

older Asian men between fields requiring human interactions and volunteering rate was the least, among various gender-racial subgroups. Older adults with different racial-gender identities may face varying experiences in different types of occupations. Social and cultural factors among these identities are discussed to better understand the relationships between careers and volunteering in late-life.

VOLUNTEERING AND CHRONIC INFLAMMATION IN LATER LIFE: IS SUSTAINED VOLUNTEERING BENEFICIAL FOR HEALTH?

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Although research on the health benefits of volunteering has proliferated in recent decades, most studies have focused on whether or not a person volunteers or the monthly frequency of volunteering. This study examines whether sustained volunteering has health benefits above and beyond occasional or short-lived volunteering. To investigate the salubrious effects of volunteering, the present study considers sustained volunteering engagement in terms of both formal and informal volunteering. Using four waves of data from the Health and Retirement Study, we assess the influence of sustained volunteering on chronic inflammation, measured by C-reactive protein (CRP). Results reveal that sustained engagement in formal and informal volunteering is related to lower CRP concentration, but this association is partly mediated by adult health and socioeconomic factors. Although sustained volunteering is associated with lower levels of chronic inflammation, older adults who maintain their volunteering over time are a select category of adults, characterized by higher education and wealth and better health.

WHO VOLUNTEERS? RESULTS FROM A REGULAR COGNITIVE MONITORING STUDY

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Previous research indicates volunteering promotes well-being of individuals and communities. Volunteering in later-life may buffer some of the negative health effects experienced during retirement, facilitating opportunities for older adults to engage in meaningful activities and stay active. The current study examined characteristics of older adults who volunteered outside of participation in a regular cognitive monitoring study. All 124 members ($M = 76.87$, $SD = 7.47$; 80 volunteers, 44 non-volunteers) of a regular cognitive monitoring study, requiring completion of a 15-minute cognitive online test once a month, with complete data on personal characteristics, volunteer activities, as well as study adherence and dropout rates were included. ANCOVA and logistic regression analyses adjusted for sociodemographic characteristics were used to assess differences between volunteers and non-volunteers. Results indicated that volunteers were less educated ($p < .05$), and slightly more likely to be younger and women compared to non-volunteers. There were no differences in cognitive performance ($ps > .05$). Volunteers had lower scores for neuroticism ($p = .02$) and were marginally higher agreeable and extraverted ($ps < .09$). Volunteers needed more reminders to complete the monthly test ($ps < .01$) but had lower dropout

rates ($p = .001$). The most frequent type of volunteer activity reported was religious. Volunteers were motivated mainly by altruism, although most reported multiple reasons such as building social relationships and feeling important. Findings provide information about characteristics that can help identify older adults who are likely to volunteer. Results regarding study adherence may have implications for promoting recruitment and retention among older adult volunteers.

Session 9130 (Poster)

Cognition and Cognitive Impairment

AN INNOVATIVE TRANSITIONS MODEL OF CARE FOR DELIRIUM: "DDEFY DELIRIUM" A PILOT FEASIBILITY RANDOMIZED TRIAL

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In current standard practice, without a structured process for delirium follow up, older individuals and their family caregivers seemed to be lost, as they transitioned from hospital to home. The aim of this study was to pilot test a theoretical post-hospital model of care (DDEFY delirium) to mitigate the complications in patients who had hospital delirium. This is a pilot feasibility randomized controlled trial for patients with hospital delirium. The intervention was carried out by a delirium transitions nurse with personalized interdisciplinary team recommendations. DDEFY delirium intervention encompasses: Diagnose cognitive disorder; review Drugs; Educate patient/family; assess Function; Your health goals. During COVID-19 pandemic a virtual intervention group was created. Thus, three groups were analyzed: control, intervention, and virtual intervention. Among the 35 participants (mean age 80 years ($SD 10$), 40% Black, 46% female), 40% had a diagnosis of dementia, mean Charles Deyo score was 6.4, mean number of medications 11.4 (3.2), and a mean anticholinergic medication burden was 2.4. The intervention group and virtual intervention group rates were: recruitment: 44.6 % vs 8.8%, feasibility: 97% vs 97%, fidelity: 100% vs 100%, 30-day readmission 28.6% vs 0%, and 30-day ED visits: 0 vs 1. There were no differences in 30-day readmission rates between control vs intervention ($p = 1.0$), control vs virtual intervention ($p = .53$), nor comparing all 3 groups ($p = .49$). The results of this pilot study determined that delivering DDEFY intervention to patients with delirium is feasible. Lessons learned from conducting this study will help us design a larger trial with modifications for older patients with delirium who transition from hospital to home.

BEST PRACTICES TO OVERCOME BARRIERS TO CAPACITY EVALUATIONS

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Because of the increasing incidence of elder abuse and financial exploitation, Adult Protective Services (APS) cases