subjective age being least related to the other measures. The highest overlap was observed between optimism and global self-perceptions of aging (.69) and it was for these global self-perceptions that the highest amount of variance could be explained by correlates in a regression analysis (R-square=.55). In contrast, only 10% of variance could be explained for subjective age. Our results underline the merit of taking the multidimensional nature of subjective aging into account since global measures appear less distinct from general personality traits.

THE ASSESSMENT OF VIEWS ON AGING: A REVIEW OF SELF-REPORT MEASURES AND INNOVATIVE EXTENSIONS

Nanna Notthoff,1 Ann-Kristin Beyer;2 Anne Blawert,3 Martina Gabrian,4 and Verena Klusmann1,1.
Leipzig University, Leipzig, Germany, 2. Charité Universitätsmedizin Berlin, Berlin, Berlin, Germany, 3. Friedrich-Alexander University of Erlangen-Nürnberg, Nuremberg, Bayern, German, 4. Independent Researcher Scientific Network Images of Aging, Frankfurt, Hessen, Germany, 5. University of Konstanz, Konstanz, Baden-Wurtemberg, Germany

Individual views on aging refer to either older people in general or to a person’s own age and aging. Classical approaches seem to hardly map the multidimensional, multidirectional, and highly individual nature of experiences as well as the malleability of perceptions of aging. For this paper, we reviewed existing measures of views of aging. These were categorized based on eight dimensions which were defined by an expert panel and based on current characterizations of views on aging in the literature. Results on 96 instruments call for a strengthening of the affective and the behavioral components in contrast to the apparently cognitive focus of the measures and argue for a stronger emphasis on the developmental nature of views on aging (time references, changes). This is particularly important when aiming to study the lifelong dynamics of views on aging. The suitability of innovative extensions will be discussed.

DO SERIOUS HEALTH EVENTS CHANGE HOW WE VIEW OUR OWN AGING? ON THE ROLE OF CARDIOVASCULAR EVENTS

Julia K. Wolff,1 Svenja M. Spuling,2 Ann-Kristin Beyer,3 Maja Wiest,4 and Susanne Würm4,1.1. Friedrich-Alexander-Universität Erlangen-Nürnberg, Nuremberg, Bayern, Germany, 2. German Centre of Gerontology, Berlin, Berlin, Germany, 3. Charité - Universitätsmedizin Berlin, Berlin, Berlin, Germany, 4. Freie Universität Berlin, Berlin, Berlin, Germany

Several studies have demonstrated beneficial effects of views on aging (VoA) on health, while the reverse relationship is seldom in focus. Serious health events (e.g., myocardial infarction) are life-threatening and remind individuals of the finitude of life possibly changing their VoA. The present study investigates the effect of cardiovascular events (CVE) on longitudinal changes in VoA using pooled data of three waves of the German Ageing Survey (2008, 2011, 2014, age-range: 40-95 years). To account for alternative explanations, individuals without CVE were matched to the individuals with CVE (n = 202) using a propensity-score-matching approach. Individuals who experienced a CVE showed more adverse changes in three VoA indicators (aging associated with physical losses, ongoing development, felt age) than individuals without CVE. Results show that CVE can change how we view our own aging which in turn affects future health changes. Following a CVE people may benefit from promoting positive VoA.

YOUNG PEOPLE FEEL WISE, OLD PEOPLE FEEL ENERGETIC: COMPARING AGE STEREOTYPES AND SELF-EVALUATIONS ACROSS ADULTHOOD

Anna E. Kornadt,1 Catherine E. Bowen,2 Svenja M. Spuling,3 and Maja Wiest3,1. 1. Bielefeld University, Bielefeld, Germany, 2. Independent Researcher, Vienna, Wien, Austria, 3. German Centre of Gerontology (DZA), Berlin, Berlin, Germany, 4. Free University Berlin, Berlin, Berlin, Germany

Using questionnaire data from the MIDUS study (N=6.325) we examined the extent to which people in their late 20s, 40s, and 60s think that positive stereotypic “old” and “young” characteristics describe themselves, their age peers, and other age groups. A constellation of “old” characteristics (e.g., wise, caring, calm) was seen as more descriptive of older adults, while a constellation of “young” characteristics (e.g., healthy, energetic) was seen as more descriptive of younger adults. Self-evaluations were highly positive and largely consistent across age groups. Compared to their age peers, younger adults saw themselves as having as many positive “young” characteristics but more positive “old” characteristics whereas older adults saw themselves as having more positive “young” characteristics, but fewer positive “old” characteristics. The results support the stability of the aging self despite the existence of age stereotypes and the role of negative age stereotypes as a frame of reference for making self-evaluations.

SESSION 4000 (SYMPOSIUM)

AGING IN LATIN AMERICA: A FOCUS ON MIDDLE-INCOME COUNTRIES

Chair: Catherine Garcia, University of Southern California, Los Angeles, California, United States
Discussant: Maria P. Aranda, University of Southern California, Los Angeles, California, United States

Population aging is occurring rapidly across Latin America, a region that includes some of the world’s most racially, ethnically, and culturally diverse populations. Aging in this region is occurring in a context of high levels of poverty and income inequality, which has implications for disease risk, cognitive health, and overall well-being. This symposium focuses on Mexico and Colombia, two of Latin America’s largest middle-income countries, which have recently undergone rapid epidemiological and demographic transitions. The papers in this symposium examine a variety of health dimensions among older Latinos that include physiological functioning, cognition, and psychological and physical well-being. Garcia uses the Mexican Health and Aging Study (MHAS) and the Health and Retirement Study (HRS) to examine markers known to predict health risk among Mexican-origin populations: Mexico-born living in Mexico, Mexico-born living in the U.S., and U.S.-born Mexican-Americans. Saenz examines the importance of education on late-life cognitive ability among Mexicans.
using data from the MHAS Cognitive Aging Ancillary Study. Using data from the Colombian Survey of Health, Well-Being, and Aging (SABE-Colombia), Ailshire examines variation in biological risk across key subgroups of the population. Osuna uses data from the Colombian National Quality of Life Survey (ENCV) to determine if social and economic inequalities are reflected in unequal health and well-being among older adults. Results highlight which Latin American populations have increased risk for poorer health, which merit further research and policy attention. The findings highlight the importance of understanding health and well-being in the rapidly growing older adult populations of Latin America.

BIODIVERSITY RISK PROFILES IN THE OLDER MEXICAN POPULATION
Catherine Garcia,1 Joseph Saenz,1 Jennifer A. Ailshire,1 Rebecca Wong,2 and Eileen M. Crimmins1, 1. University of Southern California, Los Angeles, California, United States, 2. University of Texas-Medical Branch, Galveston, Texas, United States

Research examining biological risk is critical given that both the Mexican and U.S. populations are aging. Biomarkers can help us understand underlying disease patterns among Mexican-origin individuals in Mexico and the U.S. to help inform disease-prevention efforts for these populations. Using data from the 2012 Mexican Health and Aging Study and the 2010/2012 Health and Retirement Study, we examine seven biomarkers known to predict health risk: systolic and diastolic blood pressure, pulse rate, total cholesterol, HDL cholesterol, glycosylated hemoglobin, and C-reactive protein. Logistic regression models, controlling for age and sex, are used to predict high-risk for each biomarker among Mexico-born Mexicans, Mexico-born Mexican-Americans, and U.S.-born Mexican-Americans. Results show that Mexico-born Mexicans exhibit higher biological risk for systolic blood pressure, pulse rate, low HDL cholesterol, glycosylated hemoglobin, and inflammation than Mexico-born and U.S.-born Mexican-Americans. Additionally accounting for socioeconomic status and health behaviors did not explain differences in high-risk among Mexican-born Mexicans.

ENVEJECIMIENTO Y ESTRATOS: SOCIOECONOMIC INEQUALITY IN AGING IN COLOMBIA
Margaret A. Osuna,1 and Jennifer A. Ailshire1, 1. University of Southern California, Los Angeles, California, United States

Colombia has the highest level of income inequality among Latin American countries, which likely translates into disparities in the aging experience. This study uses data on adults ages 60 and older from the 2017 National Survey of Quality of Life to examine socioeconomic stratification in physical health and psychological well-being. Colombians are assigned to estratos that reflect their residential location as well as social and economic position. Compared to those in the lowest estrato, older adults in the middle and high estratos are less likely to report having sensory impairment or difficulty with daily activities. They are also 1-2 times more likely to report feeling happy and calm. Those in the highest estratos are less likely to report feeling worried. Results suggest there is tremendous variation in the aging experience across socioeconomic strata and that older adults in the lowest strata are particularly disadvantaged with respect to health and well-being.

THE DIRECT AND INDIRECT EFFECTS OF EDUCATION ON LATE-LIFE COGNITIVE ABILITY IN MEXICO
Joseph Saenz,1 Eileen M. Crimmins,1 and Elizabeth Zelinski1, 1. University of Southern California, Los Angeles, California, United States

Education and cognitive ability are closely associated. Less is known regarding mechanisms of this association. We evaluate direct effects of education on cognition and indirect effects through health and socioeconomic status (SES) in Mexico. We analyze adults age 50+ from the 2016 Mexican Cognitive Aging Ancillary Study (n=2,042). We constructed latent variables of visual and verbal cognitive abilities. Using structural equation modeling, we estimated direct effects of education on cognition and direct effects through SES (income and wealth), and health (chronic conditions and health behaviors). Small, yet statistically significant, indirect effects of education on cognition through income, wealth, and stroke (for visual ability) and through stroke (for verbal ability) were observed. However, the majority of the association between education and cognitive ability (90% and 96% for visual/verbal cognitive ability, respectively) was not explained by SES or health. Interventions to reduce disparities in late-life cognitive ability should address educational disparities in early-life.

VARIATION IN BIOLOGICAL RISK AMONG OLDER COLOMBIANS BY AGE, GENDER, AND EDUCATIONAL ATTAINMENT
Jennifer A. Ailshire,1 and Margarita Osuna1, 1. University of Southern California, Los Angeles, California, United States

Recent rapid aging in Colombia raises questions about the health status of older adults, but there has been very little research in this population. This study examines variation in biological risk by age, gender, and educational attainment using data from the 2015 SABE-Colombia, a nationally representative survey of Colombians ages 60 and older. Levels of cholesterol (total, HDL, and LDL), triglycerides, glucose, and hemoglobin were measured from whole blood and clinical cut-points were used to determine high-risk on each indicator. The five metabolic indicators were summed to create a total risk score; 58% of older adults had a score of 1 or more. Those ages 80 and older and women had lower risk, as did those with at least primary education. These patterns were also observed for high-risk on hemoglobin (13% prevalence), an indicator of anemia. Most older Colombians have some biological risk, but this varies by key subgroups.

SESSION 4005 (PAPER)

CHRONIC DISEASE AND MULTIMORBIDITY MANAGEMENT

ENGAGEMENT AND EFFECTIVENESS OF USING MOBILE APP FOR DIABETES SELF-MANAGEMENT AMONG OLDER ADULTS
Mei-Lan Chen,1 Shinyi Wu,1 and Hyun-Jian Lee,1, 1. Byrdine F. Lewis College of Nursing and Health Professions, Georgia State University, Atlanta, Georgia, United States, 2. University of Southern California, Los Angeles, California, United States, 3. 

GSA 2019 Annual Scientific Meeting