

distress among older Asian Americans. Guided by the Health Belief Model, we also examined whether subjective health perception would function as a mediator in the link between physical health constraints and psychological distress. Using data from 533 Asian Americans aged 60 and over (mean age=69.4, SD=6.88) in the 2016 Asian American Quality of Life Study, the direct and indirect effect models were tested with multivariate linear regressions and the PROCESS macro. Advanced age, unmarried status, lower levels of acculturation, and more chronic physical conditions were significant predictors of psychological distress. When subjective health perception was added to the model, an additional 5% of the variance was accounted for, resulting in 25% of the total variance explained by the estimated model. Negative health perception was a significant predictor of increased level of psychological distress. Supporting the mediation hypothesis, all direct paths among physical health constraints, subjective health perception, and psychological distress were significant. The indirect effect of physical health constraints on psychological distress through subjective health perception status was significant, as evidenced by the 95% bootstrap confidence interval for the indirect effect not containing zero (.07, .28). The findings not only help better understand the psychological mechanisms that underlie physical health constraints and psychological distress but also suggest avenues for interventions.

PNEUMOCOCCAL PNEUMONIA VACCINATION AMONG OLDER AFRICAN AMERICAN AND HISPANIC MEN WITH CHRONIC CONDITIONS

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The CDC estimates that 70% of adults ages 65 years and older received the pneumococcal pneumonia vaccination (PPV). However, documented PPV rates are substantially lower for men, especially non-white men. This study examined common and unique factors associated with PPV among racial/ethnic minority men age 65 and older with one or more chronic conditions. Data were analyzed from a national sample of 470 African American (n=267) and Hispanic (n=203) males using an internet-delivered questionnaire. Two binary logistic regression models were fitted to compare factors associated with PPV. On average, participants were age 70.1(±4.5) years and reported 3.9(±2.6) chronic conditions. PPV rates were 56.8% and 43.2% among African American and Hispanic males, respectively. Across models, men who received vaccines for influenza (P<0.001) and shingles (P<0.01) were more likely to receive the PPV; whereas, those who reported more disease self-care barriers were less likely to receive the PPV (P<0.05). Among African American males, those who were widowed (OR=3.80, P=0.022) and had an annual eye examination (OR=3.10, P=0.001) were more likely to receive the PPV; whereas, divorced/separated men were less likely to receive the PPV (OR=0.33, P=0.003). Among Hispanic males, those who took more medications daily (OR=1.36, P=0.005), reported higher disease self-management efficacy (OR=1.15, P=0.011), and had a colon cancer test in the past 12 months (OR=3.55, P=0.007) were more likely to receive the PPV. Findings suggest the need for culturally tailored education and self-management

interventions to increase PPV and preventive healthcare service utilization among older racial/ethnic minority men.

PREDICTORS OF SEEKING HEALTH INFORMATION AND MENTAL HEALTH SUPPORT IN U.S. PRISONS: A STUDY USING 2014 PIAAC DATA

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Being in prison increases the vulnerability to poor health, especially mental illnesses. This is evident in the documented health disparities between prison inmates and the general population. For example, suicide rates among inmates are higher than in the general population. There is an urgent need to understand how inmates experience mental well-being. This is important as some inmates serve long-life sentences and some will need to successfully re-integrate into the society. Although they have a constitutional right to health care access through the Eight Amendment, little is known of the health information and mental health support seeking patterns among inmates. The current study examined factors associated with the amount of health information accessed, and participation in mental health support groups in US prisons. Data (N= 645) from the Program for the International Assessment of Adult Competencies (2014) were analyzed using linear and logistic regressions. Sample weights were applied in the analyses. Results show statistically significant relationships between amount of health information acquired and age (66 years and above), race, health-status, readiness to learn, literacy skill, and numeracy skill. Social trust moderated the effect of education on the odds of participating in mental health support groups. Also, gender, work duration, attending substance abuse support and life skills groups were significant predictors. Our study may provide insight for stakeholders (e.g., policymakers, clinicians, social workers, and wardens, etc.) working in partnership to deliver a more tailored health interventions for inmates, by highlighting key contextual issues predicting mental health and well-being within prison settings.

SOCIODEMOGRAPHIC DISADVANTAGE, LIVING WITH A SMOKER, AND HEALTH RISK BEHAVIORS IN MIDDLE-AGED AND OLDER WOMEN

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Sociodemographic disadvantage places individuals at risk for an unhealthy lifestyle (Kushi et al., 2012; Shanker et al., 2010), as well as for exposure to second-hand household smoke (Gan et al., 2015; Zhang et al., 2012). However, the role of living with a smoker in the association between sociodemographic status and health behavior is unstudied. This study investigated the role of living with a smoker in partially explaining the link between sociodemographic disadvantage and physical inactivity and poor dietary behaviors. The study used limited access data from the Women's Health Initiative Observational Study obtained from NHLBI. Participants were 83,597 women ranging in age from 49 to

81; 6038 participants lived with a smoker. Cross-sectional logistic regression analyses examined paths in the models; bias-corrected bootstrapped confidence intervals tested indirect effects in probit analyses. Analyses controlled for age, ethnicity, marital status, and participants' current smoking status. Results demonstrated a significant association ($p < .001$) between sociodemographic disadvantage (composite of low education and low income) and living with a smoker ($OR = 1.74$). The unstandardized indirect effects (CIs are in brackets) from sociodemographic disadvantage through living with a smoker to no exercise, no walking, high percent dietary fat, and low servings of fruits and vegetables through living with a smoker were statistically significant (.023 [.019, .028], .026 [.023, .033], .041 [.037, .047], and .032 [.027, .036], respectively). These findings illustrate the need to address multiple non-smoking health risk behaviors in household smoking interventions for disadvantaged families. This project was supported by the NIH/NCI (R03CA215947).

STRESS, HOPE, AND DEPRESSION AMONG OLDER ADULTS LIVING IN PUBLIC HOUSING

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Individuals living in public housing often experience myriad stressors related to poverty and mental illness. The current study explores how hope impacts the relationship between stress and depression in a sample of adults (aged 51-90 years; $Mage = 63.3$ years; $SDage = 8.6$ years) living in public housing. Questionnaire data were collected before and after running an intervention geared toward improving residents' well-being. Results of the initial questionnaire study suggest that hope moderates the stress \rightarrow depression relationship ($p = .001$), with effects in the expected directions: individuals exhibiting higher-than-average levels of stress and below-average hope reported the highest levels of depression. Data further suggest modest increases in hope post-intervention ($p = .06$). Overall, results suggest that hope may be important in helping mitigate the impact of life stress on vulnerable individuals, and that it can be augmented in the context of a short-term, cost-effective intervention.

THE ASSOCIATION BETWEEN DISCRIMINATION AND SELF-MASTERY IN U.S. CHINESE OLDER ADULTS

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Perceived discrimination related to one's racial/ethnic membership has been linked to negative impact on the health and wellbeing of minority populations. While the anti-Chinese sentiment in the US dates to the 19th century, discrimination experienced by this population and its impact has been poorly understood. Self-mastery is a protective psychological resource reflecting one's ability to cope with stressors. This study examines the interaction between discrimination and self-mastery among 3,157

US Chinese older adults. Data were obtained from the Population Study of Chinese Elderly in Chicago (PINE) collected between 2011 and 2013. Self-mastery was measured using the Pearlin Mastery Scale. Discrimination was measured using the Experiences of Discrimination instrument. Linear regression was used. Discrimination experiences were found common (21.3%) among the US Chinese older adults. Younger age, male gender, higher levels of education, higher income, being married, more children, and fewer medical comorbidities were associated with a higher sense of self-mastery. After controlling for these potential confounders, discrimination experiences appeared to be significantly associated with lower self-mastery. Specifically, people who have experienced discrimination when getting hired (Beta [B]=-4.47, Standard Error [SE]=1.04, $p < 0.01$), in working environment (B=-1.13, SE=0.52, $p < 0.05$), getting health care (B=-3.45, SE=0.85, $p < 0.01$), getting services in a store or restaurant (B=-2.12, SE=0.78, $p < 0.01$), getting credit, bank loans, or a mortgage (B=-6.86, SE=2.83, $p < 0.05$) and interacting with police or in the courts (B=-4.15, SE=1.48, $p < 0.01$) were associated with lower levels of self-mastery. The findings suggested that discrimination experiences might be harmful by diminishing one's protective coping mechanism, which warrants longitudinal studies among minority aging populations to clarify.

THE HAPPY CAMPAIGN: ASSESSING THE EFFECTS OF A COMMUNITY-WIDE INTERVENTION ON OLDER ADULTS LIVING IN PUBLIC HOUSING

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In the field of developmental psychology, the Stress-and-Coping model (Lazarus & Folkman, 1984) posits that individual differences in biological, psychological, and social risk and protective factors serve to increase or buffer the impact of stressful experiences on psychological well-being later in life. Importantly, research suggests that residents of public housing generally experience more risk factors than elders at large (Rabins, et al. 1996). The present study examines the impact of a programmatic intervention, The Happy Campaign, on individuals living in public housing in a small Midwestern city (aged 51-90 years; $Mage = 63.3$ years; $SDage = 8.6$ years). Goals of the Happy Campaign were to improve residents' coping skills and increase perceived support. Results demonstrated significant improvement in key aspects of well-being post-intervention; these included significant increases in exercise ($p = .04$), self-reported health ($p = .01$), as well as decreases in negative affect ($p = .008$). Data also show a moderate increase in residents' hope post-intervention ($p = .06$). Although future research is needed to account for confounding variables that arose in conducting research in this community setting, these data provide preliminary evidence that a broad-based, environmental intervention may offset the myriad risks faced by particularly vulnerable elders, and even augment well-being.