Ageism is recognized around the world as detrimental to older adults’ health and well-being, and there are differences in how cultures view older adults. Infrequently are ageist attitudes among cultures compared within one study. Here, we sought to examine views on older adults across cultures in a sample of university students attending school in North America (n = 31). As part of a larger survey of ageist attitudes, we conducted a thematic analysis on open-ended responses to the question “How are older adults viewed in your culture?” Half of the respondents were international students. Results found similarities and differences between groups. First, both groups saw older adults as individuals who are and should be respected. Second, however, North American students viewed older adults as “important” and “role models”, whereas international students viewed older adults as “leaders” and at the “head of the family”. Third, North American students saw older adults as needing extra help.” In contrast, international students reported that families should provide care as a duty or responsibility. Fourth, North American students believed older adults provide wisdom, love, and support but the international students felt older adults provided knowledge, experience, and opinions that are valued by the family and society that are important to decision making. Finally, North American students describe negative perceptions and experiences with older adults, which was completely absent from the international students responses. Results are discussed in a cultural context of personal and formal relationships with elders.

SELF-RELATED VIEWS OF AGING AFTER AGE 50: THE LONG-TERM EFFECTS OF POOR HEALTH IN CHILDHOOD
Jacqui Smith, and Marina Larkina, University of Michigan, Ann Arbor, Michigan, United States

Age stereotypes and expectations about one’s own aging commence in childhood but most research focuses on predictive associations with midlife health behaviors, later-life chronic conditions, and longevity. Surprisingly little is known about the role of poor childhood health in these associations. This study aims to fill this gap. Using data from the Health and Retirement Study (HRS: N = 5807; aged 50-98), we investigated whether diagnosed chronic illness before age 16 and self-rated childhood health predict late-life self-perceptions of aging (SPA) and subjective age discrepancy (AD). We conducted multivariate multiple regressions to determine the joint and unique effects of childhood health. Models included controls for current health (functional limitations), memory status, and demographic covariates (age, gender, race/ethnicity, marital status, and education). Multivariate tests (Pillai’s trace) revealed that both childhood health indicators were significant predictors. Over and above all covariates and the covariation of the two views of one’s own aging, univariate models showed that the number of childhood diagnoses was significant predictor of AD (p < .007) but not for SPA. In contrast, self-rated childhood health was a significant predictor of SPA (p < .001) but not for AD. This study provides new insight into precursors of self-evaluations of aging. Whereas childhood diagnoses of chronic illness attenuated the extent that individuals felt younger than their actual age, ratings of poor childhood health enhanced negative SPA. The non-normative experience of poor health in early life is a lifelong foundation for both late life beliefs and health.

THE EFFECT OF NONESSENTIALIST BELIEFS ABOUT AGING ON HEALTH BEHAVIOR INTENTIONS
Ga-Eun (Grace) Oh, Open University of Hong Kong, Kowloon, China

Globally, as people expect the longer life expectancy than ever before, people have increasing concerns about their health and aging. Although what people believe regarding aging can affect their health behaviors, limited research has investigated which beliefs regarding aging influence health behaviors. Previous research has shown that essentialist beliefs about aging reflect beliefs that the aging process is fixed, while nonessentialist beliefs about aging reflect the beliefs that the aging process is rather malleable. Since beliefs in nonessentialism regarding aging imply the benefits of health-promoting behaviors, we examine if manipulating nonessentialist beliefs about aging could contribute to intentions to engage in health behaviors. We also investigate if age and income might moderate the effect of nonessentialist beliefs. We conducted an experiment with a sample of American participants of varied ages (n = 599). The results showed that compared to essentialist beliefs, nonessentialist beliefs regarding aging significantly increased an intention to eat healthy food but they did not improve intentions of other health-promoting behaviors in terms of regular exercise and consumption of fruits and vegetables. Income moderated the effect of essentialist beliefs on an intention to eat fruits and vegetables. Specifically, nonessentialist beliefs had a positive effect among high-income people but rendered a negative effect among low-income people. Together, the present findings provide initial evidence that nonessentialist beliefs have a potential to promote health behaviors and call for the further investigation of the effects of educating nonessentialist beliefs on actual health behaviors and the boundary conditions of the effects.

THE IMPACT OF MEMORY STEREOTYPE THREAT ON MEMORY AND MEMORY SELF-EFFICACY IN OLDER ADULTS
Lauren Fredriksen, Renee’ Zucchero, Brock Partlow, Ruth Infante, Janie Taylor, and Haley Washburn, Xavier University, Cincinnati, Ohio, United States

This study examined the impact of memory stereotype threat on memory duration (e.g., short-term and long-term) and modality (e.g., verbal and non-verbal), and memory self-efficacy in older adults who live independently (Mage = 77 years). Participants (N= 66) were randomly assigned to a group that received either neutral instructions or memory stereotype threat inducing instructions. All participants completed the California Verbal Memory Test-Second Edition (CVLT-2), the Rey Complex Figure Test (RCFT), a memory self-efficacy measure, and a demographics survey. An independent samples t-test indicated participants in the stereotype threat group reported significantly lower memory self-efficacy than participants in the neutral group. The main effect of the within-subjects factor of a 2x2 mixed analysis
of variance (ANOVA) indicated that participants performed significantly better on short-term non-verbal memory than long-term non-verbal memory. There was no significant difference between the neutral and stereotype threat groups in memory modality or duration. These results may indicate that the instructions used to induce memory stereotype threat were not phrased strongly enough to elicit poorer performance on the CVLT-2 and RCFT in the memory stereotype threat group. Additionally, participants reported having a high level of education (i.e., a master’s degree was the modal educational level), which may have served as a buffer for memory stereotype threat. The findings call for future research to explore the impact of level of education on memory self-efficacy in older adults. Also, future research may focus on the impact of the strength of memory stereotype threat on memory performance.

THE INFLUENCE OF AGING ATTITUDES ON THE RELATIONSHIP BETWEEN LONELINESS AND PERCEIVED HEALTH

Kate Kondolf, Zoe Shelton, and Silvia Sörensen,
University of Rochester, Rochester, New York, United States

Loneliness has negative implications for both psychological and physical wellbeing. Age-related impairments further limit social ties, making older adults with vision loss more susceptible to loneliness. Negative age stereotypes directed at the self over the course of one’s personal aging process (Levy, 2009) have harmful effects on cardiovascular health (Levy et al., 2009), engagement in health behaviors (Stewart et al., 2012), longevity (Sun et al., 2017), and psychological well-being. Feelings of loneliness are strongest among individuals who believe that loneliness is a part of aging (Pikhartova et al., 2015). Although loneliness and aging attitudes are both closely linked to health, their interplay has not been investigated within older adult populations. We hypothesized that attitudes about aging would increase as a result of loneliness and thus help explain the relationship between loneliness and perceived health. This study used baseline data from an intervention study of older adults with Macular Degeneration (N=224, aged 60-96, 63.4% female, 20% low-income). Measures: 8-item UCLA Loneliness Scale, Attitudes toward Own Aging scale (ATOA for self-stereotypes, Lawton, 1975), One-item self-reported health. Results: Linear regression showed significant relationships between loneliness and health (β=-.145, p<.05), loneliness and ATOA (β=.32, p<.001), and self-stereotypes and health (β=.45, p<.001). Adding ATOA to the model regressing health on loneliness rendered the direct effect of loneliness on health non-significant (β=.014, p=.833), suggesting a mediator effect. Analyses controlling for age, gender, and education yielded comparable results, with the explained variance increasing from 5% (demographics and loneliness) to almost 24% (adding ATOA as mediator).

THE SOCIAL PATTERNS OF AGE DISCRIMINATION: AN ANALYSIS OF THE MACRO-PERSPECTIVE-INTERPRETATIONS

Stefan Hopf, National University of Ireland Galway, Galway, Ireland

Modern societies can be regarded as service economies, consequently accessing services is an essential part of social and economic participation. Direct and indirect indiscrimination act as barriers to accessing and using services and one way to address these barriers is to implement anti-discrimination legislation and policy. From a sociological point of view, such policies and legal frameworks can be described as elements of the social discourse in these areas. These texts, along with their implicit and explicit interpretations of the problem, represent the official and legitimised stake of the socially available stock of knowledge of what constitutes age discrimination. Hence the shape and contribute to the general understanding of age discrimination. The study aims to investigate the interpretation patterns offered by the “supply” side, that is by those actors who in their work refer to but also (re-) shape and disseminate the problem interpretation contained in the official texts. To address this aim, focus groups with stakeholders and semi-structured interviews with legal and policy experts were conducted in Austria and Ireland. The findings highlight that experts and stakeholders’ definitions of age discrimination usually extend past legal and policy concepts. The expert and stakeholder approaches differ in their starting points for describing the problem, ranging from vulnerability considerations to human rights-based concepts and more structurally orientated needs-based criteria. Finally, the analysis also reveals a central distinguishing feature of age discrimination, namely the “de-temporalization” and “de-historicization” of the person, which is of equal importance as the de-individualization as a consequence of stereotyping.

WHAT ARE THE MOST DISTRESSING ASPECTS OF EXPERIENCING ELDER ABUSE? FINDINGS FROM A QUALITATIVE STUDY WITH VICTIMS

Jessica Hsieh, David Burnes, Clara Scher,
Paula Zanotti, Chelsie Burchett, Jo Anne Sirey, and Mark Lachs, 1 University of Toronto, Toronto, Ontario, Canada, 2. Weill Cornell Medicine, White Plains, New York, United States, 3. Weill Cornell Medicine, New York, New York, United States, 4. Weill Cornell Medicine, New York City, New York, United States

Adult protective services and other community-based agencies respond to hundreds of thousands of elder abuse cases annually in the United States; however, few studies include elder abuse victims’ voices. This study explored the most distressing aspects of elder abuse, as identified by victims themselves; to date, this is the first known study on this topic. Guided by a phenomenological qualitative methodology, this study conducted in-person, semi-structured interviews with a sample of elder abuse victims (n = 30) recruited from a community-based elder abuse social service program in New York City. To enhance trustworthiness, two researchers independently analyzed transcript data to identify key transcript codes/themes. Distressing aspects of elder abuse were identified across three key domains, related to feelings of loss (50% of codes), threats/negative consequences (55%), and client-needs/system incongruity (14%). Specifically, the first theme represented outcomes related to loss of relationships (19% of ‘loss’ codes), personhood (16%), credibility (19%), faith/trust in others (38%), and finances (8%). The second theme looked at threats to physical self (34% of ‘threat’ codes), psyche (39%), and others, including the perpetrator (27%). The third theme focused on mismatches in client/