As discussant, Atienza will assess the strengths and limitations of these papers, and consider how emerging scholars can contribute to the field.

**TITLE**
Elliane Irani, Case Western Reserve University, Ohio, United States

**abstract**

EXAMINING THE IMPACT OF AGING-RELATED MINDSETS AND MOTIVATION ON ACTIVITY ENGAGEMENT IN OLDER ADULTS
Erica O’Brien,¹ and Thomas Hess,² 1. Pennsylvania State University, University Park, Pennsylvania, United States, 2. North Carolina State University, Raleigh, North Carolina, United States

This study examined short- and long-term patterns of engagement in health-promoting activities due to implicit beliefs about cognitive aging (mindsets) and Need for Cognition (NFC; motivation) in older adults. Prior research suggests higher NFC and growth-oriented mindsets bolster participation by enhancing perceived benefits and minimizing perceived costs of engagement. Survey responses across three bursts of an ongoing longitudinal study (N=678-725 observations) were collected from 148 people aged between 64 and 81 and subjected to three-level multilevel analyses. Results show naturally-occurring, weekly variations in NFC and mindsets that also contribute to short-term variation in activity frequency, diversity, and selectivity. Additionally, NFC and age significantly mediated and moderated the effect of mindsets on some outcomes, respectively. Initial findings highlight the value of taking a dynamic approach and using Selective Engagement Theory to understand activity maintenance. They may also inform efforts to develop interventions that promote healthful behaviors in later life.

INCREASING PHYSICAL ACTIVITY AND REDUCING DEMENTIA RISK IN OLDER AFRICAN AMERICAN RESIDENTS OF PUBLIC HOUSING
Bernadette Fausto,¹ Paul Duberstein,² Shou-En Lu,² and Mark Gluck,¹ 1. Rutgers University, Newark, New Jersey, United States, 2. Rutgers University School of Public Health, Piscataway, New Jersey, United States

Older African Americans—especially those with lower income and those living in urban public housing—have a greater risk of Alzheimer’s disease (AD) compared to the general population. Inadequate levels of physical activity and aerobic exercise are thought to be among the probable causes for increased AD risk. Based on our preliminary data, we hypothesize that a cluster-randomized multi-level intervention in low-income public housing, focused on heart and brain health, can produce participant-level increases in physical activity among participants enrolled in an aerobic exercise class after six months (primary outcome) that are maintained at one year, as well as housing-level changes in attitudes and beliefs about physical activity and exercise participation among housing residents, both exposed and not exposed to the participant-level intervention as well as participant-level improvements in cognition and brain health evincive of decreased risk for AD.

USING TECHNOLOGY TO SUPPORT SELF-MANAGING HYPERTENSION IN AFRICAN AMERICANS
Carolyn Still,¹ Phuong Dang,² and Abdus Sattar,¹ 1. Case Western Reserve University, Cleveland, Ohio, United States, 2. Case Western Reserve University, Frances Payne Bolton School of Nursing, Richmond Heights, Ohio, United States

The purpose of this study was to examine the effects of a community and technology-based intervention to support self-managing hypertension in African American (AA). Sixty AA with hypertension were randomly assigned to Coachman (a technology-based intervention) or Enhanced Usual Care. COACHMAN is comprised of blood pressure (BP) monitoring with study issued monitor, six-weeks of web-based education, training to use a medication management application, and nurse counseling. Data were collected on contextual factors (demographics, perceived social support), process factors (hypertension knowledge, self-efficacy, technology use/adoption), and proximal health behaviors (medication adherence, diet, exercise) at baseline, and 8 and 12 weeks. While mean difference in BP reduction was not statistically significant, we found that half of the subjects randomized to the intervention group had an average systolic BP reduction of 13.5 mmHg that we would regard as clinically significant. Interventions that incorporate mHealth can support self-managing hypertension in AA, and improve BP.

IMPROVING HAND-GRIP STRENGTH AND BLOOD PRESSURE IN ADULTS: RESULTS FROM AN AGINGPLUS PILOT STUDY
Abigail Nehrkorn-Bailey, Garrett Forsyth, Barry Braun, Kimberly Burke, and Manfred Diehl, Colorado State University, Fort Collins, Colorado, United States

Based on adult inactivity, a new intervention named AgingPLUS was created, targeting motivational barriers to physical activity. Data come from a pilot study (N = 116), with 56 participants randomized to the AgingPLUS group (Mage = 63.52 years, SD = 7.89 years), and 60 randomized to the active control group (Mage = 63.06 years, SD = 8.30 years). Multi-group linear growth curve analyses examined improvements in hand-grip strength and blood pressure from pretest (Week 0) to immediate (Week 4) and delayed posttest (Week 8). Findings showed that only participants in the AgingPLUS group had significant improvements in hand-grip strength for the right (B = 1.34, p < .001) and left hand (B = 1.73, p < .001), as well as significant reductions in systolic (B = -3.28, p < .05) and diastolic blood pressure (B = -1.92, p < .01). These findings provide support for the efficacy of AgingPLUS.

EMOTION REGULATION TRAINING MAY IMPROVE STRESS, DEPRESSION, ANXIETY, AND PHYSICAL ACTIVITY
Kelly Wierenga,¹ David Fresco,² Megan Alder,³ and Shirley Moore,² 1. Indiana University, Indianapolis, Indiana, United States, 2. University of Michigan, Ann Arbor, Michigan, United States, 3. Case Western Reserve University, Cleveland, Ohio, United States, 4. Case Western Reserve University, Shaker Heights, Ohio, United States

The purpose of this two-arm randomized controlled pilot study was to assess initial efficacy of the theoretically-based...
RENEwS intervention, designed to improve emotion regulation and thereby decrease depression and anxiety and increase moderate to vigorous physical activity (MVPA) following a cardiac event. Participants (n=30, 83% men) recruited from cardiac rehabilitation were randomized to five weekly 1-hour sessions of RENEwS intervention or active control. Although this trial was not powered for confirmatory efficacy (p’s > .02, but many greater than .05), RENEwS participants evidenced an advantage over Control participants in terms of reductions in stress (Cohen’s f = .47), depression symptoms (Cohen’s f = .34), anxiety symptoms (Cohen’s f = .40) but only modest improvements in MVPA from baseline to 5 months (Cohen’s f = .08). Findings support potential efficacy and testing RENEwS in a larger sample.

SESSION 5580 (SYMPOSIUM)

EXPLORING LONGITUDINAL LINKS AND MECHANISMS CONNECTING VIEWS ON AGING WITH HEALTH IN LATER LIFE
Chair: Allyson Brothers
Co-Chair: Susanne Wurm
Discussant: Liat Ayalon

A robust body of evidence points to the importance of views on aging (VoA) in influencing developmental outcomes in later life. Now that this connection has been well-established, research has turned to examine mechanisms, processes, and pathways by which VoA and health are interconnected throughout adult development. The presentations in this symposium use longitudinal datasets to address the pressing question of how VoA and health are associated over time. Timescales range from 6-months post-hospital stay, to 9 year longitudinal follow-up. Presentations will provide evidence concerning both physical and mental health conditions and symptoms (e.g., Brothers et al; Schönstein et al.). Furthermore, the studies focus on various aging outcomes, ranging from functional ability (Brothers et al.) to recovery from hospital stays (Blawert et al.), to sensory loss (Wettstein et al.), to specific medical conditions including depression, back pain, rheumatism (Schönstein et al.). Three of the talks provide evidence for the effects of VoA on health, and one presents evidence of specific health conditions as longitudinal predictors of later VoA. Thus, an important question that this cohesive set of talks will raise is the issue of bi-directionality, by which VoA affect health, and vice versa. Concluding the symposium, the discussant will share insights about how these presentations contribute to the current understanding of mechanisms of the associations between VoA and health, and the role of VoA for ageism. She will additionally provide an overview of new areas for future research that can help to advance the understanding of these complex interactions.

EXAMINING THE INTERPLAY OF GENERALIZED AND PERSONAL VIEWS ON AGING ON PHYSICAL AND MENTAL HEALTH ACROSS 2.5 YEARS
Allyson Brothers,1 Anna Kornadt,2 Abigail Nehrkorn-Bailey,1 Hans-Werner Wahl,1 and Manfred Diehl,1
1. Colorado State University, Fort Collins, Colorado, United States, 2. University of Luxembourg, Esch-sur-Alzette, Diekirch, Luxembourg, 3. University of Heidelberg, Heidelberg, Baden-Wurttemberg, Germany

It remains unknown how distinct types of views on aging (VoA) are related to one another, and to aging outcomes. We used a latent-variable structural equation model to test the hypothesis that generalized views on aging (assessed as Age Stereotypes (AS)) would influence personal views on aging (assessed as Self-Perceptions of Aging (SPA)), which in-turn would influence later physical and mental health. Data came from a longitudinal survey on VoA (N= 537, MageT1 = 64.13, age rangeT1 = 40-98). As expected, SPA mediated the effect of AS on physical (loss-SPA: β = .23, p< .001; gain-SPA: β = .06, p< .001; R2 = .62) and mental health (loss-SPA: β = .13, p< .001; gain-SPA: β = .03, p< .01, ; R2 = .31). Congruent with theoretical assumptions, our findings provide empirical support for a directional pathway by which generalized views on aging affect health outcomes via personal views of aging.

THE ROLE OF SELF-PERCEPTIONS OF AGING FOR RECOVERY OF OLDER ADULTS AFTER A HOSPITAL STAY
Anne Blawert,1 Ellen Freiberger,2 and Susanne Wurm,3
1. University Medicine Greifswald, Greifswald, Mecklenburg-Vorpommern, Germany, 2. Institute of Biomedicine of Aging, Friedrich-Alexander-University Erlangen-Nurnberg, Nurnberg, Bayern, Germany

For older adults, a hospital stay can lead to loss of physical function and frailty. It is therefore important to investigate factors for recovery after hospitalization. Recent studies suggest negative self-perceptions of aging (SPA) as a potential risk factor in the context of serious health events. This ongoing longitudinal study investigates how negative SPA might contribute to worse physical recovery (assessed with the Short Physical Performance Battery) after hospital stay in a sample of 244 German adults aged 75 to 96. Preliminary mediation analysis based on available data of the first 50 participants indicate that negative SPA is related to increased fear of falling after 6 months, which predicts worse physical function one year after hospitalization (indirect effect: B = -0.70, SE = 0.41, p = .09). The results stress the importance of SPA for health recovery in old age and introduce fear of falling as a psychological pathway.

THE ROLE OF SUBJECTIVE AGE VIEWS FOR 9-YEAR CHANGE IN SELF-REPORTED PROBLEMS WITH VISION AND HEARING
Markus Wettstein,1 Hans-Werner Wahl,2 and Svenja Spuling,3 1. German Centre of Gerontology, Berlin, Germany, 2. University of Heidelberg, Heidelberg, Baden-Wurttemberg, Germany, 3. German Centre of Gerontology, Berlin, Berlin, Germany

We examined the role of subjective age views (subjective age; attitudes toward own aging [ATOA]; age-related cognitions, comprising continuous growth, social loss, and physical decline) for changes in self-reported problems with vision and hearing over up to 9 years. A subsample of the German Ageing Survey (2,499 adults aged 60-85 years at baseline) was investigated. Controlling for gender, age, education, self-rated health, and region of residence (West vs. East Germany), a younger subjective age at baseline predicted less steep increase in vision problems among individuals