

Social interactions of all sorts (e.g. conversing, playing tennis, singing, strolling, etc.) rely on information flows between participants. The process of aging, however, can alter individuals' sensorial, motor, cognitive and affective functioning in ways that may compromise their affinity for social interactions. For instance, hearing deficits or cognitive difficulties associated with word retrieval may contribute to disengagement from conversation and other forms of social interaction, which can lead to social retreat of the affected individuals. Strategies for mitigating such effects must take into account not only individuals' own functional capacities, but also those of their partners in varying social contexts. Indeed, varied social contexts and diversity in partners can offer a beneficial balance of relational effort and comfort. For example, instead of comfortably strolling exclusively with partners of comparable cognitive and motor capabilities, strolling with faster partners can improve social engagement and long-term prospects for a wider range of social interactions. This work reviews an array of possible changes in individual abilities arising from both normal healthy aging and complications due to medical conditions, with an emphasis on their impact on interactions in varying social contexts and diverse groups of social partners. We incorporate theoretical models to explore a wide range of potential mitigation strategies, both for affected individuals and for other members of the social groups surrounding them. Our work focuses on healthy social aging over the long term, which is known to protect physical wellbeing, cognition and brain function.

SOCIAL SUPPORT MODERATES THE IMPACT OF MARITAL TRANSITIONS ON DEPRESSION FOR OLDER ADULT WOMEN

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Given the rapid growth of older Americans and the increased incidence of divorce among this population, it is paramount to identify negative health outcomes following marital transition and investigate the potential protective role of social support. Our study aims to identify relationships between change in depression and marital transitions, test whether social support moderates this association, and to examine variation by gender. The sample included 3,705 participants from the Health and Retirement Study, who reported being married or partnered in 2012. Changes in marital status were measured between 2012 and 2014 (remained married/partnered (reference), divorced/separated, and widowed). Depression was measured using the Center for Epidemiological Studies Depression short form (CESD-8). Three types of social support from family, friends, and children were assessed: social support, social strain, and social contact. Autoregressive multiple regression was used to examine the relationship between change in depression, marital transitions, social support, and gender. Widowhood and social strain were independently associated with an increase in CESD-8 scores between 2012 and 2014. Significant interactions between social support and social strain, and separation/divorce were identified, and the relationship

between social support, depression, and divorce varied by gender. Change in depression was positively associated with social support for separated/divorced females, but not separated/divorced males. These results indicate that social support may modify the influence of divorce on changes in depression among recently divorced older females. These findings can help mental health service providers more effectively target older adults at the greatest risk of depression after experiencing a marital transition.

STRESS-BUFFERING FACTORS OF SOCIAL INTEGRATION ON DEPRESSIVE SYMPTOMS OVER TIME IN LATE-LIFE

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The negative impacts of stress on older adults' well-being are well documented, and social integration is posited as protective against such detrimental effects. Previous research illustrates the stress-buffering effect of social relationships on both physical and mental health, such as depressive symptoms, in older adults. The purpose of this study was to expand on prior findings by investigating the longitudinal stress-buffering effect of various dimensions of social integration on depressive symptoms among an older sample. Four waves of data were drawn from the Social Integration and Aging Study, including 416 older adults (ages 60-100). Subscales of the Social Integration in Later Life Scale measuring frequency and satisfaction with social ties and community interaction were used to assess distinct dimensions of social integration. Multilevel modeling demonstrated that two facets of social integration—satisfaction with social ties and frequency of community interaction—moderated the relationship between perceived stress and trajectories of depressive symptoms over time. Participants who reported high levels of stress reported fewer depressive symptoms if they had high satisfaction with social ties and high frequency of community involvement. Interestingly, frequency of contact with social ties and satisfaction with community interaction did not similarly buffer negative effects for depressive symptoms. These findings indicate the value of remaining actively engaged in the community and maintaining meaningful relationships as older adults age. Future research should investigate programs to foster relationships and engagement between older adults and their communities, with particular consideration of populations at a greater risk for isolation.

THE EFFECT OF INTERPERSONAL RELATIONSHIP AND SOCIAL ACTIVITY ON THE PHYSICAL AND MENTAL HEALTH OF OLDER KOREAN ADULTS

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Maintaining interpersonal relationships and social activities are important as you get older. Activity theory indicates that social activities and human relations are important factors for older adults' physical and mental health. However, the effects between the quantity and quality of interpersonal relationships and social activities will be different. This study compared which of the effects has a greater impact between interpersonal and social activities on physical and mental