

adjuvant combination leading to the discovery and development of better and/or newer innovative vaccines specifically tailored to protect against pathogens responsible for infectious diseases resulting in significant morbidity and mortality in older adults. For example, the recent licensure of several vaccines formulated with a new generation of adjuvants to help protect older adults against influenza, hepatitis B and herpes zoster (shingles). This evidence-based approach to the development of adjuvanted vaccines addressing immunosenescence is a primary prevention strategy to develop and maintain the functional ability that enables wellbeing in older age.

IMMUNIZATION AS A HEALTHY AGING STRATEGY

Eduardo De Gomensoro¹, *1. GSK Vaccines, Rockville, Maryland, United States*

The burden of infectious disease is heavier at the extremes of life: the youngest and the oldest typically have the highest incidence of infectious diseases along with morbidity and mortality. Demographic studies show by the next decade, adults over 65 will outnumber children under 5 years of age. Unfortunately, vaccination coverage in older adults even where permissive recommendations exist is universally lower than in infants or children. Key reasons are a lack of knowledge and understanding of the benefits of vaccination, and inconsistent recommendations by providers. Recently, the concept of ‘healthy aging’ – regular vaccination and lifestyle modification including exercise and diet – has been proposed to go beyond disease prevention and address quality of life issues such as the ability to remain in work, and to live independently. Public and healthcare provider education to ascertain the value of older adult’s immunization are critical for the fulfilment of this agenda.

UNDERSTANDING AND ADDRESSING IMMUNOSENESCENCE

Robbert Van Der Most¹, *1. GSK Vaccines, Rixensart, Belgium*

Aging comes with an increased impact of infectious disease in terms of hospitalization, morbidity and mortality. This increased susceptibility to infection appears to be linked to age-related changes in the immune system and its capacity to respond to infection and vaccination. Importantly, this phenomenon occurs despite existence of pre-existing immune memory. The age-related weakening of the immune response is referred to as “immunosenescence”. Immunosenescence operates at several levels of the immune system and is multifactorial. Recent advances in systems immunology have shed new light on the immunological processes that may drive the age-related changes in immune response to infection and vaccination. However, gaps in our understanding still exist at basic and translational research levels. One approach to counteract this is the development and implementation of innovative vaccines against the pathogens with particular risks for older adults. The use of innovative immune adjuvants holds promise for the development of such vaccines.

SESSION 1140 (SYMPOSIUM)

WOMEN'S EXPERIENCES OF AGING AND SOCIAL CONNECTEDNESS

Chair: Nicky J. Newton, *Wilfrid Laurier University, Waterloo, Canada*

Discussant: Jamila Bookwala, *Lafayette College, Easton, Pennsylvania, United States*

Models of aging, such as the successful aging framework outlined by Rowe & Kahn (1987; 2015) should be holistic, necessitating the inclusion of health, psychosocial factors, and social connectedness. Even at the oldest ages, life expectancy and rates of survival are increasing, yet these longer lives are accompanied with disease and disability, especially among women (Crimmins & Beltrán-Sánchez, 2010); thus, maximizing health and well-being during these post-retirement years, which can often span decades, is a high priority. However, models of age-related change, such as those relating to age-related transitions, are predominantly based on men’s experiences; less is known about how women navigate later life (Calasanti, 2010; Kim & Moen, 2002). The presentations in this symposium provide quantitative and qualitative data from women of a broad age range concerning their experiences of aging, with the shared theme of social relationships. Sherman examines the relationship between personality and social support for well-being outcomes in Native American, African American, and European American women (Mage = 57). Conceptualizing aging as the quintessential life transition, Newton outlines the diverse themes of physical, psychological, and social aging from interviews with older women (Mage = 72). Fuller and Toyama find that for older women (Mage = 80), friendships mattered more than family, and counting on neighbors could even be detrimental in terms of life satisfaction and stress. Taken together, these presentations provide a varied picture of what it means for women to ‘age well’, suggesting nuanced ways in which we might conceptualize theories of aging for women.

INTERACTIONS OF OPTIMISM WITH SOCIAL RELATIONS FOR WOMEN'S WELL-BEING

Aurora M. Sherman¹, *1. Oregon State University, Corvallis, Oregon, United States*

The impact of personality on the relationship between social relations and well-being has been understudied. We assessed optimism, social support, and social strain in association with self-esteem, depressive symptoms and life satisfaction for a sample of 247 women (Mean age = 57.56, range 45-89 years) from three race groups (42% Native American, 34% African American, 24% European American). PROCESS models revealed significant interactions between optimism and support suggesting that high support buffers the risk of low optimism for all three dependent variables, and two interactions of optimism with social strain, showing that low optimism exacerbated the negative impact of high strain for CES-D and self-esteem scores. The full models accounted for 30-50% of the variance explained in each outcome. We discuss important resources for resilience shown by the women in the sample.

OLDER WOMEN'S EXPERIENCES OF AGING: THE PHYSICAL, THE PSYCHOLOGICAL, AND THE SOCIAL

Nicky J. Newton¹, *1. Wilfrid Laurier University, Waterloo, Canada*

According to the life course perspective (Settersten, 2003), major life transitions are embedded in contexts shaped by personal history and social circumstances “as natural as the changing seasons” (Miller, 2010, p.663). Aging itself is perhaps the epitome of all transitions: a relatively measured movement through a series of situations, conditions, and social roles

(Hettich, 2010); a transition that particularly lends itself to a life course approach. In this qualitative interview study, 37 women (Mage = 72.27) responded to questions regarding their experiences of the physical, psychological and social aspects of aging. While themes of inevitability and physical health were evident, the highly-personalized nature of aging was also underscored through individual themes of invisibility, freedom from expectations, fear of cognitive decline, and the quality and maintenance of friendships. Similarities and differences in women's experience of aging are compared; the need to contextualize aging within the life course is discussed.

IMPLICATIONS OF RELATIONSHIPS WITH FAMILY, FRIENDS, AND NEIGHBORS FOR WOMEN'S WELL-BEING IN LATE LIFE

Heather Fuller,¹ Heather Fuller,¹ and Masahiro Toyama¹,
1. *North Dakota State University, Fargo, North Dakota, United States*

Social support is well documented as promoting women's well-being across the lifespan, yet implications vary depending on the source and type of support. The present study examined whether relationships with family, friends, and neighbors (both satisfaction with and number in social network) affected well-being over two years. Midwestern women (N=188, mean age = 80) were sampled from two waves of the Social Integration and Aging Study (2013, 2015). Hierarchical regression models indicated that satisfaction with friends predicted better life satisfaction, but satisfaction with family and neighbors did not predict well-being. In contrast, number of neighbors in social network predicted lower life satisfaction and greater stress, while number of family and friends were not associated with well-being. Moreover, differential effects emerged between older and younger women. Findings highlight unique facets of older women's social relationships and suggest that future research and interventions addressing age and the source of support are warranted.

SESSION 1145 (SYMPOSIUM)

ARCHIVES OF GERONTOLOGY AND GERIATRICS: MEN'S HEALTH AND AGING

Chair: Roland J. Thorpe, *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

Historically men typically have had more opportunities, privileges, and power; yet men die sooner and have earlier onset of health conditions compared to women. This is largely because there is a paucity of research focusing on the complex interaction that exists between social, behavioral, biological, and psychosocial factors among men. This symposium contains a collection of papers in the latest Volume of the Archives of Gerontology and Geriatrics that discuss some key factors that can provide insights to advance our understanding of men's health and aging. Kelley and colleagues bring together several important concepts from sociology and gerontology to provide an explanatory framework for older men's differential health profiles within and between cohorts, and over time. Wilmoth and colleagues discuss the complexities of understanding the health and well-being of male veterans in late life by providing critical insight on next steps that are needed on specific war-era cohorts to identify

the mechanisms that shape veteran status differences in late-life health and mortality. Taylor and Taylor focus on social isolation and loneliness among a diverse sample of older men including understanding how social isolation and loneliness impact health outcomes. Bruce and Thorpe focus on how faith has implications for socio-biologic interactions associated with elevated risk for disease and premature death among this marginalized population. These presentations collectively will bolster our knowledge on men's health and aging.

SOCIAL CHANGE, SOCIAL INSTITUTIONS, AND COHORTS: CONTEXTUALIZING MEN'S HEALTH IN LATER LIFE

Jessica Kelley¹, 1. *Case Western Reserve University, Cleveland, Ohio, United States*

Research links men's health to their participation in, and access to, social institutions such as marriage, education, and work. However, these institutions have undergone significant social change in the past century, altering their scope and influence on men's health. We tie together several important concepts from sociology and gerontology to provide an explanatory framework for older men's differential health profiles within and between cohorts, and over time. First, we address the gendered life course which are the structural and social arrangements that create distinctive experiences over the life course for men and women. Second, we employ the concept of cohort analysis to capture social changes in the institutionalized life course. Finally, we utilize the cumulative dis/advantage framework to help understand within-cohort differentiation in health status as men age. Taken together, we can better understand health, longevity, and disability profiles for older men and how these have shifted over time.

SOCIAL ISOLATION, LONELINESS, AND MEN'S HEALTH

Harry O. Taylor¹, 1. *Washington University in St. Louis, St. Louis, Missouri, United States*

Strong and fulfilling relationships are important components of men's health and well-being across the life course; however, social isolation and loneliness are important but under-assessed conditions among older men. This is important to note because older men often subscribe to common masculinity themes regarding independence and self-sufficiency which places them at greater risk for social isolation and loneliness in comparison to older women. The purpose of this presentation is to review the social isolation and loneliness literature specifically among older men by 1) discussing gender differences, and the potential mechanisms behind these differences, in social isolation and loneliness, 2) examining health, behavioral and physiological effects of social isolation and loneliness specifically among older men, and 3) providing future research directions for understanding social isolation and loneliness among older men including understanding social isolation and loneliness and their associative outcomes among diverse samples of older men.

STRESS, FAITH, AND HEALTH AMONG BLACK MEN IN MIDDLE AND LATE LIFE

Marino A. Bruce,¹ and Roland J. Thorpe², 1. *Vanderbilt University, Nashville, Tennessee, United States*, 2. *Johns*