

older residents (aged 50+ years) in the Circumpolar North to identify a definition of healthy aging common in the region. A thorough review was conducted across a variety of academic search databases for peer-reviewed, qualitative studies conducted among community-dwelling older adults. The search strategy initially identified 194 articles; 23 articles met the inclusion criteria. Included studies were coded and analyzed using Grounded Theory to examine underlying themes of healthy aging in the Circumpolar North. The findings reveal the importance older adults place on respect, their relationship to the land, and psychosocial resilience into multidimensional models of healthy aging. We present a complex concept map demonstrating how healthy aging perspectives fit together into a multidimensional model of health in the Circumpolar North. This research also highlights the need for increased translational research with populations in the Circumpolar North that are under-represented in the literature.

AGING AND FEELING CURIOUS: A TIME-SAMPLING STUDY

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Curiosity is commonly defined as “the desire for new information and experience.” While curiosity has been associated with numerous positive outcomes (e.g., improved well-being, better cognitive performance and longer life expectancy, some studies suggested that curiosity declined with age. However, very few studies actually attempt to examine why curiosity may be lower among older adults. Moreover, scholars disagreed on “why” people feel curious. According to the dual process theory (Spielberger & Starr, 1994), curiosity is induced by optimal level of uncertainty and anxiety with the desire to reduce these aversive feelings. However, the personal growth facilitation model (Kashdan, Rose, & Fincham, 2002) posits that people are curious intrinsically for one’s own growth, which is associated with positive affects. Therefore, the present study aims to examine age differences in the affective profile of feeling curious by comparing the momentary affective experience of curiosity between younger and older adults. In this study, we conducted a 2-week time-sampling study with 78 younger adults (age 19-29) and 79 older adults (age 60-85) from Hong Kong. Multilevel modeling analyses demonstrated a positive relationship between curiosity and positive emotions for both younger ($\beta=.29$, $p<.01$) and older adults ($\beta=.70$, $p<.01$). Interestingly, anxiousness was positively associated with younger adults’ curiosity ($\beta=.09$, $p=.01$) but not for older adults ($\beta=.06$, $p=.29$). Our study supported both theories, but suggested that one may be more dominant among older adults. These findings have important implications for future interventions to reduce anxiousness to encourage older adults to keep an open-minded attitude towards novelties.

RACE AND ETHNICITY DISPARITIES IN SUBJECTIVE COGNITIVE DECLINE

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Alzheimer’s disease (AD) is the most common form of dementia. Subjective cognitive decline (SCD) is the self-reported experience of worsening or more frequent confusion or memory loss and it is one of the earliest noticeable symptoms of AD. Data from respondents aged 45 years and older to the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System Cognitive Decline module were examined to identify race and ethnicity disparities in SCD. This module was administered by 49 participating states, District of Columbia, and Puerto Rico from 2015-2018. Data were analyzed using SAS statistical software and methods that accounted for survey design and weighted data. Prevalence of SCD by race/ethnicity with 95% confidence intervals (CI) was calculated. Among adults aged 45 years and older, one in nine (10.8%; CI=10.5-11.2) non-Hispanic white adults experienced SCD. In comparison, among adults aged 45 years and older, one in nine (11.2%; CI=9.8-12.7) Hispanic, one in eight (13.2%; CI=12.0-14.3) African American/black, and one in five (19.6%; CI=16.0-23.2) American Indian/Alaska Native (AI/AN) adults experienced SCD. These numbers are expected to increase significantly over time, especially for some minority groups. More specifically, Hispanics and African Americans are expected to constitute a large proportion of older adults in the coming decades. There are implications in how communities are reached with respect to awareness of cognitive decline (this includes AI/AN adults, as well). Race and ethnicity disparities in SCD may be influenced by differences in chronic diseases and other risk factors that are also disparate between communities.

ETHNIC DIFFERENCES IN THE RELATIONSHIP BETWEEN SOCIAL CAPITAL AND PSYCHOLOGICAL DISTRESS IN OLDER CALIFORNIANS

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Seniors aged 65 and older are at great risk of psychological distress given their functional decline, which is known to limit participation and engagement in community life. The purpose of this study is to examine whether higher indices of social capital have a positive impact on the mental health of older, ethnic Californians. We conducted a secondary analysis of data for 7,485 Californians 65 and older from the 2016 California Health Interview Survey (CHIS). A principal components analysis generated two social capital measures; one measuring safety and social cohesion, the other civic engagement. Hierarchical linear regression analyses were conducted to assess the independent effects of social capital subscales on the severity of psychological distress as measured by the Kessler-6 (K6). Respondents were on average moderately distressed, with small yet significantly higher K6 scores observed among African Americans, Asians, and Native Americans. The addition of our social capital variables in subsequent steps resulted in little yet significant change in explaining psychological distress ($\Delta R^2 = .02$,