THE BURDEN OF SERIOUS FALLS AMONG OLDER ADULTS: EVIDENCE FROM HOSPITALIZATIONS IN PHILADELPHIA, PA
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Falls among older adults cause acute injury, are associated with subsequent mortality, and cost billions of dollars in medical expenses each year. However, research on falls is lacking compared to other causes of morbidity. In our rapidly aging world, a better understanding of the populations at greatest risk is urgently needed. In this paper, we used 2018 data on every inpatient hospitalization in Philadelphia and from the American Community Survey to estimate the prevalence of serious falls among older adults (60+) by age, sex, and race/ethnicity. We further assessed the relationship between age, sex, and race/ethnicity and fall outcomes (length of hospital stay (LOS), total medical charges) with linear regression models. In 2018, the rate of falls serious enough to warrant a hospital stay in Philadelphians aged 60+ was 243 per 10,000. This rate increased dramatically with age, from 116 per 10,000 (60-64) to 649 per 10,000 (85+). Men were at higher risk than women for each 5-year age group except those top-coded at 85+. Compared to white older adults, black older adults had greater risk at younger ages (60-69) and lower risk at older ages (70+). In linear models we found that charges and LOS decreased with increasing age. Both charges and LOS were higher for men than women. Hispanic patients had significantly higher charges than non-Hispanic patients, despite having similar lengths of stay. Future work will attempt to explain differences in charges and LOS by examining mortality, discharge location (e.g., home, hospice, rehab), and co-morbidities.

SESSION 5915 (PAPER)

HEALTH, WELL-BEING AND PSYCHOLOGICAL AGING

CHALLENGES USING TECHNOLOGY IN A HEALTH COACHING INTERVENTION, EARLY LESSONS LEARNED
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Technology provides opportunities to engage with those who are too busy, overwhelmed, or distant for face-to-face interventions, such as lay caregivers of adults with heart failure. While testing the efficacy of virtual health coaching for caregivers on stress and self-care we have encountered challenges in implementing the intervention and learned early lessons. Caregivers (n=250) enrolled into a randomized controlled trial receive a Samsung Galaxy tablet with Internet access. Half receive health information by tablet (control) and half receive 10 live virtual health coaching sessions plus health information all by tablet (intervention). Tablets are configured to allow access to preselected websites and a Vidyo conference room for the intervention group. Completing the first 6 months of enrollment, 36 caregivers have enrolled (34% black, all female, 74% spouses, mean age 56.4 years, 40% employed full-time, mean 9.3 hours spent caregiving daily), with 18 randomized to intervention. Only 2 of the 79 assessed for eligibility reported discomfort with technology. Yet, one early challenge is difficulty connecting with the health coach via Vidyo. Another is the uncertain nature of the patient’s condition, which frequently precludes the caregivers’ attendance at prescheduled sessions. Although tablets were anticipated to facilitate the intervention, in some cases, these two challenges interact to further accentuate caregiver stress. Alternatives such as FaceTime and plain old telephone contact suffice. We found that flexibility in intervention delivery is essential for such a real-world intervention. Contributing factors and implications of these challenges for future caregiving research and practice will be discussed.

CHARACTERISTICS OF THE TRUE BELIEVER IN LATER LIFE
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This study describes the nature, causes, and outcomes of steadfast, unquestioned “true” belief in later life (Hoffer, 1950). According to some theorists, such “true” belief develops from more childish, extrinsically-motivated, compartmentalized beliefs and behaviors to become more mature, intrinsically-motivated, comprehensive and integrated beliefs and behaviors (e.g., Allport, 1950). Research, however, is equivocal regarding the validity of this position. From “grounded-theory” analysis of a sample of 278 semi-structured interviews of older adults from six New England states and New York (aged 55-101 years-old.), we demonstrate the need for a more nuanced definition of a “true” belief as a form of religiousness without commitment to rigid orthodoxy. For example, a sizable segment of this sample changed religious denominations over the course of their lives without ever doubting the presence of a deity (i.e., a God, a Higher Power, etc.), but who dramatically changed the way they expressed this belief. This prompts a reconceptualization of “true” belief by Hoffer and a more nuanced understanding of religious development than implied by Allport, one that more adequately accounts for individual differences in life experiences, personality, religious upbringing, and religious cultural expectations. We discuss these findings in light of recent research by Wink and Dillon (2002, 2008).

DOUBLE CONSCIOUSNESS: EXPLAINING RACIAL PARADOX IN LATER LIFE PSYCHOLOGICAL WELL-BEING
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A substantial number of studies have documented paradoxical findings when examining race differences in later life psychological well-being. Despite experiencing significant structural disadvantages, Black older adults have been found to report significantly higher overall life satisfaction and lower depressive symptoms than White adults. This study relies on double consciousness framework which allows us to understand why satisfaction with material conditions (e.g., domain-specific life satisfaction) among Black older adults could differ from their evaluation of overall well-being (e.g., overall life satisfaction). Based on a survey of successful aging (n=409 aged 60 years or older) conducted by the Elderly Care Research Center (ECRC) in Cleveland, Ohio, we examined race differences in coping resources, and their role in shaping overall life satisfaction, domain-specific life satisfaction, and depressive symptoms. Findings show that Blacks on average have a higher likelihood of experiencing recent negative life events than their White counterparts. Despite adverse life circumstances, Blacks older adults expressed significantly higher overall life satisfaction than Whites. They, however, reported significantly lower domain-specific life satisfaction than their White counterparts. The differences in depressive symptoms between Black and White older adults was not statistically significant. The race differences in overall life satisfaction was explained by religiosity, religious coping, and social support. Education, income, and adverse life events were found to contribute to such differences in domain-specific life satisfaction. Our findings underscore the need to consider the unique role of racialized life course circumstances and coping resources in shaping disparities in later life psychological well-being.

SUCCESSFUL AGING: RE-CONCEPTUALIZED
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A review of the aging literature yields 105 operational definitions of “successful aging” in use. These theoretical discrepancies have caused some investigators to question the utility of the concept (Cosco et al., 2014). Investigators who remain committed to the concept acknowledge its conceptual messiness, but have found no consensus for resolution. We propose a revised concept of successful aging, combining a life-course perspective (Rowe & Kahn, 2015) with a neo-Aristotelian theoretical framework. Such a framework justifies certain changes to the definition of “successful aging;” it situates our concept of successful aging within a broader view of human development, is more inclusive, and suggests empirically adequate research questions. Specifically, conceptualizing “successful aging” along neo-Aristotelian lines means defining it as the maintenance of proper human functioning across the life-course and into late adulthood. For Aristotle, proper human functioning entails realizing one’s potential as a “rational social animal,” with rational implying goal-oriented thinking, means-ends reasoning, other forms of instrumental rationality (not excluding emotionality). Social suggests active engagement in a community, within the limits of an individuals’ comfort and ability. These two criteria determine “success” in older age. Recent research on successful aging reveals that absence of disease and disability does not appear to be a constituent of “successful aging.” Therefore, physical health is neither necessary nor sufficient for “success.” Our re-conceptualization of “successful aging” could be tested using confirmatory factor analysis, with social and reasoning/problem-solving factors loading onto a second order Successful Aging factor. This understanding allows for greater empowerment of older adults.

SESSION 5920 (SYMPOSIUM)

THE POTENTIAL OF ARTIFICIAL INTELLIGENCE, MACHINE LEARNING, AND NOVEL ANALYTIC METHODS TO PROMOTE SUCCESSFUL AGING
Chair: Walter Boot

The Gerontological Society of America is celebrating its 75th anniversary and in those 75 years the world has undergone an amazing technological revolution. During this period, computers transformed from systems that once filled entire rooms to much more powerful devices that fit in our pockets. We have seen the introduction of wireless technologies, augmented and virtual reality, smart home devices, autonomous vehicles, and much more. This session focuses on a new technological advance that has the potential to support the health, wellbeing, and independence of older adults and caregivers: artificial intelligence (AI). This session will present applications of AI, Machine Learning (ML), and other novel analytic methods and how they have the potential to impact the lives of older adults in a variety of context. As AI is increasingly being involved in workplace hiring, the first talk focuses on older adults’ attitudes toward the role of AI in this decision making process. Next, novel ML approaches applied to social media are discussed in terms of understanding the needs of Alzheimer’s caregivers. Next, ML techniques are discussed in terms of developing biomarkers that can be applied in diagnosis and assessment of therapeutic responses by detecting mood, which may have important implications for older adults living with dementia. Then, the potential role of AI is discussed in terms of developing reminder systems to promote older adults’ adherence to technology-based health activities. Finally, novel analytic approaches are discussed in terms of harnessing digital metrics to detect the risk of cognitive decline.

AI-ASSISTED HIRING PROCESS AND OLDER WORKERS: AN EXPLORATORY STUDY
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An increasing number of companies have adopted an artificial intelligence (AI) hiring system such as resume screening and/or AI-powered video interview. This study explored older adults’ attitudes toward AI and their intentions to apply for jobs based on AI-assisted hiring process. Data came from an online survey in South Korea (N=123). Results showed an acceptable reliability of the scale of attitudes toward AI (Cronbach’s α = 0.72) and indicated no statistically significant differences in the attitudes toward AI across age groups (F(4,118) = 0.41, p = .80). However, a one-year increase in age was associated with a 5.8% decrease in the likelihood of decisions to apply for jobs based on AI-assisted hiring