

this relationship in minority aging research. This study aims to explore the associations between two personality traits, neuroticism and conscientiousness, and depressive symptoms in 3,157 U.S. Chinese older adults. Data were obtained from the Population Study of Chinese Elderly in Chicago (PINE) collected between 2011 and 2013. Neuroticism and conscientiousness were measured by the NEO Five-factor Inventory. Depressive symptoms were measured by the nine-item Patient Health Questionnaire (PHQ-9). 45.3% of the participants reported at least one depressive symptom. Controlling for potential confounders, logistic regression analyses showed that both traits were significantly associated with depressive symptoms. One unit increase in neuroticism was associated with 19% increased odds of having any depressive symptoms (odds ratio [OR]=1.19, 95% confidence interval [CI]=1.17-1.22). One unit increase in conscientiousness was associated with 5% decreased odds of having any depressive symptoms (OR=0.95, 95% [CI]=0.94-0.96). Results validate the significant association between both traits and depressive symptoms among U.S. Chinese older adults, adding to the psychological and cultural profiles of those who have experienced mental distress. More in-depth examination using culturally-tailored measurements for personality traits is encouraged in minority aging studies. The NEO inventory was developed from Western populations and hence might not adequately represent personality traits valued by non-Western cultures.

THE RELATIONSHIP BETWEEN LIFESPAN VOLUNTEERISM AND PERSONALITY AMONG OLDEST OLD ADULTS

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There has been a lack of studies exploring volunteerism from the life span perspective. This study aims to examine the relationship between personality and volunteerism among the oldest old population, using three types of volunteerism: "ever volunteered," "last volunteered," and "currently volunteering." "Ever volunteered" assesses whether individuals ever volunteered in their life. "Last volunteered" examines when an individual last volunteered. "Currently volunteering" explores whether an individual is currently volunteering. By comparing the three volunteerism measures, this study took a life span view of volunteerism. Data of 208 oldest old adults, octogenarians (34.1%) and centenarians (65.9%), from the Georgia Centenarian Study were included in this study. The majority of the sample had volunteered sometime during their lifetime (88.9%), many of them still volunteered when they were in their 80s and 90s (40.4%), and the majority of the sample indicated that they were not currently volunteering (78.8%). Multiple regression analyses indicated that competence (a facet of conscientiousness) significantly predicted "ever volunteered," and extraversion significantly predicted "last volunteered." In other words, oldest old adults with high competence levels were more likely to have volunteering experiences in their life. Also, those with high levels of extraversion were likely to have more recent volunteering experiences. None of five personality traits significantly predicted "currently volunteering." This study sheds light on the importance of different types

of volunteerism which enables us to better understand the relationship between volunteerism and personality. We recommend future research to test the link between different types of volunteerism and well-being outcomes.

SESSION 2953 (POSTER)

SOCIAL DETERMINANTS OF HEALTH

A CITY TOO BUSY TO REMEMBER? AGING, STRUCTURAL VIOLENCE, AND THE POLITICS OF FORGETTING IN ATLANTA'S GENTRIFICATION

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Can forgotten stories from the past inform a city's future? As older adults continue to live longer and comprise more of the population than ever before, the suitability of gentrifying spaces for older adults aging in place is increasingly important. Critical theories of gentrification argue that remembering the experiences of older adults in this context - experiences of suffering, resilience, and structural violence - is essential to promote changes in support aging in place. In this study, we tell a story of individual experiences, structural violence, and aging in the ongoing gentrification of one neighborhood in southwest Atlanta. We construct this narrative through a qualitative analysis of 1,500 local newspaper articles from 1950 to the present day and 10 in-depth interviews with ex-residents of the neighborhood aged 65-87. Drawing on the theory of planetary rent gaps, we frame gentrification as a class struggle between property-owners and working class residents. We highlight the city government's role as a facilitator for property-owners through projects including the Model City initiative, preparation for the 1996 Olympics, and ongoing development surrounding the Atlanta BeltLine. We show how these projects have affected the prospects for aging in place in general and, specifically, by affecting access to healthcare services. We share this story in an effort to combat the politics of forgetting and to inform a richer, more inclusive, and more equitable future for gentrifying spaces.

ACUTE LIFE INTERVENTIONS, GOALS, AND NEEDS PROGRAM: SOCIAL DETERMINANTS OF HEALTH AMONG THE MOST VULNERABLE

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The Acute Life interventions Goals and Needs program(ALIGN) at Mount Sinai Hospital in New York City, is an inter-professional team dedicated to offering temporary intensive ambulatory care services to the most complex older patient population. This allows us to care for the most vulnerable population which often incur multiple hospitalizations, emergency room visits. Mr.C is a 81 yo male

with past medical history of Chronic COPD, Depression, Gait instability, Mild Neuro-cognitive disorder, Hearing Loss, Coronary artery disease. Most significantly he had 3 ED visits, 1 admission, where he was found on the floor of his apartment after two days, by a meals on wheels volunteer. Team conducted a comprehensive assessment of Mr.C's social determinants of health and compiled a care plan. We learned that Mr.C does not like to bother others therefore found it difficult to seek help. Team built intensive rapport and gained his trust to help simplify medications, increase engagement and explore barriers to home care. Mr.C was connected to several community agencies including, meals on wheels for more stable food access, psychiatry to discuss depression and isolation, adult protective services for deep cleaning, financial management, pharmacy for blister packing, home care services and case management to continue encouragement with care plan. Mr.C is now able to reach out to the team as needed and has a navigator to help with managing care. This is one of many cases ALIGN encounters, that often go undetected due to comprehensive inter-professional care needed and minimal time given in traditional primary care.

AGE-RELATED SOCIAL SELECTION AND ITS ASSOCIATED EMOTIONAL AND COGNITIVE COSTS ACROSS ADULTHOOD

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Socioemotional selectivity theory maintains that goal prioritization differs across adulthood as a function of future time horizons. To prepare for a long and nebulous future, young adults prioritize learning and exploration over emotional meaning. Relieved from the burden to prepare, older adults prioritize emotionally meaningful goals. In the context of social relationships, younger adults include proportionally fewer familiar social partners in their social networks, whereas older adults' social networks encompass proportionally fewer unfamiliar social partners. Although social selection is considered adaptive, it inevitably involves gains and losses. The current study examined whether age-related selectivity correlates with (1) greater concurrent negative emotions in younger people, and (2) poorer cognitive performance in old age. A life-span sample (N = 258) completed a social networks questionnaire and cognitive tests. Daily emotional experience was assessed using experience sampling. A subset (N = 119) completed the cognitive tests again five years later. Results of multiple regression analysis, controlling for physical health and trait neuroticism, indicate that smaller proportions of familiar social partners in one's social network correlated with more frequent experience of negative emotions. Age moderated this association with a stronger association in younger than older people. Results of separate multiple regression analysis, controlling for baseline cognition, physical health, age, SES, and trait openness, indicate that a smaller proportion of social partners in one's outer social circle negatively predicted older adults' Digit Span Backward performance assessed five years later. We discuss our findings within the framework of gains and losses in life-span development.

APPLYING ADMINISTRATIVE LINKAGE TO LONGITUDINAL AGING STUDIES: BOSTON EARLY ADVERSITY AND MORTALITY STUDY

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Adverse childhood experiences have been linked to poor adult health, yet the underlying pathways remain unclear. While longitudinal aging studies provide rich data on health trajectories in adulthood, two intrinsic limitations hamper progress in studying causal pathways: (1) reliance on retrospective assessment of early-life conditions, and (2) inadequate data coverage on lifespan developmental processes, especially in childhood. The Boston Early Adversity and Mortality Study (BEAMS) was designed to overcome these limitations by applying high-quality administrative record linkage to three longitudinal studies on aging that are over 50-years-old. BEAMS uses administrative linkage to acquire contemporaneous, early-life information on health, family, and environmental hazards from multiple databases. Our sample includes male participants from the VA Normative Aging (n=2280), Grant (n=456), and Glueck (n=268) Studies. BEAMS extends linkage to siblings, thus including women, so that our combined sample is representative of the early 1900s Northeastern U.S. population. Key steps in administrative linkage include coding identifiers from existing data; linkage to 1900-40 Censuses, vital, and military (WWI, WWII, Veterans benefits) records; linkage to public databases for early-life lead exposure data, and later-life health information (Medicare, NDI). By linking records of study participants (74%-94% deceased) to numerous administrative databases, BEAMS will create a cradle-to-grave dataset with prospective data on early socioeconomic, psychosocial, and environmental exposures, and lifespan health data. BEAMS uses human review to achieve high-quality record linkage. Our methodology can be adopted by other longitudinal aging studies to overcome barriers in advancing causal knowledge on pathways linking early-life conditions to lifespan health outcomes.

CHRONIC STRESS AND RISKS FOR MYOCARDIAL INFARCTION IN U.S. ADULTS

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Long-term exposure to stress has been linked to multiple behavioral and biological responses that are detrimental to cardiovascular health, but the association between chronic stress and risks for acute myocardial infarction (MI) remains unknown. We examined the association between exposure to chronic stress and MI incidence from 2006 to 2016 using data from a nationally-representative prospective cohort