adults (65+ years) across six states (Arkansas, Iowa, Kansas, North Dakota, Oklahoma, and Texas) in selected counties that were considered highly rural, had a high median age, and were experiencing population loss. For the most part, sociodemographic characteristics were similar across states. Participants’ mean age was 76.1 years, 73% of the sample was female, and 50% of participants were married. The average education level was 13.5 years, however education varied by state with older adults from Texas reporting significantly more years of education. ANOVA analyses indicated similar levels of life satisfaction and activities of daily living across states; however, depressive symptoms, self-rated health, and number of diseases varied by state. Participants from Kansas reported fewer depressive symptoms, and Iowa participants reported significantly better self-rated health and fewer health conditions than rural older adults across the other states. These findings suggest geographic variability in the well-being of rural elders across Great Plains states. Implications for quality of life in rural areas across geographic regions are discussed.

SESSION 270 (POSTER)

EPIDEMIOLOGY AND RESEARCH METHODS

A CROSS-SECTIONAL STUDY OF DIABETES AND MULTIPLE CANCERS AMONG MIDDLE AGED AND OLDER ADULTS IN THE UNITED STATES

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Many studies have reported statistically significant associations between diabetes and increased risk of different types of cancers. However, the relationship between diabetes and risk of multiple cancers is unclear. The aim of this study was to examine the association between history of diabetes and cancer among middle age and older adults in the United States. The data for this analysis was taken from the cross-sectional National Health and Nutrition Examination Survey from 1999 to 2012 and our target population was people 45 and older in the United States. Multinomial logistic regression was used to analyze the association between diabetes and the number of cancers, with the outcome defined as 0, 1, or >1 cancer. Our total sample size was N=20,196 and of these, 88.78% were without cancer (N=17,929), 10.11% had one cancer (N=2,041) and 1.20% had multiple (more than one) cancers (N=226). Diabetes was associated with a 17.6% increase in the odds of having one cancer (OR = 1.18; 95% CI: 1.05, 1.31) and a non-significant 12% higher odds of multiple cancers (OR = 1.12; 95% CI: 0.80, 1.56), compared to people without diabetes. These analyses suggest that middle age and older adults with diabetes are at increased risk of a first cancer compared to people who do not have diabetes, and may also be at higher risk of developing multiple cancers. However, additional studies are needed to explore this relationship in populations with a larger number of individuals with multiple cancers and detailed information on diabetes history.