MEANING OF AGING, GEROTRANSCENDENCE, AND SUCCESSFUL AGING IN OLDER ADULTS WITH CHRONIC HEALTH CONDITIONS
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Aging presents change in the form of opportunities and challenges, from common physical alterations, to major life events. Perception of such events is greatly shaped by one’s mental health, and is a major influence on gerotranscendence, a positive kind of aging involving re-definition of self, relationships, and proposed to be a precursor to successful aging. A mixed-methods cross-sectional descriptive design was used to study 50 older adults. Life Events Checklist, Gerotranscendence Scale, Herth Hope Index, and Successful Aging Inventory were administered. Mean participant age was 70.78 years; there were 9 males (18%), 41 females (82%), 13 were Black (26%), and 37 were White (74%). Participants reported a number of stressful events, most frequently transportation accidents, followed by other very stressful events or experiences, and sudden unexpected death of someone close. Gerotranscendence scores ranged from 0-10 (µ 6.88, a moderate score). Successful aging scores ranged from 40-79 (µ 62.33, a moderate score). A sub-sample of 6 participants engaged in semi-structured interviews, which were transcribed verbatim and subject to content analysis. Faith, displaced longing, temporal anticipation, proactive problem-solving/coping, and concern for future generations were emergent qualitative themes. Findings highlight opportunities for providers from multiple disciplines to target risks and possibilities for aging successfully and to promote hope, optimism, problem-solving skills, and gerotranscendence in all older adults, regardless of physical or functional health status.

PERSPECTIVES OF PRODUCTIVE AGING: HOW OCCUPATIONS AFFECT HEALTH AND WELL-BEING OF OLDER ADULTS IN RETIREMENT
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A predicted surge in the aging population presents a major challenge for public health in the USA. As occupational therapy researchers, we wondered how continued engagement in productive occupations affected the health and well-being of older Americans. Today’s retirees already understand the basics of successful aging, such as maintaining physical and mental fitness, and continuing an active lifestyle. Productive aging represents the next step: choosing roles and occupations that keep them engaged with others and their communities. As suggested by Clark (Jackson, Carlson, et al., 2012), occupations have the potential to provide a protective barrier to declining health, thereby lowering health care costs for the older population. Our Productive Aging qualitative studies (1 & 2) explore the lived experiences of life transitions, challenges, and adaptive skills implemented by participants (ages 65-80) in their own productive occupations. The findings of this follow-up study confirm and enhance themes of our first study (Cole & Macdonald, 2015): 1) prominence of the self-manager role, 2) intentionally maintaining social connections, and 3) engaging in self-fulfilling activities. Additional findings reflect current technology effects and elaborate how participants have met health challenges by adapting activities and environments (self-management), and using social resources (connections) to help them remain engaged in the occupations that give their lives meaning. Cole, M., & Macdonald, K. (2015). Productive aging: An occupational perspective. Thorofare, NJ: Slack, Inc. Clark, E., Jackson, Carlson, et al. (2012). Effectiveness of Lifestyle Intervention in promoting well-being of independently living older adults. Journal of Epidemiology and Community Health.

RESILIENCE IN YOUNG AND OLDER ADULTS: EUDAIMONIC WELL-BEING DESPITE LIFE CHALLENGES
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Although the types of events that occur across life phases may vary, experiencing multiple life challenges in a short time-frame can disrupt mental health (Zepinic, 2016). Maintaining self-continuity (i.e., sense of being the same person over time) when experiencing challenges may, however, foster resilience (Masten, 2001). This study investigated, in both young and older adults, whether: (1) experiencing multiple recent negative life challenges relates to lower current eudaimonic wellbeing, and (2) self-continuity acts as an internal resource for resilience. That is, whether having greater self-continuity ameliorates the negative association between frequent life challenges and well-being. Participants (N = 99 young, 87 older adults) reported all challenging events experienced in the last six years (Sarason et al., 1978). They also completed measures of eudaimonic Well-being (Ryff, 1989) and Sense of Self-continuity (past six years; e.g., Habermas & Köber, 2015). Older adults reported higher eudaimonic well-being than young adults (p < .001). Young adults reported experiencing more challenges (p < .001). Regardless, for both age groups, more frequently experiencing life challenges was associated with lower eudaimonic well-being (p < .001). Self-continuity mediated the association between more frequent experience of challenge and lower eudaimonic well-being: β = .238, SE = .061, 95% CI [.138, .378] (p < .001). Classic risk models focus on the negative effects of life’s inevitable challenges. Our findings, grounded in a resilient aging framework, support the idea that individuals of any age can use internal resources (i.e., strong sense of self-continuity) to maintain or re-establish well-being.

SELF-EFFICACY AS A MEDIATOR BETWEEN LIFESTYLE AND SELF-PERCEPTIONS OF AGING
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A growing body of literature demonstrates the public health impacts of negative self-perceptions of aging (SPA). However, minimal research has explored mediating mechanisms as well as which lifestyle activities may influence SPA. Based on theory and prior research in successful aging, this study explored the impact of lifestyle activities on SPA and tested self-efficacy as a mediator between lifestyle activities and SPA. This study analyzed cross-sectional data from the psychosocial module in the 2018 wave of the Health and Retirement study (N = 2,675; mean age = 65.67/ SD = 9.95).
Eight SPA items (e.g., “Things keep getting worse as I get older”) were derived from the Attitudes Toward Own Aging subscale of the Philadelphia Geriatric Center Morale Scale. 10 items measure self-efficacy on a 6-point Likert-type scale from strongly disagree to strongly agree. 21 lifestyle activities covering physical, intellectual, social, and spiritual domains were dichotomized into whether respondents participate at least monthly. Multiple regression analyses were utilized. Results indicate that self-efficacy explained 23% of the variance in SPA while holding constant age, gender, and functional ability. Sobel’s test showed that self-efficacy mediated the relationship between lifestyle activities and SPA. Exercise explained the most variance in SPA, followed by computer use and volunteering. Building upon successful aging literature, this study demonstrates the impact of self-efficacy and helps distinguish which lifestyle activities may be most effective in improving SPA. In addition to individual-level lifestyle activities, the impact of structural interventions on SPA should be tested in future research.

SUBJECTIVE SUCCESSFUL AGING: FACTORS RELATED TO A SELF-RATED PERCEPTION
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Introduction Theoretical successful aging definitions may not consider the older adults perception’s on their own aging. The aim of this study is to analyze factors related to subjective perception of successful aging. Methods: Population based, random sample included n=401 community-dwelling older adults 60-years and older (mean age=72.51,SD=8.11 years,59.4% women). For measurement of subjective successful aging (S-SA), participants were asked to self-rate SA in a Likert scale: “do you believe/feel you are aging well?” Objective Successful aging (O-SA) was operationalized in accordance with Rowe & Kahn definition (no important disease, no disability, physical functioning, cognitive functioning, and being actively engaged). Sociodemographic and health data were also asked. Data were analyzed in SPSSv24. Results: In total 11% were successful agers according to objective measures, while 77.6% rated themselves as successful agers. In the Likert scale of S-SA, specifically 33.4% considered themselves as very much successful agers, 54.1% much, 20.2% somewhat, and only 2.2% said that not at all think they are aging successfully. Education was related to a better perception of S-SA, as well as life satisfaction (p=.000), better subjective health (p=.000), being a spiritual person (p=.000), and not feeling alone (p=.000). Age, marital status, sex, and life-long learning activities were not related to S-SA. Conclusion There is a disparity between subjective and objective successful aging rates Being a successful ager may have a different meaning for each person, and not necessarily involves established criteria. Criteria generated by older adults should be added in theoretical definitions and measures.

SUCCESSFUL AGING IN THE NORTH: LESSONS LEARNED, LESSONS SHARED, AND ADVICE FROM THOSE AGING IN A GOOD WAY IN ALASKA
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This presentation presents and builds upon the Alaska Native Successful Aging model. Elders’ conceptions of successful aging differ from the Western model, how rural and urban environments influence successful aging, and the lessons Elders pass down to ensure a healthy lifestyle are not common in the literature. 42 Alaska Native Elders from the Norton-Sound sub region of Alaska, 21 Alaska Native Elders from the Aleutian Pribilof Islands, 26 Elders from the Bristol Bay region, and 12 Elders residing in Anchorage, AK to provide an urban context of successful aging. A community-based, exploratory, qualitative research methodology was used to allow for co-learning between research team and tribal communities. 101 qualitative interviews were conducted, and team-based thematic analysis was used to establish codes and main themes to expand the Alaska Native Successful Aging model. We learned that emotional well-being, community engagement, spirituality, family and purposeful engagement, and physical health were instrumental in promoting successful aging within Norton Sound and Bristol Bay. These findings expanded Lewis’s model to include gerotranscendence and generativity; Elders intentional relationships and stronger connections to traditional cultural and spiritual activities gave life deeper meaning and value. These findings argue the importance of including and emphasizing social components, historical perspective, and the importance of place, as well as generativity and gerotranscendence in program and policy development.

SUCCESSFUL AGING: A COMPREHENSIVE OUTCOME USING LATENT PROFILE ANALYSIS
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Understanding “successful aging” is a primary goal of gerontology and adult development researchers that has been motivated by rapid the increases in life expectancy over the last 100 years. Successful aging, as it is understood by Rowe and Kahn, is conceptualized multidimensionally in terms of limited disease and disability, high physical, mental and cognitive functioning, and active engagement with life. “Success” in all three domains reflects the idealized manifestation of “successful aging.” Nevertheless, research on successful aging typically focuses on only one or two aspects of the model – most commonly physical disease or disability. The overall goal of this research is to advance understanding and subsequent attempts to promote holistic successful aging. Specifically, using key metrics from each domain of successful aging from the Midlife Development in the United States (MIDUS), this study characterizes distinct profiles of successful aging, and it describes the distribution of these profiles in the adult population. Results indicate 3 profiles. These are labeled as Successfully Aged, Somewhat Successfully Aged, and Least Successfully Aged. Approximately 82.1% of the population (mean age=50.5) is classified as Successfully Aged, whereas the remainder are classified in the Somewhat Successfully Aged (12.2%), and Least Successfully Aged (5.6%), respectively. As expected, those who were classified as Successfully Aged had the highest cognitive scores, sense of well-being, and self-rated health; and had the lowest number of age-related physical disabilities (i.e. cancer, stroke,