

< 0.05) and Taiwan ($b = -0.14, p < 0.05$); physical health in Japan ($b = -0.96, p < 0.05$); mental health in China ($b = -1.05, p < 0.05$) and Japan ($b = -1.49, p < 0.05$); and happiness in China ($b = -0.07, p < 0.05$). Possible explanations underlying these distinct national patterns and strategies to enhance well-being through environmental and behavioral interventions are discussed.

THE OLDER POPULATION LIVING WITH AND PROVIDING CARE TO GRANDCHILDREN, BY NATIVITY: 2013-2017

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The rapid growth of the older population in the United States combined with changing living arrangements, marital status, and employment, increases the importance of multi-generational ties for the well-being of families. The U.S. Census Bureau's earlier reports on grandparents living with grandchildren mostly focused on the background characteristics of all grandparents without classifying them by nativity. This study expands on the research by presenting data for both native- and foreign-born grandparents aged 60 and older who live with and provide care to their grandchildren under 18. Data for this study come from the 2013-2017 American Community Survey 5-year estimates. Among native-born grandparents living with grandchildren, the majority were females, aged 60-69, White alone, non-Hispanic or Latino, married, high school graduate or higher, had no disability, lived in a household that was owned, uninsured, not in labor force, and not in poverty. The foreign-born grandparents were similar in most characteristics except for race component and educational attainment. Key findings include: • Among total older population, 14.3 percent of the foreign-born lived with grandchildren, compared with 4.1 percent of the native-born. • Among co-resident grandparents, the native-born (36 percent) were more likely to be caregivers, compared with the foreign-born (14 percent). • The proportions of co-resident grandparents widely vary by race and Hispanic origin. • Among grandparent caregivers, over 50 percent had been responsible for grandchildren for 5 years or more, while 14 percent for less than a year. • Both native- and foreign-born grandparents show declining patterns of care-giving by age.

SESSION 1330 (POSTER)

DEPRESSION, ANXIETY, AND MENTAL HEALTH

INTRA-INDIVIDUAL PHYSICAL AND PSYCHOLOGICAL SYMPTOM VARIABILITY AND STRESS INFLUENCE ACTIVITIES OF DAILY LIVING

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Stress and symptomatology have been shown to have strong relationships to health outcomes in older adults. More specifically, perceived social stressors (PSS), whether related to disease, disability or demographics, is a contributor to health. Recently it was reported that intra-individual symptom variability (ISV) may predict poor health outcomes better than symptom severity in some chronic illnesses. Individual and combined influences of ISV and PSS on health behaviors are not fully described. Using a subset ($n = 518, 46.5\%$ men; mean age = 48.7) of MIDUS Refresher participants' 8 day daily diary data, we sought to determine the influences of physical and psychological ISV and PSS on independent and basic activities of daily living (iADLs, bADLs). The ISVs represent an average of day-to-day variation across each of the 22 physical and 27 psychological symptoms for each participant. Psychological ISV, physical ISV, PSS, and total number of chronic conditions were entered into two structural equation models as predictors for each ADL outcome ($p < .01$). The models depicted both direct and indirect influences of psychological ISV on ADLs (iADLs: $B = -.43, P < .001$; $B = .51, P < .001$ [through PSS]; bADLs: $B = -.45, P < .001$; $B = .51, P < .001$ [through PSS]). However, the influence of physical ISV on ADLs was indirect ($B = .22, P = .001$ [through PSS]). Individual-level influences of ISV and PSS on ADLs may better aide healthcare providers' identifying and intervening to disrupt poor health outcomes for those at risk.

DETERMINANTS OF DEPRESSION AMONG AGING LGBT IN TEXAS

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Introduction: Aging LGBT experience significant health disparities compared to their heterosexual counterparts. As a sexual minority, they have a high likelihood of acquiring physical and mental illnesses. Methods: This study investigated factors that are associated with reports of depression among LGBT. Data came from Project Gray Pride, a study of aging gay, lesbian, bisexual, and transgender men and women living in a metropolitan area in Texas ($N=126$). Linear regression analysis was used. Results: Results show a negative association between respondents who self-identified as cisgender female and depression compared to those who self-identified as transgender. However, social vigilance and reports of health symptoms positively correlate with depression. Additionally, the interaction term of gender and race showed that respondents who were non-Whites and female reported higher levels of depression relative to their counterparts who were White males or White transgender. Other factors such as HIV status, age, education were not statistically significant. Conclusion: This study shows that being socially vigilant increases depression among aging LGBT. Also, aging female LGBT who are non-White may have an increased burden of negative social experiences leading to high levels of depression. As the population of older LGBT is increasing, intervention efforts must take into account these important findings in order to devise sound policies and programs to improve mental health among LGBT.