

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