

health-related outcomes. Results: Among 4870 articles found in the preliminary literature search, only 19 studies met our criteria. Most of the studies (n=14) described digital interventions addressing depressive illness among the elderly population. However, many interventions targeted multiple mental conditions including dementia, stress, anxiety, mood disorders, phobia, and functional disabilities. These interventions used internet-based therapies, mindfulness, digital assistants, and applications improving mental health behavior and practices. Most of the interventions (n=12) were evaluated using randomized study designs. Reported outcomes included improved symptoms, better quality of living, emotional and functional advancements, and decreased cost of treatment. This evidence necessitates further research and application of such technologies to improve geriatric mental health.

## MINORITY & DIVERSE POPULATIONS I

### UNWAVERING STRENGTH IN THE FACE OF ADVERSITY: THE STRONG BLACK WOMAN, DEPRESSION, AND BEREAVEMENT

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This study sought to investigate grief outcomes among older African American (AA) women following the recent loss of a loved one. Whether or not the “strong Black woman” (SBW) schema of presenting unwavering strength despite adversity was present in recently bereaved older AA women, specifically related to depressive outcomes, also was explored. Eleven AA women aged 46 years and older (M=64.2), completed one time, in-person semi-structured interviews detailing their grief experiences. Interview transcripts were then coded by a team using an inductive qualitative approach. Four themes emerged throughout the women’s bereavement experience: 1) Acceptance of Loss and Preparation, 2) Coping as a Gradual Passing of Time, 3) Engaging in Other Activities to Cope with Loss, and 4) Helping Others Cope. About a third of the women in the sample reported being clinically depressed in accordance with the specifications for Major Depressive Disorder reported in the DSM 5. AA women in the sample were found to portray not only the stoicism consistent with the SBW schema, but also themes consistent with embodying the schema during their bereavement experience. More research and attention should be paid to AA women’s manifestations of depression, under the knowledge that AA women may have nontraditional depressive symptom presentations. Further, the tendency for the SBW schema to emerge during bereavement should be addressed with AA women in clinical practice, as lack of awareness of the use of this mechanism could lead to exacerbated, adverse adjustment.

### CORRELATES OF FAMILY CAREGIVING FOR OLDER ADULTS AND EMOTIONAL STRAIN AMONG AFRICAN AMERICANS

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Objectives: Despite the growing older African American population and its increasing needs for informal care, few caregiving studies have focused specifically on African Americans. This study aims to 1) identify demographic correlates of caregiving for older family members among African Americans and 2) identify caregiving and demographic correlates of emotional strain among African American caregivers. Method: Logistic regression and linear regression were based on the African American sub-sample of the 2015 Caregiving in the U.S. Survey (N=260). Demographic characteristics included age, gender, education, income, marital status, co-residence of care recipient in the caregiver’s home, relationship of care recipients to caregivers, and household size. Caregiving characteristics included hours of caregiving and whether respondents provide care for an older adult. Results: With respect to demographic correlates of family caregiving, older respondents were more likely to provide care for an older family member, and respondents were more likely to provide care to a parent/parent-in-law than to other relatives. Regarding emotional strain, age and household size were negatively associated with emotional strain, and hours of caregiving was positively associated with emotional strain. Discussion: This study identified demographic profiles of family caregiving and emotional strain. It also suggested the presence of unique risk and protective factors among older African American caregivers. Future research should test the underlying mechanisms between these factors and mental health outcomes for a better understanding of how caregiving strain can be attenuated.

### LIFETIME EXPERIENCES OF GRIEF AMONG RECENTLY BEREAVED AFRICAN AMERICANS

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This study sought to investigate the ways recently bereaved African American middle to older aged adults conceptualized both prior and present loss. Fourteen African American men and women aged 46 years and older (M=62.6) completed one time, in-person semi-structured interviews detailing their grief experiences. Interview transcripts were then coded using a content analysis. Four themes were reported during prior loss (Continuing on with Normal Life/ Time, Faith/ Religion, Reminiscing/ Reminiscence, Social Support) along with present loss (Faith/ Religion, Keeping Busy, Reminiscence, Social Support). Men and women in the sample were found to cope in relatively consistent manners despite the timing of the loss, and in manners consistent with literature detailing African American grief outcomes. This information could help inform both bereaved African Americans and those seeking to aid African Americans during times of bereavement in proactively having knowledge of coping mechanisms that have been used historically and found to be beneficial.

### GENDER DIFFERENCES IN RECEIVING ASSISTANCE WITH DAILY CARE NEEDS AMONG OLDER BLACK AMERICANS LIVING WITH DIABETES

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Older Black Americans living with diabetes often receive social support critical to their self-care management practices and quality of life. Studies have reported positive relationships between support and diabetes care among this population, although gender differences exist, with men reporting better quality of life outcomes associated with diabetes self-management than women. More information is needed to assist healthcare providers in developing gender-tailored interventions to improve diabetes self-management. Using data from the 2015 National Health and Aging Trends Study (NHATS; Round 5), a nationally representative sample of Medicare beneficiaries aged 65 and older, our cross-sectional study describes gender differences in receiving assistance with self-care, mobility, and household needs among older Black adults with diabetes (N=621). Participants were majority female (59% Females; 41% Males). Bivariate analyses showed women were often older with fewer years of education, lower incomes, and were more likely to live with others than men. A larger share of respondents reported receiving assistance with household activities (34%; e.g. shopping, medication administration), followed by self-care (21%; e.g. bathing, dressing), and mobility tasks (17%; e.g. getting around inside and outside of the house). Binary logistic regression showed that women were more likely to report receiving assistance with all three tasks after adjusting for age, education, income, living arrangements, number of health conditions, and self-rated health. Future research should identify the relationships between caregivers and care recipients (e.g. spouse/partner, children), as receiving support with daily needs has the potential to impact both the health and quality of life of both caregivers and care-recipients.

#### POSITIVE AND NEGATIVE SOCIAL INTERACTIONS ON MENTAL HEALTH IN OLDER KOREAN AMERICANS: GENDER DIFFERENCES

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While there is substantial documentation of a positive relationship between objective social engagement and mental health, relatively little is known about how perceived quality of social interactions affects mental health and how men and women differ. Considering the gap, the purpose of this study was to investigate gender difference in how social interactions associate with self-rated mental health in older Korean Americans. Data came from a survey with older Korean Americans aged 60 or over that included 713 men and 1437 women living in five sites (California, New York, Texas, Hawaii, and Florida), conducted during 2017–2018. In multiple regression models run separately for men and women, self-rated mental health on a five-point scale (excellent/very good/good/fair/poor) was regressed on four blocks of variables: socio-demographic characteristics (age, marital status, education, financial status, self-rated health,

and region), immigration-related variables (length of stay in the U.S. and acculturation), social engagement (family network, friend network, and activity participation), and perceived quality of social interactions (positive or negative family interactions and negative community interactions). In the final models with all covariates, younger age, more years in education, better physical health, higher levels of acculturation, and more positive family interactions were commonly associated with more positively rated mental health for both men and women. For women, stronger family network and fewer negative family interactions were additional contributors. Results suggest that negative and positive indicators of family interactions differentially affect self-rated mental health for older Korean American men and women.

#### ADAPTIVE GARDENING PRACTICES AMONG OLDER AFRICAN AMERICANS IN DETROIT

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It is well established that gardening can promote physical, social, and emotional wellbeing for many older adults in varied circumstances (Milligan, Gatrell, and Bingley 2004; Nicklett, Anderson, and Yen 2016; Wang and MacMillan 2013). In post-industrial cities formed by historical and ongoing processes of structural inequality such as Detroit, Michigan, gardening is beneficial for residents in terms of health, economic activity, community-building, and city beautification (Lawson 2005; Pitt 2014; Pothukuchi 2015; White 2011). However, research has less frequently investigated how gardening can promote wellbeing for older adults living in contexts of urban structural inequality. This poster addresses this gap by exploring how older African American gardeners in Detroit adapt their gardening practices to changing physical abilities and capacities. Drawing on ethnographic research conducted during one gardening season (March–October 2017) with older African Americans in Detroit (n= 27), we employ a selective-optimization-with-compensation framework (Baltes and Baltes 1990) to understand the modifications that older Detroiters make in their gardening practices as they age. Findings demonstrate that older African Americans in Detroit engage in gardening in flexible, creative ways that accommodate new physical limitations, while also connecting to changes occurring in the city of Detroit. This study thus has implications for further understanding how gardening can benefit older adults, and how older adults can contribute vitality to contexts of structural inequality.

#### HEALTH-RELATED QUALITY OF LIFE AND CARDIOVASCULAR DISEASE IN ASIAN AMERICAN AND PACIFIC ISLANDER OLDER ADULTS

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Cardiovascular disease (CVD) is the leading cause of death for Asian American (AA), Native Hawaiian, and Pacific Islander (NHPI) older adults, and AAs/NHPIs have not enjoyed decreases in CVD mortality rates, as have non-Hispanic whites (NHWs). Heterogeneity exists in the prevalence of traditional CVD risk factors for AAs/NHPIs. Health-related quality of life (HRQOL) reflect physical and mental burdens