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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