

wished to use more driving services than the allowable four times per month maximum. This limitation was due to the insufficient number of volunteers compared to a large number of people in need. Availability of more volunteer drivers will likely improve SRs health. Effective approaches to increase the number of driving volunteers are necessary.

THE EFFECT OF OLDER ADULTS' VOLUNTEERING ON THE SOCIAL SUPPORT

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With increasing longevity, older adults need activities after retirement. Volunteering can be alternate for substituting role after retirement. Social capital is an important resource to start volunteering. Vice-versa, volunteering can increase their social network and social support. This study examined how the factors of volunteering affect emotional, instrumental and esteem support of older adults. This study used the 6th additional wave of the Korean Retirement and Income Study (2016). The sample size was 202 and target population were adults age 65+. Multiple regressions were used for data analysis.. Demographic variables (e.g. gender, age, etc) were controlled. Independent variables included volunteer time, how many places they volunteered at, whether volunteers were professionals providing pro-bono services or not, whether they were self-motivated or asked by others. For dependent variables, social support such as emotional, instrumental and esteem support were used. If volunteers were asked by others, emotional and esteem support were increased. If volunteers were self-motivated, it affected esteem support. If they were volunteering in multiple places, instrumental and esteem support were higher than volunteering in only one place. Length of volunteering time spent affected the instrumental support negatively. There were differences between those who were professionals versus nonprofessional volunteering affecting instrumental support. Nonprofessional volunteering affected instrumental support more than professional volunteering. These findings implied social support motivation, time, and whether the volunteer was a professional or not affected different kinds of social support differently. Findings show the importance of older adults doing volunteering to enhance social support.

#GERIATRICS: A 7-YEAR TWITTER ANALYSIS

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The use of social media platforms as an educational tool to promote awareness has become increasingly popular as technology advances. Twitter is a microblogging, social media platform in which users share short, text-based posts ("tweets") that can contain hyperlinked articles, web-pages, pictures, and more. 79% of the 336 million current monthly twitter users are international, suggesting Twitter serves as a tool allowing international connection via the rapid spread of information worldwide. Simplur Signals (Simplur LLC) was used to perform a retrospective analysis of the use of #Geriatrics on Twitter. Data was collected from Oct. 13th, 2010 through Jun. 5th, 2018. Spam and unknown accounts

were excluded from the data set before analysis. Manual analysis was performed to qualitatively assess tweet content of the top 200 Retweets by Impressions. A total of 65,002 tweets were shared during the selected time frame. Tweet activity rose to a high in Year 5 (17,206) but has declined since. The majority of the top 100 influencers were doctors (57.4%). Regarding tweet content, most discussions focus on increasing awareness and promoting advocacy (30%) as well as sharing research related to the practice of geriatrics (23.5%). With its widespread use and lack of international boundaries, Twitter serves as an effective platform in informing and increasing awareness about geriatrics and other medical specialties.

DO OLDER ADULTS WITH HIV HAVE A SOCIAL NETWORK DEFICIT? EVIDENCE FROM AGINCOURT, SOUTH AFRICA

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HIV/AIDS has had a substantial social and economic impact on Sub-Saharan Africa, and research is only beginning to examine the prevalence and consequences of HIV infection among older adults in this region. Though informal social networks provide crucial resources for older people managing health problems, little is known about how the form and function of such networks differs by HIV status. Drawing from theories of health stigma and network mobilization, we use egocentric network data from HAALSI, the Health and Aging in Africa: A Longitudinal Study of an INDEPTH Community in South Africa (N=5,059). HAALSI is a community-based study centered in Agincourt, South Africa, and focuses on adults ≥40 years of age. Approximately 12% of this sample is HIV positive. Results of multivariable logistic and Poisson regression reveal three main findings. First, relative to those without HIV, infected older adults have larger personal networks—including more kin and more non-kin network members. Second, HIV status has no discernible impact on whether people receive regular emotional support from those in their networks. Third, older adults who have disclosed their HIV status have a relatively high proportion of kin members in the close networks relative to those not infected with HIV and to those with HIV who have not disclosed their disease. Our findings point to the need for further research on the implications of social networks for outcomes such as well-being and health care delivery among older AIDS patients in the Global South.

A COMPARATIVE ANALYSIS OF THE SOCIAL SUPPORT IN SOLITARY SENIORS WHO ATTEND CLUB ACTIVITY OR GO OUT TO SEE FRIENDS

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The Toyoshiki-dai housing complex, constructed in 1960s, is located in one of the commuter towns in a metropolitan area of Japan. Those who moved to this area as youngsters are now aged over 75 and many live a solitary

life; making social support vital to prevent social frailty. The municipalities and universities have been hosting interventions, e.g. club activities, to make social connection but the effects remain unclear. In this study, the relationship between activity participation and the size of social support was explored to develop an effective method to increase social connections. A cross-sectional study was conducted in October 2018 and 200 questionnaires were distributed at a lunch event at the housing complex. The participants were solitary and independent seniors over the age of 70 (M:F=14.4:67.5). The frequency of going out to participate in club activity, see friends, and the geriatric social support scale were used for analysis. As a result, compared to seniors who went out to see their friends, the size of social support was smaller in groups that remained isolated (N = 161, odds ratio = 0.26, 95% CI=0.11-0.60). On the contrary, seniors who joined club activities had similar size of social support despite the frequency of participation. Clubs in Japan are often closed groups with limited membership, which may have restricted the addition of new social connection. Future intervention researches should focus on modifying the membership system of clubs and opening of a public space where seniors can casually access and talk to acquaintances.

AGE DIFFERENCES IN COGNITIVE PERSONAL NETWORKS

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Previous research has found a negative association between network size and age, suggesting that people experience greater isolation with advancing age. In this paper, we evaluate age differences in how individuals perceive their social worlds to be structured, rather than focusing solely on network size. A nationally represented sample of respondents (n=1,824) reported on their own ties to their close personal network members (i.e., ego-alter ties) as well as their perceptions of acquaintanceship between those members (i.e., alter-alter ties). We used social network analysis to assess how the structure of these relationships vary by respondent age. We find a positive association between respondent age and personal network size and a negative association between network members' ages and the number of ties respondents' perceive their members to have to each other. This effect significantly weakens as respondent age increases. Moreover, we find evidence of age-homophily, intergenerational contact spanning three generations in both ego-alter and alter-alter ties, and age differences in ego network composition. Our results suggest that the evolution of our social worlds across the life course shifts in terms of size and structure. While contemporary close personal networks may grow slightly with age, perceived social ties among one's network members become less cohesive and less diverse with age. We discuss these results in the context of recent findings that suggest aging uniformly insulates individuals from social contact from both structural and symbolic perspectives.

GSA 2019 Annual Scientific Meeting

DOES MOVING LATER IN LIFE INFLUENCE IN-PERSON CONTACT WITH CHILDREN, FAMILY, AND FRIENDS?

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Relocation is common in later life and older adults differ the distance they move. One possible consequence of relocation is that in-person contact frequency with social network members changes. To date, relatively little is known about how older adults' in-person contact frequency with their children, family members, and friends is influenced by the distance they move and if this differs by age group (50-64, 65-74, 75+). To examine this, we used information from the Health and Retirement Study about geographic mobility and social network contact frequency. The sample was restricted to respondents over age 50 in the 2006 wave with data on contact frequency with children, family members, and friends in 2006 and 2014 (N=5159). Distance moved from 2006 to 2014 was categorized as: stayer, <5 miles, 5-49.9 miles, and ≥50 miles. Linear regressions with covariates controlled revealed that moving ≥50 miles was significantly associated with less frequent in-person contact with family members ($\beta=-0.31$, 95%CI [-0.46, -0.16], $p\leq 0.001$) and friends ($\beta=-0.32$, 95%CI [-0.46, -0.18], $p\leq 0.001$). Interestingly, the 50-64 group who moved ≥50 miles was less likely to meet up with their children ($\beta=-0.36$, 95%CI [-0.56, -0.15], $p\leq 0.001$), family members ($\beta=-0.31$, 95%CI [-0.52, -0.11], $p\leq 0.01$) and friends ($\beta=-0.21$, 95%CI [-0.39, -0.03], $p\leq 0.05$). In contrast, the 75+ group who moved ≥50 miles were significantly less likely to have in-person frequency only with their friends ($\beta=-0.58$, 95%CI [-1.04, -0.14], $p\leq 0.05$). These findings are discussed in relation to theories about social support and emotional well-being in old age.

SOCIAL AND EMOTIONAL LONELINESS AS PREDICTORS OF COGNITION IN LATER LIFE

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To explore the viability of a model illustrating the potential relationship between both social and emotional loneliness and both psychometric and everyday cognition in later life, 575 older adults (M = 73.49) completed measures of crystallized (Gc) and fluid (Gf) ability as well as indicators of self-rated participation in 84 everyday cognitive activities, self-rated stimulatory value of each activity, attitudinal predisposition toward an engaged lifestyle and everyday cognitive failures. Measures of social support, caregiving stress, needs for cognition and cognitive self-efficacy were treated as mediators of the loneliness-psychometric/everyday cognition relationship, controlling for age, gender, health, and education. Hierarchical regression analyses suggested that social loneliness predicted ($p < .04$) Gc as mediated by social support, cognitive self-efficacy and need for cognition, whereas emotional loneliness similarly predicted ($p < .04$) Gf. Parallel analyses indicated that social loneliness predicted ($p < .04$) everyday cognitive failures and that both social and emotional loneliness predicted ($p < .03$) engaged lifestyle attitudes. In each case, the overall model was statistically significant ($p < .01$). For everyday cognitive activities and the stimulation values of such, neither type of loneliness was predictive, though lifestyle attitudes and lifestyle activity