

measured by an index derived from subjective and objective measurements. Multilevel mixed-effects models showed that better social supports from friends and family members, better financial conditions and education were associated with improved health aging among older Cambodians. Supports from friends had a stronger relationship than supports from family members. As one of the first studies examine the social determinants of health among older Cambodians, this study adds to the literature by substantiating the important roles of financial conditions and social support in determining their health and well-being. Findings point to the importance of improving living standard and maintaining social support of the older population in the country.

STRESS IS A RISK FACTOR FOR SHINGLES AMONG OLDER ADULTS

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Stress is a risk factor for shingles. Empirical evidence of how stress affects getting shingles is lacking for the older population. This paper examines how chronic stress and stressful events are associated with incident shingles in a nationally representative sample of the population over age 50, the Health and Retirement Study. Using data for 2010-2016, we tracked 12,628 persons aged 50 and older with no history of shingles at 2010 until the first shingles occurrence and linked shingles to chronic stress appraisal and stressful events in the prior period. Chronic stress appraisal was measured in eight life domains: health, spousal/children, finance, work, residence, relationship, alcohol/drug, and caregiving. Adverse life events including spousal loss, involuntary job loss, residential move, negative wealth shock, and spousal onset of disability were included in an index of stressful events. 3.3% of sample members developed new shingles cases. Regression results suggest that having a higher burden of stressful events significantly increased the risk for shingles (OR:1.13, 95% CI=1.05, 1.22), whereas ongoing chronic appraisal was not associated with shingles onset (OR:0.99, 95% CI=0.96, 1.03). Our findings highlight the importance of preventive efforts on stress management in reducing risks for zoster.

THE EFFECT OF NEIGHBORHOOD COHESION ACROSS THE LIFESPAN ON COGNITIVE HEALTH

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Neighborhood environments may serve as protective factors against cognitive impairment and decline. Recent evidence shows that neighborhood cohesion is associated with better cognitive health in adulthood. We extend the current literature by evaluating how neighborhood cohesion across the lifespan may influence cognitive function in adulthood. We used data from the Health and Retirement Study (HRS) and the HRS Life History Survey. Participants who were 50-89 years old at baseline, completed up to 10 longitudinal waves, and were not cognitively impaired in the last wave were included in the analyses (N=2,057). Early-life neighborhood cohesion was assessed with participants' retrospective ratings of sense of belonging in their local areas at age 10, when they first had a full-time job, and at age 40.

Participants' assessment of neighborhood cohesion assessed at the final wave was treated as the current indicator of cohesion. Cognitive function was assessed with the full HRS cognitive battery. Preliminary findings from hierarchical mixed models showed an overall decline in cognitive function across time. Current and age 10 neighborhood cohesion were independently associated with better baseline cognitive function, but did not predict cognitive change. Interaction terms involving cohesion at age 10 and current neighborhood cohesion showed that current cohesion buffered the negative effect of low cohesion at age 10. No significant associations were observed for cohesion during the full-time job and age 40 periods. Although effect sizes were small, these results indicate that neighborhood cohesion in older adulthood may offset the detrimental effects of negative childhood environments on cognitive health.

THE EFFECTS OF SEVERE AND FREQUENT BACK PAIN ON MENTAL HEALTH: DOES PERCEIVED SOCIOECONOMIC STATUS MATTER?

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Back pain and mental health are related. The relationship may differ by socioeconomic status (SES); yet, research has not examined the moderating role of perceived SES. We examined if the association between back pain and poor mental health is more pronounced for older men with lower perceived SES. We used a sample of community-dwelling older men (>65yrs) with back pain from the Osteoporotic Fractures in Men Study (n=4,035). Participants reported their perceived SES in comparison to others in the community and in the nation (1=lowest—10=highest), back pain severity (mild—severe), and frequency (rarely—all of the time). Mental health was assessed with the 12-item Short Form Health Survey. Analyses were adjusted for sociodemographic and health covariates. Greater pain severity and higher pain frequency were associated with poorer mental health (p<.001). Only severe pain was associated with poorer mental health (p<.001). Pain 'some of the time' (p=.02), 'most of the time' (p=.02), and 'all of the time' (p=.001) were associated with poorer mental health. Adverse effects of pain were reduced with greater community SES (p<.001 for severe pain; p=.02 for 'all of the time' pain frequency) and greater national SES (p=.01 for severe pain; frequency n.s.). Reports of pain were worse for individuals with lower SES. Adverse associations of severe and high frequency back pain with poor mental health are more apparent in older men with lower perceived SES. Where one ranks oneself within their community or nation can influence the pain and mental health link.

THE IMPACT OF CONSCIENTIOUSNESS ON PARTICIPANT DROP-OUT: A NOVEL METHOD FOR ESTIMATING MISSINGNESS

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