Family are often sources of social, instrumental, and financial support for older adults. However, in many types of survey and archival data, details on the provision of support are lacking. This study examines the association between kin availability and cause-specific mortality among adults over age 60 using multiple longitudinal linked data sources from North Orkney, Scotland, 1851-1911. This study explores the relationships between cause of death and kin availability, as certain ailments may be amenable to interventions related to social support in this period while others may not. This approach will aid in interpreting the effects of social support that may be transmitted through kin networks. Reconstructed individual life courses (N=4,946) and genealogies, in combination with data on the proximity non-coressident kin, are used to examine kin availability and propinquity over the life course. Cause of death is available from death records and has been coded into the ICD. Orkney provides an interesting case study as longitudinal information is available on mortality and kin availability during a time of population aging. Kin availability is associated with longevity in this sample, while cause-specific analysis allows us to evaluate the role of social support in promoting longevity net of this association.

THE 70- TO 85-YEAR-OLD SWEET SPOT REGRESSION ASSOCIATIONS BETWEEN SPIRITUAL EXPERIENCE AND SUCCESSFUL AGING OUTCOMES

Stephen Fogle, University of Nebraska Omaha, Omaha, Nebraska, United States

Utilizing the MIDUS III dataset, this study conducted linear regression analysis for associations between daily spiritual experience and Successful Aging (N=2605). Age was measured in three groups: young-old (55-69), old (70-85), and old-old (86-100). Successful Aging was operationalized as Self-Reported Physical Health, Self-Reported Memory, Depressed Affect, and Life Satisfaction. Daily spiritual experience was measured with the Fetzer Institute five-item composite scale (Cronbach = .891). Analysis for each Successful Aging outcome was controlled for daily spiritual experience, physical and social neighborhood environment, age group, gender identification, co-habitation, income, education, cultural identification and disability. Regression analysis was undertaken for daily spiritual experience on the same control variables. Results found higher frequency of daily spiritual experience was significantly associated (p = .000) with better self-reported memory (β=.146***) and higher life satisfaction (β=.191***). Further, regression analysis revealed the 70-85 age group was significantly associated (p = .000) with better self-reported physical health (β=.123***), lower depressed affect (β=-.144***), and higher life satisfaction (β=.291***). Finally, the 70-85 age group was a stronger predictor of daily spiritual experience (β=.221***), than all other control variables except female gender identification (β=.244***). This study contributes evidence of associations between daily spiritual experience and Successful Aging outcomes, particularly memory and life satisfaction. This study demonstrates the advantage of measuring separate old age categories to reflect heterogeneity of the life course. Finally, this study underscores, “Why Age Matters”, through new evidence linking the 70-85 year old age group with daily spiritual experience and Successful Aging.

TRAUMA AND RELIGIOUS COMPLEXITY IN LATER LIFE

Rennae Wigton, Shannon Jones, Austin Prusak, and Andrew Futterman. 1. Loyola University Maryland, Butler, Pennsylvania, United States, 2. Loyola University Maryland, Baltimore, Maryland, United States

The present study examines the impact of traumatic life events on religious complexity in later life. We anticipated that those older adults experiencing stressors that produce significant personal vulnerability (e.g., life threatening illnesses) demonstrate reduced complexity of belief and behavior (e.g., less belief with doubt). From a sample of 278 semi-structured interviews of older adults (aged 55-101 years-old.) from six New England and New York states, we analyzed 166 interviews using grounded theory (Strauss & Corbin, 1990). Individuals who experienced trauma related to war, close familial loss, and/or severe physical illness tended to be “true believers,” (i.e., adhere to rigid belief orthodoxy; Hoffman, 1950). By contrast, those who experienced less severe trauma (e.g., minor illness, job loss) were less apt to describe rigid belief. Temporal proximity of trauma was not consistently associated with greater complexity of belief and behavior, in the sense that with great distance from trauma, individuals were able to “work through” their experiences of trauma, and thereby increase complexity of belief and behavior. This is consistent with findings by Harris and Leik (2015), Krause and Hayward (2012), and Wong (2013) that suggest that trauma leading to personal vulnerability leads to long-term physical, mental, behavioral, and spiritual deficits that rigid religious belief and behavior help to offset. These findings are discussed in terms of psychological theories of grief resolution, personal coping, and terror management.

VOLUNTEERING AND COGNITIVE HEALTH AMONG MIDDLE-AGED AND OLDER ADULTS: THE MEDIATING ROLE OF FRIENDSHIP

Changmin Peng, Jeffrey Burr, Sae Hwang Han, Kyungmin Kim, and Jan Mutchnick. 1. University of Massachusetts Boston, Boston, Massachusetts, United States, 2. University of Texas at Austin, Austin, Texas, United States

We lack knowledge about the underlying mechanisms that link formal volunteering to cognitive health. Friendships can be formed and improved through volunteering. Friendship is also beneficial to cognitive health as it often involves sharing information and promoting social interactions. This study investigated the potential mediating role of friendship (i.e., the number of close friends and the quality of friendships) for the association between volunteering (i.e., volunteering status and volunteering hours) and episodic memory among middle-aged and older adults in the United States, using data from the 2014 wave of the Health and Retirement Study (N = 6,029). Moderated mediation models were employed to test the mediation role of friendship for the association between volunteering and cognition for two age groups, middle-aged adults (age 50-64, n = 2,441) and older adults (age 65+, n = 3,588). The results showed that the quality of friendships, but not the number of close friends, mediated the relationship between volunteering (both status and hours) and episodic memory for middle-aged adults.
However, mediation effects of friendship were not discovered for older adults. Our findings emphasize the important role of the quality of friendship in understanding the cognitive benefit of volunteering among middle-aged adults. For older adults, the nonsignificant effects of friendship may be consistent with socioemotional selectivity theory, suggesting that older adults may not use volunteering to expand their social networks. Instead, they may participate in volunteer work for other reasons in the context of shrinking social networks.

**VOLUNTEERING AND FRIENDSHIP IN LATER LIFE: DOES GENDER MODERATE THE RELATIONSHIP?**
Emily Lim, Changmin Peng, and Jeffrey Burr, University of Massachusetts Boston, Boston, Massachusetts, United States

Friendship, which is an essential part of social life and beneficial to individuals’ well-being, plays a crucial role in maintaining social connectedness in late life. Volunteering is an avenue for older adults to stay socially engaged, and also provides older adults the opportunity to meet and make new friends. A limited literature suggests that volunteering may be associated with friendship, but many studies are limited by reliance on small, non-probability samples and overly simplistic analytic approaches. The literature is also unclear with respect to how volunteering behaviors relate to specific characteristics of friendships and whether there are gender differences underlying these relationships. Using the 2014 wave of the Health and Retirement Study (N=5,306), this study investigates the association between volunteering characteristics (i.e., volunteer status and hours) and friendship characteristics (i.e., the number of close friends, friendship quality, and contact frequency) among community-dwelling older adults. We also examine whether gender moderated these relationships. Results from linear regression analyses indicate that volunteer status and the number of volunteer hours were positively associated with each dimension of friendship. Also, the positive association between volunteering at 1–99 hours, 100–199 hours, and 200 hours or more and number of close friends, friendship quality, and contact frequency were stronger for older women than for older men. Findings demonstrated that volunteering is integral in shaping late-life friendships. The differential benefits of volunteering between older men and women also suggest that volunteering might be more critical for older women’s friendships.

**SESSION 2958 (POSTER)**

**END-OF-LIFE CARE AND DECISION MAKING**

**A VIDEO DECISION AID FOR THE WEST VIRGINIA POLST: A RANDOMIZED, CONTROLLED TRIAL**

Cherish Heard,1 Emma Pino,2 Jarred V. Gallegos,2 Barry Edelstein,3 and Alvin Moss,2 1. West Virginia University, Morgantown, West Virginia, United States, 2. WVU, Morgantown, United States, 3. WVU, Morgantown, West Virginia, United States

Patients with serious medical conditions are faced with making decisions about treatments related to end-of-life care. The Physician Orders for Life Sustaining Treatment (POLST) is a document that allows patients to express preferences for four medical decisions including cardiopulmonary resuscitation, level of medical intervention, and medically administered fluids and nutrition. The purpose of the study was to develop and evaluate a video decision aid for the West Virginia POLST form. Sixty-four community-dwelling adults (50+) were recruited to participate. Participants were randomized to active control (exercise video) or intervention group (POLST video). Knowledge and decisional conflict were measured pre- and post-intervention. Participants were given a hypothetical vignette with medical information for the purpose of completing study measures. Separate MANCOVAs were conducted to explore the relationship between treatment group and decisional outcomes at post-intervention for each medical decision, while controlling for numeracy and pre-intervention ratings of knowledge and decisional conflict. Results identified significant main effects of treatment group for each of the four medical decisions. Participants who viewed the video were more knowledgeable regarding CPR F(1,59) = 42.844, p<.001, medical interventions F(1,59) = 20.475, p<.001, and medically administered fluids F(1,59) = 31.004, p<.001, compared to participants assigned to the control group. Additionally, participants who viewed the video had less decisional conflict related to CPR F(1,59) = 17.892, p<.001, medical interventions F(1,59) = 31.017, p<.001, medically administered fluids F(3,56) = 11.718, p=.001, and nutrition F(1,59) = 16.411, p<.001, compared to participants in the control group. Conclusions and practical implications will be discussed.

**ASSOCIATION BETWEEN CAREGIVERS’ AND CARE-RECIPIENTS’ ADVANCE CARE PLANNING: AN EXPLORATORY STUDY**

Hyunjin Noh, Lewis Lee, and Chorong Won, The University of Alabama, Tuscaloosa, Alabama, United States

Research on advance care planning (ACP) has highlighted major contributors to the completion of ACP documents. One of such contributors is knowledge about ACP, such as an advance directive or living will (LW). This study aims to 1) understand the initial exposure to ACP knowledge among informal caregivers’ of chronically or seriously ill older adults and to 2) explore an association between caregivers’ advance care planning and that of their care-recipients. Forty-four primary caregivers of cognitively impaired older adults were recruited at various community settings. A mixed-method design was used to qualitatively interview each participant face-to-face about his or her initial experience with ACP and to quantitatively ask if the participant completed a LW and if the care-recipient completed one as well. Qualitative content analysis of participant responses revealed that their initial experiences with ACP were mostly through their care-recipients, such as the care-recipient’s ACP in previous hospitalizations or legal consultations. Chi-square test for independence was conducted to explore whether there is an association between caregivers’ LW completion and that of their care-recipients. The results show that there is a significant relationship between the two variables: χ²(1, n = 44) = 8.84, p < .001, ϕ = .49. These findings suggest that secondary experiences with close one’s ACP may serve as facilitator to one’s ACP completion. Therefore, efforts to promote ACP should target a caregiver and care-recipient dyad so that caregivers as well as care-recipients may learn about and complete ACP documents.