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The purpose of this research was to explore mental and physical perceptions in older adults living independently but facing the challenge of poverty and being away from family. Focus groups were conducted at a low-income facility for independently capable older adults for a period of three months. Mental health was a major component of concern, particularly with respect to disabling effects of depression and anxiety. "Vulnerability" was a common word used. Some of them experienced elder abuse that occurred when they were living with their families. Results suggested that there may be a significant mental health component to aging in place, a concept that in the past was typically thought of almost entirely within the context of physical health. It may therefore be useful to investigate combined physical and mental health focused interventions to address resident concerns related to aging in place.

AGEING IN A GENTRIFYING NEIGHBOURHOOD: EXPERIENCES OF URBAN CHANGE IN LATER LIFE

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This paper examines the impact of gentrification on the lives of older people. Findings are reported from participatory action research in a gentrifying neighbourhood in Manchester, UK. The research trained 18 older people as co-researchers leading a study developing 'age-friendly' neighbourhoods. The co-researchers assisted with focus groups (n=58 participants) and 30 in-depth interviews with older residents about their experiences of the neighbourhood. The interviews were carried out in environments undergoing gentrification, with younger professionals moving into the neighbourhood. The paper considers challenges and exclusionary pressures facing older people, as well as how they are active in creating a sense of belonging in a neighbourhood undergoing change. The paper explores reasons for the 'invisibility' of older people in gentrification research; considers the range of responses – both positive and negative – to gentrification; and highlights the need for a range of interventions which can promote the age-friendliness of urban communities.

SESSION 1440 (PAPER)

LIFE COURSE DEVELOPMENT AND AGING

PSYCHOLOGICAL RESILIENCE AND HEALTH AMONG OLDER ADULTS: A COMPARISON OF PERSONAL RESOURCES

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Life course studies increasingly note the importance of psychological resilience (PR) in modifying negative outcomes, especially in the wake of adverse life course events.

Although the salience of PR in later life has been established in specific groups, such as veterans, little is known about its efficacy for health in the broader population of older Americans. We utilize the Health and Retirement Study (HRS) and items in the Leave Behind Questionnaire (LBQ) (N=13,930) to compare a recently developed measure of PR to three personal resources commonly utilized in the literature: mastery, optimism, and hopefulness, in its connection to self-reported health and well-being. Cross-sectional and 2-year change score results from ordinary least squares regressions (OLS) suggest that after standardization, PR's significant protective associations with all four health outcomes (self-rated health, depressive symptoms, functional limitations, activities of daily living) are substantially stronger (between 5 and 10 times the magnitude) than the other personal resources tested, net of demographic and socioeconomic controls. Further, results suggest PR may be particularly salient for racial minorities in their self-assessments of well-being. Further analysis in an SEM framework will include formal difference tests across effect sizes and trajectories of the health outcomes to 1. directly account for health selection into resilience and 2. determine whether the effects of PR and other resources have lasting or cumulative impacts across later life. Our preliminary findings suggest PR is a powerful personal resource compared to other commonly used measures in connection to later life health and well-being.

ARE BIOLOGICAL CONSEQUENCES OF CHILDHOOD MISFORTUNE DETECTABLE DECADES LATER?

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The importance of early insults to raise disease risk is clear, but do such early insults accelerate the fundamental process of human aging? To examine the biological mechanisms of stress and detect premature aging, researchers increasingly turn to measurable biological properties referred to as biomarkers. Informed by cumulative inequality theory, this study investigates the association between six domains of childhood misfortune—socioeconomic disadvantage, risky parental behavior, risky adolescent behavior, infectious diseases, chronic diseases, and impairments—and a biomarker of aging, telomere length. This study uses data from Wave 9 (2008) of the Health and Retirement Study, a nationally representative panel survey of adults over the age of 50. Findings reveal that experiencing one risky parental behavior in childhood compared to none is associated with shorter telomeres among men. Among women, parental smoking is indirectly associated with shorter telomeres through adult smoking. In addition, women whose parent(s) abused substances had shorter telomeres. The effect of childhood misfortune also varies by race; Black women with one impairment or two or more infectious diseases have longer telomeres than Black women with no impairments or infectious diseases, respectively. Moreover, parental longevity is a useful proxy for family lineage; respondents whose mother lived at least until the age of 85 have longer telomeres, net of demographics and adult health risks and resources. Taken together, early life insults have long lasting and latent effects on the fundamental processes of aging, but mothers who live to notable ages are resources for the biological aging of their adult children.