

of 6,015 adults aged 50 and older. Latent class analysis was used to determine chronic stress patterns by sex and race, and a three-step method was used to examine the effects of covariates on stress class memberships by race and sex subgroups. Results indicated that compared to White men, the high stress classes among White women, BIPOC men and BIPOC women contained more stressors. Interventions targeted towards the mitigation of chronic stress among older adults should consider how intersectional identities combine to create increased hardships and stressors.

TRAJECTORIES OF K-12 SCHOOLS AND DEMOGRAPHIC DIFFERENCES: EVIDENCE FROM 2017 LIFE HISTORY MAIL SURVEY

Wenshan Yu,¹ Xuefei Li,² and Jacqui Smith,³ *1. Institute for Social Research, University of Michigan (Ann Arbor), Ann Arbor, Michigan, United States, 2. Institute for Social Research, University of Michigan, Ann Arbor, Michigan, United States, 3. University of Michigan, University of Michigan, Michigan, United States*

Besides information about the highest degree, little information about early-life education is available in most population surveys. This study identified the trajectories of K-12 education history among older adults in the Health and Retirement Study born between 1930 and 1960, and examined the associations with demographic variables. Drawing on 2017 Spring and Fall Life History Mail Survey (LHMS; $n = 3,206$), we used sequence analysis to determine and classify trajectories of school types across the education history. We identified five trajectories: 1) always private school with White students, 2) always public school with White students, 3) always public school with Non-White students, 4) mostly private school with Non-White students, and 5) no report of school types. The trajectories showed that changes in school type (i.e. private to public) often happened in grade 9. Changes rarely happened across race/ethnicity groups (i.e. mostly White to mostly non-White). We used multinomial logistic regression to examine the relationship between demographic variables and education trajectories. We found that compared to Black participants, White participants were significantly less likely to be in mostly Non-White schools (public and private schools, $p < 0.001$). The 1940s and 1950s cohort were more likely to join mostly White private schools than the 1930s cohort (odds ratio: 1.70 for 1940s and 1.62 for 1950s separately, $p < 0.005$). Our findings illustrate a novel application of sequence analysis with life history data, as well as new evidence on racial segregation in early-life education within the last century.

Session 9450 (Poster)

Social Determinants of Health and Aging (SRPP Poster)

AREA DEPRIVATION SHARE: A NEW MEASURE OF SOCIAL NEED FACED BY HOSPITALS SERVING OLDER ADULTS

Kellia Hansmann,¹ Ryan Powell,² and Amy Kind,² *1. University of Wisconsin--Madison, Madison, Wisconsin, United States, 2. Geriatrics Division, Madison, Wisconsin, United States*

Medicare's Hospital Readmissions Reduction Program (HRRP) places disproportionate penalties on hospitals serving populations with complex medical and social needs. Without measures to identify the social need intensity of populations cared for by these hospitals, the HRRP cannot account for these risk factors, leading to burdensome penalties that may inadvertently hinder the ability of such hospitals to care for vulnerable populations. The objective of this study is to characterize the social need intensity of US hospital acute care populations. Using the Area Deprivation Index (ADI), a validated measure that ranks neighborhood socioeconomic disadvantage based on income, employment, housing, and education factors, we determined an "Area Deprivation Share" (ADS) for hospitals with 25 or more discharges using 100% of national Medicare claims data from 2013-2014. Hospital ADS is the proportion of qualifying discharges residing in the most disadvantaged neighborhoods ($ADI \geq 80$ th percentile) out of all qualifying discharges during the study period. Of 4,603 hospitals, median ADS was 17% (Interquartile Range: 6% - 34%). Hospitals in the highest quintile of ADS (39% to 100%), were more frequently located in small towns or isolated rural areas (52.6%, compared to 24.2% in lower quintiles) and served a higher percentage of Black patients (19.0%, compared to 9.7% in lower quintiles). ADS is a potential tool to inform future Medicare policy decisions. Additional research will inform how hospitals target care processes to meet the needs of older adults with complex social needs. Further study can also explore overlapping disadvantage domains of socioeconomic status, race, and rurality.

ASSOCIATION OF HOME BASED PRIMARY CARE ENROLLMENT WITH SOCIAL DETERMINANTS OF HEALTH FOR OLDER VETERANS

Anna-Rae Montano,¹ Augustus Ge,² Christopher Halladay,¹ Samuel Edwards,³ James Rudolph,¹ and Portia Cornell,¹ *1. Providence VA Medical Center, Providence, Rhode Island, United States, 2. Department of Veterans Affairs, Providence, Rhode Island, United States, 3. VA Portland Health Care System, Portland, Oregon, United States*

The Veterans Administration (VA) Home-based Primary Care (HBPC) program provides comprehensive primary care to older Veterans with multiple chronic conditions who may be at risk of adverse health outcomes due to their social determinants of health. Area Deprivation Index (ADI) can be used as a surrogate measure of a Veteran's social needs. The objective of this study was to estimate the effect of neighborhood disadvantage, as measured by ADI, on HBPC enrollment for a sample of older Veterans. We estimated a linear multivariate model in which the exposure was ADI and the outcome was enrollment in HBPC. Controls included clinical and demographic characteristics. In a final sample of 12,005,453 observations (total Veteran months) on 353,485 individual Veterans, 18.4% lived in high-deprivation neighborhoods (ADI greater than or equal to 80). Mean monthly probability of new HBPC enrollment was 0.0061. Controlling for clinical characteristics, housing instability, and distance from the medical center, Veterans residing in high-deprivation neighborhoods were 1.4% to 14.8% less likely to enroll in HBPC, though the association was not statistically significant. The VA HBPC program provides beneficial comprehensive, primary care services to Veterans at risk