

ABSTRACTS

The Gerontological Society of America
64th Annual Scientific Meeting
November 18–22, 2011
Boston, MA

Abstracts are arranged numerically by session and in the order of presentation within each session.

SESSION 5 (PAPER)

INEQUALITIES AND HEALTH: EXPLORATIONS OF GENDER, RACE, AND EDUCATION

GENDERED HEALTH AND ITS LONG TERM CONSEQUENCES IN SOUTH ASIAN REGIONS

M. Choudhury¹, T. Bhatta², 1. *Michigan State University, East Lansing, Michigan*, 2. *Case Western Reserve University, Cleveland, Ohio*

How social, cultural, and economic factors influence long term health of men and women in south Asian regions? A growing body of literature argues that men and women face differential challenges of health disparity in south Asian countries. In the south Asian context women experience heavier burdens of social, cultural and economic discrimination compared to men. Several other factors such as biological differences between men and women, socially defined gender roles, attitudes, and beliefs also contribute to discrimination in defining health disparity across gender. Unequal impact of various factors renders a cumulative effect on men's and women's health overtime. Based on life course perspective, this study, therefore addresses implications of social, cultural, economic and socio-biological factors contributing to health disparity across gender in South Asia. For this study, we choose to compare two south Asian nations, India and Nepal that are very similar in beliefs, attitudes, and role expectations for men and women. World Health Organization data will be analyzed for assessing men and women mortality rate to measure the nature of health outcomes existing between genders, in these two nations. World Health Organization maintains a longitudinal data set of mortality rate separately for men and women of different age groups. Our analysis of a longitudinal data set would help in understanding long term consequences of the factors influencing health disparity. In addition to knowledge expansion in the fields of Sociology and Gerontology at large, this study will also be useful to policy makers in public health and health care access.

HEALTH STATUS IN LATER LIFE: CAN YOUR ADULT CHILD'S EDUCATION BUY YOU BETTER HEALTH?

A.M. Pienta, *ICPSR, University of Michigan, Ann Arbor, Michigan*

Intergenerational transfers of time and money have well-documented relationships with a number of later life outcomes including health. Less is known about whether the social attainment of adult children translates into better health of the parents. Over the last several decades, the younger generation has experienced widespread gains in educational attainment that may benefit not only their life chances, but the life chances of the older parent generation. Scholars have referred to this as adult children being an "asset." This paper examines the hypothesis that adult children's education will have direct benefits on health status in later life, net of own education. Longitudinal data from the Health and Retirement Study (age 50+) are used to model the relationship between the educational attainment of the most educated adult child and later life health status of the parent. Findings from multivariate growth curve models suggest that the higher adult children's education the better one's own self-rated health in later life. This finding is robust net of other

sociodemographic characteristics (including own education). Both women and men benefit from having a more educated adult child. Also, when adult children have completed more education than the parents, parents' health is better. The paper outlines several theoretical mechanisms linking parents' later life health to the education of their adult children.

THE EFFECT OF EDUCATIONAL ATTAINMENT ON ALLOSTATIC LOAD: DOES THE SOCIAL GRADIENT IN HEALTH VARY BY AGE?

T. Bhatta, J. Kelley-Moore, *Sociology, Case Western Reserve University, Shaker Heights, Ohio*

Extensive literature has established a social gradient in health demonstrating that people in higher socioeconomic strata experience better health compared to their mid- and lower socioeconomic counterparts. Yet there have been inconsistent findings about whether there are age-based patterns to the social gradient in health. Some find that education contributes to a steeper health gradient in late life relative to midlife, while others find the health gradient by education remains steady or becomes less steep in older adulthood. Using the National Health and Nutrition Examination Survey (2005–2008), we examine two questions: (1) Is there an educational gradient in allostatic load, net of other social and health factors? (2) Is there an age-based pattern to the extent of that gradient? Our Tobit models indicate that allostatic load, a summated indicator of physiologic dysregulation, tends to increase with age but there are distinctive gradient patterns by education level (<high school, high school, > high school). Within each age group, there is, on average, a difference of 0.4 between the lowest and the highest education group. This gradient, however, systematically increases across age groups, peaking for adults ages 60 to 69. There is not only a slight decrease in overall allostatic load for adults ages 70+ but an attenuation of the educational gradient. This distinctive age-based and gradient-based pattern to allostatic load informs the literature on both life course accumulative processes (stratified opportunities; selective mortality) and cohort dynamics (e.g., changing importance of a given education level). We discuss implications for both literatures.

CHILDHOOD CONDITIONS, EDUCATIONAL ATTAINMENT, AND ADULT HEALTH: WHO BENEFITS THE MOST FROM COLLEGE?

M.H. Schafer², L.A. Rinaldo¹, 1. *Center on Aging and the Life Course, Purdue University, West Lafayette, Indiana*, 2. *University of Toronto, Toronto, Ontario, Canada*

College-educated adults are able to age more successfully than other people in the United States, but selection bias complicates the understanding of how education affects health. This article focuses on the possibility that the health benefits of college may vary according to people's propensity to attain a college degree in the first place. Several perspectives from life course sociology offer competing hypotheses as to whether the most or the least advantaged gain the most from educational attainment. The authors use a national survey of middle- and older-age American adults to assess risk of three serious health problems and

about survival/mortality. Implications for mental health treatment and diagnosis in cancer survivorship will be discussed.

SESSION 110 (SYMPOSIUM)

WHEN TIME IS ON OUR SIDE: NEW PERSPECTIVES ON THE ROLE OF PAST AND FUTURE EXPERIENCES IN PSYCHOSOCIAL DEVELOPMENT

Chair: G.J. Westerhof, *Psychology, Technology and Health, University Twente, Enschede, Netherlands*

Discussant: S.K. Whitbourne, *University of Massachusetts, Amherst, Massachusetts*

There is increasing interest in the role of time in individual development across the lifespan. During their life, individuals repeatedly look back on their personal past and forward to their personal future. Reflecting on one's past and anticipating one's future provides a sense of identity, coherence, and purpose in life. It is thereby related to positive developmental outcomes, such as mental health and well-being. As there are still few studies addressing these issues, this symposium brings together three new approaches on the role of time in psychosocial development. The first paper uses an Eriksonian framework on identity development and studies the correlates of ego integrity as the outcome of a process of reviewing one's past in later life. The second paper studies the balanced use of past and future in relation to age and positive outcomes of psychosocial development. The third paper presents the narrative foreclosure scale as a measure of stagnation of the life story which intrinsically relates time and identity. As part of the validation of this scale, it is also found to be related to the measures used in the first two papers: ego integrity and balanced time perspective. The symposium ends with a discussion on the promises and pitfalls in the study of time experience across the lifespan as well as possible routes for interventions.

EGO-INTEGRITY IN THE SECOND HALF OF LIFE

G.J. Westerhof¹, D.P. McAdams², E.T. Bohlmeijer¹, *1. Psychology, Technology and Health, University Twente, Enschede, Netherlands, 2. Northwestern University, Evanston, Illinois*

Relatively few empirical studies exist on Eriksons' intriguing concept of ego-integrity. The present study examines ego-integrity, using the Northwestern Ego Integrity Scale (NEIS) in a Dutch study (55-95 years; N=163). The NEIS measures (1) 'integrity', i.e. drawing meaning from all life experiences and (2) 'despair', i.e. having regrets about the course of one's life. Step-wise multivariate regression analyses show that 'integrity' is related to time perspective (reminiscence and hope) and mental health, whereas 'despair' is only related to personality characteristics (neuroticism and openness to experience). All relations hold in two age groups (55-74 versus 75-95 years). The study shows that the NEIS is a reliable and valid measure of ego integrity. As there is no evidence of age differences, ego integrity is an important concept across the second half of life. Given the pattern of relations, the promotion of meaning in life is an interesting target for psychosocial interventions.

TIME TO FLOURISH: TEMPORAL PERSPECTIVE AND WELL-BEING ACROSS THE LIFESPAN

J. Webster¹, E.T. Bohlmeijer², G.J. Westerhof², *1. Langara College, Vancouver, British Columbia, Canada, 2. Psychology, Technology and Health, University Twente, Enschede, Netherlands*

Little research is available on a balanced time perspective in older age. Balanced time perspective consists of using both one's personal past and anticipated future to a relatively high degree. This study investigated the relationship of balanced time perspective with age, mental health, personality, and wisdom using the Balanced Time Perspective Scale (BTPS). Persons high on both past and future subscales of the BTPS are termed 'time expansive' (balanced); persons low on past and future 'time restrictive'; 'reminiscers' are high on past but low on future; 'futurists' low on past but high on future. 512 Dutch adults (17-92 years)

completed the BTPS and questionnaires on mental health, personality, and wisdom. As predicted, persons in the time expansive category scored higher on all three dependent measures. Less older than younger or middle aged adults are in the time expansive category. Implications are discussed within a lifespan perspective.

THE NARRATIVE FORECLOSURE SCALE: DEVELOPMENT AND PSYCHOMETRIC PROPERTIES OF A NEW INSTRUMENT MEASURING STAGNATION OF IDENTITY IN LATER LIFE

E.T. Bohlmeijer¹, G.J. Westerhof¹, G. Kenyon², W.L. Randall², *1. Psychology, Technology and Health, University Twente, Enschede, Netherlands, 2. St Thomas University, Fredericton, New Brunswick, Canada*

Narrative foreclosure is a new sensitizing concept for studying stagnation of identity development in later life. It is defined as the conviction that no new interpretations of one's past, nor new commitments and experiences in one's future are possible that can substantially change one's life story. The Narrative Foreclosure Scale (NFS) was developed to study this concept empirically. The NFS comprises two subscales: Past and Future. The psychometric properties were studied in two samples of older adults (n=247 and n = 220). Confirmatory factor analyses confirm that the scale consists of two distinct factors. Internal consistencies are sufficient to good. The validity is further confirmed by the relationship with demographics and other psychological constructs, such as personality, hope, reminiscence, ego-integrity, balanced time perspective, wisdom, depression, and positive mental health. It is discussed that diminishing narrative foreclosure may be an important process factor in life-review and narrative therapy with older adults.

SESSION 115 (PAPER)

AGING MUSCLE AND RELATED THERAPIES

LEUKOCYTE TELOMERE LENGTH IS ASSOCIATED WITH AGE-RELATED CHRONIC DISEASE BURDEN IN OLDER ADULTS

J. Sanders¹, A. Fitzpatrick², R. Boudreau¹, A. Arnold², A. Aviv³, L.F. Fried⁴, T.B. Harris⁵, A.B. Newman¹, *1. University of Pittsburgh, Pittsburgh, Pennsylvania, 2. University of Washington, Seattle, Washington, 3. University of Medicine and Dentistry of New Jersey, Newark, New Jersey, 4. VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania, 5. National Institute on Aging, Bethesda, Maryland*

Background: Most studies of leukocyte telomere length (LTL) focus on diagnosed disease in one system. A more encompassing depiction of health is disease burden, defined here as the sum of markers of structure or function in different organ systems. We hypothesized shorter LTL is associated with greater age-related disease burden and less strongly with disease in individual systems or diagnosed conditions (cardiovascular disease, stroke, pulmonary disease, diabetes, kidney disease, arthritis, or depression). Methods: Cross-sectional study. LTL was measured by Southern blots of terminal restriction fragment length. Age-related disease included internal and common carotid intima-media thickness, lung vital capacity, white matter grade, serum cystatin-C, and serum fasting glucose; each graded 0 (best tertile), 1 (middle tertile), or 2 (worst tertile); and summed (0 to 10) to estimate disease burden. Of 419 participants randomly selected for LTL measurement, 236 also had disease burden assessed (mean (SD) age 74.2 (4.9) years, 42.4% male, 86.4% white, 13.1% black). Results: Mean (SD) LTL was 6312 (615) bp and disease score was 4.7 (2.1) points. In adjusted models a SD higher disease score (β (SE) = -130(46) bp, $P < 0.01$), age (β (SE) = -107(44), $P = 0.02$), or carotid thickness (β (SE) = -87(37) bp, $P = 0.02$) was associated with shorter LTL but diagnosed conditions or number of conditions were not associated with LTL. Disease score attenuated the effect of age on LTL by 35%. Conclusions: LTL was strongly associated with a characterization of disease burden across multiple physi-