

Gratitude is foundational to well-being throughout the life course, and an emerging body of work suggests that older adults may be more inclined to attribute gratitude to a non-human target (God). Drawing on life course theory and Erikson's lifespan development framework, we use data from a national sample of Christian older adults from the United States (N = 1,005) to examine whether gratitude towards God buffers the noxious health effects of the death of a loved one or personal illness. Results suggest that gratitude towards God tends to predict better age-comparative and global self-rated physical health in the aftermath of stress, a moderation effect which is partially mediated by stronger beliefs in God-mediated control (that God is a collaborative partner in dealing with problems). We conclude by proposing some interventions for clinicians and counselors centered around gratitude and religiosity that may assist older adults in coping with major life stressors.

HOLY AND HELPING: THE ROLE OF SANCTIFICATION IN THE COMMUNAL COPING OF OLDER AFRICAN AMERICAN COUPLES

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Disproportionately affected by numerous relational stressors (e.g., financial strain, morbidity), older African American couples frequently find solace in religion and each other. Research notes that both married and cohabiting couples effectively respond to difficult situations by sharing the ownership of a stressor and organizing a collaborative, collective response. However, little is known about the influence of religion on shared coping experiences, particularly among older African American couples. This study examined dyadic data from the Strong African American Couples Project to capture the influence of relational sanctification on the communal coping practices of married and cohabiting older African American couples. The sample included 194 African American couples (146 married and 48 cohabiting) between the ages of 50 and 86 years. With the use of Actor Partner Independence Models, this study found that men's sanctification predicted both their own communal coping and their partner's communal coping. However, there were no significant effects when women's sanctification was used as a predictor of communal coping among older African American couples. These findings are both important and novel, because these relationships had never before been examined within the United States, much less among older African American couples. Similar to existing research among majority White couples, this research finds that men's religiosity may be a more influential predictor of relational outcomes than women's religiosity. Such findings offer a valuable foundation for future studies seeking to consider how relational sanctification and communal coping may impact other outcomes associated with the romantic relationships of older African Americans.

SPIRITUAL EXPERIENCE IN DEMENTIA FROM THE HEALTH CARE PROVIDER PERSPECTIVE: IMPLICATIONS FOR INTERVENTION

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Spiritual care seeks to counter negative outcomes from spiritual distress and is notably needed in dementia. Such care needs disease-appropriate customization. Employing "cognitive apprenticeship" theory's focus on learning from contrast, we explored spiritual needs salient within dementia as related to other disease states; we aimed to inform future dementia-focused spiritual care design. Accordingly, we conducted semi-structured qualitative interviews with 24 providers who serve older adults inclusive of persons with dementia. We sampled participants purposively by discipline (chaplains, nursing staff, social workers, activities professionals) and religious tradition (for chaplains). Our interview guide inquired about the nature of spiritual needs in dementia and stakeholders' roles in addressing them. Hybrid inductive/deductive thematic analysis was employed. A thematic structure emerged with two themes: 1) spiritual experience in dementia compared to other medical conditions (sub-themes: the salience of (a) fear; (b) loss of self; (c) dementia's progressive and incurable nature; (d) dementia's impact on accessing faith); and 2) the need for spiritual intervention at the mild stage of dementia (sub-themes: (a) awareness in mild dementia and its influence on spiritual distress; (b) a window of opportunity). These findings pointed to possibilities for the "what" of spiritual needs and the "who" and "when" of implementing spiritual care. Implications included the imperative for dementia-specific spiritual assessment tools, interventions targeting fear and loss early in the disease, and stakeholder training. Researchers should study the "how" of dementia-appropriate spiritual care given recipients' cognitive and linguistic challenges. Conjointly, these efforts could promote the spiritual well-being of persons with dementia worldwide.

Session 4140 (Symposium)

SUSTAINABILITY OF THE AGING NETWORK'S COVID-19 RESPONSES: ISOLATED IMPACT OR TRANSFORMATIVE CHANGE?

Chair: Suzanne Kunkel

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The COVID-19 pandemic mobilized individuals, organizations, and communities. Area Agencies and Aging (AAAs) and Title VI Native American Programs, core organizations of the network of community-based organizations (CBOs) that serve older adults and their families, pivoted their service delivery methods to provide life-sustaining services. Their long-standing expertise in community needs assessment, pre-existing cross-sectoral partnerships, and an infusion of emergency federal funding, enabled this rapid response. Recently concluded studies using key-informant interviews and national surveys of AAAs and Title VI programs highlight these service adaptations, from expansion of home-delivered meal programs to new partnerships in telehealth. These organizations also reported expansion of services offered and people