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Cross-sectional studies reveal the health burden of grandparent caregiving. Still, longitudinal, research is needed to understand how grandparent caregiving compromises grandparents' long-term health. Using three waves of data from the Midlife in the United States Study (MIDUS), we examined sociodemographic factors, health and well-being outcomes between caregiving (CG) and non-caregiving (NCG) grandparents. By wave 3, 12.8% (n = 234) were CG. CG were younger, more likely female, and had lower income and education. MANCOVA adjusted for age, gender, education, and number of children revealed CG reported poorer physical and emotional well-being (e.g. higher depression, anxiety, lower life satisfaction, greater morbidity); CG were consistently less healthy than NCG across all three waves. Lower income and less healthy older adults are more likely to become grandparents, and they remain less healthy over time. Policies and resources to assist grandparents, particularly low-income and vulnerable older adults who are caring for grandchildren, are needed.

#### A NATIONAL PROFILE OF FRAIL OLDER ADULTS WITH INSUFFICIENT CARE AND MISMATCHED SUPPORT

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Older adults differ widely both in the care they require and who they rely upon for care. We use data from the National Health and Aging Trends Study (2011; N=3,265; MAge [SD] = 77 [7.74] years, 62% women) to classify community-living older adults based on their care needs and the various informal and formal providers of care. We also examine the type of care they receive, predictors of this care, and its implications on their health. Older adults with a co-residing caregiver were more likely to report that their needs were not being met (OR = 1.67; 95% CI=1.15–2.42), compared to those who received informal care and paid support. Moreover, older adults who needed help with self-care activities, but received help with household activities were more likely to report unmet needs (OR = 1.55; 95% CI=1.13–2.12). Results are discussed in light of sociodemographic factors differences and mismatched support.

#### AGING-RELATED CHANGES IN MENTAL, PHYSICAL, AND COGNITIVE HEALTH: THE IMPACT OF THE RETIREMENT TRANSITION

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Retirement is an important transition in later life, associated with changes in social roles. It is unclear, however, whether the retirement transition modifies aging-related changes in mental, physical, and cognitive health. Using data from the Health and Retirement Study, we examined changes in depressive symptoms, self-rated health, and memory prior to, at, and after the retirement transition among 6,830 participants (Ages=50-97, 58% female) assessed biennially up to 10 times from 1992-2010. Preliminary results indicate a sudden and significant increase in depressive symptoms and

decreases in self-rated health and memory at the transition to retirement (ps<.05). These effects increased among individuals retiring at older ages (ps<.01). Further, aging-related increases in depressive symptomatology became faster after retirement (p<.01). Aging-related decreases in self-rated health and memory were unchanged by the transition. Discussion will focus on the contribution of transitions to understanding trajectories of mental, physical, and cognitive health in later life.

### SESSION 4040 (SYMPOSIUM)

#### HEALTH TRAJECTORIES OVER TIME IN THE ATHLOS PROJECT: FINDINGS FROM MULTIPLE COHORTS

Chair: Matthew Prina, *King's College London, London, United Kingdom*

The ATHLOS (Ageing Trajectories of Health: Longitudinal Opportunities and Synergies) project is a consortium of 15 partners across Europe who are working together to understand patterns of healthy ageing trajectories, and to seek the factors that determine those patterns, in a harmonised dataset of 17 international cohort studies of ageing. During this symposium we will be presenting some of the work that has recently been carried out within this project. The symposium will consist of four talks: the first talk will introduce the project, and describe the preliminary work that took place within the first few years of the project, and the challenges faced by the consortium. The second talk will focus on the harmonisation process and on the development of the health metric, an indicator used to measure healthy ageing in this project. The third talk will focus on inequalities in healthy ageing, specifically investigating the impact of education and wealth across cohorts. Finally, in the last talk we will describe the role of lifestyle behaviours (specifically physical activity, smoking and alcohol consumption) and their impact on healthy ageing trajectories.

#### AN INTRODUCTION TO THE ATHLOS PROJECT: AGEING TRAJECTORIES OF HEALTH: LONGITUDINAL OPPORTUNITIES AND SYNERGIES

Matthew Prina,<sup>1</sup> Demosthenes Panagiotakos,<sup>2</sup> Martin Prince,<sup>3</sup> Martin Bobak,<sup>4</sup> Warren Sanderson,<sup>5</sup> Serguei Scherbov,<sup>5</sup> Jose L. Ayuso-Mateos,<sup>6</sup> and Jose Maria Haro<sup>7</sup>, 1. *King's College London, London, United Kingdom*, 2. *Harokopio University, Athens, Attiki, Greece*, 3. *Global Health Institute, King's College London, London, England, United Kingdom*, 4. *Department of Epidemiology and Public Health, University College London, London, England, United Kingdom*, 5. *International Institute for Applied Systems Analysis, World Population Program, Wittgenstein Centre for Demography and Global Human Capital, Laxenburg, Niederosterreich, Austria*, 6. *Centro de Investigación Biomédica en Red de Salud Mental, Madrid, Madrid, Spain*, 7. *Parc Sanitari Sant Joan de Déu, Barcelona, Catalonia, Spain*

ATHLOS is a 5-year project, funded by the European Union's Horizon 2020 Research and Innovation Program. Its aim is to achieve a better understanding of healthy ageing, utilising longitudinal data from existing cohort studies. The measure of healthy ageing used within ATHLOS is based on