

family and friends are prioritized in late life as a function of limited future time horizons. Research documents that older individuals include a smaller proportion of peripheral social partners than younger individuals in their social networks, and that this selectivity is associated with better daily emotional experience (English & Carstensen, 2014). Such limitation of social partners, however, might adversely affect cognitive function in the long run, since exposure to novel and cognitively stimulating environments has been tied to better cognitive functioning (Park et al., 2014). The current study examined the long-term association between proportions of peripheral social partners in older adults' social networks and cognitive performance. Sixty-one older participants (Mage = 71.53) reported the size of their inner, middle, and outer social circles using the Social Convoy Questionnaire (Kahn & Antonucci, 1980) and completed Digit Span Backward, Digit Span Forward, and Digit Symbol tasks at baseline and five years later. Results of multiple regression analysis show that participants who had a smaller proportion of social partners in their outer social circle at baseline performed poorer on the Backward Span task assessed five years later than those with a larger outer circle proportion. Results hold controlling baseline cognition, physical health, age, SES, education, and trait openness. We discuss the findings in terms of potential tradeoffs between the age-related social selection and working memory in the long run.

KIN NETWORK DYNAMICS OVER THE LIFE COURSE AND HISTORICAL TIME IN 19TH-CENTURY ORKNEY, SCOTLAND

Julia Jennings¹, *1. University at Albany, Albany, New York, United States*

Kin are important sources of social, instrumental, and financial assistance for older adults. Support from kin is associated with improved wellbeing and longer lives among this age group, yet few longitudinal studies examine information on the composition and structure of kin networks beyond dyadic relationships, such as those between spouses or parents and their children. This study examines the dynamics of non-dyadic measures of kin networks among adults over age 60 using multiple longitudinal linked data sources from North Orkney, Scotland, 1851-1911. Reconstructed individual life courses (N=4,946) and genealogies, in combination in spatial information concerning the proximity non-coresident kin, are used to examine change in kin availability and propinquity over the life course and across historical time. Orkney provides an interesting case study; as information is available on individual-level change in kin availability with a long period of follow up during a time of population change. The study period covers the early stages of population aging and depopulation of the islands, which began in the 1870s in this community. A descriptive analysis of kin network change is presented. Kin availability is associated with longer lives in this sample. The presence of co-resident kin is associated with economic status, after controlling for other factors. Older adults who receive poor relief are significantly more likely to live alone and less likely to live with kin, and the association is stronger for men than for women.

EXPANDING SOCIAL TIES AS A GOAL IN LATER LIFE: THE ROLE OF SOCIAL NETWORK CHARACTERISTICS

Danielle Oleskiewicz¹ and Karen Rook¹, *1. University of California, Irvine, Irvine, California, United States*

Older adults often winnow their social ties to focus on emotionally rewarding ties (Charles & Carstensen, 2010). Some older adults, however, have small social networks that preclude much winnowing or aversive social ties from which disengagement is difficult. These individuals might be motivated to expand, rather than contract, their social ties. The current study sought to extend knowledge regarding potential links between social network characteristics and older adults' interest, effort, and success in creating new social ties. We expected that small social networks and negative social ties might motivate interest and effort directed toward forming new social ties but that positive social ties might foster success in efforts to form new ties. In-person interviews were conducted with participants (N = 351, Mean age = 74.16) in a larger study of older adults' social networks and well-being. The interviews assessed participants' social networks, as well as their interest, effort, and success in making new social ties. Participants' social network composition, rather than size, was associated with greater motivation to establish new social ties. Negative social ties were associated with greater interest and effort directed toward forming new social ties. Positive social ties were related to greater success (due, in part, to their support provision) and, unexpectedly, were also related to greater interest and effort directed toward forming new ties. Older adults sometimes seek to expand, rather than contract, their social ties, and characteristics of their social networks appear to play a role in fueling and influencing the success of such efforts.

FREE TRANSPORTATION SERVICE RECIPIENTS MAY HAVE BETTER QUALITY OF LIFE BUT STILL LACK IN IMPROVING HEALTH

Machiko R. Tomita¹, *1. University at Buffalo, Buffalo, New York, United States*

This study aimed to determine if service recipients (SRs) of free transportation services experience better quality of life, health, and function compared to pre-service recipients (PSRs). We conducted a cross-sectional study using personal interviews with 43 PSRs and 30 SRs belonged to a volunteer organization. Outcome measures were Older People's Quality of Life (QoL), Center for Epidemiology Study-Depression, and Instrumental Activities of Daily Living (IADL). Total sample (N=73) had a mean age of 78.5 years and mostly female (86.3%). The majority of PSRs wanted to go to Drs' offices (74.4%) and Grocery stores (60.5%), followed by Drug stores (44.2%), when the service becomes available. The figures were substantially smaller among SR (40.0%, 30%, and 13.3%, respectively). In PSRs, 67.4% expected to improve health once they start receiving the service, and 70.0% of SRs said it did with the service. Using independent t-tests, SRs were significantly better in depression ($p < .001$), IADL ($p = 0.29$) and most QoL items (life overall, social relationship, home and neighborhood, psychological and emotional well-being and leisure and activities; $p = .047$ - $p = .001$), except for perceived health and finance. SRs (100%) were very satisfied with the service and drivers, but 80% of SRs said they