Hopkins University, Baltimore, Maryland, United States, 3. Centers for Disease Control and Prevention, Atlanta, Georgia, United States, 4. Auburn University, Auburn, Alabama, United States

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 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

Nan Sook Park,[1] Yuri Jang,[2] Min-Kyoung Rhee,[2] David Chiriboga,[1] and Soondool Chung[3], *1. University of South Florida, Tampa, Florida, United States, 2. University of Southern California, Los Angeles, California, United States, 3. Ewha Womans University, Seoul, Korea, Republic of*

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

Jessica C. Robbins,[1] and Kimberly Seibel[1], *1. Wayne State University, Detroit, Michigan, United States*

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

Lan Doan,[1] Yumie Takata,[1] Karen Hooker,[1] Carolyn Mendez-Luck,[1] and Veronica L. Irvin[1], *1. Oregon State University, Corvallis, Oregon, United States*

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

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,[1] Hisako Matsuo,[1]
Jennifer Hale Gallardo,[2] and Lisa Willoughby[1], *1. Saint Louis University, St. Louis, Missouri, United States, 2. CINDRR-Gainsville, 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,[1] Megan Espana,[1] Sharvari Karandikar,[1] Njeri Kagotho,[1] Rupal Parekh,[2] and Shannon Jarrott[1], *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,[1] and Michin Hong[2], *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