AGE DIFFERENCES IN ENGAGEMENT IN HONG KONG ANTI-EXTRADITION BILL PROTEST: THE ROLE OF SELF-RELEVANCE

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Older adults were found to be less involved in non-institutional political actions than younger people did, and our previous work found that self-relevance mediated this age difference. In this study, we attempted to replicate the finding in a real-life social movement. We recruited 1037 participants (aged 18-84) during the anti-extradition bill movement in Hong Kong in September 2019. They responded to questions of how relevant and important the movement was to them, and whether they had taken part in a list of 8 political actions (e.g., signing petitions, joining rallies). Older adults indeed participated less in the movement compared with younger adults, and the age difference could partly be attributed to a lower perceived relevance of the movement. The findings suggested emphasizing on self-relevance as a potential way to promote political participation in older adults.

AN EMPIRICAL ANALYSIS OF THE DETERMINANTS OF MORTALITY RISKS OF CHINESE CENTENARIANS IN THE ERA OF LONGEVITY

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With the rapid socioeconomic development and the increasing average life expectancy, China has shifted into an era of longevity. One significant feature of this era is the increasing size of Chinese centenarians and their health status are attracting increasing attention from academic communities. By using Chinese Longitudinal Healthy Longevity Survey (CLHLS), this paper employs Cox model to pinpoint the key influencing factors of mortality risk of Chinese centenarians. Our findings turn out that compared with the other elderly population, the mortality-risk determinants among centenarians are unique. The most important risk of the latter comes from their objective health status. The worse the health situation, the higher mortality risk is. Meanwhile, this rate is less affected by social and economic conditions. However, gender and smoking habit all play parts in the mortality risk of centenarians. This study comprehensively understands the key factors of the mortality risk of Chinese centenarians, which is of great significance for reducing centenarians’ mortality risks and enhancing their health and well-beings.

CAREGIVERS’ BELIEFS AND STRESS AMONG RURAL AND URBAN AFRICAN AMERICAN CHRONICALLY ILL CAREGIVERS

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Introduction: African American women bear a disproportionate burden of chronic disease and disability compared to non-Hispanic whites, particularly rural African American women. The number of African American women providing informal care is increasing, and constant stress among caregivers produces long-term effects among middle-aged and older individuals. The objective of this study was to examine the relationship between stressors and attitudes of caregiving among chronically-ill African American rural and urban women. Methods: The sample included 519 rural and urban African American female caregivers (M = 53.8 years; SD = 15.05), with at least one chronic condition, participated in the Black Rural and Urban Caregivers Mental Health and Functioning Study. Descriptive statistics, Pearson correlation, and hierarchical linear regression analyses were performed among rural women with chronic conditions (N=265) and urban women with chronic conditions (N=254). Results: The number of chronic diseases was the most significant predictors, explaining 16% of stress, followed by caregiver beliefs, socio-demographic factors, and caregiving related factors (F = 21.50, p < 0.01). Discussion: The findings from this study can provide rural health care providers and rural health educators with a basis to assess potential support and disease management programs among chronically-ill caregivers.

FACTORS AFFECTING SUBJECTIVE WELL-BEING AMONG OLDER ADULTS IN INDIA

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India has a rapidly expanding aging population whose unique mental health needs remain largely unexplored. Existent preliminary data however, show a significant association between life satisfaction and depressive symptoms within this population. Yet, little is known regarding the specific social and behavioral factors that may influence this relationship. Using data from the Longitudinal Aging Study in India (LASI) Pilot survey, the current study aimed to examine demographic and psychosocial factors associated with life satisfaction and subjective well-being among older adults 45+ years of age in the Indian states of Punjab, Rajasthan, Kerala and Karnataka. Results from the multivariate analyses indicated that age, household resources, neighborhood safety, religion, literacy status and participation in social activities are significantly associated with life satisfaction. Belonging to a southern state (β=.156; p<0.001), being financial provider status (β=.073; p<0.001) and not being a care provider (β=.105; p<0.01) were significant predictors of greater life satisfaction. These findings are consistent with previous exploration of state level disparities regarding accessible resources and quality of life, and similarly the need to better understand the role of financial difficulties and caregiving burden among this population. These findings suggest the need to use qualitative assessment that explores the role of additional factors such as social engagement and perceived neighborhood support have on this population’s subjective well-being; thereby shaping public policy, focus resources, and form the foundation of intervention programs.

GENDER, RACE, AND IMMIGRANT STATUS: INTERSECTING IMPLICATIONS FOR HEALTH IN MIDDLE AND LATER LIFE

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Although the negative implications of gender, race and immigrant inequalities for health and well-being in the middle and later years of life are well-documented, there is a lack of...
research addressing their combined implications as well as the mechanisms linking them to various health-related outcomes. Yet, as intersectionality theory reminds us, the consequences of gender, race, immigrant and other inequalities for physical and mental health outcomes must be understood in terms of these overlapping social identities. Moreover, linking intersectionality to stress process theory provides us with an explanation of the mechanisms potentially linking intersecting structural inequalities to health outcomes. This paper draws on data from the Canadian Longitudinal Study on Aging (CLS A - N=51,338) to assess the additive and interactive implications of gender, race, and immigrant status for physical and mental health outcomes, together with the mediating effects of primary and secondary stressors on these outcomes. The results of a series of weighted least squares regression analyses suggest that immigrant status interacts with race and/or gender to influence health outcomes. Socioeconomic and other stressors also play a role in linking these intersecting structural inequalities to health outcomes. Overall, our findings provide initial support for the value of linking intersectionality and stress process frameworks for an understanding of the health implications of structural inequalities in middle and later life.

**GENTRIFICATION AND CHRONIC CONDITIONS IN OLDER ADULTS: SERVICE PROVIDERS’ PERSPECTIVES**

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Where we live impacts our health, but this is more apt for older adults (aged 55+) aging-in-place in their neighborhoods. Gentrification, i.e. the transformation of neighborhoods from low to high value, can put community-dwelling older adults at risk for residential displacement with limited retirement incomes and financial stressors like increased housing costs and property taxes, residential turnover and changing access to resources. As a place-based stressor, gentrification may exacerbate social vulnerabilities (e.g., lower socioeconomic status and racial/ethnic minority status) related to chronic condition (CC) disparities. But, little gentrification research focuses on these issues. This research examines associations between gentrification and older adults’ CC management related to broader social determinants in Hamilton, Ontario, Canada from health and social service providers’ perspectives. Hamilton, a recovering steel industry city with in-migration from Toronto, is experiencing higher costs of living, income inequality and tension with recent gentrifiers. I conducted key informant interviews with service providers in city government and community-based organizations using thematic analysis. Across providers, food insecurity, social isolation and displacement were the biggest issues associated with gentrification and CC, particularly for older adults with lower incomes and government disability support. Results thus far reveal Hamilton has numerous older adult-focused providers, but older adults often have difficulties accessing services due to a lack of knowledge, not always asking or realizing when they need help and coordinated referral difficulties across providers. To address these challenges, providers consider environmental scans, mapping resources and advertisement in an online community information database from the city’s public library.

**IMMIGRANT STATUS PREDICTS WORSE SUBJECTIVE MEMORY COMPLAINTS**

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The “Immigrant Health Paradox” suggests that immigrants experience better health and lower mortality than the U.S.-born population despite their lower average socioeconomic status. However, it is unclear whether this health advantage extends to all areas of cognitive functioning. This study investigates cognitive functioning and Subjective Memory Complaints (SMCs) as a function of immigrant status and identifies predictors of cognitive decline as well as SMCs among the immigrant population. Data were drawn from the 2010 wave of the Health and Retirement Study. The sample consisted of 9,812 older adults aged 65 and older (8,873 U.S.-born and 939 foreign-born). Logistic regression was used to examine whether immigrant status was associated with cognitive functioning and SMCs, controlling for socio-demographic (age, gender, education, and marital status), health conditions (diabetes, depression, hypertension, and stroke), and functional limitations. Being foreign-born was not a significant predictor of dementia (OR:1.18, 95% CI: 0.83-1.67). However, immigrants were 41% more likely to report SMCs compared to U.S.-born respondents (OR:1.41, 95% CI: 1.17-1.69). Among the immigrant population, immigrants with less than a high school education showed four- and two-times higher odds of having dementia and reporting SMCs than those with more than high school. It is necessary to provide dementia education and screening to immigrants, especially those with low education, as this may contribute to reducing disparities in cognitive functioning within the older population.

**MORE THAN MEETS THE EYE: INCOME AND RACIAL DISPARITIES IN VISION HEALTH OF OLDER ADULTS**

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By the end of this decade, the USA is projected to experience an increase of more than 50% in the number of people with poorer vision health as the population grows older. Using data from the NHANES III (1988–1994) for 7,186 White, Black, and Hispanic adults of ages 50 to 90 (Mean=68.23, SD=10), this paper examines the racial/ethnic, and socioeconomic disparities in vision health in the older adult population. The focus of this paper is on Visual Impairment indicators: full/partial blindness and trouble seeing with glasses to demonstrate vision health disparities in these race/ethnic groups in terms of family income using logistic regression analysis. Controls include demographic characteristics like age, gender, marital status, region, education and behavioral features like alcohol consumption and smoking. We explore another component of vision health: days since last visit to healthcare provider to evaluate the inequalities in access to health care using OLS regression analysis. In Whites (OR=.85) and Blacks (OR=.63), people with less family income are more likely to experience blindness, however, there exists no significant variability in blindness in terms of family income among Hispanics. In Black (OR=.82) and Hispanics (OR=.85), people with less family income are more likely to have trouble seeing even with glasses, however,