

Objectives: Occupational mobility at various stages in the life course may have a cumulative influence on health outcomes in later life. This study aims to (1) systematically review the association between occupational mobility and chronic illness in late life; and (2) identify potential mechanisms underlying this relationship. **Methods:** A systematic review of literature was carried out by searching two databases (PubMed and SocIndex) and reference lists. Eligible studies examined associations between occupational mobility and at least one measure of chronic illness among adults aged 50 years or above. Occupational disruptions (e.g., job loss) were reviewed as special cases of occupational mobility. **Results:** Downward occupational mobility and mid-life occupational disruptions have been consistently shown to predict higher risk of chronic illness in older adults. Several potential mechanisms were identified from the literature: (1) health behaviors, including dietary practices and alcohol consumption; (2) psychosocial factors, including stress, stigma, job control, job demands, and job satisfaction; (3) economic factors, including financial incentives or constraints; and (4) other individual characteristics, including personality traits and coping skills. There is also evidence that the timing of job mobility and the duration of (each) occupation modify the association between occupational mobility and health in late life. **Discussion:** These findings suggest that experiencing involuntary occupational mobility at various stages in the life course can increase the risk of chronic illness in late life. Health professionals and policymakers should target more resources to disadvantaged older adults who experience involuntary occupational transition.

CORESIDENCE OF OLDER PARENTS AND ADULT CHILDREN BENEFITS OLDER ADULTS' PSYCHOLOGICAL WELL-BEING: PATH ANALYSIS

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Even though the coresidence of older parents and their adult children is no longer a rare phenomenon in current society, a little is known about the benefit of living with adult children from older adults' perspectives compared to the risk of this living situation. Previous research suggests that older adults' psychological well-being is low when they live with their adult children, and this become more salient among single parents, such as widowed or divorced. The current paper utilizes the National Health Measurement Study with a sample of age 55 and over, and their SF-36 Mental Health Component score, and psychological well-being self-acceptance score was measured. Path analysis reveals while mental health and psychological well-being scores are lower among single older adults at the time of the survey (e.g., divorced, widowed) than non-single, coresidence of older adults and adult children completely mediates the negative relationship between being single and both mental health psychological well-being. A complete mediation effect of living with an adult child on older adults' mental health and psychological well-being is consistent with both white and non-white minority older adults. This suggests that living with adult child benefits older adults' mental health and psychological well-being. The current study seeks to stimulate ideas that might generate the next answer to community-based care in our current aging society.

OLDER PEOPLE LIVING WITH HIV: THE RELATIONSHIP BETWEEN COMMUNITY-LEVEL FACTORS AND THEIR HIV HEALTH

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According to Centers for Disease Control and Prevention, older adults (aged 50 and older) accounted for 17% of new HIV diagnoses in 2016. The number of older people living with HIV (PLWH) is increasing because of antiretroviral therapy that allows a near normal life expectancy with HIV. Consequently, older PLWH are more likely to develop diseases associated with aging and be affected by polymedication. However, their lived experience and challenges that they face have been underexamined. In this study, we focused on community-level factors, which have potential health implications for older PLWH. We examined a subsample of participants who were at least 50 years-old (n=20; Mean=55; range 50–60) from a community-based participatory research study (n=40). Participants, who previously established HIV care, were recruited through word-of-mouth and flyers posted in the community. Interviews were recorded, transcribed, coded, and triangulated through an iterative process during team meetings. In this subsample (n=20), majority of participants were male (75%) and Black (80%). Older PLWH reported crime, social isolation (interacting with crime and stigma), and lack of access to resources (e.g., transportation, grocery store, pharmacy) as factors negatively associated with their physical and emotional health. A more holistic, complex approach to support older PLWH is essential. They should experience a greater quality of life along with longevity. Therefore, more attention to contextual and structural barriers associated with treatment and care is necessary to find a way for higher retention, (re)engagement, and adherence to care among older PLWH.

THE ASSOCIATION OF RESILIENCE AND SOCIAL NETWORKS WITH PAIN OUTCOMES AMONG OLDER ADULTS

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Depression, stress and poor sleep are associated with increased pain among older adults with chronic pain. Positive resources may help buffer the impacts of negative attributes on pain. Our primary objective was to determine effects on pain outcomes (severity; interference) of positive resources (resilience; social networks) on negative attributes among older adults with pain. The sample (N=15,000) came from older adults ≥65 years with AARP@Medicare Supplement and AARP@MedicareRx plans (insured by UnitedHealthcare Insurance Company) with diagnosed back pain, osteoarthritis and/or rheumatoid arthritis. Members received a survey