Conclusions: Identifying the right age groups and arterial stiffness levels at which physical activity can have beneficial effects on cognition is a key step in providing tailored behavioral interventions.

CAROTID INTIMA MEDIA THICKNESS AND COMORBID CARDIOMETABOLIC DYSFUNCTION IN WOMEN: THE SWAN STUDY
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Metabolic syndrome (MetS) and obesity are risk factors for atherosclerosis but their combined impact is unknown. The aim of this study was to quantify the added risk of obesity on carotid artery intima media thickness (cIMT), an early indicator for atherosclerosis, beyond MetS alone. The Study of Women's Health Across the Nation (SWAN) is a multi-center, multi-ethnic cohort of women traversing the midlife into early late adulthood. cIMT was assessed between 2005-2007 and MetS, obesity and covariates were measured at the same time. This cross-sectional analysis is restricted to 1,433 women with a body mass index ≥18.5 kg/m² and free of cardiovascular disease (CVD) when cIMT was measured. Mean maximum cIMT was related to obesity, MetS and their interaction using multivariable linear regression models. The average age was 60 years (standard deviation 2.7) and the prevalence of obesity and MetS were 44% and 35%, respectively. Both conditions occurred in 24% of women. After adjustment for age, race, smoking, family history of heart disease, and antilipemic medications, obese women had a 0.051mm (95% confidence interval (CI): 0.033,0.070; p<0.001) larger maximum cIMT versus women not obese and women with MetS had a 0.066mm (95% CI: 0.042,0.090; p<0.001) larger maximum cIMT versus women without MetS. There was a statistically significant antagonistic interaction between obesity and MetS; women with both had a mean cIMT of 0.972mm (95% CI: 0.955,0.989) and MetS alone a cIMT of 0.961mm (95%CI:0.938,0.983).

This suggests that there is only a small risk of obesity on augmenting cIMT beyond MetS alone.

EPIDEMIOLOGY OF PERIPHERAL VASCULAR DISEASE IN THE LONG LIFE FAMILY STUDY (LLFS)
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Atherosclerotic occlusion of peripheral arteries is a major contributor to morbidity and mortality in older adults. Our aim was to describe the epidemiology of peripheral artery disease (PAD) and other peripheral vascular disease (OPD) in the LLFS. 3248 individuals from 509 families (1182 probands, mean age 89; 2066 offspring, mean age 60) had doppler ankle-brachial index (ABI) assessment. Measures were performed twice for each posterior tibial artery and minimum of the mean ABI was used. PAD was defined as any ABI<0.9. OPD was defined as any ABI >1.4 or ≥1 non-compressible artery. Stepwise linear or logistic regression determined significant independent clinical and demographic predictors (P<0.05) after adjustment for age, sex, study center, and familial relatedness. Overall, ABI had a median of 1.2 with 7.4% PAD (18.1% probands, 1.2% offspring; P<0.001). OPD prevalence was 10.6% and was more common than PAD in offspring (8.1%). Age-adjusted OPD was higher in men (13.3%) than women (8.3%, P<0.001), while age-adjusted PAD did not did not differ by sex (P=0.45). Predictors of PAD included greater age and systolic blood pressure, lower diastolic blood pressure, prevalent kidney disease, antihypertensive use, and current smoking. Predictors of OPD included greater age, male sex, and current smoking. In these exceptionally long-lived families, PAD was low compared to other epidemiologic studies. However, OPD including non-compressible arteries, a marker of arterial stiffness, was more prevalent than PAD. These findings in long-lived families highlight a need for more epidemiologic research in other peripheral vascular disease in adults from the general population.

POSITIVE PSYCHOLOGY, ACTIVATION, AND SELF-CARE ADHERENCE IN A DIVERSE SAMPLE OF ADULTS WITH HEART FAILURE
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Heart failure (HF) self-care is vital to health and wellbeing, yet more than half of all persons with HF do not adhere to the self-care recommendations of taking medications as prescribed, weighing daily, eating low salt foods, or exercising. It has been suggested that disparities in HF among racial/ethnic groups may be reflective of underlying determinants of health, such as poor engagement in self-care activities, rather than genetic or physiological differences. The purpose of this study was to examine direct and indirect effects of perceived social support, positive psychological (PP) characteristics, and patient activation on self-care behaviors in a diverse sample of older adults with HF. A nationwide survey was conducted in cooperation with the recruitment and sampling company Qualtrics. Stratified random sampling was used where 49% of the 174 respondents were persons of color (POC). The mean age was 60. Logistic regression statistical models were used with a lasso procedure. In this study, PP characteristics and activation level were most predictive of HF self-care adherence, particularly medication adherence. Respondents who were resilient, hopeful, and activated also reported higher medication and self-care adherence. Perceived social support and health literacy levels were not associated with self-care adherence. There were no differences in predictive variables by race/ethnicity, gender, or age. Interventions aimed at increasing resilience, hope, and engagement in care or activation may improve HF
self-care adherence among persons with HF. Further research is needed to understand the impact of PP characteristics and patient activation level on HF self-care adherence in POC.

Session 1215 (Symposium)

COHORT DIFFERENCES AND SIMILARITIES IN WOMEN'S ATTITUDES ABOUT SELF AND AGING
Chair: Aurora Sherman Discussant: Jamila Bookwala

This panel focuses on four complementing and international views of women’s aging, with a special emphasis on cohort comparisons and using three different studies of women, with contrasting methodological frameworks. In so doing, we present evidence related to trends in social perceptions of aging, attitudes about aging and identity, and ideas about control and objectification. Dr. Newton presents data on older Canadian women showing the connection between physical aging and identity maintenance, using both qualitative and quantitative data and using the lifecourse perspective. Dr. Ryan, using data from the Health and Retirement Study to compare cohorts of women from the 2008 and 2018 HRS waves, reports cohort differences in negative self-perceptions of aging, and that both cohort and negative self-perfections are associated with life satisfaction, using the life course developmental framework. Ms. Tran compares younger and older cohorts of women on a measure of self-objectification, finding that the older cohort reported lower objectification, consistent with a selection, optimization, and compensation (SOC) model. Finally, Dr. Sherman, using the same data set as Ms. Tran, shows that control beliefs are associated with objectification, regardless of cohort, consistent with objectification theory predictions of consistency over time regarding the impact of objectification experiences. Dr. Jamila Bookwala will provide discussion of this group of papers.

CONTROL BELIEFS, AGE, AND OBJECTIFICATION EXPERIENCES IN YOUNGER AND OLDER WOMEN
Aurora Sherman, Oregon State University, Corvallis, Oregon, United States

Control beliefs show age-related patterns; mastery decreases in adulthood, while constraints beliefs often increase. However, there is a great deal of individual variation. This paper addresses antecedents of control beliefs, with attention to experiences and beliefs related to sexual objectification, which have particular impact for women. In this study, younger women (N = 132, M = 20.93) and older women (N = 86, M = 67.83) were surveyed regarding their experiences with sexual objectification and constraints beliefs. Multiple regression analyses revealed higher self-objectification was associated with higher constraints (R2 = .09**) and lower mastery (R2 = .11**) but reports of body evaluation and sexual advances were not associated with control beliefs. Further, there were no interactions of either objectification scale with age. These results suggest that objectification may be an important part of the aging experience across the life course, not just in young adulthood.

AGE, ATTITUDES TO AGING, AND IDENTITY IN OLDER CANADIAN WOMEN
Nicky Newton, Wilfrid Laurier University, Waterloo, Ontario, Canada

The life course perspective emphasizes social structure, personal agency, and their interdependencies (Settersten et al., 2020), serving as the theoretical framework for this study. Given stereotypical societal views of gender and aging (e.g., Sontag, 1979), physical aging is often the focus when examining women’s aging attitudes and concomitant changes in a sense of personal identity. Additionally, studies of midlife women have found relationships between age and identity (e.g., Stewart et al., 2001). Using quantitative and qualitative data, the present study examines associations between age, personal identity, and attitudes to physical, psychological and social aging in older Canadian women (N = 190, Mage = 70.38). Results show that while attitudes to physical aging contribute to identity maintenance, attitudes to social and psychological aging are also important for older women’s identity maintenance. Interactions between age and attitudes to aging associated with personal identity are discussed with reference to the life course perspective.

COHORT DIFFERENCES IN WELL-BEING AMONG MIDLIFE AND OLDER WOMEN: ROLE OF SELF-PERCEPTIONS OF AGING
Lindsay Ryan, University of Michigan, Ann Arbor, Michigan, United States

The current study examines how cohort differences across two age-matched groups of midlife and older women from the Health and Retirement Study are associated with well-being and self-perceptions of aging (SPA). Women aged 51–60 (n=2318) and 61–70 (n=1650) were selected from the 2008 and 2018 waves. No significant cohort differences were identified for life satisfaction (Diener, Emmons, Larsen & Griffin, 1985) or positive SPA (Lawton, 1975; Liang & Bollen, 1983). The 2008 cohort of midlife women reported significantly higher negative SPA compared to 2018 (p<.05). Linear regression analyses find that cohort and SPA are significantly associated with life satisfaction in both age groups, and that the association of negative SPA differs by cohort for the midlife women (p<.01). Implications are discussed within the life course developmental framework.

COHORT DIFFERENCES IN SELF-OBJECTIFICATION
Sydney Tran, Oregon State University, Corvallis, Oregon, United States

Sexual objectification socializes women to engage in self-objectification—the tendency to view one’s body as an object to be used by others and evaluating one’s value in terms of attractiveness to others (Noll & Fredrickson, 1998)—and leads to negative psychological consequences. As women age, their bodies move further away from the thin ideal (Guo, Zeller, Chumlea, & Siervogel; 1999) potentially making them more susceptible to body image concerns and dissatisfaction. However, may also begin using selection, optimization, and compensation (SOC) strategies, countering the impacts of sexual objectification, and promoting successful aging. We compared self-objectification between women in early adulthood (N = 132, M = 20.93) and women in late middle age or late adulthood (N = 86, M = 67.83). Results showed that older women had significantly lower levels of self-objectification than younger women. Our findings support the idea the