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.