Despite the benefits of social support on the well-being of Black men across the life course, scholars are more closely examining the potentially negative outcomes associated with social networks. As one social support system, the Black church frequently serves middle and old age Black men who identify as religiously involved. Yet, higher levels of religious involvement have also been associated with more church-related negative interactions. The present study utilizes a grounded theory approach to examine the negative interactions of religious middle and old age Black men. A semi-structured interview protocol is used to gather data from 35 Black men between the ages of 45 and 76. Analyses reveal that church-related negative interactions broadly fall within the following themes: (1) Ageism Within Intergenerational Churches, (2) People are Messy, and (3) Issues with Leadership. Since negative interactions can be more detrimental than social support is beneficial, health-related implications are discussed.

**RACE DIFFERENCES IN ALLOSTATIC LOAD AMONG BLACK AND WHITE MEN: DOES AGE MATTER?**

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Although Black-White disparities in health and mortality among men persist, there has been a paucity of work focusing on race differences in physiological dysregulation of biological processes resulting from the cumulative impact of stressors among men. The purpose of this study was to assess potential race differences in Allostatic Load (AL) among adult men and if such differences varied by age. Data were drawn from the 1999-2016 NHANES and the study population included 21,529 non-Hispanic Black (NHB) and 34,282 Non-Hispanic White (NHW) born in US. Adjusting for potential confounders, NHB men 25-44 and 45-64 had a higher AL score (OR = 1.19, 95% confidence interval (CI) 1.00, 1.42) and (OR = 1.14, 95% confidence interval (CI) 1.02, 1.28) NHW men. No race differences with respect to AL score were observed among the other age groups. The results suggest that age plays a role in race differences in AL.

**RELIGIOUS SERVICE ATTENDANCE, ALLOSTATIC LOAD, AND MORTALITY AMONG BLACK MEN**

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Black men experience high levels of social and psychological stress and religion has been a coping strategy. The purpose of this study was to examine the association between religious service attendance and mortality among Black men. Data were drawn from the NHANES III (1988-1994) sample linked to the 2015 public use Mortality File. The analytic sample (n=2300) was restricted to Black men. All-cause mortality was the primary outcome and religious service attendance was the primary independent variable. Findings from Cox proportional hazards models indicated participants who attended at least once per week were 18% less likely to die than their peers who did not attend a religious service at all (fully adjusted HR 0.82; CI 0.68-0.99). The robust association between religious service attendance and mortality among Black men suggest that prospective studies are needed to further examine the influence of religion on health among this population.

**Session 3645 (Symposium)**

**SOCIAL DETERMINATES OF HEALTH AMONG OLDER ADULTS LIVING WITH HIV/AIDS**

Chair: Erin Robinson
Co-Chair: Tonya Taylor
Discussant: Charles Emlet

In the United States (U.S.), people aged 55 years and older make up 36% of people living with HIV/AIDS (PLWHA). Nearly 20% of new HIV infections occur among people aged 50+. While medical breakthroughs in HIV treatment have allowed PLWHA to live longer, healthier lives, structural conditions still exist that affect health outcomes of older adults living with HIV/AIDS (OALWHA). These conditions continue to disproportionately burden OALWHA, particularly older adults of color. Therefore, a greater understanding of the social determinates of health (SDH) is essential to continue making progress in HIV treatment, maintenance, and prevention. The U.S. Centers for Disease Control and Prevention (CDC) has highlighted several SDH among OALWHA, including: poverty, education, income, employment status, health insurance coverage, and housing. This symposium will highlight emerging research that examines several of these indicators among OALWHA. Using a variety of research methodologies, the five abstracts included in this symposium aim to address: 1) psychosocial risk factors of quality of life; 2) life instability and mental health; 3) institutional barriers and facilitators of successful aging; 4) determinants of engaging in advance care planning; and 5) a needs assessment of OALWHA, with particular emphasis on SDH. Results from this research identify several priority areas (such as housing instability, mental health, food insecurity, and isolation) for healthcare leaders to consider in targeting future policy, programming, and funding. Future initiatives are essential to help continue the progress in HIV/AIDS treatment and prevention, including addressing SDH among the aging population living with HIV/AIDS.

**PSYCHOSOCIAL RISK FACTORS OF QUALITY OF LIFE OUTCOMES AMONG OLDER ADULTS LIVING WITH HIV**

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Antiretroviral therapy, higher education, and HIV disclosure have been linked to improved quality of life (QoL) among people living with HIV. However, research examining psychosocial risk factors of QoL among older adults living with HIV (OALH) is lacking. Therefore, the main aim of this study was to examine the psychosocial risk factors of QoL among OALH. Data were obtained from 156 adults aged 50 and older living with HIV in South Carolina. Multivariable regression models adjusting for sociodemographic characteristics were used to determine the association between psychosocial risk factors and QoL domains among OALH. Stigma was associated with the physical (β=0.058, p=0.023), social (β=-0.149, p=0.006), and spiritual (β=0.124, p=0.001) domains. Resilience was associated with the psychological (β=0.206, p<0.001), independence (β=0.100, p=0.010), social (β=0.166, p=0.004), and environmental (β=0.312 p<0.001) domains. Depression and experiencing trauma were also associated with varying QoL domains. Findings may inform interventions geared towards improving QoL among OALH.

EXPLORING LIFE INSTABILITY'S RELATIONSHIP TO THE MENTAL HEALTH OF OLDER ADULTS WITH HIV

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The study is one of the first to examine both the prevalence of life instability among older adults with HIV (OAWH) in a community clinic and its relationship to their mental health. OAWH (N=623) from a community medical clinic completed an interviewer-administered assessment (English/Spanish) which included an additive Life Instability Index (LII) composed of indicators at the individual (e.g. education, housing instability, employment status) and community (e.g. poverty, transportation) levels. Participants were a mean age of 60 years (SD = 5.90) with the majority identifying as Black-non-Hispanic (65.9%), cisgender male (60.8%), and heterosexual (80.6%). Participants reported an average of 6.08 destabilizing factors (SD = 1.44). In multiple linear regression analyses LII was significantly related to increased substance use among participants (β = 0.08, p < 0.01), but not with anxiety or depression. An LII is an innovative approach to assess the relationship between OAWH's mental health and social determinants of health.

PERCEPTIONS OF SOCIAL DETERMINANTS OF SUCCESSFUL AGING AMONG OLDER MEN LIVING WITH HIV

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The overall purpose of this qualitative study was to examine barriers and facilitators of successful aging among older men living with HIV (OMLH). Participants were recruited through HIV Neurobehavioral Research Program at the University of California, San Diego. Our sample included 14 OMLH: average age - 62 years old (range: 53 to 72), 79% white, 43% living alone, 79% men who have sex with men, 57% having college education or higher. Semi-structured interviews lasted from 43 to 114 minutes and were fully transcribed. Several themes emerged related to perceived barriers to successful aging stemming from social institutions: i.e., age discrimination and ageism, sexual and HIV-related stigma, social isolation, lack of resources, and food insecurity. Perceived institutional solutions promoting successful aging included mixed-age/inter-generational support groups, computer literacy training, health education, information and resources related to healthy lifestyle on a limited budget, and increased transparency of resources available to older adults.

BARRIERS AND FACILITATORS TO ADVANCE CARE PANNING AMONG VETERANS AGING WITH HIV

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Advance care planning (ACP) and hospice services are underutilized by patients living with HIV (PWH). Little is known about how older PWH approach ACP; the purpose of this qualitative study was to understand barriers and facilitators to ACP within the context of the patient-clinician relationship. Data are from a larger multimethod study designed to understand social determinants of health (SDH) that shape the lives and healthcare experiences of veterans aging with HIV. The sample includes 25 veterans from the Veterans Aging Cohort Study (VACS) recruited from an urban VA medical center. Semi-structured interviews were performed and analyzed using thematic analysis. Less than half of participants reported engaging in ACP. Key barriers to ACP include: fragile social ties, distrust of the healthcare system, and fear of disclosure and discrimination. We offer several recommendations for clinicians to engage in these conversations successfully and highlight the importance of considering SDH when designing interventions.

SOCIAL DETERMINANTS OF HEALTH AMONG THOSE WITH AND WITHOUT HIV INFECTION IN NYC, THE EPICENTER OF THE U.S. CRISIS

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The COVID-19 pandemic in NYC, the epicenter of the US crisis, revealed indisputable evidence that social determinants of health (SDoH, e.g., racism, crowded housing, employment risks) and disparities in comorbid health risk factors produce higher burdens of disease and death among racial and ethnic populations. We conducted a needs assessment of SDoH