older (50+) Asian Americans. Logistic regression analyses were conducted to understand the association between spousal age differences and individual background, including gender, ethnicity, socioeconomic status, generation, and marriage types. Of the 3,342 men, 20% were married to wives at least 6 years younger and 2% were married to wives at least 6 years older. Men who were Japanese or had inter-ethnical marriages were more likely to marry women at least 6 years older. Men who were Indian, Vietnamese, or having an inter-racial marriage were more likely to marry women at least 6 years younger. Of the 3,722 women, 3% were married to husbands at least six years younger and 19% were married to husbands at least six years older. Women who were Indian or Vietnamese were more likely to marry men at least six years older. Women who had a high school diploma or were third-plus generation were more likely to marry men at least 6 years younger. The findings reflect the complexity of Asian senior marriage and provide insight for policymakers to design new or improved social integration programs for senior immigrants.

BARRIERS THAT CONTRIBUTE TO THE DIGITAL DIVIDE AMONG OLDER COMMUNITY DWELLING ADULTS IN LATER LIFE
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Research demonstrates that race and health literacy contribute to the digital divide, which is a major public health concern for older adults in the U.S. However, we still lack information about what types of barriers older adults have through a comprehensive examination using population-based data. This study focuses specifically on barriers to technology use among older adults. We use data from the Health and Retirement study 2012 Module “Technology Use: Barriers and Benefits” (N = 1,416). About 42% of participants did not use any technology (e.g., emails, social media, smart phone) (n = 501). The mean age for this non-user group was 72 years old (SD 10.3). 13% were foreign born, over half were female (56%), and the majority were somewhat educated (72% with a high school education or lower). About 23% of non-users were self-reported black, 16% Hispanic, 3% other race, and 58% non-Hispanic white. Barriers for adopting the use of technology included too difficult to keep up with the changes in technology (78%), too complicated (69%), not interested (65%), too much time required to learn (53%), too hard to learn (52%), expensive (43%), not easily available (24%), and opposed to using new technologies (27%). Results suggest that barriers were significantly correlated with more depressive symptoms among older adults who did not use technology. Compared to users, non-users were also more likely to have health conditions (e.g., hypertension, diabetes, lung disease, stroke, and arthritis). Findings of this study provide directions to address digital divide among older adults.

DOES LEVEL OF EQUALITY IN STATE OF RESIDENCE RELATE TO LGBT HEALTH? AN ANALYSIS OF ADULTS AGED 50+ YEARS FROM 34 US STATES
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Lesbian, gay, bisexual, and transgender (LGBT) health disparities have been well documented in previous research. This study examined whether the level of equality in state of residence (high, medium, fair, poor, or negative), determined by tallied LGBT-related laws and policies, was associated with health outcomes for LGBT adults. This study consisted of 3486 LGB and 959 transgender adults ages 50+ as well as 1:1 propensity matched heterosexual and cisgender participants from the 2018 and 2019 Behavioral Risk Factor Surveillance System (BRFSS) surveys. Separate logistic regression analyses for the LGB, transgender, heterosexual, and cisgender groups were conducted to assess health differences by state equality ranking. Results indicated that LGB participants in fair ranked states were more likely to report fair/poor general health (aOR=1.4, 95% CI=1.1-1.8) and 14 or more days of poor mental health in the past 30 days (aOR=1.4, 95% CI=1.1-1.9) compared to LGB in high ranked states. LGB participants in a low or negative ranked state were more likely to report fair/poor health (aOR=1.6, 95% CI=1.3-2.0), 14 days or more of poor physical health (aOR=1.5, 95% CI=1.1-1.8), and 14 or more days of poor mental health (aOR=1.3, 95% CI=1.0-1.7) in the past 30 days. Transgender participants in medium and low/ negative ranked states were more likely to report fair/poor health (lowest aOR=1.75, 95% CI=1.3-2.5) compared to transgender individuals in high equality states. Similar results were not found for the matched heterosexual and cisgender groups. These results suggest that LGBT-related laws and policies may play a role in LGBT health.

EVALUATING THE ECONOMIC IMPACT OF MARRIAGE VERSUS COHABITATION IN SAME-SEX COUPLES AGE 50+
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Utilizing the first set of 5-year American Community Survey data available since the United States’ legalization of same-sex marriage in mid-2015, this poster investigates the economic security of older adults (age 50+) in same-sex marriages compared to those in same-sex partnerships who are cohabiting but not married. Viewed through the lens of cumulative disadvantage theory, we consider differences in the economic circumstances of same-sex couples by gender and by geographic location. Findings point to gender differences in the economic circumstances of same-sex couples by gender and by geographic location. Findings point to gender differences in economic well-being, but relatively few differences based on marital status. For example, rates of low income are somewhat higher among female couples than among their male counterparts, but marital status differences are not substantial. These findings suggest that the benefits of being married that have long been recognized among older adults may not extend equally to same-sex couples. Findings are discussed with respect to the emerging salience of marriage within the LGBTQ older community, future research opportunities, and important policy implications.

THE RELATIONSHIP BETWEEN SOCIAL ISOLATION AND SENSE OF COMMUNITY AMONG OLDER ADULTS IN PUERTO RICO
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