sleep characteristics and neighborhood environment, function, and psychological well-being in people with dementia. All analyses in this session were conducted on baseline data from participants enrolled in the Healthy Patterns Clinical Trial. We enrolled 170 individuals (67% female), aged (73.35 ± 8.74) with mean Clinical Dementia Rating (CDR) scores of (0.74 ± 0.51). Session 1 describes the role of neighborhood factors as influencing factors affecting sleep. Session 2 focuses on the relationship between sleep and mood. Session 3 focuses on the relationship between sleep and function. Session 4 focuses on the relationship between sleep and quality of life. Implications for future research and intervention development for people with dementia will be discussed.

RELATIONSHIP BETWEEN SLEEP AND FUNCTION IN OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT

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Our objective was to examine relationships between sleep characteristics and function in community-dwelling older adults with cognitive impairment. Sleep measures included actigraphy (total sleep time, wake after sleep onset, efficiency, awakenings), Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale. Promis Physical Function Short Form and Promis Item Bank Social were used to measure physical function and social activity. We used Spearman’s correlation and multivariate linear regression. In bivariate analyses, physical function was significantly related to daytime sleepiness, wake after sleep onset and awakenings; social activity was significantly related to sleep quality, daytime sleepiness, total sleep time, wake after sleep onset and number of awakenings. Controlling for cognition and age, sleep quality was independently associated with physical function (β=-0.80; p= 0.002). Relationships between sleep and social activity did not remain significant in multivariate analyses. Preliminary results suggest subjective sleep quality is most related to physical function.

INFLUENCE OF NEIGHBORHOOD FACTORS ON SLEEP IN HOME DWELLING MULTIETHNIC OLDER ADULTS WITH DEMENTIA

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Current scientific paradigms inadequately capture complex clinical, behavioral, and sociocultural factors impacting health and well-being in persons living with dementia (PLWD). The purpose of this study was to identify differences in individual and neighborhood-level factors contributing to sleep among multi-ethnic PLWD. Wrist actigraphy measured objective sleep characteristics. Subjective sleep was assessed using the PROMIS sleep measure. GIS mapping analyzed neighborhood-level factors (walkability, green space, crime index, density). Walkability was significantly associated with subjective sleep (p=0.006) controlling for age and dementia stage. Number of night awakenings was significantly associated with density, crime and housing value (p<0.001). PLWD in neighborhoods with higher population density, annual crime, low median home and low walkability would benefit from interventions targeting unsupportive neighborhood environments to improve sleep.

HOW IS SLEEP RELATED TO ANXIETY OR DEPRESSION IN OLDER ADULTS WITH DEMENTIA?

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Anxiety and depression are one of the most distressing symptoms for the family caregivers. Little is known about the relationship between sleep impairments and anxiety/depression in this population and how objective and subjective sleep measures differ in relation to anxiety. This study was designed to examine the relationship between sleep impairments and anxiety/depression in people with dementia, using both subjective and objective sleep measures. Among the 170 study participants, 50% (n=85) reported to have anxiety/depression. In univariate logistic regression analyses on anxiety/depression, adjusting for dementia stage, people with more subjective sleep impairment had higher odds of having anxiety/depression (OR=1.111; 95% CI: 1.020-1.211; p=0.016) and people with poorer subjective sleep quality had higher odds of having anxiety/depression (OR=1.702; 95% CI: 1.046-2.769, p=0.032). Objective sleep measures from actigraphy did not show any significant relationships to anxiety/depression. The results suggest that subjective sleep measures are closely related to anxiety/depression in this population.

RELATIONSHIP BETWEEN SLEEP AND QUALITY OF LIFE IN OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT

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Our objective was to examine the independent relationship between sleep characteristics and quality of life (QOL) in community-dwelling older adults with cognitive impairment. Objective sleep variables were derived from actigraphy and included total sleep time, wake after sleep onset (WASO), efficiency, and number of awakenings. Subjective sleep quality was measured using Pittsburgh Sleep Quality Index and daytime sleepiness was measured with the Epworth Sleepiness Scale. Caregiver reported QOL-AD was used for QOL. Analyses included Spearman’s correlation and multivariate linear regression. In bivariate analyses, QOL was significantly related to clinical dementia rating scale, sex, depression, daytime sleepiness, sleep quality, WASO, and number of awakenings. Controlling for depression, daytime sleepiness remained independently associated with QOL (β=-0.24; p=0.03). In addition, number of awakenings trended towards significance (β=-0.13; p= 0.07). Results suggest daytime sleepiness and awakenings are associated with QOL in this population.

SESSION 5745 (SYMPOSIUM)

SOCIAL CONTEXTS OF SUBJECTIVE AGING PERCEPTIONS

Chair: Ella Cohn-Schwartz
Co-Chair: Liat Ayalon
The way adults perceive their aging process is an important predictor of later life outcomes, including mental and physical health. Despite the importance of living a socially active life in old age, the inter-connections of individuals’ perceptions of aging with their social lives and behaviors are not well-understood. This symposium addresses questions of how the social environment and social behaviors are related to subjective aging perceptions, including subjective age and self-perceptions of aging. Two papers examine self-perceptions of aging in the context of couple relations. Mejia and colleagues focus on married older adults’ shared beliefs about aging, showing that within older couples, beliefs about aging are shaped in part through partners’ co-experience of each other’s biological aging. Kim and colleagues also examine couples, finding evidence that changes across time, as well as average differences in individual characteristics, may affect self-perceptions of married/partnered men and women differently.

The final two papers examine the interplay between chronological age and perceptions of aging. Weiss and Weiss examine the social conditions and consequences of subjective age across the life span in the work domain, demonstrating that feeling relatively older among young adults and younger among older adults predicts proactive behaviors such as speaking up. Cohn-Schwartz and colleagues investigate the bi-directional temporal associations of adults’ self-perceptions of aging and the age composition of their social networks. The symposium concludes with summarizing remarks from the discussant who will suggest possible directions for future research on the social contexts of the perceived experience of aging.

THE LONGITUDINAL ASSOCIATIONS OF SELF-PERCEPTIONS OF AGING AND THE AGE COMPOSITION OF SOCIAL NETWORKS

Ella Cohn-Schwartz,1 Markus Schäfer,2 and Liat Ayalon,3
1. Ben Gurion University, Haifa, Israel, 2. University of Toronto, Toronto, Ontario, Canada, 3. Bar-Ilan University, Ramat Gan, HaMerkaz, Israel

Relying on the age segregation theory (limited contact between the generations), this study examined the temporal associations between the age composition of one’s social ties and one’s self-perceptions of aging (SPA). Data came from the 2014 and 2017 waves of the German Ageing Survey (DEAS). Age composition of the network was assessed as the number of kin and non-kin in the social network who are either five years older or five years younger than the respondent. A latent growth model assessed the bidirectional associations. Adults who had younger social network members, both kin and non-kin, had better SPA three years later. A positive SPA at baseline also predicted a higher number of younger non-kin relationships over time. These results stress the role of SPA in adults’ social network as well as the role of the age of social network members in shaping adults’ SPA.

WHEN AND WHY DOES SUBJECTIVE AGE BOOST COMPETENCE AND PROACTIVE WORK BEHAVIOR?

David Weiss, Leipzig University, Leipzig, Sachsen, Germany

Subjective age bias suggests that middle-aged and older adults feel relative younger, whereas adolescents and young adults often feel older than their chronological age. However, we still know very little about its social conditions and consequences across the life span particularly within the work domain. Across three studies (correlational, experimental, and field: Ns = 650, 16-85 years), we show that feeling older (among younger adults) and younger (among older adults) is triggered by undesirable age stereotypes concerning competence and status of young and later adulthood and desirable age stereotypes of midlife. We further demonstrate that feeling relatively older among young adults and younger among older adults increases individuals’ self-perceived competence at work and predicts proactive behavior such as speaking up. We discuss subjective age bias as socially-mediated phenomenon and how it affects behavior at work across the life span.

CONCURRENT AND ENDURING ALIGNMENT OF MARRIED PARTNERS’ SHARED BELIEFS AND MARKERS OF AGING

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Beliefs about aging are grounded in social experience. This study considers the extent to which married older adults’ shared beliefs about aging and markers of aging maintain a concurrent and enduring association with their partners’ beliefs and markers of aging. Data from the 2010/2012 and 2014/2016 waves of the Health and Retirement Study provided measures of husbands’ and wives’ (3,779 couples) positive and negative beliefs about aging and internal (Cystatin C) and external (grip strength) markers of aging. Latent dyadic models parsed beliefs and markers into partners’ individual and shared variance. Longitudinal analysis showed concurrent associations between shared beliefs and markers of aging to be stable over four years. Meanwhile, the enduring processes that connect beliefs and markers over time were best characterized as bidirectional. The study provides evidence that, within older couples, beliefs about aging are shaped in part through partners’ co-experience of each other’s biological aging.

MARRIED OR PARTNERED ADULTS’ SELF-PERCEPTIONS OF AGING IN LATER LIFE: THE CONTEXT OF GENDER

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Marriage or other types of partnerships are consequential for health in later life, but its association to self-perceptions of aging remains a relatively unexplored area of research. This study used three waves of panel data from the Health and Retirement Study (N = 4,315) to examine how changes in the health status and relationship quality over time contribute to self-perceptions of aging for married/partnered men and women. Multilevel models showed that women demonstrated more positive self-perceptions of aging than men, but there was no gender difference in how self-perceptions of aging became more negative over time. The findings on the main and moderating effects of health and relationship quality give evidence that changes across time, as well as average differences in individual characteristics, may affect self-perceptions of married/partnered men and women.