

between childlessness and multiple indicators of health using data from a large number of regionally diverse countries (e.g., 20 countries from North America, Asia, and Europe), but neither study includes an examination of socioeconomic resources. The level of health risk faced by childless older adults is likely to be distinctly shaped by older adults' socioeconomic resources (e.g., education, income, wealth). Associations between childlessness, socioeconomic resources, and health may also differ by country context. Using harmonized, cross-national data for adults aged 50 and older across 20 high- and middle-income countries (United States (HRS), European Union (SHARE), Mexico (MHAS), and China (CHARLS) from the Gateway to Global Aging data repository), we explore if and how individual-level socioeconomic resources (income, education, wealth) moderate associations between childlessness and five health indicators (self-rated health, ADL limitations, IADL limitations, chronic conditions, and depression). Results suggest that associations between childlessness and health outcomes vary by individual socioeconomic resources in some country contexts, but not in others. We discuss these findings in light of the impact of individual-level socioeconomic resources on older adults' support options and health outcomes cross-nationally.

EAST AND WEST ETHNOGRAPHY IN ADULT DAY SERVICES: LESSONS FROM TAIWAN AND THE UNITED STATES

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Adult Day Services (ADS), an alternative to institutionalization, offer daytime programs for those with physical and/or cognitive impairments. ADS have grown rapidly in Taiwan and the U.S., to improve quality of life (QOL) and provide respite for caregivers. ADS researchers have focused primarily on caregiver outcomes, with less emphasis on consumers. Our study is among the first to examine these issues in a cross-cultural context. Surveys are insufficient for ADS attendees, since many have diminished capacity. We use ethnographic methods to more fully understand the life of clients in ADS in two countries. The focus is on clients and staff, while including the physical and social environments. Data were collected over 820 hours of observation and 77 interviews with key ADS stakeholders, including clients, for insider perspective. Comparisons between the two countries, found that infantilization (e.g., baby-talk, child-oriented activities and decor) occurred in all 10 settings to varying degrees and outcomes were shaped by culture. In Taiwan, infantilization embedded within a cultural tradition of respecting elders and exhibited as a parent-child role reversal, where staff played the adult-child role. Their over-helping and over-controlling were aimed to 'benefit' clients, who were seen as incompetent aging parents. In the U.S., infantilization resembled a primary school environment with elementary décor. Aides used baby-talk and 'taught' compulsory child-oriented songs and games. This effect was exacerbated when preschool-aged children were added, and all generations were treated similarly. Results can be translated to implement age-appropriate care environments across cultures to improve QOL in ADS.

LATER-LIFE HEALTH DISPARITIES IN NEPAL: INTERSECTION OF GENDER AND SOCIOECONOMIC STATUS

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This study focuses on Nepal, a country still undergoing capitalist expansion, to examine intersectional effects of fundamental causes on later life health outcomes. Sandwiched between the republic of China and India, Nepal still has remnants of pre-capitalist social and economic formations. Despite growing focus on independent effects of SES and gender on health, the intersectional influences of such fundamental causes on later life health in Nepal has, however, been largely unexplored. Drawing from the World Health Survey (WHS) survey data (n=2,250 aged 50 years and older), we rely on negative binomial regression models to examine whether the effect of education and household wealth on chronic diseases and functional limitations differs between men and women. Findings indicate intersectional effects of gender, wealth, and education on health. Women do not incur health benefits from education and wealth. Statistically significant negative effect of education on functional limitations (OR=0.87, p<0.01) was documented only for men. Contrary to our theoretical expectations, we observed significantly higher count of chronic diseases among women (OR=1.13, p<0.01) with higher levels of education relative to lower educated women. Similarly, men in higher wealth quintiles reported significantly higher count of chronic diseases (OR=1.05, p<0.01) than their counterparts in lower wealth quintiles. Our study paves a way for future research on a range of structural mechanisms such as gendered labor market, patriarchal cultural expectations, and inequities in health care that could mediate intersectional effects of gender and education on later life health disparities in the Global South.

SESSION 3017 (PAPER)

RELATIONSHIPS, GENDER HEALTH, AND SEXUAL ORIENTATION

DEALING WITH LONELINESS AMONG LGBT OLDER ADULTS: DIFFERENT COPING STRATEGIES

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Older lesbian, gay, bisexual, transgender (LGBT) adults may be at risk for high levels of loneliness—a risk factor for worse health behaviors—as a result of historical and social discrimination. Some LGBT older adults may have estranged relationships with family members or have toxic relationships, consequently leaving them without adequate social support. The 2018 Loneliness and Social Connections survey by the AARP Foundation consists of a national sample of non-institutionalized individuals 45 and older, including 2905 individuals who identify as heterosexual and 318 who identify as LGBT. The study indicated individuals had

similar levels of loneliness regardless of sexual orientation. However, significant differences between heterosexuals and LGBT participants were found in their communication and time usage when they are lonely. For example, heterosexual individuals socialize with friends in person more than homosexuals ($t=-2.393$, $p<.05$), whereas LGBT older adults use technology more to socialize with friends ($t=3.749$), $p<.001$. Further, findings revealed that older LGBT adults tend to engage in more risky or unhealthy behaviors when lonely than do heterosexual older adults ($t=3.907$, $p<.001$). Overall, the results indicate that while LGBT older adults may spend more time alone ($t=7.350$, $p<.001$), they are engaging in different types of activities, particularly involving technology to communicate with friends, suggesting compensation for their lack of in-person contact. By understanding how LGBT older adults cope with loneliness along with the risks and resources that have influences on their health disparities can be useful for developing interventions to improve the health and well-being in these communities.

DOES SEXUAL ORIENTATION INFLUENCE TRAJECTORIES OF CHANGE IN HEALTH? A 20-YEAR FOLLOW-UP STUDY

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We examined the differences in physical health outcomes over a 20-year period between lesbian, gay, and bisexual (LGB) and heterosexual middle-aged and older adults. We also examined whether the associations were moderated by social support and affect. The analytical sample included 168 LGB adults and 336 propensity-matched heterosexual adults from the Midlife in the United States (MIDUS) study, ranging in age from 25 to 74 years (mean age=42.83) at baseline. Using negative binomial generalized estimating equations and mixed-effects analyses, data from three waves of MIDUS, spanning approximately 20 years from 1995 to 2014, were used to examine the associations between sexual orientation and the health outcomes (number of chronic conditions and functional limitations). Social support and affect were added to the models to test for moderation. The results found that LGB participants reported one more chronic condition at baseline and scored significantly higher for functional limitations. However, LGB participants increased less over time for number of chronic conditions than heterosexual participants, and there were no significant differences in terms of changes in functional limitation over time. Positive affect reduced the strength of the relationship between sexual orientation and functional limitations for LGB participants. No other moderating effects were significant. The results of this study suggest that LGB individuals may become resilient to the negative health effects of minority stressors over time. Interventions should focus on improving the health of LGB individuals when they are younger and more at risk of negative health outcomes.

IT PROTECTS THEM FROM ME: REASONS OLDER ADULT BLACK WOMEN ENGAGE IN LIVING-APART-TOGETHER RELATIONSHIPS

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The preference for living-apart-together (LAT) relationships, where individuals are committed to one another but reside in separate households, has increased among older

adults. Despite the growing trend to LAT in later life, there is a dearth of literature on living-apart-together exploring the experiences of minority older adult sub-groups. Particularly, few studies have explored motivations for living-apart-together among minority older adult sub-groups. In this study, using a qualitative descriptive approach, reasons older adult Black women engage in living-apart-together relationships were explored. As part of a larger study, thirteen black women ages 59-74 (married and unmarried) completed two semi-structured phone interviews about their motivations for living-apart-together and how decisions, or lack thereof, to LAT were made. Inductive thematic analytic methods revealed three major motivations for LAT among this sub-group. Motivations included: (1) to protect freedom and self-governance; (2) to maintain current living arrangements with live-in family members; and (3) to maximize healthy relationship characteristics (e.g. individuality). Participants reflected that reasons to engage in LAT were influenced by the distance between living-apart-together partners, current caregiving roles, and level of commitment. As to how older adult black women decided to engage in living-apart-together relationships, Participants reported that LAT happened by coincidence or because of a partner's preference to maintain separate households. Boundary reinforcement regarding role strain was also identified as a core concept. Findings point to the need for applications to variations in relationship types among older adults regarding living arrangements, to professionals supporting aging families, and to further studies of family gerontology.

MOTHERS' HEALTH AND RELATIONSHIPS WITH ADULT CHILDREN: THE MODERATING ROLE OF GENDER AND RACE

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Consistent with theories of the life course and intergenerational solidarity, families are generally closely tied groups in which one family member's event affects other members as well. Although the literature has documented that parents and adult children affect one another's well-being, less is known about how parents' health shapes relationship quality between family members. In this paper, we utilize data from the Within-Family Difference Study (WFDS) II to explore how mothers' functional limitations affect relationship quality between mothers and their adult children, as reported by both family members. We hypothesized that the association between mothers' health and intergenerational relationship quality would be moderated by gender and race. Using multi-level regression modeling, we found that mothers' reports of relationship quality were not predicted by the presence of mothers' functional limitations, nor were there any moderating effects of race or gender. In contrast, adult children who perceived that their mothers had limitations reported higher tension with them. Further, daughters were more likely than sons to report greater tension when they perceived that their mothers had limitations (differences between coefficients $p < .10$). White adult children reported lower levels of closeness and higher levels of tension when they perceived that their mothers had health limitations (differences between coefficients $p < .05$; $p < .10$ respectively). However, limitations did not predict Black children's reports