During the COVID-19 pandemic, ageist attitudes have been pervasive in public discourse, interpersonal relationships, and medical decision-making. For example, older adults have been portrayed as vulnerable while younger adults have been portrayed as reckless. The current study examined age discrimination during COVID-19 and associations with daily affect and physical symptoms. Positive events and age were examined as moderators. From March to August 2020, 1493 participants aged 18-91 (mean=40) in the U.S. and Canada completed surveys for seven consecutive evenings about discrimination, positive events, affect, and physical symptoms. Multilevel models controlled for age, race, income, education, sample (university students vs. community), and country of residence. Results indicated that individuals who reported more age discrimination had higher negative affect (b=36.44, SE=3.97), lower positive affect (b=-19.07, SE=4.10), and increased physical symptoms (b=3.85, SE=0.49; p<0.001 for all), compared to those with fewer reports of age discrimination. Within-persons, days with age discrimination were associated with higher negative affect (b=3.66, SE=1.36, p=0.008), lower positive affect (b=-2.60, SE=1.23, p=0.037), and increased physical symptoms (b=0.26, SE=0.11, p=0.02), compared to days on which age discrimination was not reported. Positive events moderated the between-person association of age discrimination with physical symptoms such that individuals with more age discrimination and more frequent positive events reported fewer daily physical symptoms than those with more age discrimination and less frequent positive events. Age did not moderate the associations. Age discrimination was associated with poorer daily well-being during the COVID-19 pandemic and may have long-term impacts on intergenerational solidarity and attitudes toward aging.

IMPACT OF STRUCTURAL AGEISM ON GREATER VIOLENCE AGAINST OLDER PERSONS: A CROSS-NATIONAL STUDY OF 56 COUNTRIES

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Violence directed against older persons is recognized as a global health problem. However, structural drivers for violence remain under-studied. This country-level ecological study aimed to examine a previously unexplored link between structural ageism and violence against older persons. Following extensive structural stigma literature, structural ageism consisted of two components: (1) discriminatory national policies related to older persons’ economic, social, civil, and political rights, gathered from global databases including UN, WHO, and others; and (2) societal-level prejudicial social norms against older persons, measured by negative attitudes toward older persons by the World Values Survey. Two components were z scored and combined such that higher score indicated greater structural ageism. Prevalence rates of violence per 100,000 persons aged 70 and over in each country were drawn from the Global Burden of Diseases Study. Final analysis included 56 countries, representing 63% of the world’s aging population aged 60 and over across all six WHO regions. As predicted, structural ageism was significantly associated with the prevalence rates of violence in multivariate models (β=205.7, SE=96.3, P=.03), after adjusting for country-level sociodemographic and health covariates. Three sets of sensitivity analyses supported the robustness of our findings. That is, structural ageism did not predict other types of violence and other types of prejudice did not predict violence against older persons. Public health and population-based violence prevention policies may benefit from a targeted approach that tackles the harmful effects of structural ageism.

INTERGENERATIONAL CONTACT EXPERIENCES AND THEIR RELATION TO AGEISM AS A MULTIDIMENSIONAL CONSTRUCT

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Research on intergroup contact suggests that negative contact experiences affect cognitive representations such as stereotypes more strongly than positive contact experiences. To comprehensively examine the full effect of intergroup contact, the valence of the contact experience as well as the affective and cognitive dimensions of prejudice should be assessed. In ageism research, previous studies typically focused only on contact of positive valence and were limited to the perspectives of younger individuals on older adults. Primary objective of this study is to examine both positive and negative contact frequency and their relation to affective and cognitive dimensions of ageism from the perspectives of younger adults between the age of 18 and 25 (study 1) and older adults between the age of 60 and 92 (study 2). Consistent with previous research on intergroup contact, our results confirm that both types of contact were similarly predictive of affective facets of prejudice. However, only in study 2 that assessed older adults’ agreement with contemporary stereotypes about young men and women, negative compared to positive contact frequency proved to be a stronger predictor of the cognitive dimension of ageism. Our findings emphasize the importance of focusing on all dimensions of prejudice and highlight the need to consider the perspectives of young and old in ageism research.

OLDER PEOPLE WITH DEMENTIA RUNNING A POP-UP RESTAURANT: HOW TO USE REALITY SHOWS TO REDUCE THE STIGMA OF DEMENTIA

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The present study focused on a Chinese reality show, Forget Me Not Café, which brought together five older people (aged 65 and older) living with dementia to run a pop-up restaurant and intended to reduce the stigma of dementia. The study aims to explore how the reality-show participants describe dementia in older people and how their views relate to the macrosocial context of dementia and older people. This study performed a thematic discourse analysis on the written and spoken content about dementia in older people (or later life) presented in the reality show. Four discursive themes were identified including: (1) age is a risk factor for dementia; (2) early signs and symptoms of dementia in older people deserve attention; (3) putting pressure on family caregivers of people with dementia; (4) expectations to maintain social engagement and slow down the development of dementia. This
study also found that the views of the reality-show participants highlight the capability of older people with dementia to communicate effectively and live with the condition, their personal goals of sustaining a happy, meaningful and sociable life, as well as their actions to positively influence personal circumstances. The results of this study indicate that this reality show might help reduce the stigma of dementia and empower older people living with dementia, while it also tends to stress the responsibility for care on family carers and shift the responsibility of managing the dementia-related challenges to older people living with dementia.

THE SOCIAL EFFECTS OF AN INTERGENERATIONAL E-MAIL PAL PROGRAM
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Ageist attitudes and loneliness negatively impact both younger and older adults (e.g., Sun et al., 2019). This study utilized a randomized waitlist-control design to investigate the effects of a six-week intergenerational e-mail pen pal program on loneliness in younger and older adults and ageism in younger adults. Thirty-three younger adults (18-30 years) and 28 older adults (over age 65) completed an online survey assessing ageist attitudes, loneliness, well-being, and other individual differences. One week after completing a baseline survey, 17 email pen pal pairs began the six-week e-mail intervention. Participants repeated the survey one week after the completion of the intervention (which was eight weeks after the baseline for the control participants). Analyses showed that baseline, younger adults (M=2.41, SD=.76) reported higher levels of loneliness compared to older adults (M=1.65, SD=.77), t(59) = 3.85, p < .001. Repeated measures ANOVAs showed that the intervention did not have a significant effect on ageism or loneliness in either younger or older adults. However, the effect size of the intervention for loneliness among older adults was moderate to large (η2 = .07). Descriptive statistics indicated that older adults in both the intervention and control groups experienced an increase of loneliness during the post-test. However, the older adults in the intervention group experienced less of an increase compared to older adults in the control group. This suggests that the intervention may have buffered the increase in loneliness that older adults may experience during the winter months and during the onset of the COVID-19 pandemic.

Session 2175 (Symposium)

AGING STRONG: PROMOTING RESILIENCE THROUGH OPTIMISM, PURPOSE, AND SOCIAL CONNECTIONS
Chair: Ellen Wicker
Co-Chair: James Schaeffer

Resilience is defined as the ability to adapt and cope with circumstances in a way that empowers one to emerge stronger, thrive, and incorporate lessons learned. Resilience as a trait can be learned and modified and have a significant impact on healthy aging. UnitedHealthcare (UHC) and AARP Services, Inc. (ASI) are committed to the health and well-being of participants in UHC’s Medicare Supplement insurance plans, recognizing that health and wellness need to be promoted on a holistic level to ensure successful aging. In this effort, an initiative titled Aging Strong 2020 was developed to promote health, well-being, and increase resilience by focusing on the key individual pillars of enhanced purpose in life, social connectedness, and optimism. To accomplish this goal, a series of eight interventions over three years were created and delivered, with a focus on the key pillars in order to improve clinical and psychological health outcomes and participants’ satisfaction with health care. This symposium will specifically discuss efforts related to the Aging Strong 2020 program. First, we will describe the prevalence and outcomes of the pillars in a large national survey. Next, key challenges and successes in recruitment and retention for the various interventions will be highlighted, followed by overall findings from the eight interventions targeting the pillars. Finally, qualitative findings on participant experience as a result of participation will be discussed. Results from these initiatives demonstrate that interventions designed to improve well-being among older adults contribute to the holistic model of health.

RESILIENCE, PURPOSE IN LIFE, LONELINESS, AND ASSOCIATED MEDICAL COSTS IN OLDER ADULTS
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Resilience, purpose in life (PIL), and loneliness have been linked, and used to characterize the health and well-being of older adults. Studies demonstrate that higher resilience, PIL, and minimal loneliness are associated with better late-life outcomes. However, research on how these constructs negatively impact medical costs is limited. Using survey and claims data from a large sample of older adults age 65+ (N=4,496), resilience, PIL, and loneliness were examined to determine associations with medical costs. Among study participants, 11% exhibited low resilience, 19% severe loneliness, and 35% low PIL. Low resilience was associated with 24% higher medical costs compared to participants with high resilience, severe loneliness with 20% higher costs compared to participants with no loneliness, and low PIL marginally associated with 12% higher costs compared to participants with high PIL. Interventions targeting resilience, PIL, and loneliness could be beneficial to promoting successful aging and lowering medical costs.

RECRUITING OLDER ADULTS IN A MEDICARE SUPPLEMENT POPULATION FOR WELLNESS INTERVENTION PILOT STUDIES
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