Session 3550 (Paper)

HEALTH OF OLDER BLACK ADULTS

DISTRIBUTION, CHURCH SUPPORT, PERSONAL
MASTERY, AND PSYCHOLOGICAL DISTRESS AMONG
BLACK PEOPLE IN THE UNITED STATES

James Murthi,1 Bertranna Murthi,2 Reid Thompson Cañas,3 Lindsey Romero,2 Abiola Taiwo,2 and Peter Ehlinger,4 1. University of Oregon, Eugene, Oregon, United States, 2. University of Oregon, Eugene, Oregon, United States, 3. University of Oregon, Eugene, Oregon, United States, 4. University of Oregon, Eugene, Oregon, United States

Objective: This study used the stress process model to test the mediating effects of personal mastery and moderating effects of church-based social support on the relationship between everyday discrimination and psychological distress across three age groups of African American and Afro-Caribbean adults.

Methods: Using a national sample of 5008 African Americans and Afro-Caribbean adults from the National Survey of American Life Study, this study employs structural equation modeling to investigate the relationships between everyday discrimination, personal mastery, church-based social support, and psychological disorders.

Results: Everyday discrimination was an independent predictor of psychiatric disorders across all groups. Group- and age-specific comparisons revealed significant differences in the experience of everyday discrimination and psychiatric disorders. Mastery was a partial mediator of the relationship between discrimination and psychiatric disorder among Afro-Caribbeans while church support was a significant moderator only among the young and older African Americans.

Implications: Together, our study findings provide useful first steps towards developing interventions to reduce the adverse psychological impacts of everyday discrimination on African Americans and Afro-Caribbeans. Intervention efforts such as individual psychotherapy aimed to improve Afro-Caribbean individuals’ sense of mastery would be a partial solution to alleviating the adverse effects of discrimination on their psychological health.

EDUCATIONAL MOBILITY AND AGE-RELATED
DECREMENTS IN KIDNEY FUNCTION ACROSS
ADULTHOOD AMONG BLACK AND WHITE ADULTS

Agus Surachman,1 Alexis Santos,2 Jonathan Daw,3 Lacy Alexander,3 Christopher Coe,4 and David Almeida,2 1. University of California San Francisco, San Francisco, California, United States, 2. Pennsylvania State University, University Park, Pennsylvania, United States, 3. The Pennsylvania State University, University Park, Pennsylvania, United States, 4. University of Wisconsin-Madison, Madison, Wisconsin, United States

This paper examines the association between educational mobility and age-related decrements in kidney function.

Data from the main survey and the Biomarker Project of the Midlife in the United States (MIDUS) Wave 2 and Refresher samples were combined, resulting in 1,861 adults (54.5% female; age 25-84, Mage=53.37) who self-identified as non-Hispanic Black (n=326) and non-Hispanic white (n=1,535). The estimated glomerular filtration rate (eGFR) was based on serum creatinine, calculated using the CKD-EPI formula. Intergenerational educational mobility was based on the comparison between parental education (no high school/HS degree versus HS degree or higher) and participant’s education level (HS degree or lower versus some college versus bachelor’s degree or higher). Results from regression analysis indicated that Black participants in the moderate upward mobility group (parental education = no HS degree, participant’s education = some college) showed significantly steeper age-related decrements in eGFR across adulthood compared to Black adults with higher stable high status (parental education = HS degree or higher, participant’s education = bachelor’s degree or higher), B=-0.70, SE=0.26, p=.008, or white adults with higher stable high status, B=0.58, SE=0.29, p=.044. A steeper age-related decrement in eGFR is known as a reliable risk factor for chronic kidney disease and cardiovascular disease. These findings support the notion of skin-deep resilience among Black adults who experience upward socioeconomic mobility. We explored multiple psychosocial factors that may explain these findings, including lifetime and daily discrimination, social status and financial strains, and perceived stress and depressive symptoms.

LOOKING BEYOND FAMILY FOR SUPPORT AND
INTIMACY: HOW OLDER SINGLE AND WIDOWED
BLACK WOMEN COPE WITH LONELINESS

Margaret Salisu, SUNY@Downstate, Brooklyn, New York, United States

Older adults are at risk of depression and higher rates of suicide due to loneliness. Loneliness is even more pronounced for single and bereaved older adults. Although loneliness is one of the benchmarks for measuring well-being, little is known about how older Black women understand and cope with loneliness. The aim of this qualitative phenomenological study is to explore how older Black women understand and cope with loneliness. Fourteen older single and/or widowed Black women in New York City participated in this study. The application of the Black feminist standpoint theory helped to understand the loneliness of the participants in the context of their Blackness. Three themes emerged from the study: loneliness increasing with age, looking beyond the family for intimacy, and balance. All the participants expressed feeling some degree of loneliness, regardless of whether they lived alone or with family. Although they had robust social circles, they experienced loneliness, feelings of isolation, and a loss of emotional connection and intimacy. However, these losses went unexpressed, as the participants struggled to balance their position as Black matriarchs—which they considered an important familial role due to their identity as older Black women—with their emotional needs. These two roles did not converge for the women, as the role of Black matriarch posed an expectation they would not experience emotional loss in old age. The implications of this study for policy and practice pertain to the intersection of race, age, gender, and sexuality in assessing the risk of loneliness.

SELF-MANAGEMENT OF DIABETES IN BLACK MEN:
The Flint MANUP Intervention Study

Dana Carthron,1 Wayne McCullough,2 Samir Chatterjee,3 Kent Key,2 Kelsey Lemke,4 David Gordon,2 Gretchen Pratt,4 and Harold Neighbors,5 1. North Carolina Central University, North Carolina Central University, North Carolina, United States, 2. Pennsylvania State University, University Park, Pennsylvania, United States, 3. University of California San Francisco, San Francisco, California, United States, 4. SUNY@Downstate, Brooklyn, New York, United States, 5. North Carolina Central University, North Carolina, United States
North Carolina, United States, 2. Michigan State University, Flint, Michigan, United States, 3. Claremont Graduate University, Claremont, California, United States, 4. University of Michigan-Flint, Flint, Michigan, United States, 5. University of Michigan-Flint, Ann Arbor, Michigan, United States, 6. University of Michigan, University of Michigan, Michigan, United States

The story of John Henry, the “steel-drivin’ man”, is well known to Black men in the United States. John Henry is considered a hero because he demonstrated tremendous strength and self-determination. The MANUP diabetes program used the John Henryism, defined as high-effort active coping in the face of adversity, as the basis of a diabetes intervention for Black men. MANUP conducted four community-based focus groups identifying topics of concern to Black men with type 2 diabetes (T2D). Interestingly, the men reported that high-effort active coping was crucial for successful diabetes self-management. MANUP then developed and implemented a longitudinal culturally targeted self-management program for 33 Black men with T2D in Flint, Michigan. MANUP included discussion groups, physical activity, and an app incorporating text-messaging, group-chat, and a blood glucose monitoring dashboard to improve glycemic control (A1c). This single-group, repeated measures intervention assessed A1c three times over a six-month period. Improvements in A1c were observed at: baseline – time 2: 8.9% vs 8.6%, p=0.14; time 2 – time 3: 8.6% vs 8.1%, p=0.21; and baseline – time 3: 8.9% vs 8.1%, p=0.005. After controlling for age and insulin use, the significant reduction in A1c over 6 months remained (p=0.01). These findings demonstrate that combining mobile health technology and moderate physical activity with culturally targeted discussion topics can improve T2D self-management and reduce A1c in Black men. More community-driven longitudinal intervention studies that improve diabetes self-management among Black men are needed to achieve gender and racial health equity.

TESTING THE JOHN HENRYISM HYPOTHESIS ON CARDIOMETABOLIC HEALTH AMONG OLDER AFRICAN AMERICANS

Yanping Jiang,1 Jennifer Gómez,2 Jacqueline Rodriguez-Stanley,3 and Samuele Zilioli,3, 1. Wayne State University, Detroit, Michigan, United States, 2. Wayne State University, Wayne State University, Michigan, United States, 3. Wayne state university, Detroit, Michigan, United States

In the context of racism, the John Henryism Hypothesis posits that prolonged high-effort coping, which is referred to as John Henryism, may take a toll on physical health among individuals from low socioeconomic status (SES) backgrounds, particularly low SES African Americans. This study aimed to test the John Henryism Hypothesis among older African Americans by examining the combined effect of John Henryism and childhood SES on cardiometabolic health indexed by metabolic syndrome and systemic inflammation. Data were drawn from a sample of 170 urban older African Americans (Mage = 67.4 years, 75.9% female), who completed questionnaires assessing John Henryism and childhood SES (i.e., parental education). Blood pressure, waist circumference, and fasting blood were also collected to assess metabolic syndrome and systemic inflammation. Results indicated that John Henryism was significantly associated with elevated metabolic syndrome symptoms among older African Americans reporting low childhood SES (b = 0.42, 95%CI = [0.02, 0.83]), but not among those with high childhood SES (b = -0.33, 95%CI = [-0.78, 0.13]). This result was robust to a variety of demographic variables, lifestyle behavioral factors, and health conditions that are known to be associated with metabolic syndrome. A similar pattern of results, however, did not emerge for systemic inflammation. Our findings highlight the importance of considering the joint impact of early childhood socioeconomic backgrounds and individual psychological proclivities in explaining the elevated cardiovascular disease risk among older African Americans.

Session 3555 (Paper)

INNOVATIONS IN GERONTOLOGICAL PEDAGOGY AND PRACTICE

AN INTEGRATIVE APPROACH TO PROMOTING WELLNESS IN OLDER ADULTS: AN ONLINE UNDERGRADUATE COURSE

Robin Majeski, University of Maryland, Baltimore County, Catonsville, Maryland, United States

As gerontology and geriatric programs look to grow their connections with health and allied health areas, examining emerging health care areas is important. Thus, this session will present key concepts and pedagogical strategies from an innovative online undergraduate course, An Integrative Approach to Promoting Wellness in Older Adults, that is taught in the Erickson School at the University of Maryland at Baltimore County. The course brings together a conventional western allopathic approach and a holistic, patient-centered, integrative approach which includes complementary therapies, to promote wellness in older adults. Specifically, the session will present a comparison of the philosophical premises of conventional western and integrative approaches to health promotion. It will present a holistic model of health, an overview of the effectiveness and safety of different complementary therapies, and examples of how an integrative approach with conventional western and complementary therapies can be used in to promote health in older adults with particular chronic conditions. Also, a discussion of the incorporation of diversity content in the course, an integrative approach to health promotion for underserved populations, and specific pedagogical strategies used to facilitate learning in synchronous and asynchronous online learning environments are included. Session presentation techniques include a PowerPoint presentation, demonstration of examples of conventional western and integrative approaches to health promotion in older adults through case studies, and audience participation.

CREATIVE ARTS INTERVENTIONS AS A WAY TO COMBAT AGEISM AND INCREASE STUDENT INTEREST IN GERONTOLOGY

Emily Ihara, Catherine Tompkins, Megumi Inoue, and Kendall Barrett, George Mason University, Fairfax, Virginia, United States