Exercise to Age in Place (LEAP) Study. LEAP enrollees participate in community-based classes that include Tai Chi, EnhanceFitness, Arthritis Exercise, and the Healthier Living Workshops. Nine LEAP participants attended a focus group at Cedars-Sinai Medical Group. The focus group included quantitative and qualitative questions in both a verbal discussion format and a written questionnaire that examined the effects of liaisons, social connections, and incurred changes as a result of participating in LEAP classes. Participants endorsed liaisons within the healthcare system, including physician referrals and communication with a community health coach, as aiding in their decision to participate in health classes. Participants cited positive changes in their physical states, such as increases mobility and decreases in pain, and positive psychological changes, such as increases in energy and socialization, post LEAP completion. Among the ideas and critiques noted by the focus group attendees was the desire to have LEAP classes become part of communities permanently, and to have longer exercise class session duration. These findings suggest that direct merging of liaisons within the healthcare system and community-based exercise programs for older individuals, such as those offered by LEAP, is an effective way to positively influence older patient outcomes both physiologically and psychologically. These results call for future research that focuses on how healthcare systems and community programs can work together to maximize positive patient outcomes for older individuals.

SESSION 4035 (SYMPOSIUM)

HEALTH IMPLICATIONS OF SOCIAL ROLES AND ROLE TRANSITIONS IN MIDLIFE AND LATER LIFE
Chair: Kelly E. Cichy, Kent State University, Kent, Ohio, United States
Co-Chair: Athena Koumoutzis, Kent State University, Kent, Ohio, United States

Demographic and social trends shape the timing, nature, and implications of social roles and transitions. With increased life expectancy and a changing world, expectations for work and retirement and the need for informal and formal caregiving continue to evolve. Families are also more heterogeneous and the population is becoming increasingly more racially/ethnically diverse. These changes underscore the need for research that focuses on the varied social roles individuals occupy in midlife and later adulthood and the implications of these roles for health and well-being. The current symposium features research that explores multiple roles, including romantic partner, grandparent, and employee/retiree, caregiver/care recipient while attending to individual differences in how these roles and transitions are associated with physical and mental health outcomes. Garcia, Donnelly, and Umberson utilize dyadic diary data from midlife men and women in gay, lesbian, and heterosexual marriages to consider how exposure and emotional reactivity to daily stress may differ across union types. Rickenbach and colleagues examine longitudinal changes in health and well-being associated with being a caregiving and non-caregiving grandparent. Cichy and Koumoutzis examine racial differences in the associations between providing care to a spouse/parent and daily health and well-being among African Americans and European Americans.

RACIAL DIFFERENCES IN THE DAILY EXPERIENCES OF AFRICAN AMERICANS AND EUROPEAN AMERICANS PROVIDING CARE
Kelly E. Cichy, and Athena Koumoutzis, 1. Kent State University, Kent, Ohio, United States

African Americans often report lower caregiver burden, however, few studies consider the broader daily context of African American caregivers’ lives. This study examines racial differences in the associations between providing care for a spouse or parent and daily health and well-being among African Americans and European Americans, including how other daily stressors moderate these associations. During eight days of interviews, respondents aged 34 to 84 years (N = 1,931) from the National Study of Daily Experiences (NSDE II) reported on their daily stressors, negative affect (NA), physical symptoms, and whether or not they provided support to a spouse or parent with a disability. Controlling for demographics, on caregiving days, NA was higher than on non-caregiving days (p < .05) for all respondents. On caregiving days with no work stressors, African Americans only reported more physical symptoms than on caregiving days with work stressors (p < .05). Implications will be discussed.

EXPOSURE AND EMOTIONAL REACTIVITY TO DAILY STRESS IN SAME-SEX AND DIFFERENT-SEX MARRIAGES
Michael Garcia, Rachel Donnelly, and Debra Umberson, 1. Population Research Center, Austin, Texas, United States, 2. Population Research Center, The University of Texas at Austin, Austin, Texas, United States

Recent work exploring links between stress processes and well-being within marriage suggest that women may be at an increased risk for exposure and emotional reactivity to daily stress. However, studies have focused primarily on heterosexual couples, raising questions concerning whether and how these gendered patterns might unfold differently for men and women in same-sex marriages. In the present study, we analyze 10 days of dyadic diary data from 756 midlife men and women in 378 gay, lesbian, and heterosexual marriages to consider how exposure and emotional reactivity to daily stress may differ across union types. We find that women are exposed to more daily stressors than men and that this exposure is especially detrimental to the well-being of women in different-sex marriages. These findings highlight the need to include same-sex couples when exploring gendered linkages between daily stress processes and well-being within marriage.

LONG-TERM COSTS OF GRANDPARENT CAREGIVING: RESULTS FROM THREE WAVES OF THE MIDLIFE IN THE UNITED STATES STUDY (MIDUS)
Elizabeth Rickenbach, Elizabeth H. Rickenbach, Chih-Chien Huang, Jessica Y. Allen, and Kelly E. Cichy,
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

Jyoti Savla,1 Karen A. Roberto,1 and Laura Sands1, 1. Virginia Tech, Blacksburg, Virginia, United States

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 and care 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

Robert S. Stawski,1 and Kelly D. Chandler1, 1. Oregon State University, Corvallis, Oregon, United States

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 (p<.05). These effects increased among individuals retiring at older ages (p<.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,1 Demosthenes Panagiotakos,2 Martin Prince,3 Martin Bobak,4 Warren Sanderson,5 Serguei Scherbov,3 Jose L. Ayuso-Mateos,6 and Jose Maria Haro2, 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