

beyond clinical burdens, which may help explain discrepant CVD rates and risk factors in AAs/NHPIs. We examined HRQOL among NHW and AA/NHPI Medicare Advantage enrollees with and without a CVD (i.e., coronary artery disease, congestive heart failure, myocardial infarction, and stroke) using the Medicare Health Outcomes Survey. The sample included 655,914 older adults who were 65 years or older, self-reported as AA/NHPI or NHW, and were enrolled in Medicare Advantage plans in 2011-2015. HRQOL was measured using the Veterans RAND 12-item survey and is composed of a physical component score (PCS) and mental component score (MCS), where higher scores reflect better physical and mental health, respectively. Multivariable linear regression was used to explore HRQOL and CVD prevalence. Asian Indian, Filipino, Vietnamese, Other Asian, and NHPI subgroups had lower overall PCS, and all AA/NHPI subgroups had lower overall MCS, compared to NHWs. Among those reporting having any CVD, PCS varied by CVD outcomes and subgroups, whereas MCS was lower for all CVD outcomes and for all but one AA/NHPI subgroups (Japanese), compared to NHWs. Attention to mental health for AA/NHPI older adults could be important for the equitable realization of healthy aging.

#### EXAMINATION OF TRUST IN THE HEALTH CARE SYSTEM AMONG OLDER IMMIGRANTS RESIDING IN THE MIDWEST

Robyn Husa,<sup>1</sup> Hisako Matsuo,<sup>1</sup> Jennifer Hale Gallardo,<sup>2</sup> and Lisa Willoughby<sup>1</sup>, 1. *Saint Louis University, St. Louis, Missouri, United States*, 2. *CINDRR-Gainesville, Gainesville, Florida, United States*

Ethnic minority populations, such as immigrants, have demonstrated lower levels of trust in the health care system and their health care providers compared with non-migrant populations (Navaza et al., 2012; Renzaho, Polonsky, McQuilten, & Waters, 2013). This medical mistrust may adversely influence older adult immigrants' use of and satisfaction with health services (Hong et al., 2018a; Jang, Kim, & Chiriboga, 2005). Thus, the current project aimed to characterize influences of medical mistrust (healthcare system and healthcare providers) in older adult immigrant populations living in the United States of America (U.S.). We interviewed 142 older adult immigrants and refugees (aged 60+ years) who identified as Bosnian, Chinese, Indian, Korean, Latino, and Vietnamese about their perceptions on living in the U.S., of the healthcare system, and healthcare utilization as a part of the Successful Aging among Immigrants in Midlife (SAIM) project. Linear regression models predicting trust in the healthcare system and trust in healthcare providers were tested with healthcare knowledge (measured with a single item about flu shots), acculturation, length of time in the U.S., and age as predictors. We found that older age and healthcare knowledge was predictive of higher levels of trust in healthcare providers for Chinese. Although healthcare knowledge was predictive of trust in the health care system for the Chinese participants, greater length of time and higher acculturation were associated with higher trust in the healthcare system among Indian participants. The implications of the different predictive variables in each of the hypothesized models will be discussed.

#### THE SOCIAL DETERMINANTS OF LATE-LIFE MIGRATION IN THE U.S.: FINDINGS FROM THE NEW AMERICANS PROJECT

Arati Maleku,<sup>1</sup> Megan Espana,<sup>1</sup> Sharvari Karandikar,<sup>1</sup> Njeri Kagotho,<sup>1</sup> Rupal Parekh,<sup>2</sup> and Shannon Jarrott<sup>1</sup>, 1. *The Ohio State University, Columbus, Ohio, United States*, 2. *University of Connecticut, Hartford, Connecticut, United States*

Globally, late-life migration has been a growing phenomenon. Literature on aging and migration however, has primarily focused on immigrant populations who migrated early in life. To expand our conceptualization of aging and to plan for the care of growing older immigrant populations, it is crucial to understand the compounding effects of late-life migration and aging in new spaces. Drawing on the qualitative data (N=71) from a large-scale community-based participatory research project in a mid-western U.S. region, we examined the social determinants of late-life migration on the health and well-being of older immigrants by exploring: (a) barriers and facilitators of socio-cultural adaptation, (b) patterns of human service provision in a local context, and (c) societal patterns of caring for older immigrants in places of relocation. Life course and social convoy perspectives formed the conceptual basis of the study. Using Respondent Driven Sampling method, data collection included six focus group discussions (n=48) with immigrant communities and in-depth interviews with human service providers (n=23). Data analysis followed the Rapid and Rigorous Qualitative Data Analysis technique that generated six salient themes: cultural context of aging; challenges of late-life migration; broken convoy and social isolation; gender and age intersections; human services, and community efforts and solutions. Findings suggest that late-life migration is a conglomeration of losses and gains, contingent on complex determinants such as living arrangements, language, transportation, the built environment, inter-generational relationships, socio-economic status, and social convoys. We conclude with a call to develop age-friendly, culturally responsive human services and health policies.

#### FACTORS ASSOCIATED WITH MEANINGFUL ACTIVITIES AMONG ETHNICALLY DIVERSE OLDER ADULTS

Dolapo O. Adeniji,<sup>1</sup> and Michin Hong<sup>2</sup>, 1. *School of Social work, Indiana Purdue University Indianapolis, Indianapolis, Indiana, United States*, 2. *Indiana University, Indianapolis, Illinois, United States*

Objectives: With aging, there is an increased chance for older adults to experience negative health outcome and lose independence. Previous studies have shown the positive influence of engagement in physical, religious, recreational and social activities on healthy aging. This study aims to examine the factors contributing to the frequency of activity participation that helps older adults achieve the goal of staying healthy. Method: A sample (n=480) aged 60-90 with M=74.31, SD=7.65, and female 55.6 % from Well Elderly II were surveyed for the study. Hierarchical regression analysis was performed to examine factors associated with the frequency of activity participation. Age, ethnicity, education and gender controlling for meaning ascribed to activity were entered in model I. While the independent variables: social