

that age would moderate the relationship between racial microaggressions and psychological distress and anger rumination, that is, the relationship would be weaker for older than for younger adults. Participants were recruited from Amazon Mechanical Turk and were compensated \$1 for their participation. Preliminary tests of the hypotheses (N=220), using multiple regression analyses to test for moderation, failed to support the hypothesis that age would mitigate the impact of microaggressions on symptom severity. Both age and microaggressions were related to psychological distress and anger rumination, but contrary to prediction, older adults showed more exacerbation of distress in the face of microaggressions than younger adults. The results also differed by gender and ethnic groups, suggesting the importance of examining intersectional experiences of race, gender, and age in response to discrimination. These cross-sectional findings lend support to the importance of considering both subtle and overt discriminatory experiences in understanding the mental health challenges for minority groups in the U.S., but more work is needed to examine the intersection of ethnicity with other demographic variables, and to understand how the lifelong experiences of discrimination may shape older adults' vulnerability, well-being, and resilience.

A 20-YEAR COHORT STUDY OF LIVING ARRANGEMENTS AND COGNITIVE DECLINE IN THE MEXICAN AMERICAN POPULATION

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Backgrounds/Objectives: The prevalence of dementia in the elderly Latino population is expected to significantly increase from around 200,000 cases in 2000 to as many as 1.3 million cases in 2050. This demographic trend has important consequences for options in care and living arrangements. Very little is known about how cognitive impairment trajectories co-vary with support available to Mexican Americans. We examine the relationship between living arrangements and the social support of individuals with dementia. **Methods:** Using data from nine waves from the 23 years of the Hispanic EPESE (n=3,952), we examine trajectories of cognitive functioning and family and social support. We first describe the change in Mini Mental Status Examination (MMSE) scores for survivors from Wave 1 (1993/1994) to Wave 9 (2015/2016), n=255. Growth Mixture Modeling (GMM) is then used to assess how changes in MMSE scores are distributed among living arrangements for individuals living independently compared to household extension (living with others) using the full sample. **Results:** Analyses reveal different trajectories in MMSE score. 12% (n=27) of the sample had no decrease, while the remaining (88%) were split between moderate decline (60% n=136, 1-10 point decline in MMSE) and severe decline (28% n=62 >10 point decline in MMSE). Changes in living arrangement over the same period show that 89% of individuals who move from independent living into extended household experienced cognitive decline. **Conclusions:** This study provides new information on how cognitive trajectories are associated with living arrangements. We discuss implications for improving community-based interventions for Latino family caregivers.

RACE DIFFERENCES IN ALLOSTATIC LOAD AMONG BLACK AND WHITE MEN: DOES AGE MATTER?

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Although Black-White disparities in health and mortality among men persist, there is a paucity of work focusing on race differences in physiological dysregulation of biological processes resulting from the cumulative impact of stressors among men. The purpose of this study was to assess potential race differences in Allostatic Load (AL) among adult men and if such differences vary by age. Data were drawn from the 1999-2010 NHANES, and the study population included 2700 non-Hispanic Black (NHB) and 19930 Non-Hispanic White (NHW) born in US. AL was derived by summing across cardiovascular, metabolic, and inflammatory biomarkers considered to be high risk, resulting in a count variable ranging from 0 to 9. Race was based on self-report. Age was categorized: 18-24, 25-44, 45-64, and 65 years and older. Negative binomial regression was used to examine the relationship between race and AL score. Models included education, marital status, family income, health insurance and self-reported health. Adjusting for potential confounders, NHB men had a higher AL score ((incidence rate ratio (IRR) = 1.06, 95% confidence interval (CI) 1.01, 1.11) than NHW men. NHB men 25-44 years old had a higher AL score than (IRR = 1.14, 95% CI; 1.04, 1.24) than their NHW peers. No race differences with respect to AL score were observed among the other age groups. Race differences in AL vary by age categories. Efforts to improve longevity should focus on developing age-tailored health promoting strategies to reduce stress among Black men during early adulthood.

MIGRATION, MOBILITY, AND PURSUIT OF GOOD OLD AGES: NARRATIVES OF OLDER PUERTO RICAN ADULTS WHO MIGRATE

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Migration research has articulated "regimes of mobility," or multi-scalar movements (within and across households, communities, and borders) that are interconnected and embedded in unequal power relations. Research on late-life migration has been limited by: (1) simplistic conceptualizations of mobility as adaptive or traumatic; and (2) a focus on transnationalism. The migration of older adults between Puerto Rico and US mainland presents a new frontier for examining mobility in aging. Puerto Rico's population is rapidly aging and out-migrating. Moreover, as US citizens, Puerto Ricans experience no legal restrictions on migration typical of transnationalism. Yet little is known about their migration patterns and associated narrated meanings. I conducted semi-structured interviews and participant observation among older Puerto Ricans who migrated to the US