facility (SNF) were at an increased risk of mortality and unplanned readmission compared to those discharged from an acute hospital. Hospitalized patients with a primary EM diagnosis were associated with an increased risk of mortality and readmission compared to those with a secondary diagnosis. Future work should explore care patterns before and after EM diagnosis to identify potential time points for medical and social intervention.

MENTAL HEALTH RESILIENCE IN SWISS OLDER ADULT SURVIVORS OF CHILD WELFARE–RELATED MALTREATMENT

Myriam Thoma1, Florence Bernays2, Andreas Maercker1, and Shauna L. Rohner1, 1. University of Zurich, Zurich, Zurich, Switzerland, 2. University of Zurich, Zurich, Zurich, Switzerland

Minors affected by child welfare practices in Switzerland during the last century had a high risk for exposure to childhood trauma and maltreatment. Several studies with this cohort demonstrated substantially higher levels of clinically-relevant psychopathology in older adult survivors in comparison to non-affected control individuals. However, these studies also revealed that not all affected individuals developed mental health disorders over their lifespan. To date, this mental health resilience in survivors of an advanced age is still insufficiently understood. Therefore, this study aimed to assess and compare the resilience profiles of older adults who were formerly affected by child welfare-related trauma and maltreatment (risk group, RG; n = 132; Mage = 71 years) and non-affected, age-matched controls (control group, CG; n = 125). Within the RG, approximately one-third of the individuals had no current or lifetime DSM-5 mental health disorders. In comparison to the survivors with a history of mental ill-health, these individuals were older, had a higher income, and expressed a higher subjective satisfaction with their socio-economic status. Furthermore, they reported less early-life physical abuse, and had lower levels of neuroticism, as well as empathy-related characteristics. In addition, they showed higher levels of self-esteem and trait resilience. Group differences between the RG and CG highlight the importance of considering past adversity in the understanding of mental health resilience in later life.

SELF-ADMINISTERED ELDER ABUSE INTERVENTION FOR OLDER ADULTS WITH COGNITIVE IMPAIRMENT

Fuad Abujarad1, Chelsea Edwards2, Brent Vander Wyk2, Laura Mosqueda3, Ula Hwang2, Judith Neugroschl4, and Richard Marottoli4, 1. Yale University, Orange, Connecticut, United States, 2. Yale University, New Haven, Connecticut, United States, 3. University of Southern California, Alhambra, California, United States, 4. Mount Sinai, New York, New York, United States

Many elder abuse interventions and tools designed to screen for abuse exclude older adults with cognitive impairments (CI) due to the challenges associated with screening and whether the older adult with CI can reliably report elder abuse. However, it has been shown that older adults with CI are among the most vulnerable to experiencing elder abuse. VOICES is an innovative, automated tablet-based elder abuse screening and prevention intervention that is self-administered by the older adult in the provider’s waiting room or office. The VOICES Elder Abuse Intervention (EAI) provides screening, educational modules, and brief psychoeducational intervention to enhance and improve identification of elder abuse when there are no visible signs of abuse. The VOICES EAI was already proven successful in terms of feasibility and acceptability in cognitively intact older adults in a busy emergency department setting with (N=1,002). In this study we tested the VOICES EAI with (N=30) participants 60 and above with cognitive impairment at a geriatric center using the Montreal Cognitive Assessment (MoCA) to determine cognitive capacity. Experts in the field of geriatrics and cognitive impairment assisted in grouping participants within three cognitive categories: Mild cognitive impairment (MoCA 23-25), mild dementia (MoCA 16-22) or moderate dementia (MoCA 8-15). Of the (N=30) participants, 29 were able to successfully use the VOICES EAI independently, and most participants were satisfied with the tool. We will discuss the findings of this preliminary study and the implications for future research with older adults with CI.

SESSION 5110 (SYMPOSIUM)

ADULTS’ VIEWS OF AGING AS AN UNDERESTIMATED RISK FACTOR FOR HEALTH, WELL-BEING, AND LONGEVITY

Chair: Manfred Diehl Co-Chair: Susanne Wurm Discussant: Becca Levy

Worldwide population aging has greatly increased the diversity of the “aging enterprise.” Research has established a solid portfolio of evidence showing that positive and negative views of aging represent independent resilience or risk factors for health, well-being, and longevity. Indeed, the effects of views of aging remain significant beyond the effects of other risk factors for health and mortality. This raises the following questions: What do we currently know about the effect of self-perceptions of aging (SPA) and subjective age (SA) on health, well-being, and longevity? What are recent advancements and perspectives? Which research questions should be addressed to stimulate further, sustainable developments in research and practice? This symposium addresses these questions with a diverse set of presentations and from different perspectives. Wahl and colleagues will discuss the role of SPA in the clinical context, namely in a sample of older adults with terminal cancer comparing them to older adults without a terminal illness. Based on a population-based sample, Wurm and Schaefer will report findings on the impact of different gain- and loss-related SPA and SA on mortality over a 23-year period. Building on an earlier meta-analysis, Westerberg and colleagues evaluated data from over 100 studies and will present the findings of a systematic review on the role of SPA and SA for health and longevity. Finally, Nehrkorn-Bailey et al. will present findings from a clinical trial that addressed views of aging as a mechanism to promote physical activity. Dr. Becca Levy will serve as the discussant.

LIFETIME CLOSE TO THE END: EFFECTS ON PERCEIVED TIME AND AGING IN OLDER ADULTS WITH ADVANCED CANCER

Hans-Werner Wahl1, Katsarina Laryionava2, Anton Schönstein2, Pia Heussner3, Wolfgang Hiddemann4, and Eva Winkler1, 1. Universität Heidelberg, Heidelberg,
This study addressed two questions: (1) Does advanced cancer in later life affect a person's awareness of time and their subjective age? (2) Are awareness of time and subjective age associated with distress, perceived quality of life, and depression? We assessed patients with terminal cancer (OAC, n = 91) and older adults with no life-threatening disease (OA, n = 89). All participants were age 50 or older. OAC perceived time as being a more finite resource and felt significantly older than OA controls. Feeling younger was significantly related with better quality of life and lower levels of distress. In the OA group, feeling younger was also associated with reduced depression. Perceiving time as a finite resource was related to higher quality of life in the OA group. Indicators of an older person's awareness of time and subjective aging differ between those with advanced cancer versus controls without a terminal disease.

GAIN- BUT NOT LOSS-RELATED VIEWS ON AGING PREDICT MORTALITY OVER A PERIOD OF 23 YEARS
Susanne Wurm1, and Sarah Schaefer2. 1. University Medicine Greifswald, Greifswald, Mecklenburg-Vorpommern, Germany, 2. Leibniz Institute for Resilience Research, Mainz, Rheinland-Pfalz, Germany

Some 2 decades ago, Levy et al. (2002) published their seminal study on the impact of SPA on mortality over a period of 23 years. Our study aimed at replicating and extending these findings. Based on a large German population-based sample of individuals aged 40+ (N = 2,400), for whom mortality was also documented over 23 years (1996–2019), we investigated the impact of gain- and loss-related SPA and SA on mortality. Data were analyzed with hierarchical Cox proportional hazard regressions. For individuals who perceived aging as ongoing development, risk of death was half that of individuals with less gain-related SPA. Viewing aging as associated with physical or social losses could not predict mortality after controlling for covariates (age, gender, education, health-related variables, and psychological variables). Neither could SA predict mortality. The results suggest that mainly gain-related SPA explain differences in mortality and should thus be addressed in intervention studies.

THE EFFECT OF SELF-PERCEPTIONS OF AGING ON PHYSICAL ACTIVITY: RESULTS FROM THE AGINGPLUS STUDY
Abigail Nehrkorn-Bailey1, Han-Yun (Heidi) Tseng2, Diana Rodriguez3, Kaigang Li2, George Rebok1, David Roth1, Shang-En Chung1, and Manfred Diehl2. 1. University of Wisconsin-Green Bay, Green Bay, Wisconsin, United States, 2. Colorado State University, Fort Collins, Colorado, United States, 3. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States, 4. Johns Hopkins University, Baltimore, Maryland, United States

The AgingPLUS program targets negative self-perceptions of aging (SPA) as one mechanism to increase physical activity (PA) in adults. This study utilized a mediation model to examine the effect of AgingPLUS on subsequent PA with SPA included as a mediator. Data came from 184 participants (Mage = 59.91 years; SDage = 8.14 years) from the ongoing trial. Although the direct effect from condition to Week 8 PA was not significant, the pathway from condition to Week 4 SPA was significant. Additionally, the pathway from Week 4 SPA to Week 8 PA was marginally significant (β = .11, p = .07). However, the indirect effect was not significant. Given that (1) the AgingPLUS program resulted in significantly more positive SPA and (2) more positive SPA marginally predicted more minutes of subsequent PA, these results provide preliminary support for the efficacy of the ongoing program.

THE EFFECT OF SUBJECTIVE AGING ON HEALTH AND SURVIVAL: A SYSTEMATIC REVIEW OF LONGITUDINAL DATA
Gerben Westerhof1, Abigail Nehrkorn-Bailey2, Allyson Brothers3, Jelena Siebert1, Han-Yun (Heidi) Tseng3, Manfred Diehl3, Hans-Werner Wahl1, and Susanne Wurm4. 1. University of Twente, Enschede, Overijssel, Netherlands, 2. University of Wisconsin-Green Bay, Green Bay, Wisconsin, United States, 3. Colorado State University, Fort Collins, Colorado, United States, 4. Heidelberg University, Heidelberg, Baden-Wurttemberg, Germany, 5. Universität Heidelberg, Heidelberg, Baden-Wurttemberg, Germany, 6. University Medicine Greifswald, Greifswald, Mecklenburg-Vorpommern, Germany

Longitudinal effects of subjective age on adult health and survival are well-documented (Westerhof et al., 2014). This systematic review provides an updated and expanded evaluation of the state of the field. A systematic search in PsycINFO, Web of Science, Scopus, and PubMed resulted in 103 articles: 19 articles from the 2014 meta-analysis and 84 newer articles. Sixty-five articles focused on physical health (e.g., subjective health, objective health, and health behaviors), 41 studied mental health outcomes (e.g., mental health disorders, well-being, and quality of life), and 18 articles used mortality as the outcome. Important developments during the past years include new instruments, particularly multidimensional assessment of subjective aging, and a more fine-grained representation of health outcomes, including bio indicators. A major outcome is that most studies confirmed the longitudinal effects of subjective aging on health as reported previously, but on a much broader study portfolio.

SESSION 5120 (SYMPOSIUM)

AGING RESEARCH IN CRIMINAL LEGAL SYSTEMS: IMPLICATIONS FOR POLICY AND PRACTICE
Chair: Jennifer James Discussant: Brie Williams

INSIDE-OUTSIDE COMMUNITY ADVISORY BOARDS: ONE MODEL FOR ENGAGING OLDER BIPOC AND WOMEN IN CLINICAL RESEARCH
Jennifer James, University of California, San Francisco, San Francisco, California, United States

Historical legacies of unethical research performed on people in prison, coupled with stringent policies intended to