

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