

search for purpose in life, and reduced purpose in life is ultimately associated with poorer subjective health and increased functional limitations.

SESSION 725 (SYMPOSIUM)

ESPO/BEHAVIORAL AND SOCIAL SCIENCES: SOCIAL RELATIONSHIPS, ISOLATION, AND WELL-BEING

Chair: Jeffrey E. Stokes, *University of Massachusetts Boston, Boston, Massachusetts, United States*

Co-Chair: Elliane Irani, *Case Western Reserve University, Frances Payne Bolton School of Nursing, Cleveland, Ohio, United States*

Discussant: Patricia A. Thomas, *Case Western Reserve University School of Medicine, Cleveland, Ohio, United States*

The purpose of this symposium is twofold: (1) To present innovative research linking social relationships, isolation, and well-being among older adults, and (2) To highlight new and emerging scholars in the Behavioral and Social Sciences section of GSA. The papers in this symposium examine the repercussions of numerous relationships for well-being in later life. Huo and colleagues examine the impacts of contact with close and not-close social partners on physical activity, highlighting differences by gender. Polenick and colleagues focus on perhaps the closest of relationships in later life: marriage, analyzing longitudinal associations between discordant chronic conditions and depressive symptoms among older couples. Upenieks takes an intergenerational perspective, examining the embeddedness of adult children in older adults' networks in the context of both depression onset and chronically high depressive symptomology. This paper also highlights the consequences of well-being for older adults' social isolation, and not merely the reverse. Hladek and colleagues explore the subjective side of isolation among older adults with chronic disease, noting links between loneliness and self-efficacy that may have clinical and interventional significance. Lastly, Meinertz and Gilligan explore potential gaps in service provision that may increase rural older adults' risk of isolation and abuse. Taken together, these five papers underscore the importance of various social relationships for older adults' well-being, and suggest implications for how best to promote healthy aging. As discussant, Thomas will assess the strengths and limitations of these papers, and consider the contributions these studies – and new scholars – can make to the field.

HIS AND HER EVERYDAY LIFE: GENDER DIFFERENCES IN OLDER ADULTS' SOCIAL AND PHYSICAL ACTIVITY

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The literature links social integration to better physical health, but little research asks how contact with diverse social partners influences older adults' physical activity in a daily context. We examined this link using the Daily Experiences and Well-being Study and explored whether this link varied by gender. The sample included 175 older women and 138 older men who reported their contact with close partners (e.g., family/friend) and not-close partners (e.g., acquaintances) throughout each day across 5 days. Participants also wore Actical accelerometers to track physical activity. Multilevel models revealed significant gender differences.

Older men had reduced physical activity when having contact with close partners, whereas older women maintained physical activity during such contact. Both older men and women had increased physical activity when having contact with not-close partners, but this link was stronger for men. This study advances our understanding of gender differences in older adults' social experiences and well-being.

DISCORDANT CHRONIC CONDITIONS AND DEPRESSIVE SYMPTOMS AMONG MIDDLE-AGED AND OLDER COUPLES

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Discordant chronic conditions (i.e., those with competing management requirements) have adverse consequences for well-being, yet little is known about their implications among couples. We evaluated how depressive symptoms are linked to discordant conditions within individuals and between spouses across an 8-year period. The U.S. sample included 1,116 middle-aged and older couples from five waves (2006 – 2014) of the Health and Retirement Study. Longitudinal actor-partner interdependence models controlled for age, minority status, education, depressive symptoms in the previous wave, and each partner's report of baseline marital quality and number of chronic conditions in each wave. Wives and husbands with their own discordant conditions reported higher depressive symptoms, and this association intensified over time. Over and above this link, husbands had higher depressive symptoms when there were discordant conditions between spouses. Both individual-level and couple-level discordant chronic conditions appear to have enduring implications for depressive symptoms in middle and later life.

HOW DO MENTAL HEALTH TRANSITIONS SHAPE THE ROLE OF ADULT CHILDREN IN OLDER ADULTS' SOCIAL NETWORKS?

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This study considers the role of adult children in the core networks of older adults undergoing mental health change. Taking a multidimensional perspective of the network system, I consider (a) presence of child(ren), (b) contact with children network members, and (c) embeddedness of children within the network using longitudinal data from the United States. Parameters were estimated with generalized estimating equations from the pooled panel data. There was no evidence that mental health transitions lead to systematic forms of child reshuffling or increased contact with child ties. Children that remained in networks, however, showed increased contact with other members of the network when the parent underwent depression onset, but became less embedded when their parents had chronically high levels of depression. These patterns may have far-reaching consequences for older people and their children, which could include increased feelings of loneliness and social isolation for parent and child alike.

HIGHER COPING SELF-EFFICACY ASSOCIATED WITH LOW SELF-PERCEIVED LONELINESS IN OLDER ADULTS WITH CHRONIC DISEASE

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Loneliness is an emotional state involving social network perceptions and linked to worse health outcomes. Coping self-efficacy evaluates confidence in ability to manage problems effectively using problem-solving, emotional regulation and social coping. The purpose of this cross-sectional study (N=151 community dwelling adults ages ≥ 65) was to evaluate associations between loneliness and coping self-efficacy. All participants had at least one chronic condition and were cognitively intact. In this sample, 32.08% were lonely (score ≥ 5 on UCLA 3-item loneliness scale (range 3-9)). Higher coping self-efficacy was significantly associated with low loneliness after adjustment for age, sex, race/ethnicity, social support, depressive symptoms, body mass index, and a chronic disease-function score ($\beta = -0.03$, $p = 0.014$). Causality could not be assessed; higher loneliness may lead to lower self-efficacy or lower self-efficacy may lead to higher loneliness. Nonetheless, loneliness and self-efficacy are both modifiable with great potential for improvement, possibly bettering health outcomes.

ADDRESSING OLDER ADULT SOCIAL ISOLATION AND ABUSE THROUGH RURAL OUTREACH AND INTER-ORGANIZATIONAL COLLABORATION

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Elder abuse is commonly linked with social isolation and in a rural state, such as Iowa, older adults may be at increased risk of social isolation and elder abuse. A community-based needs assessment aimed to record the first-hand perspectives of service providers regarding the needs of older adults in rural areas across the state of Iowa, covering 54 of the 99 counties. Through a survey (N=202) and focus groups (N=24), service providers, including direct care, Area Agencies on Aging, law enforcement, and attorneys, offered ways in which to address the gaps in service provision and prevention of elder abuse. Based on survey and focus groups, suggestions included ways to decrease social isolation among older adults by improving service outreach, provider training, and inter-organization communication. Discussion will outline gaps in service outreach and address future inter-organizational collaboration and strategies to prevent social isolation and elder abuse in rural communities.

SESSION 730 (PAPER)

FALLS: PREDICTION, PREVENTION, AND FRAILTY

LIFE COURSE ORIGINS OF FRAILTY IN LATER LIFE

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Frailty, generally characterized as a clinical state of increased vulnerability resulting from age-related decline in reserve and function across multiple physiologic systems, has been gaining attention in recent years due to its high correlates with a number of poor health outcomes including falls,

hospitalization, and mortality. Similar to other adult health outcomes, research on the etiology of frailty has begun to move from proximal risk factors only to those more distal in time. This research uses data from the Health and Retirement study (2004-2016) to examine whether childhood exposures predict developing frailty in later life. A series of ordinal logistic regression models were estimated to test whether six domains of childhood exposures (socioeconomic status, infectious disease, chronic disease, impairments, risky adolescent behavior, and risky parental behavior) were associated with frailty, composed of five components: unintentional weight loss, weakness, slowness, exhaustion, and low energy expenditure (Fried et al., 2001). After adjusting for demographic factors, experiencing multiple SES misfortunes or risky adolescent behaviors in childhood are associated with higher odds of frailty in later life (OR= 1.24 and 2.37, respectively), while experiencing any infectious diseases is associated with lower odds of frailty (OR= 0.67 and 0.72). After further adjusting for adult characteristics, experiencing 2 or more chronic diseases in childhood is associated with a 1.35 higher odds of incident frailty over an 8-year period. These results reveal some of the early exposures that may raise frailty risk in later life but also the mid-life factors that mediate those risks.

PERCEPTIONS OF EXERGAMES FOR FALLS PREVENTION AMONG SENIORS AND THERAPISTS IN ASSISTED LIVING FACILITIES

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Strength and balance exercise programmes are effective in reducing the rate and risk of falls but uptake and adherence to community based programmes are low. Exergaming technology may be a promising tool to increase exercise uptake and adherence among seniors due to their motivational features. As yet, there is little published on the views of older people and therapists of their experiences of using Exergames to reduce falls in assisted living facilities that may inform implementation. This study is the qualitative component of a cluster randomized controlled trial that investigated the use of purpose-built strength and balance Exergames in community-dwelling older people in 18 assisted-living facilities in the UK. Data collection included 36 hours' observation, semi-structured interviews with 5 physiotherapists, assistants and researchers, and 13 focus groups with residents of assisted living facilities who had participated in a 12 week Exergame programme. Transcribed data were analysed using thematic content analysis to identify themes arising from older users' and therapists' experiences of using the Exergames. Findings suggest that the senior users enjoyed using the strength and balance Exergames and reported physical, psychological and social benefits. Although some games were generally favoured, there was no overall consensus on game preferences although social components, feedback, music and colourful animation appeared to increase the appeal of the Exergames. This is the first study exploring older