

encounters include traditional gender roles related to food purchase and preparation, prioritizing food options to meet family preferences, available/accessible urban-based food options, food knowledge deficits, and sustaining cultural identity and nutritional health. Findings suggest implications for food and health policy, community-level programming, and nutrition education interventions.

PARENTAL ABSENCE AND GRANDPARENT CAREGIVING IN THE WAKE OF THE CONTEMPORARY AMERICAN OPIOID EPIDEMIC

Jessica Y. Ho¹, *1. University of Southern California, Los Angeles, California, United States*

The contemporary American drug overdose epidemic has wreaked havoc on individuals, families, and communities across the country. As increasing numbers of middle-aged adults become addicted to or die from drugs, grandparents may be called upon to provide care for their grandchildren. However, few studies examine the broader social impacts of the drug overdose epidemic. This paper fills this gap in the literature by examining whether the opioid epidemic has contributed to increased grandparental care provision and coresidence. I use data from the 2000 Census and the 2011-2015 American Community Surveys, and data on drug overdose mortality (a measure of the epidemic's severity) and socioeconomic indicators. I find consistent and robust associations between increases in drug overdose mortality and increases in: children's likelihood of experiencing parental absence from the household, grandparent-grandchild coresidence, and grandparental provision of custodial care. Fixed-effect estimates correspond to an additional 158,138 grandparents coresiding with grandchildren, and a 3% increase in the proportion of coresident grandparents who are primarily responsible for their grandchildren. These associations are stronger among younger (aged 30-64) versus older (aged 65+) grandparents. This paper leverages multiple measures and nationally-representative data to demonstrate that increases in precarious family arrangements, vulnerability, and the burden of caregiving among older adults are occurring in response to the opioid epidemic. These findings suggest that the epidemic is placing considerable and unexpected strains on older adults' financial and emotional resources at a time when they themselves may be requiring care, retiring from the labor force, and experiencing declines in health.

SESSION 3250 (PAPER)

SOCIOEMOTIONAL HEALTH AMONG ASIAN COMMUNITIES

CORRELATES OF LONELINESS AMONG OLDER ASIAN IMMIGRANTS: A SYSTEMATIC REVIEW

Yihan Wang,¹ Bongki Woo,² and Nan Jiang³, *1. Boston College, Boston, Massachusetts, United States, 2. University of Southern Carolina, Columbia, South Carolina, United States, 3. Columbia University, New York, United States*

Loneliness is a prevalent social concern among older adults, which calls for attention as a condition itself and its influence on mental and physical conditions. However, limited efforts

have been made to understand loneliness, particularly among immigrant older adults. Guided by the ecological perspective, the present study contributes to the literature by providing a systematic review of the prevalence and individual-, household-, and community-level correlates of loneliness among Asian older immigrants, one of the fast-growing immigrant population. Following the PRISMA guideline, we systematically searched eight electronic databases to identify relevant empirical research articles. Of the 828 articles identified, ten articles met the inclusion criteria. Majority of these articles focused on older Chinese and Korean immigrants. On the individual level, migration grief, longer length of residence, and weaker ethnic attachment were linked to higher level of loneliness, indicating that immigration can be a challenging experience for later life well-being of Asian older adults. Other identified correlates include mental and functional impairment and worsening health changes. On the household level, while living alone was a commonly identified correlate of loneliness, those who live with family also reported loneliness when they have fewer interactions with their family members. On the community-level, smaller social network and lack of social support and interactions were correlates of loneliness. The findings of the present study are helpful for identifying older Asian immigrants who may be at risk of loneliness and implicates that the efforts to mitigate the loneliness need to be made at various ecological levels.

FAMILY COHESION MODERATES THE RELATIONSHIP BETWEEN ACCULTURATION AND HEALTH AMONG OLDER CHINESE AMERICANS

Kaipeng Wang,¹ Anao Zhang,² Fei Sun,³ and Rita X. Hu⁴, *1. Texas State University, San Marcos, Texas, United States, 2. University of Michigan, Ann Arbor, Michigan, United States, 3. Michigan State University, East Lansing, Michigan, United States, 4. University of Michigan, Ann Arbor, Ann Arbor, Michigan, United States*

Migration and resettlement are major life events that affect immigrants' functioning and health status. Previous research has well-established the influence of acculturation and family cohesion on Chinese Americans' mental health and health behavior; however, the moderation effect of family cohesion on the relationship between acculturation and self-rated health – a robust measure of an individual's general health – has not been examined among this population. The purpose of this study is to examine the association between family cohesion, acculturation, and self-rated health among older Chinese Americans. Data came from a survey of 385 Chinese Americans aged 55 and older living in a large metropolitan area in Southwest America through face-to-face interviews. We used logistic regression to examine the association between acculturation, family cohesion, and self-reported health. In general, acculturation was significantly associated with higher odds of reporting excellent or good health after adjusting for demographic and psychosocial covariates; however, the association between acculturation and self-reported health differed by family cohesion. We found that acculturation was positively associated with self-reported health only among those with medium or high family cohesion, but not among those with low family cohesion. Findings highlighted the significance of involving family members and strengthening family support for providing acculturation services,

such as language class and healthy literacy education, to older Americans. Family cohesion needs to be considered by health and mental health care providers for older Chinese Americans to further understand the resources and barriers that influence their health service use and health behaviors.

GRIEF EXPERIENCE PATTERNS AMONG OLDER ADULTS IN RURAL CHINA: A LATENT PROFILE ANALYSIS

Haimin Pan¹, *1. Xiamen University, Xiamen, China, China*

Grief experiences among older adults in China are understudied, though a variety of negative bereavement outcomes have been delineated. The present work sought to explore grief patterns among Chinese older people in rural areas, as well as the factors influencing the bereavement results. Participants were 352 older residents who responded to a face-to-face interview and lived in rural areas in Zhejiang Province of China. Latent profile analysis (LPA) was used to identify subtypes of class membership in combining complicated grief (CG), depression, anxiety, and meaning in life. Afterwards, these subgroups were compared on demographic characteristics and meaning making variable. The LPA model best fitting the data was a three-class solution comprised of “adaptive” (n=235; 66.8% of the sample), “moderate maladaptive” (n=83; 23.6% of the sample), and “severe maladaptive” groups (n=34; 9.7% of the sample). Compared to the “severe maladaptive” group, participants in the “adaptive” group had better physical functioning, higher education and incomes levels, and less meaning making engagement, while participants in the “moderate maladaptive” group had longer bereavement duration, better physical functioning, and less meaning making activities. Relative to the “moderate maladaptive” group, participants who were adaptive to the loss possessed longer bereavement duration better physical functioning, higher education and incomes levels, and less meaning making engagement. Findings suggest three distinct patterns of bereavement outcomes among Chinese older adults. Multiple factors impacting the results were taken into consideration. Future replication is necessary to validate these subgroups, and professional services should be provided to bereaved older Chinese in need.

MORE OR LESS? A DECADE'S TREND OF SOCIAL PARTICIPATION AMONG CHINESE OLDER ADULTS: BASED ON A LONGITUDINAL SURVEY

Chenxin Tan,¹ and Yun Zhou¹, *1. Department of Sociology, Peking University, Beijing, China*

Social participation is of great significance in healthy aging. While studies on social participation among Chinese elderly are growing, there is a lack of understanding the changes over time of the participation. Using datasets from the Chinese Longitudinal Healthy Longevity Survey (CLHLS), this paper presents a comprehensive analysis on a decade's trend of social participation among Chinese older adults. First, we use the method of Latent Class Analysis (LCA) to identify types of social participation; in this study, we concluded three types, no participation, the family-centered, and the society-oriented. Second, we examine the characteristics of the elderly by types of participation in terms of demographic, socioeconomic and health condition and analyze the changes in the characteristics over time. And third, we

interpret the trend of social participation with broader social environment, or the fluctuant structural and institutional differences under the context of China's unique social system. Our general conclusion is that while the overall level of participation holds relatively steady, there is a dynamic micro progress and complex mechanisms in this long period. In addition, although both the family-centered participants and the society-oriented possess broader scopes of social participation, the related attributes are different across time. This paper contributes to our knowledge of life of the elderly under the circumstances of fast aging process in China.

RECIPROCAL RELATIONSHIP BETWEEN COGNITIVE STATUS AND HIERARCHY FUNCTIONAL LOSS AMONG FRAIL OLDER ADULTS IN CHINA

Qian Sun,¹ Nan Jiang,² Nan Lu,³ and Vivian W. Lou⁴, *1. Hebei University of Business and Economics, Shijiazhuang, Hebei, China, 2. Columbia University, New York, United States, 3. Renmin University of China, Beijing, China, 4. The University of Hong Kong, Hong Kong, P.R.C., Hong Kong*

The present study aimed to determine the reciprocal relationship between cognitive status and the loss hierarchy of specific functional activities among frail older adults in China. Data were derived from a sample of 469 older adults who participated in both the 2010 and 2013 waves of the Longitudinal Study on Family Caregivers for Frail Older Adults Aged 75 or Above in Shanghai, China. A two-wave cross-lag analysis was used to examine the proposed model. In general, the results showed that cognitive status in 2010 was a significant predictor of dependence in activities of daily living (ADLs) in 2013. Specifically, cognitive status at baseline has significant effects on feeding [β (SD) = -0.198 (0.043), $p < .001$], continence [β (SD) = -0.172 (0.045), $p < .001$], bladder [β (SD) = -0.159 (0.045), $p < .001$], toileting [β (SD) = -0.119 (0.043), $p < .001$], hygiene [β (SD) = -0.108 (0.044), $p < .05$], stairclimbing [β (SD) = -0.101 (0.044), $p < .05$], and dressing in 2013 [β (SD) = -0.100 (0.045), $p < .05$]. Furthermore, toileting and bathing in 2010 were significant risk factors of cognitive status in 2013 [toileting: β (SD) = -0.146 (0.066), $p < .05$; bathing: β (SD) = -0.113 (0.047), $p < .05$]. The findings not only expanded our understandings of the relationship between cognition and the hierarchy of functional loss, but also provided evidences for clinicians and service planners for anticipating the subsequent care and service needs of the elderly and their families.

SESSION 3255 (SYMPOSIUM)

SUSTAINING STAR-VA: EVALUATING SYSTEMIC OUTCOMES AND TEAM STRATEGIES FOR MANAGING BEHAVIOR SYMPTOMS OF DEMENTIA

Chair: Kim Curyto, *Center for Integrated Healthcare, VA Western New York Healthcare System, Batavia, New York, United States*

Discussant: Kimberly Van Haitsma, *Penn State, University Park, Pennsylvania, United States*

The Veterans Health Administration (VHA) has invested in the implementation and evaluation of STAR-VA, a Veteran-centered, interprofessional intervention for managing