

Obesity and multimorbidity are more prevalent among underrepresented U.S. racial/ethnic minority groups. Evaluating whether racial/ethnic disparities in multimorbidity accumulation vary according to body-mass index (BMI) may guide interventions aimed at reducing multimorbidity burden in vulnerable racial/ethnic groups. We used 1998-2014 data from the Health & Retirement Study (N=8,635 participants, age 51-55 years old at baseline) and negative binomial models stratified by BMI category to evaluate differences in rates of accumulation of seven chronic conditions (arthritis, cancer, diabetes, heart disease, hypertension, lung disease, and stroke), focusing on differences between racial/ethnic groups [White (reference; 64.7%), Black (21.5%), Hispanic (13.8%)]. Overweight and obesity were more prevalent in Black (80.9%) and Hispanic (78.6%) than White (69.9%) participants at baseline; in all BMI categories, Black participants had higher rates of multimorbidity compared with White participants (normal BMI: $\beta=0.304$ ,  $p<0.001$ ; overweight: $\beta=0.243$ ,  $p<0.001$ ; and obese: $\beta=0.135$ ,  $p=0.013$ ); initial burden of disease was similar between Whites and Hispanics in the normal and overweight categories, but significantly lower among Hispanics (vs. Whites) in the obese category ( $\beta= -0.180$ ,  $p=0.017$ ). We found no significant differences in rates of disease accumulation between the racial/ethnic groups in any of the BMI categories. There are substantial differences in initial disease burden between Black and White middle-aged/older adults, but not in the rate of accumulation of disease between the race/ethnic groups in the 3 main BMI categories. These findings suggest an opportunity to reduce racial disparities in multimorbidity by intervening early in the lifecourse to reduce the burden of chronic disease among vulnerable racial minorities prior to entering middle-age.

#### CHRONIC ILLNESSES AND FATIGUE IN OLDER INDIVIDUALS: A LITERATURE REVIEW

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In the United States, 60% of adults have one chronic disease and 40% have at least two chronic diseases. Fatigue is a commonly reported symptom in individuals with chronic illnesses, the prevalence of which ranges between 40-74%. It is associated with multiple risk factors and has a tremendous impact on quality of life, social functioning, mood, motivation and cognition. Despite its high prevalence, the relationship between fatigue and chronic illness has not been well explored. Accordingly, the focus of this synthesis of literature is to explore fatigue-associated factors and their relation to chronic disease. The databases searched were CINAHL, PubMed, PsychInfo and Web of Science, where the following keywords were used: "Chronic disease" OR "Chronic illness" OR "Chronic conditions", "Fatigue", "Elderly" OR "Older adults" OR "Seniors" OR "Geriatrics". The synthesis resulted in four themes: understanding the concept of fatigue, factors related to fatigue, activity and fatigue, and self-management of fatigue. There were some inconsistencies in the findings among research studies which were addressed, in addition to the strengths and weaknesses of some of the fatigue measurement scales used. This literature review integrates findings about fatigue in chronic illnesses in various

aspects, in the population of individuals who are of 65 age or older. The four emerged themes are of value to individuals with similar characteristics as the selected population, as well as to health care providers and researchers who may address the inconsistent findings and provide a strong evidence for best practice.

## SESSION 1400 (POSTER)

### SOCIAL DETERMINANTS OF HEALTH

#### DIMENSIONS OF SOCIAL SUPPORT AND ASSOCIATIONS WITH HEALTH AMONG OLDER ADULTS

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Social support is fundamental to human survival, and is significantly involved in the attainment and maintenance of good health and wellbeing. Previous studies have often considered social support as a singular, non-dimensional construct. While this is important and enlightening, the method of adding up individual aspects to create a singular, non-dimensional construct has produced little understanding of these aspects/dimensions of social support and their implications for health. This study examined three dimensions or types of social support-affective, confidant, and instrumental support-and their associations with physical and mental health in older adults. Data for this study were obtained from Utah Fertility, Longevity, and Aging (FLAG) study. Participants involved 325 older adults, aged 50 years or older. Results showed a significant, strong positive correlation between affective support and physical and mental health, and weak association between confidant support and physical and mental health. The correlation between instrumental support and physical and mental health was moderate. After controlling for the influence of socio-demographic variables, affective and instrumental support significantly predicted physical and mental health. Confidant support was not a significant predictor of either physical or mental health. The findings suggest both affective and instrumental support might be relatively more important to the health and mental wellbeing of older adults than confidant support, underscoring the relative importance older adults attach to quality rather than confidant support, which essentially is quantity of social ties.

#### GRANDPARENTAL CAREGIVING AND CO-RESIDENCE, SOCIOECONOMIC STATUS, AND MORTALITY IN RHODE ISLAND CITIES AND TOWNS

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Grandparents co-residing with their grandchildren is becoming increasingly more common, with over 1.5 million grandchildren living with their grandparents in the U.S. Furthermore, the number of grandparents who are primary caregivers for their grandchildren has also increased, which can negatively affect the grandparents' physical and mental health, and increase social isolation and financial burden. However, the associations between grandparental caregiving and health outcomes are not well understood on a population

level. Therefore, the purpose of this study was to assess associations between grandparental caregiving, socioeconomic status, and population health outcomes. Using mortality data (2009-2011) from the Rhode Island (RI) Department of Health and life table methods for each RI city/town, life expectancy at age 65 (LE65) and age-standardized mortality rates (ASMR) were calculated and linked to data from the American Community Survey on grandparental caregiving responsibilities, grandparental living arrangements (co-residence), poverty status, and demographics. Correlations and multivariable linear regression modeling were used to evaluate associations among LE65, ASMR, grandparental caregiving and co-residence, demographics, and poverty. Both LE65 ( $\rho=-0.382$ ,  $p=0.016$ ) and ASMR ( $\rho=0.327$ ,  $p=0.042$ ) were associated with the percent of grandparents living with grandchildren. The percent of grandparents as primary caregivers to their grandchildren was not significantly associated with LE65 or ASMR. ASMR was associated with the percent of grandparents living in poverty ( $\rho=0.401$ ,  $p=0.013$ ) and overall poverty ( $\rho=0.363$ ,  $p=0.023$ ). These results highlight conditions of community-based living and role of primary caregivers at an older age that should be further explored to improve the health of grandparents, particularly in multi-generational homes.

#### EARLY-LIFE MILITARY EXPOSURES AND HEALTH AMONG OLDER VETERANS: THE BUFFERING EFFECT OF PSYCHOLOGICAL RESILIENCE

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Objectives Drawing on the life course framework and theoretical concept of resilience, we examine the impact of early-life service-related exposures (SREs) on later-life functional impairment trajectories among older U.S. male veterans. We conceptualize resilience as a psychological resource potentially moderating the lasting negative consequences of traumatic military exposures. Method Using the 2013 Veterans Mail Survey linked to the Health and Retirement Study 2006–2014 Leave Behind Questionnaire and RAND Data File (v.N), we estimate latent growth curve models of functional impairment trajectories. Results SRE to death has a persistent positive effect on functional limitations and activities of daily living limitations. Psychological resilience significantly moderates this association, such that veterans maintaining higher levels of resilience in the face of adverse exposures have considerably less functional impairment over time compared to their counterparts with low levels of resilience. Discussion Our findings point to the importance of psychological resilience in later life, especially within the realm of traumas occurring in early life. We discuss implications for current military training programs, stressing the importance of research considering individual resources and processes that promote adaptation in the face of adverse life events.

#### METABOLIC SYNDROME AND LATE-LIFE DEPRESSION AMONG MEXICAN AMERICANS: THE ROLE OF NATIVITY

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Metabolic syndrome (MS) has been reported to predict depression. However, studies evaluating if there are differences by nativity status among Mexican Americans are scarce. This study aims to examine the association between metabolic syndrome and depression among Mexican-American older adults. We also evaluated the role of nativity, sociodemographic and health risk factors. We use three waves (2006-2013) from the Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE; N=1,542, mean age =83.45 in 2006). MS was defined according to the National Cholesterol Education Programme (NCEP-ATP III) using abdominal obesity, use of antihypertensive medication, and insulin. Depression was ascertained by self-report of a CES-D score greater than 16. We applied random-effect logistic regression models which accounted for inter-individual correlation and adjusted for age, sex, education, smoking, alcohol use, physical performance, and self-esteem. We also tested for interaction between MS and nativity. Approximately 30% of foreign-born and 22% of US-born reported depression. The prevalence of MS was higher in the Foreign-born when compare to the US-born (5.89% vs. 5.35%). In the total sample, MS was associated with a higher risk of depression (OR=4.34,  $p=0.007$ ). Foreign-born Mexican Americans were more likely to have depression (OR=1.70,  $p=0.002$ ) when compared to US-born; however, foreign-born with MS reported lower depression (OR=0.26,  $p=0.052$ ) after adjusting for potential confounders. Our finding adds to the concept of “metabolic depression,” and further highlights the importance of evaluating nativity to explain the differences in physical and psychological health among a sample of the Hispanic population at old age.

#### COHORT DIFFERENCES AND 4-YEAR CHANGE IN EVERYDAY DISCRIMINATION AMONG OLDER AMERICANS

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Experiences of everyday discrimination, such as being treated with less courtesy or respect, are associated with poorer mental and physical health in later life. Yet not much is known about cohort differences in experiences of everyday discrimination, nor how subjective reports of discrimination change over time among older adults. This study assessed cohort differences and 4-year change in everyday discrimination using data from the 2006 and 2010 waves of the Health and Retirement Study (HRS), a nationally-representative study of Americans 50+. In both waves, participants were asked about 5 possible experiences of everyday discrimination: for example, “In your day-to-day life, how often have any of the following things happened to you? You receive poorer service than other people at restaurants and stores” and could respond from 0=never to 5=almost every day. Average everyday discrimination was lower for older cohorts compared with younger cohorts in both 2006 and 2010. Paired-samples t-tests showed that average everyday discrimination declined significantly over the 4-year period. However, it is unclear if changes are due to period or age effects. Implications of these findings will be discussed.