Retirement Study on respondents age 65 years or older and explored. Using pooled 2004-2014 data from the Health and care—the parent or the child—and why remains unex geographic distance, yet who moves when a parent needs the link between parental health and parents-adult children presented in this study offer valuable insights into the various potential moderating role of gender. Results show that grand into or out of grandparental care on depression and the po

As the population continues to age, grandparental care foster children. As the population continues to age, grandparental care has become a more prevalent form of childcare, particularly for gender differences. This study also highlights the need for mental health implications of grandparental care in the Chinese context, underscoring the significance of accounting conclusions are ambiguous with both positive and negative outcomes being found. In this study, a life course perspective is adopted to examine the mechanisms of such effects. Using a higher risk of experiencing depression. The findings pre

The coronavirus disease 2019 (COVID-19) pandemic in

A PHOTOVOICE STUDY OF THE EXPERIENCES OF Low-income Black, Latino, and Indigenous communities of color. Yet, no current photovoice research has highlighted the lived experiences of low-income BIPOC older adults and how they recovered from and adapted to the impact of the pandemic. The data analyzed were drawn from adults and how they recovered from and adapted to the impact of the pandemic. This qualitative study used photovoice to visually portray the struggles of low-income BIPOC older adults during the pandemic. The data analyzed were drawn from interviewing their experiences and how they found meaning during the pandemic, such as the fear of COVID-19 exposure and death, struggles to adopt COVID-19 mitigation strategies, loneliness, and social isolation. Amid this crisis of suffering, isolation, and sadness, participants found meaning exploring their experiences and how they found meaning. The coronavirus disease 2019 (COVID-19) pandemic in

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ARE INEQUALITIES IN HEART DISEASE CHARACTERIZED BY INTERGENERATIONAL EDUCATIONAL ATTAINMENT?
that older adults (60+ yrs, n = 45) had a lower willingness to adopt AV. ANOVAs on the attitudinal factors showed a factor analysis on a 16-item attitude survey (collected from rural areas in USA) which uncovered three factors: confidence, beliefs, and experiences with new technologies. The current study explored how individual difference variables (i.e., age & personality). These results indicate that older adults in rural areas tend to hold different attitudes toward AV technology for them. AV, which suggest different approaches to the dissemination of AV technology. Rural older adults have complex and ambivalent attitudes toward AV, notably among women. Informed by a life-course perspective, this study aims to further contextualize the link between education and heart disease in time and across groups. Using data from the Health and Retirement Study, a nationally representative panel survey of adults over the age of 50, we examine how patterns in intergenerational education are associated with heart disease prevalence (n=31,141) and incidence from 1998 to 2018 (person-year observations=233,521) and whether these patterns vary by gender and cohort. Overall, individuals characterized by stable-high education (i.e., parent and respondent have at least some college education) consistently had the lowest prevalence and incidence of heart conditions, whereas those with low adult education, regardless of parent’s education, had the highest risk of heart conditions. Findings also indicate that the effects of intergenerational education patterns on adult heart disease were most pronounced for women and the younger cohorts compared to men and older cohorts, respectively. For example, women and the youngest cohort (born 1954-1967) with upward and stably high intergenerational education had the most favorable heart disease outcomes, whereas the same groups with downward intergenerational education experienced the highest heart disease prevalence. Our findings demonstrate the importance of contextualizing how intergenerational educational attainment influences later-life heart conditions by considering variations by gender and cohort.