

(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

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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

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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

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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

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African American men experience extremely high levels of social and psychological stress from unfavorable social and economic circumstances emerging from institutional discrimination and unfair treatment. Stress has been linked to disproportionate risks for illness, disease and premature mortality among this population. But, few studies have examined how African American men manage or cope with stress, and even fewer have assessed how their coping responses have implications for their health. Faith has been considered a stress coping strategy and a growing number of studies explore how religiosity and spirituality have implications for health outcomes. No studies to our knowledge have examined how faith impacts stress and its influence on the health among African American men. The purpose of this chapter is to demonstrate how faith has implications for socio-biologic interactions associated with elevated risk for disease and premature death among this marginalized population.

#### THE HEALTH OF MALE VETERANS IN LATER LIFE

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Veterans have the opportunity to accrue health-promoting “military capital,” but they are also at risk of experiencing a “military hazard” effect that undermines later-life health and mortality outcomes. Given these possibly competing effects, there is substantial heterogeneity in physical and mental health among older male veterans. The health and mortality outcomes of older veterans who were not substantially harmed during military service appear to be just as good as, if not better than, those of nonveterans. However, older veterans who served in-theater, were exposed to combat or hazardous chemicals, and/or were physically or psychologically harmed during service tend to have worse health and higher mortality than non-veterans. Some older veterans with these experiences struggle with life-long or late-onset PTSD, while others exhibit resilience and posttraumatic growth. Additional population-level, life-course research is needed on specific war-era cohorts to identify the mechanisms that shape veteran status differences in late-life health and mortality.

#### SESSION 1150 (PAPER)

##### BENEFITS OF SOCIAL AND PHYSICAL ACTIVITY IN LATER LIFE

##### ACTIVITIES ACROSS AMERICA: EVALUATING GEOGRAPHIC DIFFERENCES IN ACTIVITY ENGAGEMENT

Brittany P. Trubenstein,<sup>1</sup> Robin Corley,<sup>2</sup> Kyle D. Gebelin,<sup>1</sup> Sergio Rey,<sup>1</sup> Sally Wadsworth,<sup>2</sup> and Chandra A. Reynolds<sup>1</sup>, 1. *University of California - Riverside, Riverside, California, United States*, 2. *University of Colorado - Boulder, Boulder, Colorado, United States*

Rurality is associated with cognitive health disparities. We investigated proximal and distal indices of rurality, activity engagement and cognitive performance in the ongoing Colorado Adoption/Twin Study of Lifespan behavioral development and cognitive aging (CATSLife; N = 979; 47% female). The Index of Relative Rurality (IRR) (0 = Urban to 1=

Rural) was calculated using population density, population, percent urban, and remoteness at the census tract (IRRtract; M=0.40, SD=.05) and county levels (IRRcounty; M=0.53, SD=.09), which were moderately correlated ( $r = .21$ ,  $p = .000$ ). Individuals reported weekly-hours of engagement in 19 activities, classified into social (M=6.85, SD=4.03), physical (M=6.53, SD=4.76), family (M=10.76, SD=7.06), sedentary (M=11.84, SD=5.83), or cognitive (M=4.63, SD=3.74) domains. Social activities correlated with IRRcounty ( $r=0.091$ ,  $p = .005$ ) but not with IRRtract ( $r=-0.004$ ). WAIS-III IQ scores were available. Social activities modestly correlated with IQ, particularly Verbal-IQ ( $r = .063$ ,  $p = .049$ ). Cognitive activities correlated with all IQ measures ( $r$ 's = .17 to .25,  $p < .000$ ). While IRRcounty correlated positively with IQ ( $r$ 's=0.057 to 0.094,  $p$ 's = .079 to .000), IRRtract correlated negatively but not significantly with IQ ( $r$ 's=-0.053 to -0.062,  $p$ 's = .104 - .054). Analyses accounting for family nesting, sex, and age suggested compensatory associations between IRRcounty versus IRRtract and Full-Scale-IQ ( $p < .019$ ), with similar patterns for Verbal-IQ and Performance-IQ. Social activities did not uniquely contribute. Further investigation is warranted to better understand the complex relationships between proximal and distal rurality and the implications that these relationships have on activity engagement and cognitive performance.

##### COGNITIVE TRAINING ATTENUATES AGE-RELATED DECLINE IN PHYSICAL FUNCTION ACROSS 10 YEARS

Briana N. Sprague,<sup>1</sup> Christine B. Phillips,<sup>2</sup> and Lesley A. Ross<sup>1</sup>, 1. *The Pennsylvania State University, University Park, Pennsylvania, United States*, 2. *Arizona State University, Arizona State University, United States*

Poor physical function is associated with negative health and cognitive outcomes. Although nine studies demonstrate that cognitive training reduces age-related declines in physical function, only one has examined effects beyond immediate posttest changes. The current study assessed the impact of three cognitive training programs on physical function measures across 10 years. Using data from the Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) trial, older adults randomized to a no-contact control condition ( $n = 698$ ) were compared to those randomized to processing speed ( $n = 702$ ), memory ( $n = 703$ ), or reasoning ( $n = 694$ ) training. Intention-to-treat and treatment-received analyses were conducted for grip strength, Digit Symbol Copy, and Turn 360. There were no significant effects of being assigned to processing speed, memory, or reasoning training to any physical function outcome ( $p > .05$ ). Treatment-received models indicated that processing speed training attenuated age-related declines in Digit Symbol Copy ( $b = -.005$ ,  $p < .01$ ) and Turn 360 ( $b = -.011$ ,  $p < .001$ ), memory training attenuated age-related declines in Digit Symbol Copy ( $b = -.009$ ,  $p < .001$ ) and Turn 360 ( $b = -.011$ ,  $p < .001$ ), and reasoning training attenuated age-related declines in Digit Symbol Copy ( $b = -.012$ ,  $p < .001$ ) and Turn 360 ( $b = -.012$ ,  $p < .001$ ). There was no significant transfer to grip strength. This is the first study to demonstrate beneficial effects of cognitive training to some physical functions across 10 years. Future work should examine moderators and mediators of transfer effects.