

### RACIAL DIFFERENCES IN ELEVATED C-REACTIVE PROTEIN AMONG U.S. OLDER ADULTS

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C-reactive protein (CRP) is a marker of inflammation linked to numerous acute and chronic conditions. Studies have not considered racial differences in elevated CRP among older adults at the national level. We investigate racial differences in elevated CRP and the socioeconomic, psychosocial, behavioral, and physiological factors that contribute to these differences overall and by gender using a nationally-representative prospective cohort of 14,700 non-Hispanic black and white participants in the Health and Retirement Study followed from 2006 to 2014. Random effects logistic regression models showed that blacks were more likely to have elevated levels of CRP than whites. In men, the racial differences in elevated CRP were attributed to a combination of socioeconomic, psychosocial, and behavioral factors. In women, the racial differences in elevated CRP were primarily attributable to physiological factors. The findings from this work have potentially important implications for clinical practice and interventions targeting vulnerable segments of the population.

### RACE-ETHNICITY, GENDER, AND DISABILITY: A TEST OF STRESS DISABLEMENT PROCESS MODEL AND INTERSECTIONALITY THEORY

Linda A. Wray,<sup>1</sup> Linda A. Wray,<sup>2</sup> and Amy D. Thierry<sup>3</sup>, 1. *Pennsylvania State University, University Park PA, United States*, 2. *Pennsylvania State University, University Park, Pennsylvania, United States*, 3. *Xavier University, New Orleans, Louisiana, United States*

Decades of studies demonstrate that: physical disability differs widely by race/ethnicity, sex, and achieved social status in midlife and older adults; health conditions explain part or all of the differences by race/ethnicity and/or sex; but disparities by race/ethnicity and/or sex often persist beyond controls for health conditions. Using longitudinal HRS data on 16,280 adults and sequential logistic regression models, Wray and Thierry test if those links are additive or interactive and if achieved social status attenuates remaining disparities. Initial models support past studies indicating that impairments in strength, mobility, and ADLs are greater for females and race/ethnic minority adults. Fully adjusted models, including terms for the intersection of race/ethnicity, sex, and health conditions and controlling for other health and social status factors, reveal differential impacts on reported impairments; and that achieved social status only partly attenuates the disparities. More research is warranted to understand underlying mechanisms that produce health disparities.

### LIFE COURSE EXAMINATION OF GLOBAL AND DAILY PSYCHOSOCIAL IMPACTS OF FAMILY CAREGIVERS IN MIDLIFE AND LATE ADULTHOOD

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Family members often serve as informal caregivers for the first line of care. The complexity of family caregiving suggests the need to examine the personal and environmental resources that contribute to caregivers' psychosocial well-being. Informed by the life course perspective, this study investigates the impacts of providing care to a family member on global and daily psychosocial well-being, and the moderating influences of age, gender, marital status, and social support. The sample consists of 1449 (M=55.99, SD=9.31) participants from Midlife in the United States (MIDUS-II: Main and Diary) survey. Regression and multilevel models results indicated greater global negative affect and daily stressors in caregivers as compared to non-caregivers. In line with the positive correlates of caregiving, caregivers reported greater daily positive events. Age, gender, and marital status significantly moderated the associations between caregiving and well-being. Findings showed that services aimed at family caregivers should take into account of personal resources.

### RACIAL-ETHNIC DISPARITIES IN HEALTHCARE SATISFACTION

Collin Mueller,<sup>1</sup> and Heather Farmer<sup>1</sup>, 1. *Duke University, Durham, North Carolina, United States*

This paper explores how perceptions of unfair treatment shape healthcare satisfaction across race/ethnicity. We investigate the overall impact of life course exposure to healthcare discrimination on current healthcare satisfaction across race/ethnicity among a sample of midlife and older Black, Latinx, and White Americans age 50+ in the Health and Retirement Study. We then test whether everyday healthcare discrimination mediates the impact of major medical discrimination on healthcare satisfaction, controlling for sociodemographic factors, mental and physical health characteristics, functional status, life course stress exposure, and lifetime and everyday discrimination in contexts beyond healthcare settings. Black Americans had poorer healthcare satisfaction than White Americans. Everyday discrimination in healthcare settings mediated a modest amount of the relationship between lifetime healthcare discrimination and healthcare satisfaction, and this association varied in strength across White, Black, and Latinx Americans. Results underscore the need for future work identifying and addressing mechanisms shaping healthcare satisfaction.

### SESSION 4125 (SYMPOSIUM)

#### GENDER AND HEALTH IMPLICATIONS OF EXTENDING WORKING LIFE: CROSS-NATIONAL PERSPECTIVES

Chair: Aine Ni Leime, *National University of Ireland, Galway Ireland, Galway, Ireland, Ireland*

Co-Chair: Debra A. Street, *State University of New York at Buffalo, Buffalo, New York, United States*

This symposium addresses the issue of extended working life policy by considering the influence of gender and health on the experiences of older workers. In response to population ageing, policies designed to extend working life have