Despite the benefits of social support on the well-being of Black men across the life course, scholars are more closely examining the potentially negative outcomes associated with some social networks. As one support system, the Black church frequently serves middle and old age Black men who identify as religiously involved. Yet, higher levels of religious involvement have also been associated with more church-related negative interactions. The present study utilizes a grounded theory approach to examine the negative interactions of religious middle and old age Black men. A semi-structured interview protocol is used to gather data from 35 Black men between the ages of 45 and 76. Analyses reveal that church-related negative interactions broadly fall within the following themes: (1) Ageism Within Intergenerational Churches, (2) People Are Messy, and (3) Issues with Leadership. Since negative interactions can be more detrimental than social support is beneficial, health-related implications are discussed.

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 has been 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 racial differences in Allostatic Load (AL) among adult men and if such differences varied by age. Data were drawn from the 1999-2016 NHANES and the study population included 21,529 non-Hispanic Black (NHB) and 34,282 Non-Hispanic White (NHW) born in US. Adjusting for potential confounders, NHB men 25-44 and 45-64 had a higher AL score (OR = 1.19, 95% confidence interval (CI) 1.00, 1.42) and (OR = 1.14, 95% confidence interval (CI) 1.02, 1.28) NHW men. No race differences with respect to AL score were observed among the other age groups. The results suggest that age plays a role in race differences in AL.

RELIGIOUS SERVICE ATTENDANCE, ALLOSTATIC LOAD, AND MORTALITY AMONG BLACK MEN

Black men experience high levels of social and psychological stress and religion has been a coping strategy. The purpose of this study was to examine the association between religious service attendance and mortality among Black men. Data were drawn from the NHANES III (1988-1994) sample linked to the 2015 public use Mortality File. The analytic sample (n=2300) was restricted to Black men. All-cause mortality was the primary outcome and religious service attendance was the primary independent variable. Findings from Cox proportional hazards models indicated participants who attended at least once per week were 18% less likely to die than their peers who did not attend a religious service at all (fully adjusted HR 0.82; CI 0.68-0.99). The robust association between religious service attendance and mortality among Black men suggest that prospective studies are needed to further examine the influence of religion on health among this population.

Session 3645 (Symposium)
SOCIAL DETERMINATES OF HEALTH AMONG OLDER ADULTS LIVING WITH HIV/AIDS
Chair: Erin Robinson Co-Chair: Tonya Taylor
In the United States (U.S.), people aged 55 years and older make up 36% of people living with HIV/AIDS (PLWHA). Nearly 20% of new HIV infections occur among people aged 50+. While medical breakthroughs in HIV treatment have allowed PLWHA to live longer, healthier lives, structural conditions still exist that affect health outcomes of older adults living with HIV/AIDS (OALWHA). These conditions continue to disproportionately burden OALWHA, particularly older adults of color. Therefore, a greater understanding of the social determinates of health (SDH) is essential to continue making progress in HIV treatment, maintenance, and prevention. The U.S. Centers for Disease Control and Prevention (CDC) has highlighted several SDH among OALWHA, including: poverty, education, income, employment status, health insurance coverage, and housing. This symposium will highlight emerging research that examines several of these indicators among OALWHA. Using a variety of research methodologies, the five abstracts included in this symposium aim to address: 1) psychosocial risk factors of quality of life; 2) life instability and mental health; 3) institutional barriers and facilitators of successful aging; 4) determinants of engaging in advance care planning; and 5) a needs assessment of OALWHA, with particular emphasis on SDH. Results from this research identify several priority areas (such as housing instability, mental health, food insecurity, and isolation) for healthcare leaders to consider in targeting future policy, programming, and funding. Future initiatives are essential to help continue the progress in HIV/AIDS treatment and prevention, including addressing SDH among the aging population living with HIV/AIDS.

PSYCHOSOCIAL RISK FACTORS OF QUALITY OF LIFE OUTCOMES AMONG OLDER ADULTS LIVING WITH HIV
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