smoker: b=0.08; former smoker: b=0.07) and having completed the MMC at follow-up (stroke b=-0.58; hypertension b=-0.03; diabetes: b=-0.20; current smoker: b=0.03; former smoker: b=0.09). These findings indicate that stroke is a risk factor for cognitive decline among older Puerto Rican adults even after accounting for selective attrition.

THE UTILITY OF THE WHO INTRINSIC CAPACITY SCREENING TOOL TO IDENTIFY PHYSICAL AND MENTAL FUNCTION DECLINES
Lina Ma, Yaxin Zhang, Pan Liu, and Yun Li, Xuanwu Hospital, Capital Medical University, National Research Center for Geriatric Medicine, Beijing, Beijing, China (People’s Republic)

Background: The disease concept is increasingly being replaced by a functional approach to address the healthcare needs of the older people. WHO proposed the Integrated Care for Older People (ICOPE) screening tool to identify older people with priority conditions associated with declines in intrinsic capacity (IC). Very few evidence on the clinical utility of the ICOPE tool is available. Objectives: To determine if the tool can identify adults with poor physical and mental function.

Method: 376 participants aged 50–97 years were included. IC was assessed with the WHO ICOPE screening tool, covering the following five domains: cognitive decline, limited mobility, malnutrition, sensory loss, and depressive symptoms. We assessed the activities of daily living, the Fried frailty phenotype, FRAIL scale, SARC-F scale, MMSE, GDS, social frailty, and quality of life. Peak expiratory flow, bones mineral density, body composition were obtained. Results: 69.1% of the participants showed declines in IC. Participants with declines in IC were older, had more chronic diseases, worse general health, worse physical function as indicated by lower Barthel index, walk speed, grip strength, and physical fatigue, worse mental function indicated by lower MMSE scores, higher GDS scores, more mental fatigue, and worse social function. After adjusting for age, IC was positively correlated with walking speed, resilience score, and MMSE score and negatively correlated with frailty, SARC-F score, IADL score, GDS score, and physical and mental fatigue. Conclusion: The WHO ICOPE screening tool is useful to identify adults with poor physical and mental function in Chinese older adults.

Session 2205 (Symposium)

COVID VACCINE ROLLOUT FOR OLDER PEOPLE: EAST MEETS WEST
Chair: Nengliang Yao
Co-Chair: Tom Cornwell
Discussant: Cheryl Camillo

Older adults should be one of the first groups to receive COVID-19 vaccines, because the risk of dying from COVID-19 increases with age. However, it takes time to distribute the vaccines to different countries, and the challenges in administering vaccines may differ by health system characteristics and local culture. This international symposium will discuss the vaccine rollout issues in eight countries (Israel, Japan, South Korea, China, France, United Kingdom, Canada, and United States). We will use an interview and dialog format, instead of presentations. We will cover extensive topics including: Availability - What vaccines? Access, Acceptance, Caregivers – How are providers responding/handling caregivers wanting to be vaccinated? Cost/Funding Issues, Distribution Logistics/Transport/Safety, Lessons Learned, Mutations/Variants, Partnerships needed to vaccinate homebound patients (community partners; home health agencies, etc.), Who can/should provide vaccination? The situation with COVID-19 is still very fluid. Countries are at different stages of vaccinating older people. The chair didn’t ask the speakers to write an abstract now; instead, the speakers will collect more information during the next few months and plan to have a prep meeting one month before the Annual Meeting.

COVID VACCINE ROLLOUT FOR OLDER ADULTS IN JAPAN
Tadashi Wada, Irahara Primary Care Hospital, Chiba, Chiba, Japan

It has just started in Japan. We will provide detailed information later. The symposium has experts from 8 countries. We will use an interview and dialog format, instead of presentations.

COVID VACCINE ROLLOUT FOR OLDER ADULTS IN SOUTH KOREA
Chan Mi Park, Asan Medical Center, Songpa-gu, Seoul-t’ukpyolsi, Republic of Korea

It has just started in South Korea. We will provide detailed information later. The symposium has experts from 8 countries. We will use an interview and dialog format, instead of presentations.

COVID VACCINE ROLLOUT FOR OLDER ADULTS IN ISRAEL
Naim Mahroum, Sabar Health, Even Yehuda, Tel Aviv, Israel

The COVID vaccine rollout in Israel has prioritized older adults. It led to a substantial decline in the incidence of COVID-19 in older adults. The new variants are threats to the current achievements. We will provide detailed information later. The symposium has experts from 8 countries. We will use an interview and dialog format, instead of presentations.

COVID VACCINE ROLLOUT FOR OLDER ADULTS IN FRANCE
Matthieu De Stampa, Assistance Publique - Hôpitaux de Paris, Paris, Ile-de-France, France

Only about three million people in France have so far received at least one dose of a Covid-19 vaccine. Those aged over 75 are offered either Pfizer or Moderna vaccines in a vaccination center. Older people with pre-existing conditions can now get AstraZeneca’s Covid-19 vaccine. We will provide detailed information later. The symposium has experts from 8 countries. We will use an interview and dialog format, instead of presentations (please refer to the program overview).

COVID VACCINE ROLLOUT FOR OLDER ADULTS IN THE UNITED KINGDOM
Huajie Jin, King’s College London, London, England, United Kingdom

As of early March, at least 22 million adults had received one dose of a Covid vaccine in the UK, with 1.2 million of
those fully vaccinated with two shots. Anybody aged 56 and over can book an appointment to get the Covid-19 vaccine. We will provide detailed information later. The symposium has experts from 8 countries. We will use an interview and dialog format, instead of presentations.

Session 2210 (Symposium)

DISCRIMINATION, STRESS, AND HEALTH ACROSS THE LIFE COURSE
Chair: Roland Thorpe, Jr.
Discussant: Carl V. Hill

There is a paucity of research that seeks to understand why race disparities in health across the life course remain elusive. Two such explanations that have been garnering attention is stress and discrimination. This symposium contains papers seeking to address the impact of discrimination or stress on African American health or health disparities across the life course. Brown and colleagues examine the differential effects of chronic stress exposure by means of latent class analysis on mental and physical health in the HRS. Analysis revealed four subgroups, each demonstrated a typological response pattern with the most pronounced health consequences for high stress exposure, appraisal and few or no coping mechanisms. This suggests an alternative approach to examining the stress-health link by using a combined person- and variable-centered approach. Thomas Tobin and colleagues evaluate the life course processes through which early life racial discrimination (ELRD) and racial centrality shape adult allostatic load (AL) among older Blacks in the Nashville Stress and Health Study. Findings indicate that racial centrality is protective against adult high AL for those who experienced racial discrimination as children or adolescents. Cobb and colleagues examine how multiple attributed reasons for everyday discrimination relates to all-cause mortality risk among older Blacks in HRS. The authors report the 3 or more attributed reasons for everyday discrimination is a particularly salient risk factor for mortality in later life. This collection of papers provides insights into how discrimination or stress impacts African American health or health disparities in middle to late life.

STRESS IS A LATENT CONSTRUCT EXPLORING THE DIFFERENTIAL EXPERIENCE OF STRESS AMONG BLACK OLDER ADULTS
Lauren Brown,1 Catherine Garcia,2 Alexis Reeves,3 John Pamplin,4 and Uchechi Mitchell,5 1. San Diego State University School of Public Health, San Diego State University School of Public Health, California, United States, 2. University of Nebraska - Lincoln, Lincoln, Nebraska, United States, 3. University of Michigan, Ann Arbor, Michigan, United States, 4. NYU Center for Urban Science and Progress, Brooklyn, New York, United States, 5. University of Illinois Chicago, School of Public Health, Chicago, Illinois, United States.

While evidence highlights the detrimental health consequences of stress exposure for Black Americans, the impact of stress exposure on health varies by the stressor, individual appraisal and coping mechanisms examined. In this study, we aim to explore the differential effects of chronic stress exposure by means of latent class analysis on mental and physical health. Data come from 800 Black older adults ages 52+ from the 2006 Health and Retirement Study. A set of items that include stress exposure, appraisal and coping were used to assess chronic stress burden on anxiety, depressive symptoms and chronic conditions to identify stress and health clusters. Analysis revealed four subgroups, each demonstrated a typological response pattern with the most pronounced health consequences for high stress exposure, appraisal and few or no coping mechanisms. Results show an alternative approach to examining the stress-health link by using a combined person- and variable-centered approach.

EARLY-LIFE RACIAL DISCRIMINATION, RACIAL CENTRALITY, AND ADULT ALLOSTATIC LOAD AMONG AFRICAN AMERICAN OLDER ADULTS
Courtney Thomas Tobin,1 Angela Gutierrez,2 and Roland Thorpe, Jr.,3 1. Fielding School of Public Health, University of California Los Angeles, Fielding School of Public Health UCLA, California, United States, 2. Edward R. Roybal Institute on Aging, Los Angeles, California, United States, 3. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States.

This study evaluated the life course processes through which early life racial discrimination (ELRD) and racial centrality (i.e., the importance of Black identity to one’s sense of self) interact to shape allostatic load (AL) among African American (AA) adults aged 50+ in the Nashville Stress and Health Study (N=260). Adolescent ELRD was associated with greater racial centrality in adulthood and conferred 35% greater risk of high adult AL; greater centrality was also linked to high adult AL. Centrality accounts for 24% of the association between ELRD and AL. ELRD and centrality interact to shape adult AL, such that racial centrality is protective against high AL for adults who experienced racial discrimination as children or adolescents. Findings highlight the multiple pathways through which race-related stressors and psychosocial resources interact to shape physiological dysregulation in later life and underscore the health significance of racial identity for older AA.

NUMBER OF ATTRIBUTED REASONS FOR EVERYDAY DISCRIMINATION AND MORTALITY AMONG OLDER BLACKS
Ryon Cobb, University of Georgia, Athens, Georgia, United States

To date, little is known about the significance of the number of attributions for everyday discrimination on all-cause mortality risk among older Blacks. Data are from a subsample of older Black respondents in the Health and Retirement Study (HRS), a nationally representative panel study of adults above the age of 50 in the 2006/2008 HRS waves, respondents completed a battery of questions on experience with psychosocial stressors, which included the number of attributed reasons for everyday 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 10-year observation period, 450 deaths occurred. A higher number of attributed reasons for everyday discrimination was associated with a higher likelihood of death after adjusting for demographic