SOCIOECONOMIC INEQUALITIES IN COMPONENTS OF THE NEUROENDOCRINE SYSTEM AMONG OLDER ADULTS

D. Bann1, K. Ong2, D. Kuh1, H. Lashen3, B. Keevil2, F. Wu4, J.M. Holly5, Y. Ben-Shlomo6, 1. MRC Unit for Lifelong Health and Ageing at UCL, London, United Kingdom, 2. Cambridge University, Cambridge, United Kingdom, 3. Sheffield University, Sheffield, United Kingdom, 4. Manchester University, Manchester, United Kingdom, 5. Bristol University, Bristol, United Kingdom

The neuroendocrine system is influenced by environmental factors operating across life, and its functioning may contribute to socioeconomic inequalities found in functional aging. We examined associations between childhood and adult socioeconomic position (SEP) with insulin-like growth factor-1 (IGF-1) and testosterone among 791 men and 799 women from mainland Britain participating in the MRC National Survey of Health and Development. Fasting morning blood samples were obtained at 60–64 years—plasma IGF-1 was measured by immunnoassay and plasma testosterone by liquid chromatography-tandem mass spectrometry. Associations between prospectively ascertained paternal occupational class (4 years) and household income (60–64 years) with IGF-1 and testosterone were examined using the relative index of inequality. Lower childhood and adulthood SEP were associated with lower IGF-1 among women but not men—mean percentage difference in IGF-1 comparing the lowest with the highest childhood SEP (women: -9.16, 95% CI: -17.86 to -0.46; men: 5.57, -3.05 to 14.19), adult SEP (women: 12.16, 20.62 to 3.68; men: 5.16, 12.67 to 2.35). Childhood SEP was not associated with testosterone (men: -3.65, -14.53 to 7.24; women: 15.13, -3.52 to 33.78), but lower adult SEP was associated with lower testosterone among men (-18.77, -29.43 to -8.10) but not women (-25.58, -20.82 to 15.66). Socioeconomic inequalities were found in circulating IGF-1 (among women) and testosterone concentrations (among men) in early old age. Further research will examine the extent to which these inequalities explain socio-economic differences in functional aging, and investigate whether SEP is associated with the typical mid-life declines in these profiles.

RACE AND ETHNIC DIFFERENCES IN MORTALITY BY PHYSICAL ACTIVITY LEVEL

E. Vasquez1, K.R. Sahakyan1, J.A. Batis3, C.M. Germain1, F. Lopez-Jimenez2, V. Somers1, B.A. Shaw1, 1. University at Albany (SUNY), Rensselaer, New York, 2. Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, 3. Mayo Clinic College of Medicine, Rochester, New York, 4. Duke University Medical Center, Durham, North Carolina

Background: There is strong evidence of an association between physical activity (PA) and mortality. However, the dose-response relationship is not well characterized, particularly among racial/ethnic groups. Methods: The sample comprised 2732 women and 2541 men drawn from NHANES III (1988-1994) aged ≥60 years. Participants self-reported PA and were classified as inactive, active (3-6 METs) or ≥7 METs (≥3 times/week or ≥6 METs, ≥3 times/week), or insufficiently active (those meet neither criteria). Racial differences were modeled using proportional hazard regression (HR) adjusting for age, gender, smoking, poverty level, comorbidities. Results: Compared with whites, physically active African Americans (AA) males had reduced risk of all-cause mortality (HR: 0.71, 95% CI 0.52-0.97). In AA and Mexican American (MA) females, inactivity was associated with 28% and 35% decreased risk of all-cause mortality (HR: 0.72 [0.53-0.99] and HR: 0.65 [0.47-0.88] respectively) when compared to whites. Race/ethnicity was not related to increased CVD mortality among physically active males or females. Insufficient activity was associated with an approximately 42% decrease in overall mortality in males and females. Conclusion: The risk of all-cause mortality was decreased only in physically active AA males and those with insufficient PA. Further investigation, including studies with longer follow-up, are needed to address the definition and health consequences of varying degrees of PA.

SESSION 655 (POSTER)

CAREGIVING AND SOCIAL SUPPORTS

KINSHIP CAREGIVERS: PREDICTING THE LIKELIHOOD OF ADOPTING THE CHILDREN IN THEIR CARE

D.J. Monahan1, V. Greene2, C.J. Smith3, K.M. Kietzmann4, 1. Syracuse University, Syracuse, New York, 2. Syracuse University, Syracuse, New York, 3. Syracuse University, Syracuse, New York, 4. Syracuse University, Syracuse, New York

Background and Introduction. Kinship caregivers are often crucial as a child care resource for families experiencing stress or temporary parenting due to illness, incarceration, or death of a parent. The purpose of this paper is to examine the demographic and social factors that predict kinship caregivers who are “likely to adopt” the children in their care. Methods. Kinship caregivers who were enrolled in a federally funded KinNET program completed the survey (N=102) and the data were entered anonymously into SPSS for analysis. Their mean age was 57.51 years (SD=10.13), 95% were female (SD=19) and two-thirds were non-white (SD=73). Results. Using “likelihood of adopting the child in my care,” as the outcome variable in the regression analysis, caregiver’s age, monthly income, and total hours employed were significant predictors. Data from the participants in the study were entered anonymously into the computer for analysis using the SPSS. Total pressures score, total family needs score, and total physical problems score were not statistically significant predictors. The adjusted R Square was .439 and significant (.006). Implications: This topic is important for researchers, policy analysts and practitioners who are interested in the welfare of children in kinship care. Understanding these factors is predictive of adopting children in kinship care will help programs target services more effectively. Helping kinship caregivers and the children in their care is also important in promoting their health and social well-being.

INTERGENERATIONAL FAMILY RESPONSIBILITY AND SOLIDARITY IN TAIWAN: IMPLICATIONS FOR AGING POLICY

J. Lin, C. Huang, National Taiwan Normal University, Taipei, Taiwan

In Taiwan, the increasing old-age dependency ratio puts state under rising financial pressure. Simultaneously, families with fewer children are faced with higher financial and caring responsibilities for their old-aged members. Do children and the elderly compete for restricted resources in families (and society)? This study had two goals: first, latent class analysis (LCA) was used to examine a typology of public opinion about how responsibility for care and financial security for elders and children should be divided between the family and society. Second, the multinomial logistic regression (MLR) was performed for analyzed the effects of the experience of intergenerational solidarity within the family on people’s attitudes towards intergenerational family responsibility and policy preferences. Data were taken from the 2011 Taiwan Social Change Survey consists of an island-wide sample of 2110 adults aged 18 years old and above. Four types were found for people’s attitudes: (a) Family Centered: both child and elderly care were family’s responsibility. (b) Shared Responsibility: both family and government had responsibility for child and elderly care. (c) Cooperative: government and family cooperated to take care elderly, and child care was family’s responsibility, (d) The Elderly Care by Society: elderly care was government’s responsibility. Overall, intergenerational solidarity matters for people’s attitudes towards family responsibility and policy preferences. The attitudes are not only subject to egocentric considerations.