end-of-life care.

HOW AGING LATINO IMMIGRANTS CULTIVATE COMMUNITY: THE PROCESS OF ENGAGING, ACQUIRING & RECIPROCATING SUPPORT

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Research on older Latinos has typically emphasized the negative effects of living in areas of high-concentrated poverty, which characterize aging minorities as socially disengaged given their ascribed material and social deficits. However, less is understood regarding the influence of community and social engagement on the health and well-being of aging Latinos. This research examines how low-income older Latinos residing in an ethnic enclave in Hudson County, NJ utilize community supports for aging in place and daily survival. Sixty-five In-depth qualitative interviews were conducted in Spanish and English amongst Latino adults, ages 65 and older, who rely on Social Security as a primary income source. Transcribed interviews were then coded into discriminate units of meaning and analyzed through Atlas Ti software. Individuals in the study reported that social support was primarily derived from utilizing both governmental offices and non-profits within the community. In addition, older Latinos also relied on a process of engaging, acquiring, and reciprocating social support amongst their fictive-kin and “conocidos” (acquaintances). I also find that older