

DOES MONEY MATTER? CHARACTERISTICS ASSOCIATED WITH JOINT PAIN MEDICATION ACCESS AMONG OLDER ADULTS

Aviad Tur-Sinai,¹ Netta Bentur,² and Jennifer Shuldiner,³
 1. *Yezreel Valley College, Mevasseret Zion, Yerushalayim, Israel*, 2. *Tel Aviv University, Tel Aviv University, Tel Aviv, Israel*, 3. *University of Toronto, University of Toronto, Ontario, Canada*

The experience of pain is a widespread phenomenon among adults, especially older adults, and entails high costs to both individuals and society. The objective of the current research is to determine if the ability to pay and supplementary insurance are factors associated with pain medication among individuals over 50. Data came from Survey of Health, Aging and Retirement in Europe (SHARE). The sample included 64,281 individuals 50+ from nineteen European countries and Israel. Joint pain was common with one out of three reporting joint pain. Prevalence of pain was similar among different age groups, and more women reported joint pain. Among those in pain, about 21.5% of the individuals reported mild pain, 52.9% moderate and 26% severe pain. In the multivariate logistic regression, we found that men and those older than 60 suffered more from joint pain, while controlling for education and subjective assessment of the ability to cope economically (Able to make ends meet). A large percentage of those with pain were not taking medication to manage their pain, and there were significant demographic differences between those that did and did not take medication. Those that took medication were younger, male, had more education, were able to cope economically and had supplementary insurance. Our study showed that about half of the individuals with pain were not taking medication to manage their pain. Our results demonstrate that among individuals over 50 in Europe income is strongly associated with taking pain medication and that there is economic inequity in medication access.

HOME AND COMMUNITY BASED SERVICE USE AMONG VETERANS WITH DEMENTIA LIVING IN RURAL VIRGINIA

Jyoti Savla,¹ Mamta Sapra,² Lauren Hagemann,³ and Katherine Luci,⁴
 1. *Virginia Tech, Blacksburg, Virginia, United States*, 2. *Salem Veteran Affairs Medical Center, Salem VAMC, Virginia, United States*, 3. *Salem VAMC, Salem, Virginia, United States*, 4. *Salem VA Medical Center, Salem, Virginia, United States*

Despite the overall expansion of rural Veteran health care facilities, older Veterans in these areas are still underserved and face challenges and barriers to access services. Using data from 60 family caregivers of persons with dementia (PwD; Mean Age = 67 years, Range = 39-84; 92% White; 71% Spouse) we examined the types of home-based and community services they utilized. We also examined reasons that family caregivers provided for not using these services. Next, we applied Andersen's Behavioral Model of Health Services to examine how predisposing factors such as demographics, available resources, and PwD's needs were associated with the use of services. We found that Veterans living in rural counties had lower access to caregiver support groups, homemaker services, adult day centers, and home-based respite services. The top three reasons for not

using services were that the family caregiver chose to do it themselves, the PwD did not want the service or the service provider to help, or it was too far from the caregiver's home. Regression analysis further showed that caregivers caring for PwDs with greater ADL challenges and memory and behavior problems were more likely to need and utilize paid services. Disparities based on gender, age, and race were also explored. Findings suggest the need to develop effective service promotion strategies and destigmatizing the use of paid services among Veteran families to reduce health disparities in rural regions.

REFLECTIONS ON IDENTITY IN MEMOIRS OF WRITERS WITH APHASIA: LESSONS LEARNED ON THE PATH TOWARD RECOVERY

Hanna Ulatowska,¹ and Gloria Olness,²
 1. *University of Texas at Dallas, Dallas, Texas, United States*, 2. *University of North Texas, Denton, Texas, United States*

Personal stories provide insight into the experience of illness as it intersects with one's identity. Prior studies by the first author examined identity as manifested in personal accounts of U.S. World War II veterans with and without dementia. The current study examines identity as revealed through written memoirs of middle-aged and older adults who have aphasia, from a cross-section of North American, European, and Australian cultures. The abrupt onset of stroke and associated aphasia, and the subsequent path toward re-engagement in life with an often-chronic communicative impairment, provide a unique window into the nature and evolution of the identity of the writer. The written modality offers an opportunity for reflective formulation that is not afforded to the memoir-writers in their verbal expression. Nineteen memoirs and biographical accounts of individuals with aphasia from a range of primarily individualistic cultures were examined for content reflective of the identity of the author, focused on post-stroke phases of restitution and quest. Primary authors were people with aphasia or rarely their close family member. Some were professional editors, poets or authors. Gender and life backgrounds were varietal. Manifestations of personal identity, its reinforcement, and its evolution were evidenced in: the provision of lessons learned from living with aphasia; content of letters exchanged with friends; engagement with family in life and recovery; fictional and poetic expression; spiritual insight; renewed or altered occupational pursuits; and comments on facing one's mortality. Findings hold implications for the cross-cultural practice of narrative medicine with the older adult population.

THE PERKS OF DOING HOUSEWORK: ITS IMPACTS ON PHYSICAL HEALTH, MENTAL WELL-BEING, COGNITIVE PERFORMANCE, AND SURVIVAL

Li Chu,¹ Xianmin Gong,² Jennifer Lay,³ Fan Zhang,⁴ Timothy Kwok,⁵ and Helene Fung,⁶
 1. *Stanford University, Stanford University, California, United States*, 2. *The Chinese University of Hong Kong, Hong Kong, Hong Kong*, 3. *University of Exeter, Exeter, England, United Kingdom*, 4. *Jinan University, Jinan University, Guangzhou, Guangdong, China (People's Republic)*, 5. *The Chinese University of Hong Kong, Shatin, N.T., Hong Kong, Hong Kong*, 6. *The Chinese University of Hong Kong, Shatin, N.T., Hong Kong, Hong Kong*

Previous research has shown mixed results regarding the effects of doing housework. While some earlier studies have found no association between performing heavy housework and health, other studies have found various benefits of doing housework, including body leanness and lower mortality rate. This study examined the effects of housework on older adults' survival over a period of 14 years, and investigated the underlying mechanisms. A total of 2,768 older adults in Hong Kong (female: 47.29%; age: 65-98) from a longitudinal survey study were included in the current analyses. Linear regression analysis revealed that doing more housework was significantly associated with surviving more days ($\beta = 45.36$, $SE = 6.40$, $p < .001$). We then examined whether the association between housework and survival was mediated by physical health, mental health and/or cognitive functioning using a parallel mediation model with multiple mediators. Results showed a significant partial mediating effect of physical health ($\beta = 1.20$, $SE = .53$, $p = .003$), a marginally significant partial mediating effect of cognitive functioning ($\beta = 1.35$, $SE = .70$, $p = .054$) and no mediating effect of mental health. All the analyses remained consistent after controlling for sex, education, marital status, subjective social status and living arrangement. These results suggest that doing housework may benefit survival by improving physical and cognitive functioning. Our findings have implications for better understanding factors that influence mortality, developing accessible physical activity interventions for older adults, and supporting aging in place.

Session 1415 (Symposium)

HETEROGENEITY IN VULNERABILITY AND RESILIENCE AMONG CENTENARIANS

Chair: Daniela Jopp

Co-Chair: Charikleia Lampraki

Discussant: Dario Spini

Given their exceptional longevity, centenarians have long been considered as examples of successful aging. Yet, with increases in empirical studies, findings suggest that they may show vulnerability and resilience at the same time. This symposium offers a more in-depth perspective on both constructs in centenarians. Zaccaria and colleagues investigated the link between social isolation and loneliness within the Fordham Centenarian Study. Results indicate the existence of four subgroups combining expressions of isolation and loneliness, suggesting different vulnerability patterns in centenarians. Uittenhove and colleagues analyzed patterns of coping strategies in the Second Heidelberg Centenarian Study. Cluster analysis identified two coping profiles, one characterized by a wide coping repertoire including problem-directed and internal strategies, while the other showed low problem-solving. Lampraki and Jopp examined the effects of (lacking) resources and psychological strengths (optimism) on depressive symptoms in the Fordham Centenarian Study. Findings suggest that the effect of resources is mediated by psychological strengths, demonstrating their beneficial value in very old age. Jopp and colleagues report findings from the ongoing SWISS100 Study. Based on telephone interviews conducted during the COVID-19 pandemic, they found that centenarians did not feel vulnerable. While half of the centenarians and their proxies reported no changes in everyday life,

the other half experienced substantial challenges due to lack of activities and absence of social contacts due to governmental regulations. In sum, centenarians are vulnerable and resilient at the same time, highlighting the future research needs on its predictors, and the application of this knowledge within the context of crisis.

LONELINESS AND SOCIAL ISOLATION AMONG CENTENARIANS AND NEAR-CENTENARIANS: RESULTS FROM THE FORDHAM CENTENARIAN STUDY

Daniele Zaccaria,¹ Stefano Cavalli,² Barbara Masotti,¹ and Daniela Jopp,³ 1. *University of Applied Sciences and Arts of Southern Switzerland, Manno, Ticino, Switzerland*, 2. *University of Applied Sciences and arts of southern switzerland, Manno, Ticino, Switzerland*, 3. *University of Lausanne, Lausanne, Vaud, Switzerland*

Although loneliness and social isolation are often discussed together, they are mainly examined separately. The few studies examining both concepts simultaneously focus usually on the wider category of older people (65+), with no or little attention to very old age. Our main aim was to investigate loneliness and social isolation in combination among near-centenarians and centenarians. Analyzing data from the Fordham Centenarian Study ($N=94$; $MAge=99.2$; $range=95-107$), we found no or very weak associations between loneliness and social isolation. Combining measures of loneliness (UCLA Loneliness scale) and social isolation (Lubben Scale) we built a typology with four different groups (Not lonely or isolated; Lonely and isolated; Lonely but not isolated; Isolated but not lonely). The factors that most strongly predicted the distribution among these four groups were gender, widowhood, education, and self-rated health. Findings highlight the importance of jointly studying both concepts to better understand social risks in very old age.

COPING IN CENTENARIANS: PATTERNS AND CORRELATES

Kim Uittenhove,¹ Daniela Jopp,² and Kathrin Boerner,³ 1. *UNIL, Lausanne, Vaud, Switzerland*, 2. *University of Lausanne, Lausanne, Vaud, Switzerland*, 3. *University of Massachusetts Boston, Boston, Massachusetts, United States*

Coping strategies are a source of resilience, yet little is known about their use in centenarians. We examined patterns in coping strategy use and determined how these patterns were associated with characteristics such as personality, cognitive status, quality of life, and health. We analyzed data from the Fordham Centenarian Study ($N = 119$), where centenarians responded to 40 items covering 10 coping dimensions (e.g., active problem-solving, support seeking, re-appraisal). Findings revealed two clusters which differed in amount and strategy types: One was characterized by high use of many strategies which addressed the problem and its appraisal. The other was characterized by a smaller strategy repertoire, with very limited use of problem-focused strategies. The more varied and problem-focused coping pattern was associated with other characteristics, such as personality (e.g., extraversion) and quality of life (e.g., well-being). Findings suggest variation in coping profiles associated with resilience in centenarians.