

were moderately interrelated. These findings support a model incorporating distinct dimensions of loneliness as a predictor of diverse aspects of both psychometric and everyday cognition. This suggests that not only are the antecedents of cognition in late adulthood social/emotional in nature, but also that interventions targeting the prevention of loneliness may enhance cognitive functioning in later life.

(OLDER) PEOPLE REMEMBER HOW YOU MAKE THEM FEEL: AGE DIFFERENCES IN THE EFFECTS OF SOCIAL EXCHANGES

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Socioemotional Selectivity Theory poses that as we age our motivations transition from knowledge focused to emotionally focused (Carstensen, 1995). This shift to emotional motivation increases the relevance of relationships and social interactions for older adults. We examined different aspects of social support: frequency of positive/negative social interactions, satisfaction with positive social interactions, and bothered by social interactions -- to investigate these effects on one's global well-being. Negative and positive social exchanges are linked to psychological health (Newsom et al., 2005), however one's perceptions of those social interactions are important to consider as well -- being satisfied or bothered by social interactions shows a better perspective of the individual's experience than simply recording frequency. The results of our multi-group path analysis show that there are different effects of social supports on global well-being contingent on age, consistent with socioemotional selectivity theory. For adults under 30 years old (Mage = 24.0, range 18 to 29) social support did not significantly relate to well-being. For adults over 30 and under 50 (Mage = 38.9) frequency of positive social interactions is significantly related to well-being ($B = .201$). For adults over 50 (Mage = 58.8, range 50 to 87) the perception of social exchanges, not their frequency, are what influence well-being: both satisfaction with positive social interactions ($B = .402$) and being bothered by negative social interactions predict well-being ($B = -.193$). It is important to know that older adult's perceptions of social exchanges effect their well-being, future directions are discussed.

FEELING AND LIVING WELL: NETWORK COMPOSITION AND PREDICTING SELF-RATED HEALTH FOR RACIAL AND ETHNIC MINORITIES

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Racial and ethnic inequities in health among older adults in the U.S. are well documented. A substantial amount of the health literature focuses on physical and mental disparities; however, less research has examined racial and ethnic differentials in subjective, self-rated health (SRH). Prior research has documented racial and ethnic inequities in SRH, though mechanisms by which these disparities occur are still largely unknown. One potential mechanism by which these disparities may arise is through unequal access to psychosocial resources through variability in social networks. Utilizing data from the 2006 Health and Retirement Study (HRS) along with the 2006 HRS Psychosocial and Lifestyle Questionnaire,

the current study seeks to explore racial and ethnic differentials in SRH from a social network perspective. Ordinal logistic regression is used to predict SRH by race and Hispanic ethnicity potentially mediated by possession and number of friends, frequency of contact with friends, and psychosocial and subjective well-being. Results indicate that older black adults are less likely to rate their health in a higher category of SRH than older white adults, and this relationship is not significant for other racial groups and Hispanics. Additionally, psychosocial and subjective well-being and frequent written-communication with friends are found to significantly predict better SRH. The results suggest that feeling well mentally is crucial for SRH, but equally important is regular contact with friends. Further research should employ more robust measures of social networks to elucidate the role that network composition plays in predicting SRH for racial and ethnic minorities.

VOLUNTEER ACTIVITY CHANGES AFTER MIDDLE YEARS OLD AND THE INFLUENCES OF VOLUNTEERING ON WELL-BEING

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The objectives of this paper are to examine volunteer activity changes over the life courses and the long-term influences of volunteer activity on the well-being. The paper analyzes the KLoSA data from wave 1 to wave 5, and selects 10,254 persons over 45 years old as study samples in the base year. For the statistical analysis, the two-way connected line plot and transition probability analysis techniques are employed and the GEE method is used for the multivariate regression estimation of the coefficients. The results show that the volunteer activities increase highest in one's late 40s and decrease abruptly from the age, and slow down 50s to one's late 70s, showing a repeating rise and fall pattern. Entering one's 80s, the volunteer activities come to be stable relatively than the previous years. And, the probability of continuing the volunteer status after 2 years is about 31.2 percent and the probability of stopping volunteer activity comes to be around 68.9 percent. As a last, the regression analysis results show that there is a positive relationship between volunteerism and well-being variables. Especially the interaction term is statistically significant, showing a negative sign of the coefficient. This implies that the volunteerism contributes to increasing the well-being but decreasing by engaging excessively. The results support the previous study outcomes that excessive volunteer activities are not good for the health.

TYPES OF SOCIAL NETWORKS AND THEIR ASSOCIATION WITH MOBILITY AND DISABILITY IN LATE LIFE

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Social networks are critical in maintaining late-life functional health, but, previous studies have focused on isolated dimensions of social networks. We examined whether network types, representing multiple interrelated network characteristics, are associated with mobility and disability

among older adults in America. Data are from the National Social Life, Health, and Aging Project, a nationally representative study of 3,005 adults aged 57-85 years at baseline (2005-2006). In a previous analysis, five social network types were derived at baseline, based on nine observed network characteristics. Functional outcomes were examined during two follow-up waves in 2010-2011 and 2015-2016. Mobility-related function was assessed as the time (in seconds) to complete a 6-meter walk. Disability was defined as experiencing any difficulty in performing one of six activities of daily living (ADLs). We estimated the effect of network types on risk of ADL disability onset using logistic regression, and on mobility using generalized linear mixed models. Social network type was associated with mobility over time, such that older adults in the "restricted" network had significantly slower walking times than those in the "diverse" network. There was no association between network types and risk of disability onset in the primary analysis. However, sensitivity analyses showed a protective effect of the "partner-centered" network on a 5-year, but not a 10-year, risk of disability onset. Network types can elucidate older adults' varied interpersonal and caregiving networks, and identify adults at risk of being socially isolated. However, the utility of network types in predicting late-life functional health may be limited.

STRENGTHS OF GRANDPARENTING: ASSOCIATIONS WITH DAILY WELL-BEING

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Potential long-term health benefits may be afforded to grandparents in close contact with their grandchildren, although whether such benefits are visible on a day-to-day basis and among others in similar caretaking roles is unclear. We investigated how the quality and quantity of social contacts, as well as caretaker or grandparenting roles, may mediate symptom perceptions in day-to-day context in a consecutive six-day period. Older adults were recruited using an online survey service aged 59-88 years (Mean=64.8, 55.8% grandparents, 67.8% female). Participants completed a baseline survey (N=152) followed by up to six daily surveys (N=85 of 152). Measures included daily positive and negative affect, and overall frequency of physical health symptoms. Daily social contacts were rated by participants in terms of importance/closeness of the contact. Last, participants indicated the degree of regular contact and non-custodial caretaking roles of children and their grandparent status. Findings indicated that grandparents tended to report daily contacts with closer social convoy members ($B=1.40$ (.437); $p = .002$). Moreover, a trend of reduced symptom reporting across days for grandparents was observed ($B=-0.145$ (.073), $p=.048$) adjusting for sex and age. Last, grandparents who regularly took care of their grandchildren and reported increased daily positive affect, reported fewer symptoms throughout the week ($B=-0.326$ (.139), $p=0.02$). Although modest, results indicate potentially important health benefits of grandparenting in terms of daily physical functioning that may play out over the longer term to impact health and well-being.

INTERGENERATIONAL RELATIONSHIPS AMONG OLDER ADULTS AND GRANDCHILDREN: SUPPORTIVE AND CONFLICTUAL RELATIONSHIPS

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Objectives: To analyze how older adults conceptualize these intergenerational relationships. Methods: In this qualitative study, in-depth interviews were carried out with 316 older adults, aged 65-102, from three different nationalities who lived at home. Verbatim transcripts were examined. Results: Data analysis generated six themes representing intergenerational relationships: affection and reward; interest and integration; grandparent-grandchild interaction quality; privacy and boundaries definition; provision of support; and obligation of providing childcare, on two dimensions of ambivalence concerning their intergenerational relationships (supportive and conflictual). Conclusions: The empirical findings from this research indicate how ambivalence in intergenerational relationships is experienced by older adults and stress the contradictory expectations of older adults with grandchildren. Keywords: Ambivalence; conflict; intergenerational relationships; older adults; support.

INTERGENERATIONAL RELATIONSHIPS AMONG OLDER ADULTS AND ADULT CHILDREN: AMBIVALENT FEELINGS

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Objectives: The relationship of older adults with their adult children involves great emotional complexity and the quality of these relationships is associated with older adults' well-being. This qualitative study aims to examine how older adults conceptualize intergenerational relationships with adult children. Methods: The present study on qualitative data collected from in-depth interviews was conducted with English and Portuguese older adults living in the community, designed to address their perspectives on intergenerational relations with adult children. 316 older adults participated in our study. The mean age of this group was 71.2 years. 65.3% were women, and a majority (54.7%) had a partner. Results: Content analysis generated four themes: affection and integration; satisfaction in the relationship; privacy and boundaries; financial support. Conclusions: Intergenerational relationships are experienced by older adults with ambivalence and stress the contradictory expectations of older adults with grandchildren.

THREE-YEAR EVALUATION OF THE DETECTION OF ELDER ABUSE THROUGH EMERGENCY CARE TECHNICIANS PROJECT

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EA is difficult to detect and often goes unreported. To address this important public health issue we developed the DETECT screening tool, which assists paramedics and