

satisfaction, perceptions of everyday discrimination in the context of healthcare treatment settings, and perceived discrimination in everyday life. Regression models include clustered standard errors to account for heteroscedasticity across repeated observations of individuals over time. We identify six group-based trajectories of functional mobility limitation among aging Americans. Black, female, and less-educated Americans are at higher risk of membership in disadvantaged trajectories, characterized by more rapidly increasing counts of functional mobility limitations, than their counterparts. Disadvantaged functional limitation trajectories are associated with lower levels of healthcare satisfaction, higher levels of perceived physical disability discrimination in healthcare treatment settings, and higher levels of perceived physical discrimination in other contexts of everyday life. The present study advances our knowledge of how older adults experience healthcare settings and discrimination across functional mobility status trajectories.

EXCURSION FROM HOME AND ECOLOGICAL PAIN IN OLDER ADULTS WITH KNEE PAIN

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Background: Pain is an essential factor in limiting life-space mobility. Ecological momentary assessment (EMA) is crucial to understanding pain intensity and frequency. This study evaluated a customized smartwatch app for daily ecological pain reporting and GPS (Global Positioning System) coordinates collection to understand the impact of pain on daily excursion from home in older adults who report knee pain. **Methods:** Participants (n=14, 73.2 +/- 5.4 yrs, 64% female) wore a smartwatch with a customized app called Patient Reported Outcome of Mood, Pain, and fatigue (PROMPT) for 6.5 (4.0) days. Participants were prompted in their free-living environment about their pain intensity (range 0-10) in the morning, afternoon and evening. Additionally, GPS data were collected at 15 min intervals throughout the day. Geodesic distance was used to calculate the distance from the home address. Daily pain values were binned into high and low levels to compare to maximum daily excursions. **Results:** Individuals with average daily pain > 2 traveled 4.1 fewer miles than those individuals reporting pain <= 2 exceeded a distance of 5 miles compared to 17.9% of those individuals reporting pain <= 2 (X²=6.89, p < 0.05). **Conclusion:** In older adults, higher level of knee pain is associated with a decline in life-space mobility. Using custom designed smartwatch applications provides new opportunity to investigate how pain impacts community mobility.

SESSION 2415 (POSTER)

RELIGION AND SPIRITUALITY

THE RELATIONSHIP BETWEEN GLOBAL AND DAILY LEVELS OF PAIN AND RELIGIOUS COPING

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Objective: This research examines associations between global and daily levels of pain and the use of religious coping strategies among African American (AA) and non-Hispanic White (NHW) older adults with physician-confirmed knee osteoarthritis (OA). **Methods:** As part of a larger study of racial/ethnic differences in everyday quality of life with OA, 125 persons over the age of 50 completed a global measure of religious coping using the Brief RCOPE. Daily variability in pain and coping was assessed using a daily diary methodology consisting of 4 daily phone calls over 7 days. **Hypotheses:** Demographic characteristics (sex, race) were expected to predict religious coping at both the global and daily levels. Specifically, we expected women and AAs would use more religious coping than their male and NHW counterparts. Further, daily levels of pain were predicted to correlate with daily levels of coping. **Results:** AAs were found to engage in significantly more religious coping behaviors than NHWs at the global, but not daily, level. An intraclass correlation coefficient of .316 indicated sufficient within-person variability for the use of multi-level modeling to determine the association of daily pain and religious coping. Within individuals, pain was significantly lower on days when religious coping was not used. **Implications:** Results contribute to a growing understanding of how individuals use their religious beliefs to cope with daily pain and perhaps, to the formulation of more targeted therapies for individuals living with chronic illness. (Supported by R01-AG041655 D. Smith and P. Parmelee, PIs.)

LIFE AFTER 100: IS GOD THE SECRET TO A SATISFYING AND PURPOSEFUL LIFE?

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Data from N = 111 centenarians (M = 100.88; SD = 1.48) residing in Oklahoma was used to examine patterns in the relationship between the God oriented vs. non-God oriented longevity secrets and subjective well-being. Observational Oriented Modeling (OOM) was then used to conduct an ordinal analysis using concatenated ordering to produce degree of fitness between data and underlying patterns in life satisfaction and purpose-in-life across three time points. OOM is a data analysis method used to evaluate fitness of proposed patterns to data called PCC. Results indicated that centenarians maintaining a God-oriented longevity secret fit a decreased pattern in life satisfaction (PCC = 25.00, c-value = .09); whereas centenarians not maintaining a God-oriented longevity secret fit the same pattern (PCC = 49.18, c-value = .06). Meanwhile, centenarians having a God-oriented longevity secret fit a decreased pattern of purpose-in-life (PCC = 71.43, c-value = .12); whereas centenarians having a non-God oriented longevity secret fit the same pattern (PCC = 53.45, c-value = .28). In comparison to centenarians who acknowledged something other than God as the secret to their longevity, those who cite God as the reason for longevity tend to proportionately