DISCRIMINATION AND SOCIAL ISOLATION AMONG AFRICAN AMERICANS ACROSS THE LIFESPAN
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Social isolation is associated with a wide range of health problems, including early mortality. However, little is known about the risk factors for social isolation specifically among African Americans. This study examined 1) the associations between discrimination and objective and subjective social isolation and 2) how these associations vary by age in a nationally representative sample of African American adults from the National Survey of American Life (N=3570). Multinomial logistic regression analyses indicated that discrimination was positively associated with being subjectively isolated from friends only and family only. Discrimination did not predict objective isolation. A significant interaction revealed that the association between discrimination and subjective isolation from friends only varied by age, with older adults being most vulnerable to the effects of discrimination. These findings argue for a more nuanced and systematic investigation of the detrimental effects of discrimination on older African Americans’ social relationships, especially perceptions of relationships.

THE BLACK-WHITE MENTAL HEALTH PARADOX AMONG OLDER ADULTS: EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY
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Most studies of middle-aged adults find blacks have higher levels of psychological distress compared to whites but have lower risk of common psychiatric disorders. For instance, there is evidence of lower rates of depressive and anxiety disorders among blacks relative to whites despite large disparities in stress, discrimination and physical health in midlife—commonly referred to as the black-white mental health paradox. We examine evidence of the black-white paradox in anxiety and depressive symptoms among older adults. Data come from 6,019 adults ages 52+ from the 2006 Health and Retirement Study. Unadjusted models show older blacks report more anxiety and depressive symptoms than whites. After adjusting for socioeconomic factors, everyday discrimination, chronic conditions, and chronic stress, there are no black-white differences in anxiety and depressive symptoms. Findings suggest the black-white mental health paradox only extends into older adulthood for blacks living under similar stress and health landscapes as whites.

MULTIPLE DIMENSIONS OF PERCEIVED DISCRIMINATION, RACE-ETHNICITY, AND MORTALITY RISK AMONG OLDER ADULTS
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The present study utilized data from the Health and Retirement Study (N=12,988) to investigate the joint consequences of multiple dimensions of perceived discrimination on mortality risk. Perceived discrimination is based on responses from the 2006/2008 HRS waves and included everyday discrimination, the number of attributed reasons for everyday discrimination, and major lifetime discrimination. Vital status was obtained from the National Death Index and reports from key household informants (spanning 2006–2016). Cox proportional hazard models were used to estimate the risk of mortality. During the observation period, 3,494 deaths occurred. Only the number of attributed reasons for discrimination predicted mortality risk when all discrimination measures were estimated in the same model (Hazard Ratio [HR]=1.09; 95%, Confidence Interval [CI]=1.05 - 1.14), holding all else constant. Overall, the number of attributed reasons for everyday discrimination is a particularly salient risk factor for mortality in later life.

SESSION 5545 (SYMPOSIUM)

DIVERSE APPROACHES TO ASSESSING WHAT MATTERS TO OLDER ADULTS
Chair: Erin Emery-Tiburcio
Discussant: Robyn Golden

Asking older adults What Matters to them and assuring that care plans are aligned with these preferences is the cornerstone of an Age-Friendly Health System (AFHS). Health systems have struggled to identify clear ways to ask this question and meaningfully utilize the responses. Both simple and complex options for addressing this challenge have been developed at Rush University Medical Center. At Rush, nurses began asking every inpatient What Matters and placing the response on the white board in the patient’s room. Results of this practice include increased awareness of staff and significant increases in patient satisfaction. Qualitative analysis of responses yields increased awareness of patterns that the hospital can more systematically address. The Rush Center for Excellence in Aging hosts Schaalman Senior Voices, in which older adults from diverse backgrounds are given the unique opportunity to offer their perspectives on life, health and aging related to “What Matters” to them. The films have been used effectively to stimulate conversations among older adults and families in the community and in health professions courses, and with health systems executives. The Rush College of Medicine has integrated AFHS training into communication skills for medical students. Faculty introduce the 4Ms and demonstrate methods for having What Matters (WM) conversations. Students then practice WM conversations with simulated patients; some have had the opportunity to practice with real patients in preceptorships. Implications for the health system and community will be discussed as Rush builds an Age-Friendly Health Community.

ASKING WHAT MATTERS IS WHAT MATTERS TO HOSPITALIZED OLDER ADULTS
Vikki Rompala, Erin Emery-Tiburcio, and Carline Guerrier, Rush University Medical Center, Chicago, Illinois, United States

The 4Ms of an Age-Friendly Health System place What Matters at the center of optimal care for older adults. Nurses at Rush have asked every medical inpatient What Matters early in their hospital stay since May, 2018. Responses were recorded in tablet software and on patient room white boards. What Matters responses recorded electronically were stratified by age and ethnicity. Qualitative data analysis of responses (n=660) was conducted using In-Vivo software by three raters. Themes in responses include: going home;