frailty. Building on previous research, we assess transitions in IADL among the oldest old. We use data from three waves of the Hispanic Established Population of the Epidemiologic Study of the Elderly (H-EPESE) to investigate trajectories of IADL disability as individuals' age into their 80s and 90s, a period of the life course with much higher rates of morbidity and decreasing socioeconomic resources. The H-EPESE is a benchmark longitudinal cohort study based on an original sample of 3,050 Mexican-Americans aged 65 and older in the Southwestern United States. Our modeling approach estimates transitions in patterns of IADL employing the Latent Transition Analysis (LTA). Results revealed three heterogeneous latent classes: high IADLs, difficulty in transportation and mobility, and low IADLs. Those with high IADLs tended to remain in the same class over time. Individuals having difficulty in transportation and mobility tended to stay in the same class or transfer to high IADLs, whereas those with overall low IADLs transferred to either the same class or to difficulty in transportation and mobility. Additional analysis revealed that cognitive impairment was a significant predictor of instrumental disability over time. Furthermore, females were more likely than males to belong to difficulty in transportation or mobility class than to the low IADL class. Our results highlight the long term consequences of cognitive decline on IADL limitations.

WORK AND SELF-RATED MEMORY AMONG NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER OLDER ADULTS

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According to the productive aging framework, productive activities can function as protective factors of cognitive health. Productive activities, such as work, have been linked to positive cognitive health outcomes in older adults. Yet, less is known about if the beneficial effects of work on cognition extend to the Native Hawaiian and Other Pacific Islander (NHOPI) older adult population. Thus, the purpose of this research is to investigate how work is associated with selfreported memory/concentration among NHOPI older adults. Moreover, the moderating role of education was explored. Using data from the 2014 Native Hawaiian and Pacific Islander National Health Interview Survey (NHPI NHIS), the study explores the associations between work and self-rated levels of difficulty remembering or concentrating. A total of 1,045 older adults ages 50 years and older were included for analyses. Weighted multivariate analyses with multiple imputation techniques were used. The NHPI NHIS is the first federal survey focusing on the NHOPI population in the United States. Those who were engaged in work had lower odds of having severe difficulty memorizing or concentrating while controlling for other sociodemographic and behavioral factors. Interestingly, there was a significant interactive effect of work and education on self-rated memory. Those with lower education levels have lower self-rated memory, but the odds of having memory difficulty decreased when they worked. Findings highlight the importance of productive aging in promoting healthy cognitive aging. Research and practice addressing productive aging and cognition should provide culturally relevant resources to NHOPI older adults.

SESSION 2941 (POSTER)

DIVERSE RACE AND ETHNIC POPULATIONS II

AGING WITH HIV: INFLAMMATION IS ASSOCIATED WITH PAIN, POORER PHYSICAL FUNCTION, AND FRAILTY

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With advances in antiretroviral therapies, people living with HIV have life expectancies similar to their HIV-negative peers. Yet, they experience elevated multi-morbidity that can compromise quality of life as they age. Links between inflammation and accelerated aging may inform interventions, but these links are understudied in older adults with HIV. We investigated cross-sectional relationships between inflammation, well-being, and geriatric syndromes among 161 HIV-positive older adults. Participants provided fasting blood samples (for serum cytokines and CRP) and completed surveys (MOS-HIV; falls) and cognitive (MoCA) and frailty assessments (using Fried criteria). Adjusted linear and logistic regression models tested relationships between inflammatory markers and age-related health outcomes, controlling for age, gender, BMI, race, comorbidity burden, statin use, and smoking status. 93% had suppressed viral load. 11% had CRP levels suggesting possible acute illness (>10 mg/L) and were excluded from analyses. Participants with higher IFN-y reported greater pain (p=0.003), greater cognitive complaints (p=.02), and worse physical function (p=0.04), than those with lower IFN-y. Similarly, higher IL-6 levels were related to worse physical function (p=0.01) and slightly greater cognitive complaints (p=0.06), but were not significantly related to pain in adjusted models. Compared to those with lower IL-6, those with higher IL-6 levels were more likely to be frail (p=0.04). CRP was not significantly related to these outcomes. Six-month fall history and objective cognitive scores were not significantly related to the assessed inflammatory markers. Our results illustrate key, expected links between inflammatory processes, frailty, physical function, and pain among older adults with HIV.

CHANGE OVER TIME IN LINGUISTIC ACCULTURATION: A COMPARISON BETWEEN CUBAN AND NON-CUBAN HISPANIC IMMIGRANTS

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While acculturation and its implications for mental health have received extensive attention in studies with older immigrant populations, change over time in acculturation less so. This paper examines change over a two-year period in levels of linguistic acculturation among Cuban (n = 186) and non-Cuban Hispanic (n = 116) immigrants living in Florida. Data came from the waves of the Survey of Older Floridian (SOF), conducted using a statewide sampling frame based on population densities, with a computer-assisted telephone interview strategy. Calls were initiated through random digit dialing, and a follow-up interview was added approximately

two years later. Measures included six acculturation items, one dealing with the participant's language preference for the interview itself and five items dealing with language ability and usage. Results indicated that non-Cuban Hispanics were significantly more acculturated than Cuban Hispanics, and that at least 75% of Wave 2 acculturation was accounted for by Wave 1 status. After controlling for initial levels of acculturation, those who at first interview reported more economic problems and those reporting fewer depressive symptoms were more acculturated at follow-up. It was concluded that while linguistic acculturation is relatively stable, interventions to increase acculturation have implications for mental health service utilization.

CONSCIOUS AND NON-CONSCIOUS PROCESSES REGULATE MINORITY OLDER ADULTS' SEDENTARY BEHAVIOR

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Accumulating evidence suggests that sedentary behavior (SB), or time spent sitting, is regulated by both conscious (e.g., intentions) and non-conscious (e.g., habits) motivational processes. Much of the work investigating these processes has employed summary-based measures of typical motivation and behavior. This study employed ecological momentary assessment (EMA) methods and accelerometry to determine the extent to which conscious and non-conscious processes regulate minority older adults' momentary decisions to engage in SB. Over the course of the 8-day study, minority older adults (N=91; age range: 60-89 years, 96% Black/African American) answered 6 EMA questionnaires/day on a mobile phone and wore an ActivPAL activity monitor to measure SB. EMA questionnaires assessed momentary intentions to limit SB over the next two hours. SB habit strength was selfreported at an introductory session. Results from a multilevel linear regression model indicated that on occasions when individuals had stronger intentions than usual to limit SB, they subsequently engaged in less SB (b=-3.72, p<0.01). Individuals who had stronger SB habits, tended to engage in more SB (b=3.00, p<0.01). An additional multilevel model revealed that habits did not significantly moderate the association between momentary intentions and subsequent SB (b=-1.06, p=0.09). In conclusion, minority older adults' momentary SB appears to be directly influenced by both conscious and non-conscious motivational processes, though the interactive effects are unclear. Interventions to reduce minority older adults' SB should include content to increase intentions to limit SB (e.g., information on instrumental and affective consequences) and disrupt habitual SB (e.g., action planning).

DEPRESSIVE SYMPTOMS IN OLDER AFRICAN IMMIGRANTS: A DESCRIPTIVE STUDY

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In FY 2018-2019, the National Institutes of Health devoted \$2,387,505,711 to projects studying depression. Before and following their arrival into the United States stressful life circumstances may render African immigrants particularly at risk for depression. The objective of this study is to provide an estimate and identify correlates of depressive symptoms in older (≥50 years) African immigrants. We performed secondary data analyses of the Older African Immigrant Health study (n = 148). Bivariate analyses evaluated associations between depressive symptoms and sociodemographic and immigration-related factors. Depressive symptoms were measured with the PHQ-8 scale and scores of ≥ 5 were considered indicative of depressive symptoms. The mean age of participants was 62 years (SD:8.2), 61% were female, 30% had less than high school education, and 58% reported having health insurance coverage. Thirty percent of the sample had depressive symptoms (PHO-8 score of ≥ 5) but only one individual would be classified as having moderately severe or severe depression (PHQ-8 ≥15). Depressive symptoms did not differ by age, marital status, education, or income. There was a statistically significant difference in depressive symptoms by reason for migration, recruitment location, and employment status. Although only one participant would be classified as severely depressive, a large proportion of this sample had depressive symptoms. Mental health concerns were reported as a significant health problem for African immigrants visiting a community service organization in New York. More research is needed to examine the prevalence, immigration-related correlates, predictors, and health ramifications of depression in older African immigrants.

HOUSING INSECURITY AND THE EMOTIONAL AND PHYSICAL HEALTH OF AFRICAN AMERICANS

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Housing insecurity—or limited and/or unreliable access to quality housing— is a potent on-going stressor that can adversely impact individual well-being. This study extends previous research by investigating the impact of housing insecurity on both the emotional and physical health of aging African American adults using the Midlife in the United States (MIDUS) Refresher oversample of African Americans collected from 2012-2013 (N = 508; M age = 43.02; 57% women). Participants reported on their negative affect, number of chronic health conditions experienced in the last year, and experiences of housing insecurity since the 2008 recession (e.g., homelessness, threatened with foreclosure or eviction, lost home). Negative affect and chronic conditions, respectively, were regressed on housing insecurity, and the potential moderating effect of age was tested. Results showed that housing insecurity was associated with more negative affect (B = 0.05, SE = 0.03, p = .002) and chronic health conditions (B = 0.26, SE = 0.03, p < .001). Additionally, the