

experts providing support for group- and individual trajectories, 7) Creating a climate of confidence. Solidary housing appeared to be a nuanced and layered concept which should not be overidealized. Participants demonstrate what is realistic, and how it can be shaped in daily practice. By discussing and deciding on group issues, the project coordinators created a shared platform for implicit and explicit agreements.

ARE LEISURE AND CIVIC ACTIVITIES REINFORCING WELL-BEING IN OLDER ADULTS AT RISK OF FRAILITY?

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A growing body of work suggest that leisure and civic activities may contribute to the understanding of healthy aging. Yet, only a limited number of studies have examined a less healthy population. Moreover, a broad array of leisure and civic activities tend to be lacking. This paper gives insight into the mechanisms underlying the associations between multidimensional frailty, and well-being with the moderating roles of leisure and civic activities. A two-wave interview survey from the D-SCOPE frailty program was derived using 441 participants aged 60 years and older residing in the Flanders region of Belgium. This study offers evidence that leisure and civic activities buffered the negative relationship between multidimensional frailty and well-being. Moreover, our study identified that for different frailty domains the buffering/moderating role of leisure and civic activities differs in relation to well-being.

EXPERIENCES OF OLDER PEOPLE AND INFORMAL CAREGIVERS WITH LIVE-IN MIGRANT CARE WORKERS IN BELGIUM

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The increasing number of older people has a significant impact on the organization of care in European countries. Despite the availability of formal care services, adequate solutions are still missing and older people themselves search for alternative strategies to meet their care needs. For example, a recent tendency is to call upon help of migrant care workers. In Belgium, research concerning this often invisible care solution remains absent. Therefore, the study at hand explores the experiences of the older care users and their informal caregivers and examines how this care can increase their well-being. Eight in-depth interviews with older people who rely on live-in migrant care workers, five interviews with professionals and one focus group with experts have been conducted. This study found that live-in caregivers relieve the informal carers, guarantee the presence of permanent care 24/7 and enable older people to live longer at home.

THE IMPORTANCE OF LOW SOCIAL LONELINESS FOR MAINTAINING GOOD WELL-BEING

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Older people are often confronted with dependence, death of spouse and other loss experience. Nevertheless, older adults generally experience a good well-being. This lack of age-related decline of subjective well-being has been named the ‘paradox of ageing’. One possible explanation for this paradox can be found in the socio-emotional selectivity theory of Carstensen. Thus, we hypothesize that low emotional and/or low social loneliness can act as a buffer for the negative relationship between negative life events and well-being. We use data of the D-SCOPE project that includes 869 older community-dwelling adults at risk of frailty residing in Flanders. By means of regression moderating analyses the research gains insights into the relationships between older people and well-being where the absence of social loneliness is detected as a possible buffer against negative outcomes. The discussion develops the argument that the absence of loneliness is a crucial facet for maintaining a good well-being.

SESSION 3040 (SYMPOSIUM)

EXPLORING MECHANISMS OF AGING THROUGH LONGITUDINAL TRAJECTORIES: BIOLOGICAL, PHENOTYPIC, AND CLINICAL

Chair: Jennifer A. Schrack, *Johns Hopkins University, Baltimore, Maryland, United States*

Discussant: Luigi Ferrucci, *Translational Gerontology Branch, Intramural Research Program, National Institute on Aging, National Institutes of Health, Baltimore, Maryland, United States*

Over the past several decades, researchers have searched for early and accurate predictors of healthy aging, establishing metrics to potentially quantify the aging process based on functional performance, disease diagnosis, or other clinical tests. Using these metrics, efforts have been made to disentangle the concepts of “normal” versus “accelerated” aging to identify individuals transitioning into states of disease and disability, allowing for more targeted and effective treatment(s). Yet, many of the variables included in these indices have been chosen based on their availability using cross-sectional associations with chronological age. Such variables may reflect birth cohort differences and selective attrition and fail to accurately represent the mechanisms most representative of the aging process. Using data longitudinal data from the Baltimore Longitudinal Study of Aging and beyond, this symposium will present a conceptual framework of phenotypic aging and its relationship with biological aging, and trajectories of aging phenotypes using state-of-the-art measures collected over the past 10 years. Specifically, we will discuss new insights into trajectories of molecular (inflammatory and metabolic markers), physiological (energetics, body composition, brain atrophy), and clinical measures (gait speed and executive function), and discuss methodological considerations for combining these phenotypes into a measure that can be linked with biological aging measured using a systems approach to improve and refine future understanding of mechanisms of “normal” versus “accelerated” aging. Further development