

As discussant, Atienza will assess the strengths and limitations of these papers, and consider how emerging scholars can contribute to the field.

TITLE

Elliane Irani, *Case Western Reserve University, Ohio, United States*
abstract

EXAMINING THE IMPACT OF AGING-RELATED MINDSETS AND MOTIVATION ON ACTIVITY ENGAGEMENT IN OLDER ADULTS

Erica O'Brien,¹ and Thomas Hess,² 1. *Pennsylvania State University, University Park, Pennsylvania, United States*, 2. *North Carolina State University, Raleigh, North Carolina, United States*

This study examined short- and long-term patterns of engagement in health-promoting activities due to implicit beliefs about cognitive aging (mindsets) and Need for Cognition (NFC; motivation) in older adults. Prior research suggests higher NFC and growth-oriented mindsets bolster participation by enhancing perceived benefits and minimizing perceived costs of engagement. Survey responses across three bursts of an ongoing longitudinal study (N=678-725 observations) were collected from 148 people aged between 64 and 81 and subjected to three-level multi-level analyses. Results show naturally-occurring, weekly variations in NFC and mindsets that also contribute to short-term variation in activity frequency, diversity, and selectivity. Additionally, NFC and age significantly mediated and moderated the effect of mindsets on some outcomes, respectively. Initial findings highlight the value of taking a dynamic approach and using Selective Engagement Theory to understand activity maintenance. They may also inform efforts to develop interventions that promote healthful behaviors in later life.

INCREASING PHYSICAL ACTIVITY AND REDUCING DEMENTIA RISK IN OLDER AFRICAN AMERICAN RESIDENTS OF PUBLIC HOUSING

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Older African Americans—especially those with lower income and those living in urban public housing—have a greater risk of Alzheimer's disease (AD) compared to the general population. Inadequate levels of physical activity and aerobic exercise are thought to be among the probable causes for increased AD risk. Based on our preliminary data, we hypothesize that a cluster-randomized multi-level intervention in low-income public housing, focused on heart and brain health, can produce participant-level increases in physical activity among participants enrolled in an aerobic exercise class after six months (primary outcome) that are maintained at one year, as well as housing-level changes in attitudes and beliefs about physical activity and exercise participation among housing residents, both exposed and not exposed to the participant-level intervention as well as participant-level improvements in cognition and brain health evincive of decreased risk for AD.

USING TECHNOLOGY TO SUPPORT SELF-MANAGING HYPERTENSION IN AFRICAN AMERICANS

Carolyn Still,¹ Phuong Dang,² and Abdus Sattar,¹ 1. *Case Western Reserve University, Cleveland, Ohio, United States*, 2. *Case Western Reserve University, Frances Payne Bolton School of Nursing, Richmond Heights, Ohio, United States*

The purpose of this study was to examine the effects of a community and technology-based intervention to support self-managing hypertension in African American (AA). Sixty AA with hypertension were randomly assigned to Coachman (a technology-based intervention) or Enhanced Usual Care. COACHMAN is comprised of blood pressure (BP) monitoring with study issued monitor, six-weeks of web-based education, training to use a medication management application, and nurse counseling. Data were collected on contextual factors (demographics, perceived social support), process factors (hypertension knowledge, self-efficacy, technology use/adoption), and proximal health behaviors (medication adherence, diet, exercise) at baseline, and 8 and 12 weeks. While mean difference in BP reduction was not statistically significant, we found that half of the subjects randomized to the intervention group had an average systolic BP reduction of 13.5 mmHg that we would regard as clinically significant. Interventions that incorporate mHealth can support self-managing hypertension in AA, and improve BP.

IMPROVING HAND-GRIP STRENGTH AND BLOOD PRESSURE IN ADULTS: RESULTS FROM AN AGINGPLUS PILOT STUDY

Abigail Nehr Korn-Bailey, Garrett Forsyth, Barry Braun, Kimberly Burke, and Manfred Diehl, *Colorado State University, Fort Collins, Colorado, United States*

Based on adult inactivity, a new intervention named AgingPLUS was created, targeting motivational barriers to physical activity. Data come from a pilot study (N = 116), with 56 participants randomized to the AgingPLUS group (Mage = 63.52 years, SD = 7.89 years), and 60 randomized to the active control group (Mage = 63.06 years, SD = 8.30 years). Multi-group linear growth curve analyses examined improvements in hand-grip strength and blood pressure from pretest (Week 0) to immediate (Week 4) and delayed posttest (Week 8). Findings showed that only participants in the AgingPLUS group had significant improvements in hand-grip strength for the right (B = 1.34, p < .001) and left hand (B = 1.73, p < .001), as well as significant reductions in systolic (B = -3.28, p < .05) and diastolic blood pressure (B = -1.92, p < .01). These findings provide support for the efficacy of AgingPLUS.

EMOTION REGULATION TRAINING MAY IMPROVE STRESS, DEPRESSION, ANXIETY, AND PHYSICAL ACTIVITY

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The purpose of this two-arm randomized controlled pilot study was to assess initial efficacy of the theoretically-based