used hierarchical regression analyses to first test the main effects of ELS on depressive symptoms and inflammation (high-sensitivity C-reactive protein). We then assessed whether four social factors (perceived support, frequency of social contact, network size, and volunteer activity) moderated the ELS-depressive symptoms and ELS-inflammation relationships. We found a small positive association between ELS and depressive symptoms (B=0.17, SE=0.05, p=.002), which was moderated by social contact and perceived support. Specifically, ELS was only associated with elevated depressive symptoms for participants with limited social contact (B=0.24, SE=0.07, p<.001) and low perceived support (B=0.24, SE=0.07, p<.001). These associations remained after accounting for potential confounders (age, body-mass index, adulthood stress, and marital status). ELS was not associated with inflammation, and no social factors moderated the ELS-inflammation link. Increased social contact and perceived support may be protective for individuals at an elevated risk of developing depressive symptoms as a result of ELS. Future interventions may benefit from leveraging these social factors to improve quality of life in adults with ELS.

FOOD AND NUTRIENT INTAKE AND DIET QUALITY AMONG OLDER AMERICANS

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A suboptimal diet and nutritional deficiencies can have important influences on health with significant impact among older adults. This study aims to assess the presence of suboptimal dietary intake among older Americans and identify risk and protective factors influencing diet quality. For this study, data from a nationally representative sample of 5,614 community-dwelling older adults over age 54 in the Health and Retirement Study – Health Care and Nutrition Survey were used. Descriptive analyses were conducted to assess average intake of 17 food groups and nutrients and the percentage of respondents who consumed an optimal amount of food and nutrients. Differences in diet quality by sociodemographic, psychosocial, environmental, and geographic factors were assessed using chi-square and OLS regression was used to identify risk and protective factors for good quality diet. Overall, only 10.7% of respondents had a good quality diet (HEI score 81 and above); the majority had diets considered poor or needing improvement. Less than 50% of respondents met dietary guidelines and nutritional goals for most individual food groups and nutrients. Respondents with low socioeconomic status, fewer psychosocial resources, and those who had limited access to healthy food outlets were more likely to have a diet of suboptimal quality. Efforts to remove identified barriers that put older adults at risk for poor nutrition and to provide resources that increase access to healthy food should be made to encourage healthy eating and enhance diet quality.

SESSION 10350 (LATE BREAKING POSTER)

PAIN MANAGEMENT

RACIAL DIFFERENCES OF ATTITUDES TOWARDS MEDICAL MARIJUANA USE AMONG AMERICAN OLDER ADULTS

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Background: Extensive evidence documented that medical marijuana (MM) could be used for pain management with fewer side effects. Although MM legalization remains controversial as it is perceived to be a "gateway drug", more states are striving for MM legalization and calling for health insurance coverage. Racial difference in the use of opioids for pain management is well-documented, which may also exist in the use of MM. This study explored an understudied topic on how people from different racial backgrounds perceive MM and its behind mechanism. Method: Data is from Health and Retirement Study Wave 2018 who answered the special modules on MM (n=1340). The attitude is proxied by two dichotomous measures on whether they think MM is acceptable and would lead to hard drug. Logistic regressions were used to evaluate the relationships between attitude and race, adjusted for sociodemographic, health and mental health, and MM knowledge. Moderating effects of diseases and socioeconomic-status (SES) were tested using interaction terms. Results: Older adults who hold positive attitudes towards MM are more likely to be younger, high SES, using opioids. Hispanics and Blacks are more negative towards MM relative to White counterparts. Blacks with cancer (OR=.30) are less likely to believe MM is acceptable, whereas blacks with arthritis are more likely to accept MM (OR=2.08) compared to Whites. Hispanic females (OR=.26) are more likely to oppose MM while Hispanics with higher education background (OR=4.3) are more likely to hold positive attitudes. Implication: The results may guide development of future guidelines on MM prescription.

STRESSORS AND PAIN OVER THE LATE-LIFE COURSE: FINDINGS FROM TWO PARENT LONGITUDINAL STUDIES OF AGING AND HEALTH

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With this study we sought to determine how older adults' stressors influence their levels and rates of change in pain during the late-life span. We harmonized repeated measures data from two parent longitudinal studies of aging and health, Longitudinal Late-Life Health (LLLH; n=1,1884) and the Health and Retirement Study (HRS; n=7,703), to determine how participants' stressor levels in the domains of finances, spouse, children, extended family, and friends, and in stressors overall, influenced their