

Older adults often report better emotional well-being than younger adults. Socioemotional Selectivity Theory posits that with age, reduced future time perspective motivates prioritizing emotional well-being in the present moment (Carstensen, 2006). Mindfulness, a receptive attention to experiences as they occur (Brown & Ryan, 2003), and savoring, the ability to regulate positive feelings in the moment (Bryant, 2003), are present-oriented processes associated with greater well-being. Recent evidence indicates that greater mindfulness in part accounts for age differences in positive affect (Shook et al., 2017). The current study investigated whether older age is associated with a greater present-oriented time perspective, which in turn is related to greater savoring and mindfulness, thus statistically accounting for older adults' better well-being. Participants ($N = 888$, 20-88 years, $Mage = 46.37$, $SD = 15.20$) recruited via MTurk completed an online survey. Data were analyzed using structural equation modeling. The model provided an adequate fit to the data ($CMIN/DF = 2.94$, $CFI = 0.985$, $RMSEA = 0.048$). Older age was associated with greater present-oriented time perspective, and present-oriented time perspective was associated with greater savoring and mindfulness which, in turn, were associated with better emotional well-being. Alternative models were tested, but did not significantly improve model fit. Findings suggest that there may be benefits for younger adults' well-being if they learned to be more present focused, savor the moment, and be more mindful like older adults. Thus, present-oriented time perspective may be an important factor for healthy aging.

DISCRIMINATION, STRESS, AND MORTALITY AMONG BLACKS AND WHITES

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Mortality rates have declined significantly in the past decades. However, Case and Deaton (2015) showed that middle-aged white Americans with lower education levels have increasing mortality rates. Although some have suggested that stress is an important factor in both this and in racial/ethnic disparities in mortality, relatively few studies have examined vulnerability to stress and mortality, and typically have examined only one type of stress. We examined racial/ethnic and gender differences in different types of stressors, from everyday discrimination, to lifetime trauma, as well as differential mortality risk due to stress vulnerability. Using data from the Health and Retirement Study (HRS), the sample consisted of 6,810 ($Mage=68.9$ years, $SD=10.1$) who completed the Psychosocial Questionnaire (PQ) in 2006; mortality was assessed to 2014. Blacks were higher on most stressors except for lifetime trauma. Women reported higher level of financial strain but lower levels of everyday discrimination and lifetime trauma than men. Controlling for demographics and self-rated health, Cox proportional hazard models revealed that everyday discrimination, financial strain, SLEs, lifetime trauma were significantly associated with the risk of mortality. There were no significant racial/ethnic differences in mortality risk. However, interaction effects showed that whites had higher mortality risk with lifetime trauma than Blacks, while those with lower education

had higher mortality risk for SLEs. This supports the idea that lower education whites may be more susceptible to some types of stressors, providing a possible mechanism for Case and Deaton's finding (2015) of increasing mortality risk in this group.

PREDICTORS OF MORTALITY RISK AMONG MEDICARE ADVANTAGE ENROLLEES

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Overall all-cause mortality rates have declined significantly in past decades among individuals aged 65 and above in every racial and ethnic group. We explored demographic, overall health, and disability development as predictors of mortality in Medicare beneficiaries enrolled in Medicare Advantage plans. We used data from the 2014-2018 Medicare Health Outcomes Survey, a nationally representative panel survey with a two-year follow-up, administered by the Centers for Medicare and Medicaid Services. Our sample consisted of 1,273,494 community-dwelling adults aged 65 and older ($Mage = 74.5$ years, age range: 65-109 years) enrolled in Medicare Advantage plans. Mortality was assessed over a 2-year follow-up period. We used Cox proportional hazards regression analysis to predict risk of all-cause mortality by demographics, self-rated health, chronic health conditions, smoking status, and activities of daily living (ADLs). Among all participants, the mortality rate was 7.0% ($n = 88,058$) at 2-year follow-up. Advanced age and being male were significantly associated with greater risk of mortality, while higher levels of education and income were inversely associated with mortality. Controlling for other factors, white adults had higher mortality risk than black or African American, Hispanic, and Asian older adults. Individuals who were unmarried, had lower self-rated health, had more chronic health conditions, smoked, and had more ADL limitations had higher mortality risk. Our findings suggest that sustained health and better functional capacity are important elements in decreasing the risk of mortality in older adults.

DOES PERSONALITY PREDICT PATTERNS OF AGING? LONGITUDINAL FINDINGS FROM THE VA NORMATIVE AGING STUDY

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Previous research using the Veterans Affairs Normative Aging Study identified four patterns of aging using group-based multi-trajectory modelling to identify joint changes in life satisfaction (LS) and functional health (FH) (Nath et al., 2018a,b). The purpose of the present study was to examine whether personality traits predicted these four patterns: impaired (stable low LS and FH), normal (decreasing LS and FH), optimal (high LS, decreasing FH), and successful aging (high LS and FH). The sample consisted of 992 NAS men who provided 3,853 observations ($M=2.81$, $SD=1.54$, range 1-8) between 1987 and 2010 ($Mage=62.31$, $SDage=7.50$, range 44-86 in 1987). Multinomial logit regression analysis with robust estimation controlled for marital, employment,

and self-rated health status, using optimal aging as the reference group. Compared to the optimal aging group, neuroticism predicted membership to the normal aging (RR=1.61, CI=1.16–2.22) and the successful aging groups (RR=.55, CI=.38–.79). Optimism predicted membership to all groups, with lower risk ratios to the impaired aging group (RR=.11, CI=.04–.33) and normal aging group (RR=.57, CI=.42–.79), and higher risk ratio to the optimal aging group (RR=1.96, CI=1.35–2.85). Extraversion only predicted membership in the impaired aging group (RR=.27, CI=.12–.63) indicating high levels of social isolation. Thus, personality may play an important role in determining the patterns of aging.

SESSION 3375 (POSTER)

WHAT'S NEW IN GERONTOLOGICAL EDUCATION

EXPECTATIONS AND VALUE OF EDUCATION OF STUDENTS OF THE MASTER IN GERONTOLOGY OF THE UNIVERSITY OF GUADALAJARA

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For Institutions of Higher Education, it's important to know better the expectations and the value of education of their students to plan and offer successful postgraduate educational services. The purpose of this project is to identify and analyze the expectations and the value of education of students of the Master in Gerontology at the University of Guadalajara, The data collection was carried out through a questionnaire divided into two parts. The first one contemplated socio-demographic characteristics of the participants such as: name, age, marital status and coexistence with older adults. In the second part, the Value of Education Scale (Battle & Wigfield, 2003) was applied, which measures different aspects of the expectations and the value that graduate students give to education. 25 students participated. 64% (16) were women and 36% (9) were men, with an age range of 24 to 53 years. Single people (80%) and 56% coexist with older adults every day. Highest scores: Intrinsic Values "I like to learn from people who are experts in their field" 4.96. Value of Achievement "graduate studies have a great value for me" 4.64. Value of Utility "I want to complete my post-graduate studies to acquire knowledge and experience" 4.80. Cost Perceived "I think in the end it will be worth the post-graduate despite all the work and effort." 4.96. We consider a guarantor of success for our students, their high expectations and the value they give to their education that make them stand out and gain knowledge every day.

TACKLING THE OPIOID EPIDEMIC: A STATE-WIDE INITIATIVE TO DECREASE OPIOID PRESCRIBING

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More than 500,000 preventable deaths annually have been attributed to the growing opioid epidemic and increased opioid prescribing rates by providers (CDC, 2016). A report by the American Medical Association (AMA) found that only 50% of physicians have taken continuing

professional development (CPD) activities on managing pain with opioid alternatives (2016). In 2012, Kentucky passed a comprehensive law regulating the prescribing of controlled substances and requiring ongoing CPD in opioid prescribing and abuse. UK HealthCare CECentral partnered with the Kentucky Office of Drug Control Policy (KODCP) to provide CPD training. This study utilized retrospective learner data collected from CECentral between 2012 – 2017. Since the initiative began in 2012, CECentral has provided this training to 8,893 individuals: 5,877 physicians, 1,527 APNs, and 831 other health professionals. This initiative has resulted in more than 6,000 total participants committing to various forms of clinical practice change to help combat the opioid crisis. Between 2012 and 2016, these commitments resulted in an increase in Buprenorphine/Naloxone prescriptions and prescribers requesting controlled substance reports on their patients. An overall decrease in opioid prescriptions was also shown to be a result of this Kentucky opioid initiative. Results of the study indicate that partnerships between state agencies and CPD providers can lead to practice improvements that address public health concerns. Future research should focus on the efficiency and effectiveness of CPD training and such collaborations as public health initiatives.

THE SAGE SYMPOSIUM: A MODEL FOR HANDS-ON INTERACTIVE CONTINUING EDUCATION

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Current graduate and postgraduate medical education has minimal geriatric and palliative care curricular requirements, leaving Continuing Education (CE) programs poised to fill a critical educational niche. The San Antonio Geriatric and Palliative Education (SAGE) Symposium was a 3 day long interprofessional CE conference for providers caring for older adults. SAGE addressed geriatric knowledge, skill, and attitude deficits in practicing providers by incorporating: 1) a community and provider based needs assessment, 2) active skills sessions culminating in a health fair, and 3) multimedia based reflective exercises. Needs Assessment (Knowledge): A video needs assessments of older adults were performed using a convenience sampling methodology in 13 non-healthcare public locations in each quadrant of the city. 23 respondents were interviewed before reaching thematic saturation with 3 main themes: geriatric syndromes, patient-provider relationships, and support. Content areas for the course were derived from the needs assessment. Skills Sessions (Skills): In addition to standard plenary sessions, multiple active breakout session taught attendees common geriatric skills. On the last day of the conference, attendees applied these skills under supervision at a senior community health fair. Reflective Exercises (Attitudes): Videos, poems, and artwork with themes on aging were displayed during conference breaks. Attendees received CE credit for electronically submitting short reflections to each multimedia piece. Reflections were compiled and reported back to the group at the end of the conference. By changing the traditional CE conference format to an interactive experience, the SAGE Symposium was able to address knowledge, skills, and attitudes towards aging in its attendees.