Self-rated health is a predictor of health. Men with low self-rated health, and diabetes or psychological distress have an increased risk of mortality. This study assessed the relationships of diabetes, depressive symptoms, and physical activity with self-rated health.

Investigators used 2009 – 2010 NHANES data (survey measures of demographics, physical activity, mental and physical health, and perceived health) and participants were 45 years and older. Covariate-adjusted multiple linear regression was used to assess associations of self-rated health, diabetes, depressive symptoms, and physical activity.

Mean age (n=270) was 60.17 ± 9.36 years. Thirty percent (n=81) had low self-rated health and 27% had diabetes. Fewer days of vigorous recreational activities, reporting high levels of depressive symptoms, and diabetes were each associated with lower levels of self-rated health, p’s < .05.

Findings suggest the importance of interventions that target diabetes, depressive symptoms, and physical inactivity to improve self-rated health among this subset of men.

**DIABETES EDUCATION AND INTERGENERATIONAL TECHNOLOGY TRANSFER**


We will describe how the implementation of an intergenerational diabetes and technology knowledge transfer program, developed from a proven intervention for HIV/AIDS, resulted in: 1) increased health literacy and self-efficacy for diabetes self-management (DSM), and 2) intergenerational technology knowledge transfer to support DSM. There are 2 groups of participants: 1) African Americans aged 65 or older diagnosed with type 2 diabetes and, 2) adolescents aged 18 – 25 connected to the diabetic participants via family or social-relationships. The 2 project sites were located in Flint and Detroit, Michigan.

We describe the current level of digital knowledge, technology readiness, and self-efficacy for African Americans aged 65 or older, and the impact adolescents have on African American elders’ perceptions of relevance, knowledge, and self-efficacy concerning digital skills, access, and resources that can support DSM. We target a very important research problem, addressing health disparities by enhancing DSM skills via intergenerational technology transfer.

**CULTIVATING LIFE IN A REVITALIZING CITY: GARDENS AND HEALTH AMONG OLDER AFRICAN AMERICANS IN DETROIT**

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Gardening can promote physical, social, and emotional wellbeing for older adults in varied circumstances. Additionally, connections to place are important for wellbeing in later life, but can be threatened by transformations in the built environment. Several direct pathways from gardening to health may exist. Gardens can improve nutrition, bolster a sense of wellness, create and strengthen social connections, and transform urban landscapes. In contexts of urban structural inequality like Detroit, gardens have potential to transform bodies, persons, communities, cities, and broader polities. Indeed, gardening can be a medium for enacting self-efficacy and empowerment for African Americans. However, research has not yet focused on 1) the late-life-specific dimensions of urban gardening, or 2) how historical and political dimensions of place contribute to wellbeing in late life. In this presentation I will report on preliminary findings from an ethnographic pilot study of gardening among older African Americans in Detroit.

**MEN LACKING A CAREGIVER HAVE GREATER RISK OF LONG-TERM NURSING HOME PLACEMENT AFTER STROKE**

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It remains unclear whether racial differences in caregiving predicts nursing home placement (NHP). Within the REasons for Geographic and Racial Disparities in Stroke (REGARDS) Study linked to Medicare claims, caregiver availability was measured by asking, “If you had a serious illness or became disabled, do you have someone who would be able to provide care for you on an on-going basis?” NHP was determined using a validated algorithm and risk estimated using adjusted Cox regression. Among 703 beneficiaries (43% black) with stroke from 2004–2012, NHP occurred for 16%. Lacking a caregiver affected 28% with NHP, resulting in a 1.7 hazard ratio (HR) (95% CI 1.1–2.6). Low-income and lacking caregivers had greater risk, HR 2.8 (95% CI 1.4–5.5). Blacks were twice as likely low income (38% vs 17%, p<.0001). Caregivers and income are jointly important factors of NHP contributing to care disparities between blacks and whites.