NURSE PRACTITIONERS' PRESCRIPTIVE AUTHORITY AND THE RURAL URBAN DISPARITY IN MORTALITY RATES

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Although nurse practitioners (NPs) might be the main providers of primary care to some communities, different states pursue different regulations for NP's practice authority. This study compared the trends in mortality rates and supply of physicians in states with different policies, using AHRF and CMF data. We categorized states based on their restrictive policies into: full, reduced, and restricted practice. We compared the trends in age-adjusted mortality rate and physician supply in rural and urban areas, and examined within-state changes in rural-urban difference in physician supply and mortality. Our results indicate that as the level of restrictive policy increased the rural-urban mortality gap increased while physician supply declined. Furthermore, regardless of increase or decrease in physicians supply disparity, rural-urban mortality disparity declined in full practice states, with a negative association between a decline in rural-urban physician supply disparity and decline in rural-urban mortality disparity in full or reduced practice states.

RACIAL DISPARITIES IN ACCESS TO AND COST OF HEALTHCARE AMONG OLDER ADULTS WITH COGNITIVE LIMITATION: 2002 TO 2016

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Using 2002-2016 Medical Expenditure Panel Survey, we examined racial/ethnic disparities in office-visits and prescription-drugs among individuals with cognitive limitation (CL). Medicare beneficiaries (65+) with CL (N=9,369) were included. We used generalized linear models. Prevalence of CL increased overtime among all racial/ethnic groups. Our findings indicate that 96% of Whites vs. 93% of Blacks had at least one office visit (diff=0.03; 95% CI:0.01-0.04). Whites had 2 (95% CI: 1.0-0.4) and 4 (95% CI: 2.5-6.0) more office visits compared with Hispanics and Asians; and used 4 (95% CI: 1-6.9), 5 (95% CI:1.0-9.3) and 6 (95% CI: 1.0-11.5) more prescriptions than their Blacks, Hispanics, and Asians, respectively. Whites had higher annual expenditures for office-visits compared with Asians ($889; 95% CI:409-1,368) and higher expenditures for prescriptions compared with Blacks ($484; 95% CI:$151-$816) and Asians ($546; 95% CI:$28-$1064), respectively. Disparities in care among older adults with CL may put vulnerable subpopulations at a higher risk.

SESSION 2550 (PAPER)

ROLE OF SOCIAL NETWORKS AND SUPPORT

A CROSS-NATIONAL COMPARISON OF THE SOCIAL SUPPORT NETWORKS OF OLDER MEN AND WOMEN WHO LACK TRADITIONAL FAMILY TIES

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Existing literature on "aging alone" focuses on potential lack of support to "kinless" older adults who do not have traditional family ties (e.g., child, spouse; Margolis & Verdery, 2018), as well as the ways in which childless or unpartnered older adults may construct non-kin networks of support (e.g., friendship; Djundeva et al., 2018; Mair, 2019). In addition, older men's and women's social networks vary, with women reporting more network growth than men and potentially lower family involvement (Schwartz & Litwin, 2018). Finally, patterns of support (e.g., family care, friend interactions) differ by country context. However, it is unknown if and how the social networks of older adults who lack traditional family ties may differ by gender, as well as what forms of cross-national variation exist in these patterns. Using data from the Survey of Health, Ageing and Retirement in Europe (SHARE, N=17 nations, N=53,247 adults aged 50+), we take advantage of a unique social support network module in this cross-national dataset to compare closeness, proximity, quality, and type of ties by gender among older childless and unpartnered men and women by country. Among those without traditional family ties, we find that older women may be advantaged in terms of social support compared to older men, but that this advantage varies by nation. We discuss the details and implications of these results regarding potential policy implications about the differential risks faced by older men and women who lack traditional family ties in various country contexts.

AGE FRIENDLINESS OF COMMUNITIES CONTRIBUTES TO QUALITY OF LIFE

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The World Health Organization (WHO) emphasized the importance of age-friendly communities in supporting quality of life for older adults. We aimed to determine the contribution of the age-friendliness of communities to quality of life in a sample of healthy older adults. We used data collected through a longitudinal study on drivers and ex-drivers. We used the World Health Organization Quality of Life instrument (WHOQOL-BREF; WHOQOL Group, 1998) to measure physical health, psychological health, social relationships, and environment. We used the Age-Friendly Survey (AFS; Menec & Nowicki, 2014) to measure 9 domains of participants' perceptions of community age-friendliness. We estimated 4 multivariable linear regression models. The dependent variables were the 4 domains of the WHOQOL-BREF. Each model had AFS as the focal independent variable and participants' age, gender, health status, and depression symptoms as control variables. Data from 171 participants were available; mean age was 83.2 years (SD=4.1), 61% were women. Most participants reported a good health status and few depression symptoms. The models explained between 18 and 27% of the variance in WHOQOL scores; community age-friendliness

was a statistically significant variable in all models, accounting for 2-3% of the variance. The identification of factors that contribute to quality of life will serve as the foundation upon which policies and interventions to promote successful and healthy aging can be developed. Future work will require consideration of the specific aspects of communities that may affect quality of life the most and that have the most potential for modification.

DISABLEMENT IN CONTEXT: DO SOCIAL NETWORKS MODERATE THE IMPACT OF INCREASING FUNCTIONAL IMPAIRMENT ON WELL-BEING?

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Older adults with disabilities face a higher risk of experiencing poor health and social isolation in later life. Prior research has shown that social factors such as supportive relationships can modify disablement trajectories and reduce the likelihood of negative outcomes. Although research has considered the functional benefits of relationships through examining mechanisms like social support provision, the effects of network structure on the disablement process are not well understood. This study examines multiple social network mechanisms to explain the link between disability, health, and social participation among older adults. We ask, do social networks characteristics mediate or moderate the effects of increasing functional impairment on health and social participation? We analyze longitudinal panel data from the National Social Life, Health, and Aging Project 2005 & 2010, including 2,261 adults aged 57-85. Respondents named 9,587 network members in 2005. We model indicators of health and social participation at 5-year follow-up using trajectories of functional impairment and social network characteristics. We find that larger, denser, and more supportive networks are associated with better health and more frequent social activity at follow-up. Furthermore, social network structure mediates the relationship between increasing functional impairment and health, but moderates the effect of impairment on social participation. For example, participants with more dense networks are more likely to maintain high social activity at follow-up, even at relatively high levels of impairment. This study demonstrates that functional impairments are not inherently disabling. Instead, personal and social resources can reduce the potential burdens of impairment in individuals' lives.

FUNCTIONAL LIMITATION IN LATER LIFE: THE IMPACT OF SIPS, SOCIALIZATION, AND SADNESS

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Recent studies posit discrepant impacts of alcohol use on health outcomes. Potential reasons for contrasting results include: (1) selection bias involved in classifying individuals as "abstainers" or "drinkers," (2) unexamined demographic variables associated with alcohol use, and (3) unaddressed mechanisms of action. Given new studies identifying socialization as a mediator between alcohol use and health outcomes, this study examines social interaction and depressive symptoms, respectively, as serial mediators in the relationship between moderate alcohol use and functional limitation, while employing methods to reduce selection bias. HRS data from 2012 and 2014 were utilized (n=1,902); heavy drinkers, adults younger than 65, and respondents with inconsistent alcohol use from 2008 to 2014 were excluded. Hypotheses were evaluated using a longitudinal serial mediation model with bias-corrected bootstrapping. Results indicated that, in the context of demographic variables, medical burden, and previous functional limitation, the beneficial relationship between moderate alcohol use and future functional limitation is only present when considering social interaction and depressive symptoms as mediators, both individually and serially (variance accounted for=39.4%). There was no direct effect of moderate alcohol use on functional limitation outside the context of these mediators. Data indicate that previously suggested relationships between moderate drinking and reduced functional limitation are better explained through increased social interaction and subsequent reduced depressive symptoms. Results identify social interaction as an accessible treatment target to prevent/reduce depressive symptoms and functional limitation in later-life, and support increased assessment of IADLs in adults experiencing depressive symptoms to facilitate early treatment/prevention of functional limitation.

LONELINESS FOLLOWING WIDOWHOOD: THE ROLE OF THE MILITARY AND SOCIAL SUPPORT

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Social support provides important benefits following widowhood. One context promoting social support throughout life may be the military, where benefits extend to both service members and their spouses. A substantial proportion of older men served in the military, so many widowed women today were married to veterans. We tested two hypotheses: 1) surviving military spouses will experience lower persistent loneliness following widowhood compared to their nonmilitary counterparts, and 2) this benefit is explained by increased emotional and structural social support. Our study uses the Health and Retirement Study (HRS) to examine changes in loneliness following widowhood among spouses of veterans and nonveterans. We used OLS regression and mediation tests to address our hypotheses. Overall, results supported our hypotheses. Widows of veterans reported lower levels of loneliness following widowhood compared to nonveteran widows (=-0.122; $p<0.05$). Emotional and structural social support mediated the relationship between veteran status of the deceased spouse and loneliness. Specifically, the beneficial effect of veteran status was reduced by almost 50% and became nonsignificant. Our findings suggest the military may facilitate lifelong cultivation of social support that flows not only to veterans but also to their families. These findings are suggest that the military may offer important opportunities to cultivate emotional and structural social supports that enhance the ability of veteran wives to more readily adjust to widowhood. Additionally, they emphasize the importance of having social support in later life when faced with adversity, as it seems to ameliorate some of the negative effects.