

Older adults often report better emotional well-being than younger adults. Socioemotional Selectivity Theory posits that with age, reduced future time perspective motivates prioritizing emotional well-being in the present moment (Carstensen, 2006). Mindfulness, a receptive attention to experiences as they occur (Brown & Ryan, 2003), and savoring, the ability to regulate positive feelings in the moment (Bryant, 2003), are present-oriented processes associated with greater well-being. Recent evidence indicates that greater mindfulness in part accounts for age differences in positive affect (Shook et al., 2017). The current study investigated whether older age is associated with a greater present-oriented time perspective, which in turn is related to greater savoring and mindfulness, thus statistically accounting for older adults' better well-being. Participants (N = 888, 20-88 years, Mage = 46.37, SD = 15.20) recruited via MTurk completed an online survey. Data were analyzed using structural equation modeling. The model provided an adequate fit to the data (CMIN/DF = 2.94, CFI = 0.985, RMSEA = 0.048). Older age was associated with greater present-oriented time perspective, and present-oriented time perspective was associated with greater savoring and mindfulness which, in turn, were associated with better emotional well-being. Alternative models were tested, but did not significantly improve model fit. Findings suggest that there may be benefits for younger adults' well-being if they learned to be more present focused, savor the moment, and be more mindful like older adults. Thus, present-oriented time perspective may be an important factor for healthy aging.

DISCRIMINATION, STRESS, AND MORTALITY AMONG BLACKS AND WHITES

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Mortality rates have declined significantly in the past decades. However, Case and Deaton (2015) showed that middle-aged white Americans with lower education levels have increasing mortality rates. Although some have suggested that stress is an important factor in both this and in racial/ethnic disparities in mortality, relatively few studies have examined vulnerability to stress and mortality, and typically have examined only one type of stress. We examined racial/ethnic and gender differences in different types of stressors, from everyday discrimination, to lifetime trauma, as well as differential mortality risk due to stress vulnerability. Using data from the Health and Retirement Study (HRS), the sample consisted of 6,810 (Mage=68.9 years, SD=10.1) who completed the Psychosocial Questionnaire (PQ) in 2006; mortality was assessed to 2014. Blacks were higher on most stressors except for lifetime trauma. Women reported higher level of financial strain but lower levels of everyday discrimination and lifetime trauma than men. Controlling for demographics and self-rated health, Cox proportional hazard models revealed that everyday discrimination, financial strain, SLEs, lifetime trauma were significantly associated with the risk of mortality. There were no significant racial/ethnic differences in mortality risk. However, interaction effects showed that whites had higher mortality risk with lifetime trauma than Blacks, while those with lower education

had higher mortality risk for SLEs. This supports the idea that lower education whites may be more susceptible to some types of stressors, providing a possible mechanism for Case and Deaton's finding (2015) of increasing mortality risk in this group.

PREDICTORS OF MORTALITY RISK AMONG MEDICARE ADVANTAGE ENROLLEES

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Overall all-cause mortality rates have declined significantly in past decades among individuals aged 65 and above in every racial and ethnic group. We explored demographic, overall health, and disability development as predictors of mortality in Medicare beneficiaries enrolled in Medicare Advantage plans. We used data from the 2014-2018 Medicare Health Outcomes Survey, a nationally representative panel survey with a two-year follow-up, administered by the Centers for Medicare and Medicaid Services. Our sample consisted of 1,273,494 community-dwelling adults aged 65 and older (Mage = 74.5 years, age range: 65-109 years) enrolled in Medicare Advantage plans. Mortality was assessed over a 2-year follow-up period. We used Cox proportional hazards regression analysis to predict risk of all-cause mortality by demographics, self-rated health, chronic health conditions, smoking status, and activities of daily living (ADLs). Among all participants, the mortality rate was 7.0% (n = 88,058) at 2-year follow-up. Advanced age and being male were significantly associated with greater risk of mortality, while higher levels of education and income were inversely associated with mortality. Controlling for other factors, white adults had higher mortality risk than black or African American, Hispanic, and Asian older adults. Individuals who were unmarried, had lower self-rated health, had more chronic health conditions, smoked, and had more ADL limitations had higher mortality risk. Our findings suggest that sustained health and better functional capacity are important elements in decreasing the risk of mortality in older adults.

DOES PERSONALITY PREDICT PATTERNS OF AGING? LONGITUDINAL FINDINGS FROM THE VA NORMATIVE AGING STUDY

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Previous research using the Veterans Affairs Normative Aging Study identified four patterns of aging using group-based multi-trajectory modelling to identify joint changes in life satisfaction (LS) and functional health (FH) (Nath et al., 2018a,b). The purpose of the present study was to examine whether personality traits predicted these four patterns: impaired (stable low LS and FH), normal (decreasing LS and FH), optimal (high LS, decreasing FH), and successful aging (high LS and FH). The sample consisted of 992 NAS men who provided 3,853 observations (M=2.81, SD=1.54, range 1-8) between 1987 and 2010 (Mage=62.31, SDage=7.50, range 44-86 in 1987). Multinomial logit regression analysis with robust estimation controlled for marital, employment,