

association between housing insecurity and negative affect was moderated by age ($B = -0.11$, $SE = 0.00$, $p = .019$), such that the effect of housing insecurity on negative affect was stronger for younger adults than for older adults. These results suggest that experiences of insecure housing leave African American adults vulnerable to compromised emotional and physical health, however, the negative effects of housing insecurity may attenuate with age.

INTERGENERATIONAL MENTORING ON HEALTH PROMOTION TO IMPROVE HEALTHY LIFESTYLES AMONG LATINO FAMILIES

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New Mexico now has the 32nd highest adult obesity rate; approximately one-third are Latinos. Obesity rates in NM for children aged 2-11 years range from 11 – 14%. Mentoring as a health promotion or intervention strategy has become widespread. However, few programs have focused on several generations reciprocally influencing each other in healthy behaviors. Project I'M HIP (Intergenerational Mentoring Health Information Pathways)'s goals included: Providing an innovative, multigenerational educational program to promote greater maternal, child, and grandparent well-being, healthier lifestyle behaviors, and support continued healthy home environments by empowering the families with knowledge. Three cohorts of 30 families (1 parent, 1 child, 1 grandparent/other relative) were recruited for Program I'M HIP. This Program utilized culturally sensitive Evidence-Based Programs (EBPs). Monthly educational sessions focused on physical activity and adapting meals to be healthy. Project outcomes included exercise frequency, Body Mass Index (BMI), and a knowledge quiz assessing healthy meal facts, exercise knowledge via a 10-item quiz; all assessments pre- and post-program. Program outcomes included: 100% of the parents shared at least 1 fact on nutrition or exercise with other relatives, thus affecting another household; paired t-test analyses revealed significant changes in knowledge quiz total scores ($t_{70} = 5.03$, $p < .0001$), increased exercise frequency ($t_{72} = 2.106$, $p < .05$); no significant change in BMI from pre- to post-assessments; and children corrected their parents on proper diet; all demonstrating the reciprocal mentoring effects of parent, child, and other relative on health behaviors.

IS CHILDHOOD DISADVANTAGE TEMPORARY OR PERMANENT? EVIDENCE FROM THE STUDY ON GLOBAL AGEING AND ADULT HEALTH IN GHANA

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The paper assesses whether childhood socioeconomic status have a temporary or permanent effect on adult health status and well-being. The study uses cumulative inequality theory to explain disparity in health status and well-being at older ages in Ghana. Data comes from the 2007-2008 World Health Organization global study of ageing in Ghana (SAGE). The study utilizes wave 1 of the data, with retrospective questions about early childhood socioeconomic status. The study uses ordinal logistic regression models to assess the relationship between childhood socioeconomic

status and self-report health on one hand and wellbeing on the other. The results show that father's education is a significant predictor of health status and wellbeing at older ages. Specifically, the odds of reporting good and moderate health status and wellbeing are 1.29 and 2.22 times higher among older adults whose fathers have primary education or higher. As expected, the odds of reporting moderate or good health status and wellbeing decrease with increasing age and also for women. In terms of interaction effects, those aged 60-69 years whose fathers have primary education are less likely to report good and moderate health. In contrast, those who are aged 70-79 years old and have fathers with secondary or higher education are 2.51 times more likely to report good and moderate wellbeing. There is strong evidence of compensation among those who keep once or twice contact with social ties.

ORAL HEALTH AND DENTAL CARE IN OLDER KOREAN IMMIGRANTS: A QUALITATIVE STUDY

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Many segments of the U.S. population continue to experience a disproportionate burden of oral disease and inequities in dental care, and older Asian immigrant populations are among those at high risk. Responding to the needs to attend to ethnic and geographic variations among older Asian Americans and to better understand contextual factors that shape their experiences of oral health and dental care, the present study conducted in-depth interviews with eighteen older Korean immigrants in the Los Angeles Greater area. The qualitative inquiries were theoretically guided by the three core categories of the Andersen's (1968, 1997) health service model: oral health needs, service barriers, and service outcomes. Using the constant comparison method, themes and sub-themes within each category were derived. The eight themes emerged from the qualitative data were: (1) oral health problems, (2) perceived need, (3) insurance and finance, (4) language barriers, (5) social support, (6) knowledge and belief, (7) satisfaction with service, and (8) areas of improvement. The findings demonstrated varied experiences associated with oral health and dental care of older Korean immigrants and informed the development of services and programs responsive to the identified needs and barriers.

PHYSICAL HEALTH CONSTRAINTS AND PSYCHOLOGICAL DISTRESS IN OLDER ASIAN AMERICANS: THE ROLE OF PERCEIVED HEALTH

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Given the importance of understanding the underlying dynamics of physical and mental health in old age, the present study explored the roles of physical health constraints in predicting subjective health perception and psychological

distress among older Asian Americans. Guided by the Health Belief Model, we also examined whether subjective health perception would function as a mediator in the link between physical health constraints and psychological distress. Using data from 533 Asian Americans aged 60 and over (mean age=69.4, SD=6.88) in the 2016 Asian American Quality of Life Study, the direct and indirect effect models were tested with multivariate linear regressions and the PROCESS macro. Advanced age, unmarried status, lower levels of acculturation, and more chronic physical conditions were significant predictors of psychological distress. When subjective health perception was added to the model, an additional 5% of the variance was accounted for, resulting in 25% of the total variance explained by the estimated model. Negative health perception was a significant predictor of increased level of psychological distress. Supporting the mediation hypothesis, all direct paths among physical health constraints, subjective health perception, and psychological distress were significant. The indirect effect of physical health constraints on psychological distress through subjective health perception status was significant, as evidenced by the 95% bootstrap confidence interval for the indirect effect not containing zero (.07, .28). The findings not only help better understand the psychological mechanisms that underlie physical health constraints and psychological distress but also suggest avenues for interventions.

PNEUMOCOCCAL PNEUMONIA VACCINATION AMONG OLDER AFRICAN AMERICAN AND HISPANIC MEN WITH CHRONIC CONDITIONS

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The CDC estimates that 70% of adults ages 65 years and older received the pneumococcal pneumonia vaccination (PPV). However, documented PPV rates are substantially lower for men, especially non-white men. This study examined common and unique factors associated with PPV among racial/ethnic minority men age 65 and older with one or more chronic conditions. Data were analyzed from a national sample of 470 African American (n=267) and Hispanic (n=203) males using an internet-delivered questionnaire. Two binary logistic regression models were fitted to compare factors associated with PPV. On average, participants were age 70.1(±4.5) years and reported 3.9(±2.6) chronic conditions. PPV rates were 56.8% and 43.2% among African American and Hispanic males, respectively. Across models, men who received vaccines for influenza (P<0.001) and shingles (P<0.01) were more likely to receive the PPV; whereas, those who reported more disease self-care barriers were less likely to receive the PPV (P<0.05). Among African American males, those who were widowed (OR=3.80, P=0.022) and had an annual eye examination (OR=3.10, P=0.001) were more likely to receive the PPV; whereas, divorced/separated men were less likely to receive the PPV (OR=0.33, P=0.003). Among Hispanic males, those who took more medications daily (OR=1.36, P=0.005), reported higher disease self-management efficacy (OR=1.15, P=0.011), and had a colon cancer test in the past 12 months (OR=3.55, P=0.007) were more likely to receive the PPV. Findings suggest the need for culturally tailored education and self-management

interventions to increase PPV and preventive healthcare service utilization among older racial/ethnic minority men.

PREDICTORS OF SEEKING HEALTH INFORMATION AND MENTAL HEALTH SUPPORT IN U.S. PRISONS: A STUDY USING 2014 PIAAC DATA

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Being in prison increases the vulnerability to poor health, especially mental illnesses. This is evident in the documented health disparities between prison inmates and the general population. For example, suicide rates among inmates are higher than in the general population. There is an urgent need to understand how inmates experience mental well-being. This is important as some inmates serve long-life sentences and some will need to successfully re-integrate into the society. Although they have a constitutional right to health care access through the Eight Amendment, little is known of the health information and mental health support seeking patterns among inmates. The current study examined factors associated with the amount of health information accessed, and participation in mental health support groups in US prisons. Data (N= 645) from the Program for the International Assessment of Adult Competencies (2014) were analyzed using linear and logistic regressions. Sample weights were applied in the analyses. Results show statistically significant relationships between amount of health information acquired and age (66 years and above), race, health-status, readiness to learn, literacy skill, and numeracy skill. Social trust moderated the effect of education on the odds of participating in mental health support groups. Also, gender, work duration, attending substance abuse support and life skills groups were significant predictors. Our study may provide insight for stakeholders (e.g., policymakers, clinicians, social workers, and wardens, etc.) working in partnership to deliver a more tailored health interventions for inmates, by highlighting key contextual issues predicting mental health and well-being within prison settings.

SOCIODEMOGRAPHIC DISADVANTAGE, LIVING WITH A SMOKER, AND HEALTH RISK BEHAVIORS IN MIDDLE-AGED AND OLDER WOMEN

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Sociodemographic disadvantage places individuals at risk for an unhealthy lifestyle (Kushi et al., 2012; Shanker et al., 2010), as well as for exposure to second-hand household smoke (Gan et al., 2015; Zhang et al., 2012). However, the role of living with a smoker in the association between sociodemographic status and health behavior is unstudied. This study investigated the role of living with a smoker in partially explaining the link between sociodemographic disadvantage and physical inactivity and poor dietary behaviors. The study used limited access data from the Women's Health Initiative Observational Study obtained from NHLBI. Participants were 83,597 women ranging in age from 49 to