The influence of grandparents, in the context of adverse childhood experiences (ACEs), is largely understudied. With strong kinship in Asian families, grandparents may provide a crucial resource to their grandchildren; not limited to those living together, but having close emotional proximity. This qualitative study used secondary analysis to explore the roles of grandparents, upon reflection of participants’ childhood adversities. Semi-structured interviews were conducted with 19 emerging adults, between 18 and 24 years old in Hong Kong, China. Participants were eligible if they: (1) reported at least one ACE, namely, abuse (physical, emotional, sexual), neglect (physical, emotional), witnessing domestic violence, or a dysfunctional household (due to parental divorce/death, household member substance use, incarceration, mental illness); and (2) described their interactions with grandparents during the interviews. Participants were asked to think of a challenging time during their childhood, and strategies they used to overcome them. All interviews were audio-recorded and transcribed verbatim. Data regarding the interactions with grandparents were coded and analyzed by four researchers following interpretive description. Preliminary findings described four primary roles grandparents played in the context of ACEs, which were sometimes positive and/or negative. Grandparents were portrayed as being unique persons in participants’ lives that influenced how they faced their childhood adversities. We will discuss how grandparents’ stewardship may significantly shape cultural patterns of how families cope with ACEs. In particular, our findings, examined against literature, will discuss how grandparents may enhance resilience of young people with ACEs.

GRANDPARENTING CHILDREN WITH DISABILITIES AND ITS IMPACT ON GRANDPARENT HEALTH

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Across the US, millions of grandparents are providing vital care for their grandchildren with disabilities when their adult children are in need of assistance and public programs do not provide needed supports. Research suggests the impact on grandparent physical health is mixed. This paper draws on in-depth interviews with 50 grandparents to explore how caring for grandchildren with disabilities shapes their physical wellbeing. We use life course perspective to assess the choices grandparents make from available resources and options at different stages of their lives and the effects on their health. We find in addition to providing routine care, helping with feeding, bathing, and dressing, some grandparents provide constant supervision and medically intense care, such as tending to feeding tubes, catheters, and oxygen lines. Many grandparents said care work has improved, or at least helped sustain, their overall level of fitness, while other grandparents find that care work has adverse impacts. Often there is too much chasing, bending, and lifting for their aging bodies. This paper suggests that stronger social programs for children with disabilities and the grandparents who step in to help them would decrease the negative effects of care work on grandparent health.

GRANDPARENTS’ ROLES IN THE CONTEXT OF ADVERSE CHILDHOOD EXPERIENCES: THE VOICES OF EMERGING ADULTS

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This presentation summarizes a qualitative analysis from focus groups with African American, urban dwelling grandmothers raising grandchildren in parent-absent households. Nutritional needs of custodial grandparents are an underexplored area of research. Previous studies on custodial grandparents have acknowledged the physical, social, and familial burdens they endure as caregivers of their grandchildren. Limited financial support is a consistent concern. One manifestation of having scarce monetary resources is not being able to meet daily nutritional requirements. As a result, adverse health outcomes related to the onset of diet-related diseases (e.g., obesity, hypertension, diabetes) are too common, especially for custodial grandparents of color. The present study qualitatively explores grandmothers’ (N=9) experiences and ideas about food choices/options, decisions about when and where to purchase food, and the involvement of grandchildren in food-related practices and traditions. Grandparent participants were recruited from a community-based intervention, a program that provides health and social support services to grandparents raising grandchildren in Atlanta. Each of the focus groups consisted of 4-6 custodial grandmothers, facilitated by a doctoral-level community nutritionist. The major themes summarized from the qualitative group interviews were framed within a feminist/race theoretical context. Dominant themes from the focus group
encounters include traditional gender roles related to food purchase and preparation, prioritizing food options to meet family preferences, available/accessible urban-based food options, food knowledge deficits, and sustaining cultural identity and nutritional health. Findings suggest implications for food and health policy, community-level programming, and nutrition education interventions.

PARENTAL ABSENCE AND GRANDPARENT CAREGIVING IN THE WAKE OF THE CONTEMPORARY AMERICAN OPIOID EPIDEMIC

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The contemporary American drug overdose epidemic has wreaked havoc on individuals, families, and communities across the country. As increasing numbers of middle-aged adults become addicted to or die from drugs, grandparents may be called upon to provide care for their grandchildren. However, few studies examine the broader social impacts of the drug overdose epidemic. This paper fills this gap in the literature by examining whether the opioid epidemic has contributed to increased grandparental care provision and co-residence. I use data from the 2000 Census and the 2011-2015 American Community Surveys, and data on drug overdose mortality (a measure of the epidemic’s severity) and socioeconomic indicators. I find consistent and robust associations between increases in drug overdose mortality and increases in: children’s likelihood of experiencing parental absence from the household, grandparent-grandchild co-residence, and grandparental provision of custodial care. Fixed-effect estimates correspond to an additional 158,138 grandparents co-residing with grandchildren, and a 3% increase in the proportion of co-resident grandparents who are primarily responsible for their grandchildren. These associations are stronger among younger (aged 30-64) versus older (aged 65+) grandparents. This paper leverages multiple measures and nationally-representative data to demonstrate that increases in precarious family arrangements, vulnerability, and the burden of caregiving among older adults are occurring in response to the opioid epidemic. These findings suggest that the epidemic is placing considerable and unexpected strains on older adults’ financial and emotional resources at a time when they themselves may be requiring care, retiring from the labor force, and experiencing declines in health.

SESSION 3250 (PAPER)

SOCIOEMOTIONAL HEALTH AMONG ASIAN COMMUNITIES

CORRELATES OF LONELINESS AMONG OLDER ASIAN IMMIGRANTS: A SYSTEMATIC REVIEW

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Loneliness is a prevalent social concern among older adults, which calls for attention as a condition itself and its influence on mental and physical conditions. However, limited efforts have been made to understand loneliness, particularly among immigrant older adults. Guided by the ecological perspective, the present study contributes to the literature by providing a systematic review of the prevalence and individual-, household-, and community-level correlates of loneliness among Asian older immigrants, one of the fast-growing immigrant population. Following the PRISMA guideline, we systematically searched eight electronic databases to identify relevant empirical research articles. Of the 828 articles identified, ten articles met the inclusion criteria. Majority of these articles focused on older Chinese and Korean immigrants. On the individual level, migration grief, longer length of residence, and weaker ethnic attachment were linked to higher level of loneliness, indicating that immigration can be a challenging experience for later life well-being of Asian older adults. Other identified correlates include mental and functional impairment and worsening health changes. On the household level, while living alone was a commonly identified correlate of loneliness, those who live with family also reported loneliness when they have fewer interactions with their family members. On the community-level, smaller social network and lack of social support and interactions were correlates of loneliness. The findings of the present study are helpful for identifying older Asian immigrants who may be at risk of loneliness and implicates that the efforts to mitigate the loneliness need to be made at various ecological levels.

FAMILY COHESION MODERATES THE RELATIONSHIP BETWEEN ACCULTURATION AND HEALTH AMONG OLDER CHINESE AMERICANS

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Migration and resettlement are major life events that affect immigrants’ functioning and health status. Previous research has well-established the influence of acculturation and family cohesion on Chinese Americans’ mental health and health behavior; however, the moderation effect of family cohesion on the relationship between acculturation and self-rated health – a robust measure of an individual’s general health – has not been examined among this population. The purpose of this study is to examine the association between family cohesion, acculturation, and self-rated health among older Chinese Americans. Data came from a survey of 385 Chinese Americans aged 55 and older living in a large metropolitan area in Southwest America through face-to-face interviews. We used logistic regression to examine the association between acculturation, family cohesion, and self-reported health. In general, acculturation was significantly associated with higher odds of reporting excellent or good health after adjusting for demographic and psychosocial covariates; however, the association between acculturation and self-reported health differed by family cohesion. We found that acculturation was positively associated with self-reported health only among those with medium or high family cohesion, but not among those with low family cohesion. Findings highlighted the significance of involving family members and strengthening family support for providing acculturation services,