is mediated by daily fatigue. Sixty nurses reported their sleep characteristics, fatigue, and work impairment using ecological momentary assessment for two weeks. We used a series of multilevel models (a path: sleep → fatigue, b path: fatigue → work impairment, c path: sleep → work impairment, c' path: sleep and fatigue → work impairment), adjusting for sociodemographics and work shift. At the between-person level, poorer sleep quality was associated with greater work impairment ($\beta_{c}=-23.36, p<.001$). This association was mediated by fatigue such that poorer sleep quality was associated with greater fatigue ($\beta_{a}=-19.54, p<.01$), which was further associated with greater work impairment ($\beta_{b}=0.79, p<.001$). After including fatigue, the association of sleep quality with work impairment was reduced ($\beta_{c'}=-7.07, p=.08$). Similarly, fatigue mediated the relationship between sleep sufficiency and work impairment ($\beta_{a}=-16.49; \beta_{b}=0.79; \beta_{c}=-19.36; p<.001; \beta_{c'}=-6.32, p=.05$). At the within-person level, on days after long sleep duration (>8hrs), nurses reported greater work impairment ($\beta_{c}=10.08, p<.01$), however, this was not mediated by fatigue. Our results suggest that poor sleep health may impair next-day work performance, mostly through increased fatigue. Future interventions for nurses can target daily fatigue to reduce the adverse effects of poor sleep on work impairment.

RELATIONSHIPS AMONG TYPES OF ACTIVITY ENGAGEMENT AND SLEEP QUALITY AMONG OLDER ADULTS
Da Eun Kim, and Tonya Roberts, University of Wisconsin–Madison, Madison, Wisconsin, United States

There is increasing awareness that lack of activity engagement is associated with poor sleep quality. However, the majority of studies have focused on the effect of a single type of activity engagement on sleep quality. Little is known about the combined effect of multiple types of activity engagement on sleep quality. The aim of this study is to identify relationships among different types of activity engagement and sleep quality among older adults. This study is a secondary data analysis using the Health and Retirement Study data. The participants included 3,357 persons who were age 65 or older and who responded to survey modules on activity engagement and sleep quality in 2016. Before we conducted primary analysis, factor analyses and calculating coefficient omega were conducted to identify factor structure, construct validity and reliability of the activity engagement questionnaire. Then, regression was conducted to examine the relationships among multiple types of activity engagement and sleep quality after adjusting for covariates based on the senescent sleep model. Exploratory and confirmatory factor analysis showed the 14-item questionnaire was comprised of three factors; social, cognitive, and physical activity and the three-factor model showed adequate validity and reliability. In the regression model social ($\beta=0.25, p=0.033$) and cognitive ($\beta=0.36, p=0.001$) activity engagement were positively related to better sleep quality. Based on these results, future research is needed to identify the mechanisms in which social and cognitive activities influence sleep quality positively and to develop targeted activity interventions for older adults.

SESSION 2961 (POSTER)

CHRONIC DISEASE MANAGEMENT I

CARDIOMETABOLIC RISK AND BIOMARKER TRAJECTORIES AMONG OLDER ADULTS: FINDINGS FROM THE HEALTH AND RETIREMENT STUDY
Qiao Wu, Eileen Crimmins, Jennifer Ailshire, Jung Ki Kim, and Erfei Zhao, University of Southern California, Los Angeles, California, United States

The deterioration of the cardiovascular system is a process associated with aging. Most of the prior works have examined changes in cardiometabolic risk (CMR) while aging at the population level using cross-sectional data, but we study within-person changes for total CMR and separate risk factors, including pulse pressure, resting heart rate, C-reactive protein, glycosylated hemoglobin (HbA1c), high-density lipoprotein cholesterol, total cholesterol, waist circumference, and obesity. We examine 8-year changes (from 2006 to 2014) among respondents from the Health and Retirement Study biomarker sample (n=19,776). We use growth curve models to identify differences at baseline and the changes while aging, by age, gender, race/ethnicity, and education. Blacks, the old-old, the less educated, and current smokers have higher baseline CMR. The total CMR increases while people age over 8 years. HbA1c, waist circumference, and pulse pressure increase significantly with age. A reduction in total cholesterol can be observed and is likely due to medication. The CMR increase is no longer significant after accounting for socioeconomic status. The next step of this study is to focus on the disparity of risk distribution, in order to identify the individuals that are most in need of specific care and support.

EVALUATING THE ASSOCIATION BETWEEN SINGLE ITEM LITERACY SCREENER AND HEALTH OUTCOMES IN PATIENTS WITH LUNG CANCER
Julie Nguyen,1 Caitlyn McNaughton,2 and Jessica Sautter,2 1. University of the Sciences, Philadelphia, Pennsylvania, United States, 2. Lancaster General Health, Lancaster, Pennsylvania, United States

Health literacy is becoming increasingly important in areas such as cancer care, where treatments are relatively difficult to navigate. This study aims to describe the how health literacy is associated with healthcare outcomes and health system usage among patients with lung cancer. Data include retrospective medical record data from 456 patients with lung cancer; half were age 70 and older. Patients were coded as having adequate or limited health literacy based on their response to their Single Item Literacy Screener (SILS). Data were collected from a 12 month period following diagnosis for each patient. One-third of patients had limited health literacy; this was significantly more common among adults age 70 and older. Patients with limited health literacy were more likely to have newly diagnosed lung cancers of stage 3B or higher (59.18% vs. 42.76%, p = 0.0011) compared to those with adequate health literacy. Patients with limited health literacy had higher median levels of depression based
EXAMINING CARDIOVASCULAR DISEASE RISK PROFILES AMONG OLDER ADULTS WITH AND WITHOUT FIBROMYALGIA

Dylan Serpas, Barbara Cherry, and Laura Zettel-Watson, California State University, Fullerton, Fullerton, California, United States

Introduction: Cardiovascular diseases (CVDs) remain the leading cause of morbidity and mortality in the United States. Preexisting chronic health conditions may be conferred increased CVD risk, specifically fibromyalgia (FM), a chronic condition characterized by widespread pain, fatigue, stiffness, and concentration problems. CVD risk increases with normal aging; however, characteristics of FM are suggested to exacerbate health profiles in normal aging processes that may contribute to increased CVD risk. Method: The sample included 221 older adults (M=63.40, SD=8.86; 82% female; 88% White/European American) and 55% reported an FM diagnosis. CVD risk factors were entered separately in a five-block hierarchical binary logistic regression model as predictors and included: cardiorespiratory fitness using the six-minute walk, BMI, standing and lying mean arterial pressure (MAP), and depression using the Beck Depression Inventory. Results: Logistic regression analyses revealed that poorer cardiorespiratory fitness (OR=.99, 95% CI=.99-1.00, p=.001), greater depressive symptoms (OR=.135, 95% CI=.19-1.53, p<.001) and lower standing MAP (OR=.98, 95% CI=.96-1.00, p=.036) were associated with higher odds of an FM diagnosis. However, no differences in lying MAP (OR=.102, 95% CI=1.00-1.04, p=.137) or BMI (OR=.102, 95% CI=.95-1.10, p=.644) for an FM diagnosis emerged. Discussion: These data support the importance of examining the health profiles of persons with FM in the context of CVD.

FACTORS ASSOCIATED WITH PAIN INTERFERENCE AMONG BLACK AND WHITE OLDER ADULTS

Dottington Fullwood, Roger Fillingim, Alisa Johnson, and Nancy Gell, 1. The University of Florida, Gainesville, Florida, United States, 2. University of Florida, Pain Research and Intervention Center of Excellence, Gainesville, Florida, United States, 3. University of Florida, Gainesville, Florida, United States, 4. The University of Vermont, Burlington, Vermont, United States

Pain interference (PI) is an indicator of pain impact and is associated with physical performance (PP). However, factors associated with PI among older adults are not well described, including associations with PP and racial differences. This study explored PI among older adults by race. Data were obtained from the 2013 Pain Supplement of the National Health and Aging Trends Study (N=1,202; 59.9% female, 23.0% Black non-Hispanic). Interviews included questions on sociodemographics, multi-morbidities, pain intensity (0-10 scale), and PI overall. Participants were also asked “In the last month, how much did pain interfere with ADLs, household activities, going outside, shopping, social activities and walking, which was used to create a PI index (Range 0-18). Physical performance measures assessed balance, gait speed, and chair stands (Short physical performance battery; SPPB). Logistic and multivariable regression analyses were conducted to determine associations among PI with PP, pain intensity, and race. Older Black adults experienced higher pain intensity (3.90 vs. 3.03) and demonstrated greater PP limitations (5.4 vs. 7.1 SPPB score) compared to older White adults (p<0.001). Higher scores on the PI index were associated with worse PP, higher pain intensity, depression, multi-morbidity, and White race (p<0.001). Despite higher pain intensity and worse physical performance, older Black adults reported lower PI than older White adults. Additional exploration is needed to discern the paradoxically lower PI among older Black adults, including potential resilience factors.

GOOD, BAD, AND UGLY: PARTNER SUPPORT AND QUALITY OF LIFE AMONG COUPLES FACING SKIN CANCER

Laura Butner-Kozimor, and Jyoti Savla, Virginia Tech, Blacksburg, Virginia, United States

When older adults in partnered relationships face a skin cancer diagnosis of one partner, couples may rely on one another for support. Previous studies have found that perceived support can influence one’s adjustment to the stressors associated with the skin cancer diagnosis, as well as influence the overall quality of life. Using dyadic data from 30 older couples (Mage = 70; SD = 7.25), this study examined positive and negative relationship-focused support strategies each partner provided and effects on the dyad’s quality of life. Dyadic path analyses simultaneously examined the impact of support received by one’s partner and its association with their own quality of life (actor effects) and their partner’s quality of life (partner effects). Positive support received by either partner, in the form of active engagement, was not associated with quality of life. In contrast, negative support in the form of protective buffering received from supporting partners was associated with poorer quality of life for themselves (β = -.37, p = .05) as well as for partners with skin cancer (β = -.43, p = .01). Similarly, overprotection, also a negative support strategy, by supporting partners was associated with poorer quality of life for partners with skin cancer (β = -.63, p < .001). Findings illustrate that not all types of support are beneficial for the overall couple relationship and couple outcomes. Implications for practice and interventions for older couples facing a cancer diagnosis will be discussed.

INVESTIGATING HEAD AND NECK CANCER SURVIVORS’ EXPERIENCE OF SURVIVORSHIP CARE

Aaron Seaman, Seyedehtanaz Saeidzadeh, Nicholas Kendall, Alan Christensen, Timothy Thomsen,