with empathy (α=0.05). For emotional empathy, caregivers had stronger connectivity between the PCC seed, medial prefrontal cortex, and right supramarginal gyrus, and between the amygdala seed and the right middle frontal gyrus.

CAUSAL MEDIATION OF STRESS REDUCTION IN FAMILY DEMENTIA CAREGIVERS: A FOCUS ON MINDFULNESS
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Although mindfulness therapies have demonstrated benefits for reducing stress and improving psychological symptoms in family dementia caregivers, the mechanisms underlying these salutary effects are unknown. We report a causal mediation pathway to improvement of stress symptoms in family dementia caregivers with Mentalizing Imagery Therapy (MIT), which employs mindfulness and guided imagery tools to reduce stress and improve understanding of self and others. In a randomized controlled trial of short-term 4-week MIT (N=24) versus a psychosocial support group (N=22), MIT demonstrated superior benefit for reducing perceived stress (p=.006). Increased trait mindfulness was a causal mediator of this effect (p=.02). Neuroimaging pre and post intervention found that increased mindfulness was associated with strengthened connectivity of the dorsolateral prefrontal cortex with an emotion regulation network (p<.001). The results are discussed in light of theories of cognitive control and may inform the design of future studies aimed at reducing family caregiver stress.

DEMENTIA FAMILY CAREGIVERS’ AMBIVALENT FEELINGS AND CARDIOVASCULAR RISK: LONGITUDINAL CORRELATES
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Cross-sectional data show that caregivers’ ambivalent feelings are associated with psychological distress. The association of ambivalent feelings with caregivers’ cardiovascular risk has not been studied. For this purpose we analyzed preliminary data from the Spanish Longitudinal Caregiving Spanish Longitudinal Study (CUIDA-LONG). One-year follow-up data were available for 96 dementia family caregivers. The following variables were assessed: sociodemographics, body mass index (BMI), disruptive behaviors, ambivalence, depressive symptomatology and cardiovascular risk with the inflammatory biomarker C-reactive protein (CRP). A hierarchical regression model was tested. Sociodemographic variables and change over time in stressors, ambivalence and depression were entered as predictors of change in CRP. 27% of the variance in CRP was explained through the model. More time since being a caregiver, higher BMI and greater increase in ambivalence contributed significantly to an increase in CRP. Ambivalent feelings contribute significantly to the cardiovascular risk of those who care for a relative with dementia.

AN INTENSIVE LONGITUDINAL STUDY OF THE ASSOCIATION OF STRESS WITH HYPERGLYCEMIA USING REAL-TIME DATA COLLECTION
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Caregivers of persons with dementia (PWD) are at significantly elevated risk for cardiovascular disease (CVD). A higher risk for diabetes is one potential mechanism of morbidity in caregivers. Diabetes has been associated with dyslipidemia, hypertension, oxidative stress, increased low-grade inflammation, and endothelial dysfunction, which all place individuals at risk for CVD. Elevated blood glucose, even in the nondiabetic range, is a significant risk marker for the development of CVD. The current study examined the semi-continuous association between stress and glucose. Participants wore a continuous glucose monitor that measured blood glucose every 5 minutes for a period of 10 days (n = 2,880/participant). Ecological Momentary Assessment (EMA) was used to measure stress, positive affect, negative affect, and dietary intake 3x/day over the 10-day period. Hierarchical linear models indicated significant within-person associations between stress and blood glucose levels (t = 3.88, df = 3.92, p = .018; R2 = 26.2%).

DAILY CORTISOL TOTAL OUTPUT MEDIATED SLEEP AND AFFECT AMONG DEMENTIA FAMILY CAREGIVERS
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Cortisol is a primary stress hormone associated with sleep. We examined daily cortisol as the potential mechanism linking prior night’s sleep and daily mood among 173 dementia family caregivers (M (SD) age = 61.97 (10.66)) who used adult day services (ADS) at least two days a week. Caregivers self-reported sleep characteristics (bed and wake time, sleep quality, care receiver’s night-time problems) and affect (anxiety, depressive symptoms) across eight consecutive ADS/non-ADS days. Salivary cortisol was collected five times each day. Multilevel mediation analysis suggested that daily cortisol total output (assessed as “area under the curve”) mediated prior nights’ total time in bed and daily anxiety, but only on high-stress (non-ADS) days. Mediation was non-significant on low-stress (ADS) days, and at the between-person level. ADS use is respite from a chronically stressful role. Reducing exposure to stress via respite may protect against harmful processes related to sleep, cortisol reactivity, and daily anxiety.

Session 2170 (Paper)

Ageism (BSS Paper)

AGE DISCRIMINATION DURING THE COVID-19 PANDEMIC: ASSOCIATIONS WITH DAILY WELL-BEING
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During the COVID-19 pandemic, ageist attitudes have been pervasive in public discourse, interpersonal relationships, and medical decision-making. For example, older adults have been portrayed as vulnerable while younger adults have been portrayed as reckless. The current study examined age discrimination during COVID-19 and associations with daily affect and physical symptoms. Positive events and age were examined as moderators. From March to August 2020, 1493 participants aged 18-91 (mean=40) in the U.S. and Canada completed surveys for seven consecutive evenings about discrimination, positive events, affect, and physical symptoms. Multilevel models controlled for age, race, income, education, sample (university students vs. community), and country of residence. Results indicated that individuals who reported more age discrimination had higher negative affect (b=36.44, SE=3.97), lower positive affect (b=19.07, SE=4.10), and increased physical symptoms (b=3.85, SE=0.49; p<0.001 for all), compared to those with fewer reports of age discrimination. Within-persons, days with age discrimination were associated with higher negative affect (b=3.66, SE=1.36, p=0.008), lower positive affect (b=2.60, SE=1.23, p=0.037), and increased physical symptoms (b=0.26, SE=0.11, p=0.02), compared to days on which age discrimination was not reported. Positive events moderated the between-person association of age discrimination with physical symptoms such that individuals with more age discrimination and more frequent positive events reported fewer daily physical symptoms than those with more age discrimination and less frequent positive events. Age did not moderate the associations. Age discrimination was associated with poorer daily well-being during the COVID-19 pandemic and may have long-term impacts on intergenerational solidarity and attitudes toward aging.

**IMPACT OF STRUCTURAL AGEISM ON GREATER VIOLENCE AGAINST OLDER PERSONS: A CROSS-NATIONAL STUDY OF 56 COUNTRIES**

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Violence directed against older persons is recognized as a global health problem. However, structural drivers for violence remain understudied. This country-level ecological study aimed to examine a previously unexplored link between structural ageism and violence against older persons. Following extensive structural stigma literature, structural ageism consisted of two components: (1) discriminatory national policies related to older persons’ economic, social, civil, and political rights, gathered from global databases including UN, WHO, and others; and (2) societal-level prejudicial social norms against older persons, measured by negative attitudes toward older persons by the World Values Survey. Two components were z scored and combined such that higher score indicated greater structural ageism. Prevalence rates of violence per 100,000 persons aged 70 and over in each country were drawn from the Global Burden of Diseases Study. Final analysis included 56 countries, representing 63% of the world’s aging population aged 60 and over across all six WHO regions. As predicted, structural ageism was significantly associated with the prevalence rates of violence in multivariate models (β =205.7, SE=96.3, P=.03), after adjusting for country-level sociodemographic and health covariates. Three sets of sensitivity analyses supported the robustness of our findings. That is, structural ageism did not predict other types of violence and other types of prejudice did not predict violence against older persons. Public health and population-based violence prevention policies may benefit from a targeted approach that tackles the harmful effects of structural ageism.

**INTERGENERATIONAL CONTACT EXPERIENCES AND THEIR RELATION TO AGEISM AS A MULTIDIMENSIONAL CONSTRUCT**

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Research on intergroup contact suggests that negative contact experiences affect cognitive representations such as stereotypes more strongly than positive contact experiences. To comprehensively examine the full effect of intergroup contact, the valence of the contact experience as well as the affective and cognitive dimensions of prejudice should be assessed. In ageism research, previous studies typically focused only on contact of positive valence and were limited to the perspectives of younger individuals on older adults. Primary objective of this study is to examine both positive and negative contact frequency and their relation to affective and cognitive dimensions of ageism from the perspectives of younger adults between the age of 18 and 25 (study 1) and older adults between the age of 60 and 92 (study 2). Consistent with previous research on intergroup contact, our results confirm that both types of contact were similarly predictive of affective facets of prejudice. However, only in study 2 that assessed older adults’ agreement with contemporary stereotypes about young men and women, negative compared to positive contact frequency proved to be a stronger predictor of the cognitive dimension of ageism. Our findings emphasize the importance of focusing on all dimensions of prejudice and highlight the need to consider the perspectives of young and old in ageism research.

**OLDER PEOPLE WITH DEMENTIA RUNNING A POP-UP RESTAURANT: HOW TO USE REALITY SHOWS TO REDUCE THE STIGMA OF DEMENTIA**

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The present study focused on a Chinese reality show, Forget Me Not Café, which brought together five older people (aged 65 and older) living with dementia to run a pop-up restaurant and intended to reduce the stigma of dementia. The study aims to explore how the reality-show participants describe dementia in older people and how their views relate to the macrosocial context of dementia and older people. This study performed a thematic discourse analysis on the written and spoken content about dementia in older people (or later life) presented in the reality show. Four discursive themes were identified including: (1) age is a risk factor for dementia; (2) early signs and symptoms of dementia in older people deserve attention; (3) putting pressure on family caregivers of people with dementia; (4) expectations to maintain social engagement and slow down the development of dementia. This