

upbringing. While most of these cancer-diagnosed individuals have sustained their religious involvement over time, a few have rejected or substantially modified their religious involvement for reasons unrelated to their recent diagnosis (e.g., most often due to marrying someone of a different faith tradition). In addition, those who received a cancer diagnosis describe their religious involvement primarily in terms of its emotional and social reward. These individuals report little complexity of religious belief - little questioning, little doubt in religious doctrine. Instead they report a straightforward, deep, comforting religious belief. This is in contrast to frequent critical comments on religious belief and behavior reported by healthy older adults in our sample. Such findings are in keeping with previous research that describes a more extrinsically oriented religious involvement among older adults who are ill or vulnerable. We discuss these findings in light of both social selectivity theory (E.g., Carstensen, 1992) and stress and coping theory (Lazarus & Lazarus, 2006).

δ PREDICTS GENERAL PSYCHOPATHOLOGY

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“δ” is a transdiagnostic omnibus dementia severity measure derived from general intelligence (i.e., Spearman’s “g”). It can be estimated in any cognitive battery that contains a measure of Instrumental Activities of Daily Living (IADL). As dementia’s essential cognitive impairment, δ may also explain the appearance of Behavioral and Psychological Symptoms of Dementia (BPSD). Alternatively, the latter may be associated with orthogonal domain-specific cognitive impairments, unrelated to δ and therefore to dementia. The δ homolog “dDx” was tested as a predictor of one year prospective BPSD among n = 723 participants in the Texas Alzheimer’s Research and Care Consortium (TARCC). Twelve Neuropsychiatric Inventory (NPI-Q)-rated BPSD were themselves submitted to confirmatory factor analysis resulting in a well-fit bifactor model rating general psychopathology (p), positive (+) and negative (-) symptoms. dDx and orthogonal cognitive factors rating memory (MEM) and executive function (EF) were regressed onto prospective p, (+) and (-). dDx was strongly associated with p (r = -0.59, p <0.001). MEM was associated only with (+) (r = 0.14, p <0.001). EF was associated only with (-) (r = -0.23, p <0.001). This is the first demonstration of p in the geriatric literature. p’s strong association with δ suggests that general psychopathology arises from dementia itself. In contrast, (+) and (-) symptoms may arise from regional insults, e.g., to temporo-limbic and frontal circuits (respectively). No such regional pathology is likely to impact δ or p, as they are “indifferent” to their indicators and must derive from global Central Nervous System (CNS) features.

LIVING ALONE, HAVING CHILDREN AND FRIENDS NEARBY, AND DAILY FRUIT AND VEGETABLE CONSUMPTION

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Fruit and vegetable consumption is associated with lower risk of chronic diseases and mortality. Despite the numerous health benefits, fruit and vegetable consumption of most older adults are below the daily recommendation. This paper aimed to investigate whether living alone and having children and friends nearby are associated with older adults’ daily fruit and vegetable consumption using a nationally representative sample of older Americans. Daily fruit and vegetable consumption was measured using (1) daily serving and (2) daily recommendation (2 or more servings for fruits; 3 or more servings for vegetables). Poisson and logistic regression models were estimated using the HRS Health Care and Nutrition Study. The sample included 6,915 community-dwelling older adults. Older adults who were living alone had lower fruit and vegetable consumption and less likely to meet daily recommendation for vegetables, compared to those who were living with someone. Having friends nearby was positively associated with the outcomes, while having children nearby was associated with meeting daily recommendation for vegetables only among older adults living alone. Based on the findings, older adults who are living alone and do not have children and friends nearby may be at the risk of poor nutrition due to low levels of social support. Provision of help with grocery shopping (e.g., transportation, Supplemental Nutrition Assistance Program) and meal preparation (e.g., home-delivered meals) as well as more social opportunities that can improve social support network and encourage healthy eating (e.g., congregate meals) may increase daily fruit and vegetable consumption of older adults.

SENIOR FRIENDLY PACKAGING AND PRODUCT TESTING: FEEDBACK FROM OLDER CONSUMERS

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By 2050, older adults ages 65 or older will account for 83.7 million people in the U.S. population (An Aging Nation: The Older Population in the United States, 2014). It is imperative that products and technologies are designed to accommodate age-related changes that older adults are likely to experience. Given this population surge of older adults, there is a growing interest in identifying consumer products that are usable for older adults or “senior friendly.” Senior-friendly product testing (e.g., Senior Select®) focuses on the usability of various health and consumer products targeted to people with diminishment of any of the following: hearing, vision, taste, touch, smell, mobility & dexterity and / or mental acuity. A usability evaluation study was conducted in three senior living communities located in the Atlanta area. Twenty-nine participants ranged in age from 66 years old to 102 years old. Participants were shown a snack bar product and then asked to use the product themselves to perform a series of prepared tasks. After interacting with the product, participants were asked to share any comments that they had concerning the product. Issues of color contrast between the main packaging and the pull tab, easy of gripping and tearing the wrapper, the labeling of the nutrition information, and