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 Carlne 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;
comfort, including pain control and breathing more easily; effective staff/patient communication; compassionate care; and mobility. Patient satisfaction data for the first year showed an average 2.6% increase in satisfaction in nurses listening to the patient, and average 3.6% increase in satisfaction in nurses explaining things in an understandable way. Both increases were statistically significant. Implications of this practice for health systems improving age-friendly care will be discussed.

SCHAAALMAN SENIOR VOICES: TRANSITIONING FROM “WHAT’S THE MATTER!” TO “WHAT MATTERS!”

Grisel Rodriguez-Morales,1 Erin Emery-Tiburcio,1 Robyn Golden,2 Marc Fenton,1 and Jasmine Chandy,1
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The 4Ms of an Age-Friendly Health System start with What Matters to the older adult. A unique method for asking that question is through film. Schaalman Senior Voices (SSV) films older adults talking about What Matters to them, and uses the films to stimulate discussion about later life with older adults in the community (n=264), with health care professionals students learning to listen to older adults (n=1250), and health system executives considering implementation of the Age-Friendly Health Systems (AFHS) initiative (n=100). SSV has completed longer professional films interviewing 12 older adults. Using a mobile platform, SSV has filmed 50 older adults in the community and at health events. Outcomes of film discussions will be presented, including inspiration for older adults having conversations with family and physicians about What Matters, health care students effectively using skills in asking What Matters to enhance the care they provide, and executives considering AFHS implementation.

TEACHING MEDICAL STUDENTS HOW TO ASK OLDER ADULTS WHAT MATTERS USING SIMULATED PATIENTS

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It is vital the workforce is prepared to meet the medical needs of our aging population. Asking older adults What Matters is an important aspect of excellence in clinical care. During a small group session in a two-year communication skills course, second year medical students (N=149) at Rush were taught how to ask What Matters as part of the 4Ms. Students then completed a video recorded Communication Skills Lab with a simulated older adult patient as they practiced how to discuss What Matters. Students then met with their instructors in individual feedback sessions to review the video and discuss strengths and areas for improvement in communicating with older adults. Students then completed a Clinical Skills Assessment for formal testing of their communication skills with older adults. Outcomes of the summative assessment will be presented and recommendations for integrating 4Ms into existing medical school and allied health curriculum will be discussed.

SESSION 5550 (SYMPOSIUM)

DOES THE SHARING OF RESOURCES IMPACT HEALTH AMONG MARRIED COUPLES? NEW FINDINGS FROM DYADIC MODELS

Chair: Shuangshuang Wang
Co-Chair: Kyungmin Kim
Discussant: Karen Lyons

As married couples aging together, their health behaviors and outcomes could be shaped by both one’s own and the spouse’s characteristics. Using dyadic datasets, speakers in this symposium explored the interdependence nature of marital relations by identifying the mechanisms of how shared resources or strains affect spouses’ physical and mental health outcomes among married couples. Wang, Kim, and Burr identified distinct types of personality configurations among older couples using the Health and Retirement Study, and examined how personality compatibilities could buffer negative effects of adverse life events on older couples’ mental health. Using data from the National Social Life, Health, and Aging Project, Proulx, Skoblow, and Han further investigated the associations between marital quality and mental health among caregiving dyads, with a special focus on a comparison of different caregiving groups (spouse, child, others). From a physical health perspective, Wilson and Novak presented the dynamic behind relationship quality, joint health behaviors, health problems, health satisfaction, and health similarity between spouses. Finally, Kim, Jang, Park, and Chiriboga focused on couple contexts for acculturation among older Korean immigrants in the U.S., and examined how each spousal acculturation level affects healthcare utilization and difficulties in health service use. Focusing on married couples, this symposium showcases the interplay of family experiences, health behaviors, and relational dynamics of both spouses in shaping their health, and highlights the benefits of dyadic approaches. Speakers and our discussant, Dr. Karen Lyons, will discuss implications for social program design and future research.

OLDER COUPLES COPING WITH ADVERSE LIFE EVENTS: THE IMPORTANCE OF DYADIC PERSONALITY PROFILES

Shuangshuang Wang,1 Kyungmin Kim,2 and Jeffrey Burr,2
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Personality can be an important resource as older couples cope with adverse life events. Analyzing 4,893 older couples from the Health and Retirement Study, this study examined how one’s own and spouse’s adverse life events (health decline, job exit, loss of wealth, family member’s death) occurring in the past two years are associated with changes in depressive symptoms. We further examined the moderating effects for this association of six dyadic personality profiles (combinations of spouses’ positive and negative personality characteristics). We found significant actor and partner effects of health decline for increases in both spouses’ depressive symptoms, and significant actor effects of a family death for husbands’ increased depressive symptoms. For wives, having positive personality profiles buffered negative effects of one’s own health decline and spouses’ family death,