grandparents. Results indicated that perceived respect from the grandchild was found to have a moderating effect on the relation between generativity of custodial grandparents and life satisfaction. Results suggest that for those who perceive low levels of respect from their grandchildren, the more generativity they express, the lower their life satisfaction. For those who perceive higher levels of respect from their grandchildren, the more generativity they express, the higher their life satisfaction. These findings suggest that as attempts to be generative increase, life satisfaction fluctuates. This may in turn impact the likelihood of generative actions from the custodial grandparent.

ROLE CENTRALITY AND SHARED ACTIVITIES WITH GRANDCHILDREN: EFFECTS ON GRANDPARENT DEPRESSION
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Research shows that physical and mental health are closely linked (Ohrnberger, Fichera, & Sutton, 2017). Further, social role theory states that holding and enacting valued roles, such as grandparenting, can buffer the negative effects of health on depression (Reitzes & Mutran, 2004). Using data from 247 grandparents (Mean age = 66.5; range 42 to 90 years; 46.2% grandfathers), we examined the differences between 164 custodial and 83 traditional grandparents on whether grandparent role centrality and engagement with grandchildren altered the effects of physical health on depression. The multigroup moderated moderation model was significant (X2(DF=30, N = 247) = 1610.78, p < .001; R2 = .797). We examined whether the paths were moderated by custodial status. Among custodial grandparents, role centrality (β = .482**) and shared activities (β = .493**) were significant predictors of depressive symptomatology. Moreover, the interaction between physical health and activities (β = .488***) and between physical health and role centrality (β = .522***) also accounted for significant variance among custodial grandparents. Custodial grandparents in poorer health who valued the grandparent role and those in poorer health who engaged with their grandchildren experienced fewer depressive symptoms. No such patterns were observed for traditional grandparents. Although we had anticipated that the interaction between role centrality and engagement with grandchildren would predict depressive symptoms, the interaction did not reach significance. Results are discussed in terms of the need to examine the differences of family/social contexts in grandparent populations.

THE EFFECTS OF GRANDCHILD CARE ON MENTAL HEALTH AMONG CHINESE ELDERLY: THE MEDIATING EFFECTS OF SOCIAL NETWORKS
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Using the data of 2014 baseline survey of the China Longitudinal Aging Social Survey (CLASS), which provides a sample of older Chinese who had grandchild younger than 18 years old, this study examines the associations among grandchild care, social networks, and depressive symptoms among Chinese older adults. The older adults are divided into three groups basing on the frequency of their behaviors of taking care of grandchildren. The three groups are ‘no care, providing care occasionally, providing care frequently’. The mediating and moderating effects of social networks between grandchild care and depressive symptoms are tested. Results show that older adults who provide grandchild care report superior social networks and better mental health than those who don’t provide grandchild (reference group). After controlling the related variables, the older adults who provide grandchild occasionally benefit more than those who take care of grandchild frequently. Grandchild care is related to larger social networks, and the social networks are fully mediating the association between grandchild care and depressive symptoms.

THE IMPACT OF TAKING CARE OF GRANDCHILDREN ON HEALTH OUTCOMES IN JAPANESE COMMUNITY-DWELLING ELDERLY
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Taking care of grandchildren may provide health benefits to older adults due to keeping their social roles and feeling more generative; however, we have scarce knowledge of the relationships in Asian countries. This study addressed this question in older Japanese. The data was obtained from a two-year follow-up mail survey conducted in 2016 on 3,116 randomly selected older Japanese, aged 65-84 years, living in a metropolitan area. The main outcome was deterioration of health assessed by the Self-Rated Health (SRH), WHO-5, and Instrumental Activities of Daily Living (IADLs), defined as decline in 1 or more points obtained after 2 years of follow-up. The frequency of taking care of grandchildren was assessed as every day, 4-6 days per week, 1-3 days per week, 1-3 days per month, several days per month, and none. A multiple linear regression examined the impact of taking care of grandchildren as a predictor of protection of decline in SRH, WHO-5 and IADLs. The models were adjusted for confounding factors. Of 1,561 who responded to the follow-up survey, 959 people had grandchildren at baseline. The subjects had a mean age of 73.2±5.3 years, and mean scores of SRH:2.1±0.6; WHO-5:16.1±5.3, IADLs; 4.9±0.6 (higher scores represent higher evaluation). The higher frequency of taking care of grandchildren were longitudinally associated with less decline in SRH, WHO-5, and IADLs (standardized partial regression coefficient, β=0.090, p=0.013; β=-0.023, p=0.547; β=-0.107, p=0.008, respectively). In conclusion, taking care of grandchildren might be a protective factor of comprehensive and functional health deterioration.

THE ROLE OF INTERGENERATIONAL RELATIONSHIPS: APPLYING THE FAMILY STRESS MODEL TO GRANDFAMILIES
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The Family Stress Model (FSM) of Economic Hardship (Conger, Rueter, & Conger, 2000) was developed to explain the impact of financial stress on families through links between economic difficulties, parental emotional distress, marital conflict, disrupted parenting behaviors, and child maladjustment. The FSM has been cross validated in samples of custodial grandparents (i.e., grandparents who provide substantial care for their grandchildren; Smith et al., 2017). The current study modified the FSM by replacing inter-parent relationship difficulties with inter-generational relationship problems between the custodial grandparents and their children to ultimately examine the adjustment of the grandchildren. This change to the model is supported by prior research conducted on intergenerational stress impacting the parenting and subsequent development of children in grandfamilies (Barnett, Mills-Koonce, Gustafsson, & Cox, 2012). Using a nationwide sample of 317 custodial grandparents aged 40 and older (M = 61 yr) the fit of the modified model was tested using AMOS 26. Latent variables in the model included Economic Pressure, Caregiver Distress, Disrupted Parenting, Intergenerational Relationship, and Child Adjustment. Moderate fit was achieved (χ2(308) = 574.88; CFI = .896; RMSEA = .052). All pathways were significant with the exception of Disrupted Parenting to Child Adjustment. These results indicate that intergenerational relationships are an important predictor of child adjustment, and an applicable substitute for interpartner relationships when modeling family stress in custodial grandfamilies. Details and clinical implications will be discussed.

TOO MANY TREATS OR NOT ENOUGH TO EAT? THE IMPACT OF CUSTODIAL GRANDPARENTS ON FOOD SECURITY AND NUTRITION
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In the US, 28.5% of seniors are obese, with a BMI of 30 plus. The prevalence of obesity for children is also an alarming 17%, making it one of the primary public health burdens. According to the socio-ecological model, a child’s weight status can be influenced by factors related to parenting style, family, and the community. The literature reflects a significant emphasis focusing on children and their parents. However, according to the US Census, 7.5 million grandchildren are living with their grandparents, with about 1/3 of these residing in skipped-generation households. There are essential age-related differences in food preparation and eating behaviors between middle-aged and older grandparents and younger adult parents that may influence their children’s eating behaviors. Grandparents may provide a positive feeding environment, including role-modeling healthy food intake, teaching children about nutrition, and involving them in mealtimes and cooking, monitoring and encouraging children to eat nutritious foods, especially vegetables and regularly serving vegetables. However, grandparents have also reported providing energy-dense and nutrient-poor food and drinks used food as a reward or gift. The current study aims to investigate the influence of caregiver type (grandparents only, parents only, or multigenerational households) on children’s nutrition, food security, and BMI. One-way ANCOVAs controlling for SES found that grandparent-headed households had children with more deficient diet and higher BMIs, but also less food insecurity. These results indicate that age-related changes in caregiver type are an important predictor of children’s nutritional health. Details and clinical implications will be discussed.

SESSION 2944 (POSTER)

CAREGIVING I (BSS)

A SYSTEMATIC REVIEW OF INTERVENTIONS THAT REDUCE FAMILY AND FRIEND CAREGIVING TIME
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The decreasing number of family/friend caregivers available to help the rising number of older adults is creating a critical family care gap. For this reason, there is a growing need for interventions that reduce family/friend caregiving time. We systematically reviewed five electronic databases to identify randomized trials, case control, quasi-experimental, and cross-sectional studies that evaluated a modifiable intervention that could be targeted for interventions with care recipients 65+ and/or their family/friend caregivers and reported on an outcome of time spent caregiving. We excluded studies without a comparison, broadly defined. The initial search included 1,812 unique records. Following abstract and title screening 311 full-texts were reviewed. Fifty-five studies published between the years of 1990 and 2019 met inclusion criteria. Studies predominantly focused on care recipients with dementia (58%) and were largely conducted in western countries (91%). The categories of interventions reviewed included pharmaceuticals (25%), public long-term care financing (7%), case management (7%), case setting (16%), technology (7%), multi-component interventions (9%), skills building (15%), additional formal expertise/care (9%), and other (5%), with one study falling into multiple categories. Pharmaceuticals, case management, care setting, and multi-component interventions demonstrated promising evidence to reduce family/friend caregiving time. Methodologically, studies were inconsistent in measurement and ascertainment of caregiving time. Given the public health concerns of reduced availability of family/friend caregivers for older persons in the upcoming decades, caregiving interventions should consider measures of caregiving time as key outcomes.

CAREGIVER DEPRESSION, CHANGE IN THE SEVERITY OF NEUROPSYCHIATRIC SYMPTOMS, AND SUBSEQUENT CAREGIVER ABUSE
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