

better or worse self-perceptions of aging than non-caregivers. Such findings may be reflective of intergenerational ambivalence, and future work should consider how the nature of the caregiving situation (i.e. relationship quality, intensity of the care, caregiver burden) shapes caregivers' perceptions of their own aging, especially over time as caregivers navigate their own aging processes.

SUBJECTIVE AGING IN CONTEXT: NEIGHBORHOOD SOCIAL ENVIRONMENT AND SELF-PERCEPTIONS OF AGING AMONG OLDER ADULTS

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Self-perception of aging (SPA), one's attitude toward one's own aging, has been associated with health and well-being in later life. Whereas existing literature identifies individual-level predictors of SPA (e.g., education and health), little is known about the role of neighborhood context. The present study examines whether 1) neighborhood social environment is related to SPA and 2) age moderates this relationship. Our analytic sample includes 11,394 adults aged 50+ from the 2014 and 2016 waves of the Health and Retirement Study (Mean Age=68, SD=10.14, range 50-98). Indicators of neighborhood social environment include (a) perceived neighborhood social cohesion (the trust and social ties among community residents), (b) neighborhood friends, and (c) relatives living in the neighborhood. Regression analyses were performed to investigate the associations of each neighborhood-level indicator with the positive and negative dimensions of SPA. The models controlled for demographic, socio-economic, and health covariates. Greater neighborhood social cohesion ($B=0.13$, $SE=0.01$, $p<.001$) and having neighborhood friends ($B=0.14$, $SE=0.02$, $p<0.001$) were associated with higher levels of the positive SPA. As for the negative dimension of SPA, neighborhood social cohesion was the only significant predictor ($B=-0.13$, $SE=0.01$, $p<0.001$). Furthermore, we found significant interaction effects between neighborhood social cohesion and age: higher neighborhood cohesion was associated with more positive ($B=-.003$, $SE=.00$, $p<.001$) and less negative SPA ratings ($B=-.003$, $SE=.00$, $p<.001$) at younger ages than older ages. Our findings provide insights into how neighborhood social context shapes subjective aging, suggesting that a socially cohesive neighborhood may promote more favorable perceptions of aging, particularly for younger residents.

THE IMPACT OF MENTAL HEALTH STIGMA AND AGEISM ON STUDENTS' INTENTION TO WORK WITH OLDER ADULTS: A MIXED METHODS DESIGN

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Approximately 20% of older adults have a mental or neurological disorder which can cause significant disability. With a growing older adult population, there is a need for providers receiving specialized training in aging to provide

quality care. However, there continues to be shortages of students seeking careers in geriatrics and especially in working with older individuals with mental health (MH) concerns. The present study explored the relationship between MH stigma, ageism and intention to work with older adults among undergraduate students. Undergraduate students ($N=188$) completed a battery of questionnaires including intention to work with older adults, positive and negative attitude towards older adults, and open-ended questions exploring MH stigma views. Regression results indicated that MH stigma, positive, and negative attitudes significantly predicted intention to work with older adults, ($F(3, 182) = 8.51$, $p = .000$). Examination of the coefficients revealed that positive attitudes significantly predicted intention to work with older adults ($t=4.38$, $p=.000$), and MH stigma demonstrated a trend towards significance ($t=1.90$, $p=.059$). Open-ended responses were analyzed using qualitative description methods which revealed themes consistent with negative and positive stereotypes, MH problems going undetected, and need for additional support in recognizing and treating MH conditions among older adults. Positive attitudes are an important predictor in students' intention to work with older adults, and MH stigma may be an important factor to explore further. Qualitative themes also describe how MH concerns are an important area to focus on among older adults, although there continues to be evidence of aging stereotypes.

THE ROLE OF AGING ANXIETY, AGEISM, AND HEALTH LOCUS OF CONTROL ON MIDDLE-AGED ADULTS HEALTH OUTCOMES AND BEHAVIORS

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Older adults with more ageist attitudes and aging anxiety and who endorse an external health locus of control (HLOC) have poorer mental and physical health and less engagement in healthy behaviors than those who report less ageist attitudes, aging anxiety, and endorse an internal HLOC. However, middle-aged adults have not been examined in this literature. Using Terror Management Theory as a framework, this study examined the relationship of middle-aged adults' aging anxiety, ageist attitudes, and HLOC with health behaviors and mental and physical health outcomes. 391 middle-aged participants (40-55 years) completed measures of ageist attitudes, aging anxiety, HLOC (Internal, External, and Powerful Other), engagement in health behaviors, mental health, and physical health. The path analysis model demonstrated acceptable fit, $\chi^2(2)=7.794$, $p=.02$, CFI=.99, TLI=.92, RMSEA=.09). For health behaviors, eight of the 10 paths were significant; higher aging anxiety, higher ageist attitudes, and less endorsement of internal HLOC were related to less engagement in healthy behaviors. For mental health and physical health, five of the 10 paths were significant; in general, higher aging anxiety, higher ageist attitudes, and less endorsement of internal HLOC were related to poorer mental and physical health. This study demonstrated that middle-aged adults' aging anxiety, ageist attitudes, and health locus of control are related to their health behaviors and mental and physical health. Furthermore, higher endorsement of specific forms of ageist attitudes and aging anxiety were related to worse reported mental and physical health and to