who developed dementia were identified using all-cause dementia ICD-9/10 codes documented on two separate visits starting one year after the PSG study until the end of 2019 in a 1-year sliding period (n=1,534). Using the first appearance of ICD-9/10 code as dementia onset time, patients were clustered into 3 groups of early-, mid-, and late time to develop dementia (mean = 2.7, 7.5, 12.8 years, respectively). Natural language processing was used to extract sleep efficiency (SE) and sleep onset latency (SOL). Univariate analysis was used to compare the groups. After adjusting for age, SE was significantly higher in the late (76%) vs early (69%) group and SOL was significantly shorter in late (21m) versus early (33m) group. SE was higher and SOL was shorter in patients who developed dementia later compared to those who developed dementia earlier. Greater sleep continuity in late dementia onset group suggests that sleep may be a modifiable risk factor that could potentially delay the onset of dementia.

THE IMPACT OF SLEEP DISTURBANCE ON REGIONAL BRAIN VOLUMES
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Sleep disruption has been associated with increased beta-amyloid deposition and greater risk for later development of Alzheimer’s disease. Studies indicate that sleep disturbance correlates with regional brain volumes, but data are limited. We sought to determine the effect of sleep disturbance on regional brain volumes by cognitive and apolipoprotein e (APOE) e4 status. We conducted a secondary analysis of the National Alzheimer’s Coordinating Center (NACC) Uniform Data Set using complete structural imaging data from 1,371 participants (mean age: 70.5; SD: 11.7). Multiple linear regression was used to estimate the adjusted effect of sleep disturbance (via Neuropsychiatric Inventory Questionnaire) on regional brain volumes through measurement of 30 structural MRI biomarkers. Sleep disruption was associated with greater volumes in the right and left lateral ventricles and greater volume of total white matter hyperintensities (p<.05). Lower mean volumes in total brain, total gray matter, and total cerebrum grey matter volumes, and in 12 hippocampal, frontal, parietal, and temporal lobe volumes were observed among participants who reported sleep disturbance. Males, Hispanic participants, and those with less education were more likely to report sleep disruption. Cognitive status moderated the relationship between sleep disturbance and lateral ventricular volumes, while APOE e4 moderated the effect between sleep disturbance and parietal lobe volumes. These findings suggest that disrupted sleep is associated with atrophy across multiple brain regions and ventricular hydrocephalus ex vacuo, after controlling for intracranial volume and demographic covariates. The influence of cognition and APOE e4 status indicates that this relationship is affected by co-occurring physiological processes.

SESSION 2988 (PAPER)
HEALTH, WELLNESS, AND SUCCESSFUL AGING

FRIENDSHIPS FORGED IN FITNESS: AN ETHNOGRAPHIC EXPLORATION OF OLDER WOMEN’S SOCIAL EXPERIENCES IN WATER AEROBICS
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Research shows that participants, especially older women, are more likely to adhere to a fitness program when they have social supports. Gerontology research also demonstrates that the social relationships forged by older women at community and fitness centers can be long-lasting and provide a variety of supportive functions. Older adults respond well to pool- or water-based aerobic exercises that are safe on the joints and provide a comfortable environment away from the intimidating nature of the gym. Therefore, water-based classes provided at community fitness centers are well positioned to provide ample social opportunities to further reinforce continued physical activity for older women, resulting in health and quality-of-life improvements. This project is a 5-month ethnographic exploration of the social relationships created and maintained in the context of water-based fitness classes (water aerobics) at a local community center (YMCA) that is attended by a culturally diverse group of older adults. The friendships forged by women in the pool at the YMCA provide a variety of social supports that help to maintain healthy aging outcomes among participants. Drawing on components of Activity Theory and Social Support Theory, this presentation utilizes participant observation, semi-structured interviews, and questionnaires (N=35) to provide an anthropological “thick description” of the important role that fitness center friendships can form in the social lives of older women in the U.S.

GEROTRANSCENDENCE AS A FACTOR OF ACTIVE AGING: PREDICTORS AND OUTCOMES
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The image of modern aging had changed. While before aging was associated with degenerative processes, today more older adults become active and meaningful members of the society. Still more knowledge is needed to help the majority of older adults to age in active and positive way. Solid body of research shows that in aging the value of subjective factors dramatically increases. Gerotranscendence that suggests important positive personality changes to occur in aging, could be one of such mechanisms. The aim of the present study was to investigate which psychological characteristics were important for development of gerotranscendence and which positive outcomes it might cause. Participants were 200 older adults aged 60-89 (69% females). Methods: Gerotranscendence scale (Strizhitskaya), self-actualization test (Shostrom), Self-acceptance test (Pantileev), Psychological well-being scale (Ryff), Scale of social activity.
(Strizhitskaya). Our results confirmed in consistence with literature that higher scores on self-acceptance and self-actualization favored development of gerotranscendence. We also found that developed gerotranscendence positively affected psychological well-being. New in our research was that we showed that people who demonstrated higher scores on gerotranscendence were more interested in maintaining social activities; they were interested in participation in social life of their community and were trying to continue active and meaningful social participation. The final model fitted the original data (Chi-square=12,168; df=11; p=0.103; CFI=0.944; GFI=0.973; RMSEA=0.051; PCLOSE=0.503). Thus gerotranscendence had positive effects on older adult’s functioning and social participation.

UNDERSTANDING WISDOM: AN INVESTIGATION OF GENDER DIFFERENCE IN OLD AGE
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Understanding wisdom contributes to a larger dialogue on how best to serve older adults as they go through the aging process. Namely, by identifying gender differences in wisdom conceptualization, research can further gather information regarding the complex, implicit definitions. To investigate how older men and women differ in conceptualizing wisdom, semi-structured qualitative interviews with seven men and eight women (age range: 64-86 years) who scored above average on the Three-Dimensional Wisdom Scale (3DWS), the Adult Self-Transcendence Scale (ASTI), and the Foundational Values Scale (FVS) were compared. In-depth analysis of semi-structured interviews uncovered spiritual and non-spiritual experiential-based knowledge, “good” or spiritual-based decision-making, and a selfless care for others as common themes among women. Men invoked similar themes, such as spiritual-based decision-making and experiential-based knowledge, yet also differed in conceptualizing wisdom by emphasizing themes such as growth through hard times and overcoming obstacles. Men also considered wisdom to be related to an open-mindedness about life and rarely noting selfless care for others as a characteristic of wisdom in contrast to female respondents. The findings confirm earlier qualitative research results on implicit wisdom theories that men are more likely than women to have a cognitive understanding of wisdom, whereas women are more likely than men to characterize wisdom as an integrative construct.

WELLNESS FOR OLDER ADULTS LIVING WITH SERIOUS MENTAL ILLNESS: A PROPOSED PRACTICAL FRAMEWORK
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Multi-dimensional wellness is a holistic, person-centered clinical approach, that offers promise as a framework for improving the health and well-being of older adults. This approach can be especially helpful for older adults who are experiencing mental health conditions as it focuses on strengths, resilience and recovery comprehensively. Few clinical interventions have addressed wellness in older adults with mental health conditions (Zechner et al., 2019). The authors reviewed two existing wellness frameworks: 1) grounded in extensive practical interventions for people living with mental health conditions (Swarbrick, 1997; 2006; 2012; 2017), and 2) a theoretical framework informed by a systematic literature review (Fullen, 2019). The two frameworks were compared for usefulness in older adults living with mental health conditions using the concept analysis strategies of analyzing the overlap and contrasting characteristics of concepts with related ideas, and then proposing a merged operationalized definition and practical implementation suggestions based on the characteristics of the original dimension (Mackeroff et al., 2016). The two wellness models described similar dimensions, but also represented distinct areas. We propose a synthesized framework combining the models to best serve older persons living with mental health conditions. The framework holds eight distinct areas 1) Developmental 2) Cognitive/Intellectual, 3) Physical 4) Emotional 5) Social/Relational, 6) Occupational/Vocational 7) Spiritual and 8) Contextual/Environmental/Financial. Inter-professional practical clinical strategies and policy suggestions will be presented for consideration. More work is underway to understand the salience of the proposed model for stakeholders and to empirically test how the proposed framework impacts outcomes.

SESSION 2989 (PAPER)
END-OF-LIFE AND ADVANCE CARE PLANNING

DETERMINANTS OF ADVANCE DIRECTIVE COMPLETION AMONG OLDER CHINESE AMERICANS
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Advance Directive (AD) allows older adults to communicate preferred care at the end of life. Numerous studies reported that ethnic minorities were less likely to complete AD then non-Hispanic Whites. However, determinants of AD completion among older Chinese Americans remain unknown. The present study aims to address this knowledge gap. Data came from a survey of 439 Chinese Americans aged from 51 to 103 living in two metropolitan areas in 2018. Participants’ average year was 75 (SD=9.37). About 63% were women and 93% were born outside the US. Approximately 14% of participants completed an AD. Guided by the Andersen’s Service Use Model, we used logistic regression to examine determinants of AD completion. Results show that older age (OR = 1.06, p < 0.01), being employed (OR = 2.63, p < 0.05), acculturation (OR = 2.09, p < 0.001), having US citizenship (OR = 3.57, p < 0.01), and expectation of intergenerational support (OR = 1.84, p < 0.05),