The Tailored Activity Program (TAP) is a proven program delivered primarily by occupational therapists addressing dementia-related clinical symptoms including caregiver well-being. Although used in 9 countries including the United States, scaling and widespread dissemination is challenging. We discuss key revisions to TAP to facilitate dissemination including matching assessments to those used in different practice settings, translation of materials into different languages, providing worksheets to help trainees adapt TAP to local contexts and a training/certification online experience using story board, an interactive media integrated onto the Blackboard learn management system, to provide on-demand training modules. The learning platform allows learners to engage with others, preview modules and share experiences. Revisions enable greater flexibility for program adaptation yet adherence to its core principles. With over 150 trainees, we use REAIM to evaluate effectiveness of modifications and to understand implications for its reach. Part of a symposium sponsored by the Behavioral Interventions for Older Adults Interest Group.

CROSS-CULTURAL ADAPTATION OF THE TAILORED ACTIVITY PROGRAM FOR BRAZILIAN PORTUGUESE
Marcia Novielli, University of Sao Paulo, Santos, Sao Paulo, Brazil

Brazil lacks an Occupational Therapy methodology of action, justifying the cross-cultural adaptation of TAP. Objectives were to adapt TAP reference materials to the Brazilian culture and evaluation of the applicability of the Portuguese version by perceptions of Occupational Therapists (OT) and family caregivers. The methodology used translation, back translation, evaluation of semantic, idiomatic, conceptual and cultural equivalences and pre-test of materials for production in Portuguese. The OT applied the translated version and evaluated its applicability. Caregivers evaluated the social impact of the adapted program. The cross-cultural adaptation process adapted the entire materials program to Portuguese culture. The OT perception is a need to include one session to guide caregivers and to modify the cognitive assessment used. The caregivers pointed out that TAP helps them in understanding and caring for the elderly with dementia. The TAP-BR has been adapted to the Brazilian culture. Part of a symposium sponsored by the Behavioral Interventions for Older Adults Interest Group.

CULTURAL ADAPTATION OF THE HOME-BASED TAILORED ACTIVITY PROGRAM IN CHILE
Jean Gajardo, 1 Jose Aravena, 2 Ignacia Navarrete, 3 Andrea Slachevsky, 4 and Laura Gitlin, 5 1 Universidad San Sebastián, Santiago, Chile, 2 School of Public Health, Yale University, New Haven, Connecticut, United States, 3 Universidad de Chile, Santiago, Region Metropolitana, Chile, 4 Universidad de Chile, Santiago, Region Metropolitana, Chile, 5 Drexel University, Philadelphia, Pennsylvania, United States

Chile is currently implementing policies addressing dementia care with efforts to translate evidence-based programs towards culturally sensitive models of care. This study describes the cultural adaptation of the Tailored Activity Program (TAP). A complementary mixed-method design was performed following the 4-phase Dynamic Adaptation Process (DAP) model by Aarons et al, 2012. Ten dyads (family caregivers and people with dementia) completed a regular 8-session home-based TAP intervention during 2017-2018. Qualitative data was collected through interviews and observation with caregivers, and weekly follow-up and a focus group with provider occupational therapists. Quantitative data in pilot testing was obtained through assessments at baseline and after intervention. The TAP was well accepted by family caregivers, and sociocultural adaptations on content, context, target level, and training were identified. Significant reduction of frequency and severity of neuropsychiatric symptoms in individuals with dementia was found, and caregivers reported reduction of depressive symptoms, improved perceived well-being & self-confidence. Part of a symposium sponsored by the Behavioral Interventions for Older Adults Interest Group.

SESSION 5810 (SYMPOSIUM)

UNDERSTANDING HEALTH CONCERNS OF OLDER ADULTS: HEALTH PERSONALITY, HEALTH ACTIVATION, AND WELL-BEING
Chair: Peter Martin

Individuals display different levels of concern about their health. These overall concerns may be a result of health personality dispositions based on the five-factor model of personality. They include health neuroticism, health extra-version, health openness, health agreeableness, and health conscientiousness. Furthermore, whether older adults take active care of their health and how they view their overall physical and emotional well-being may depend on these health personality dispositions. This symposium sheds light on the association between health personality, resilience, activation, and well-being. The first presentation provides an overview of our health personality conceptual model and summarizes measurement properties of the Health Personality Assessment. The second presentation highlights demographic differences in health personality. Gender, age, marital status, and regional differences in health personality are reported. The third presentation links health personality with levels of health activation and resilience. Direct and indirect effects of health personality on resilience and health activation are presented. Finally, we highlight results about the relationship of health personality with physical and emotional well-being in later life. All five health personality dispositions directly related to physical and mental health. Our discussion emphasizes practical implications for health practitioners and outlines future research on health personality and outcomes.

HEALTH PERSONALITY AND WELL-BEING: AN OVERVIEW
Peter Martin, Joseph Kim, Rotem Arieli, and Nicholas Cone, Iowa State University, Ames, Iowa, United States

It is well established that there are interindividual differences in many areas of well-being. Based on previous segmentation research and work connecting personality traits to health outcomes, we developed the health personality segmentation model. The health personality segmentation
model takes a person-centered approach to provide optimal health care based on segmenting individuals through health personality factors. The presentation provides an overview of health personality, defined as a set of individual dispositions that are directly related to health. We introduce the Health Personality Assessment based on our health personality segmentation model, and we link health personality with resilience, activation, as well as with physical and emotional well-being. Future research should evaluate the usefulness of this assessment in applied healthcare settings.

DEMOGRAPHIC DIFFERENCES IN HEALTH PERSONALITY
Nicholas Cone, Iowa State University, Ames, Iowa, United States

The purpose of this study was to explore demographic differences in health personality. Data consisted of 3,907 participants, 65 years and older. Multivariate analysis of variance with post-hoc testing revealed that women had higher health neuroticism scores than men, but men had higher health extraversion scores than women. Those married reported higher health agreeableness than those not married and young-old participants had higher health extraversion and health openness compared to other age groups. Regional differences included Midwest participants reporting higher health openness but lower health conscientiousness scores when compared to participants from other regions. There were also significant interactions. For example, individuals from geographic areas with predominately White Midwest residents were significantly higher on health neuroticism when compared to Northwest, South, and West regions. The results are helpful for healthcare providers who can tailor intervention approaches to specific populations.

HEALTH PERSONALITY, RESILIENCE, AND ACTIVATION
Joseph Kim, Iowa State University, Ames, Iowa, United States

The purpose of this study was to identify associations among health personality, resilience, and health activation. Participants included 3,907 older adults, 65 and older. Latent variable structural equation modeling with bootstrap sampling estimation was conducted. Significant direct paths were observed between health personality factors and resilience, and in turn, resilience to health activation. The results indicate that older adults who were more health conscientious, more extraverted, and less neurotic about their health were also more resilient. Also, older adults who were more resilient were more health activated. Lastly, older adults who were more health conscientious and more agreeable about their health were more health activated. Resilience had a negative indirect effect on health activation through health neuroticism and health extraversion, and a positive indirect effect through health conscientiousness. Healthcare practitioners should target older adults based on health personality and resilience levels and develop interventions to increase health activation.

HEALTH PERSONALITY, PHYSICAL AND EMOTIONAL WELL-BEING
Rotem Arieli, Iowa State University, Ames, Iowa, United States

The purpose of this study was to identify paths from health personality to outcomes of physical and emotional health. Data included 3,907 participants, 65 and older. Latent path models conducted in Mplus resulted in several significant pathways. Health neuroticism, health extraversion, and health openness negatively predicted both outcomes of physical and emotional health significantly. This negative association indicates an inverse relationship, meaning the more worried older adults were about their health, the lower their self-rating of physical and emotional health. Health agreeableness was negatively predictive of physical health, but not emotional health. Health conscientiousness had a significant positive association with both physical and emotional health, indicating that the more conscientious participants were about their health, the better their physical and emotional health. This study’s findings can be translated to targeted intervention programs for emotional and physical health outcomes benefiting older adults.

SESSION 5815 (SYMPOSIUM)

UNDERSTANDING MENTAL HEALTH, VULNERABILITIES, AND COPING IN OLDER KOREANS AND OLDER KOREAN AMERICANS
Chair: Nan Sook Park Co-Chair: David Chiriboga
Discussant: Barbara Yee

Although significant progress has been made in understanding mental health issues, racial/ethnic minorities are disadvantaged in terms of knowledge, attitude/stigma toward mental illness, and access to treatment. Older Koreans and Korean Americans are high-risk groups with great prevalence of stigma and limited access to mental services. The two groups share similarities as well as differences. For example, Older Korean Americans, a first-generation immigrant group, tend to share traditional values and beliefs with older Koreans. However, differences in social and cultural contexts, availability of social networks and resources, and access to health care systems present unique challenges and strategies. The purpose of this symposium is to enhance the understanding of critical issues in mental health among older Koreans and Korean Americans and identify challenges and strategies to promote mental health and well-being. Five studies conducted in Korea and the US will explore a variety of personal, social, and cultural factors related with mental health, based on quantitative and qualitative approaches. The diverse topics cover the mediating role of self-esteem in the relationship of stigma to emotional well-being, the effect of stress and coping on well-being, loneliness and negative family interactions, the relationship of life stressors and social capital on mental distress among older Korean Americans compared with other older Asian Americans, and community leaders’ attitude toward depression. The issues of vulnerabilities and resources will be discussed from the cultural perspectives as well as implications for future research and practice.

PERCEIVED ELDERLY STIGMA AND EMOTIONAL WELL-BEING AMONG KOREAN OLDER ADULTS: THE MEDIATING ROLE OF SELF-ESTEEM
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