INDIVIDUAL PREDICTORS OF VOLUNTEERING IN OLDER ADULTS USING STRUCTURAL EQUATION MODELING

Zolana J. Baumel,¹ and Christopher M. Kelly¹, ¹. University of Nebraska - Omaha, Omaha, Nebraska, United States

Why do some older Americans volunteer while others do not? Personality theory is used to explain volunteering behavior. This study used the Big 5 personality domains. Volunteering is also explained by resource theory, which includes personal, social, and cultural capital. Personal capital was measured by age, sex, race, marital status, health, and education (a proxy for socioeconomic status). Social capital was measured by frequency of email/write interactions and interactions with friends. Cultural capital was measured as church attendance. The purpose was to measure the extent to which social and cultural capital mediates between personality and personal capital, and volunteering outcomes. Participants were the 2010 Core Health and Retirement Study who also completed the leave-behind self-administered questionnaire (N=4,299). Structural equation modeling (SEM) tested personality and resource theory in one model. Exploratory factor analysis, followed by confirmatory factor analysis supported development of the final SEM. Extraversion directly predicted volunteering. Age was inversely correlated with volunteering. Health and education predicted volunteering. Conscientiousness predicted church attendance. Open to new experience was inversely related to church attendance and directly predicted frequency of email/write interactions. Extraversion predicted interactions with friends. Measuring direct, indirect, and total effects of predictors on volunteering showed that personality influences volunteering both directly and indirectly. Future applied research could test whether extraversion, which directly influences volunteering, would directly predict volunteering. It could also determine whether open to new experience, which indirectly influences email/write interactions, directly predict retention outcomes.

CHANGES IN COGNITION ARE RELATED TO PERSONALITY CHANGES IN MIDDLE AND LATER ADULTHOOD

Yujun Liu,¹ and Margie E. Lachman², ¹. Brandeis University, Waltham, United States, ². Brandeis University, Waltham, Massachusetts, United States

Previous studies have identified an association between personality and cognition in later life. Those with more stable personalities have better cognitive functioning. And those with more cognitive decline have higher neuroticism. We examined the association between changes in both personality and cognition in the same model, which has not been systematically investigated. Data were from the Midlife in the United States (MIDUS) study, a national survey that included 4268 participants ages 35 to 85 at the second wave. The Big Five Personality traits and cognitive function variables (episodic memory and executive functioning) were from waves two and three. The analysis included a latent change score model and a cross-lagged panel design using Mplus. The results show that personality changes and cognitive changes over 9 years are correlated. Cross-lagged findings indicate that cognitive functioning is positively related to changes in conscientiousness, agreeableness, openness, and extraversion and negatively related to changes in neuroticism. The findings advance our understanding of the association between changes in personality and cognition. The impact of cognitive change on personality stability and the role of personality traits for maintaining cognitive function in later life are discussed. The results have implications for developing interventions to maintain or enhance cognitive functioning and personality in middle and later adulthood.

WHEN LIFE DOESN’T GO AS PLANNED: UNMET EXPECTATIONS ABOUT RETIREMENT TIMING AND SUBSEQUENT DEPRESSIVE SYMPTOMS

Leah R. Abrams,¹ and Neil Mehta², ¹. University of Michigan School of Public Health, Ann Arbor, Michigan, United States

The 2008 Great Recession affected American’s retirement timing, but it remains unclear how unfulfilled expectations about retirement timing influence psychological well-being. This study examines how unmet expectations about working at age 62 relate to subsequent depressive symptoms, with special attention to sociodemographic differences in unmet expectations and their consequences. We use longitudinal data from 10,557 adults ages 51+ in the Health and Retirement Study (1994-2014). Mean expected probability of working full time at age 62 (ranging 0-100) was 40.5 (SD=54.65). We created quartiles: no chance (0 probability, 35% sample), unlikely (1-30, 16%), unsure (33-80, 28%), and very likely (85-100, 21%). Expected probability and the association between expectations and reality were significantly lower for racial minorities compared to whites, low education compared to high, and pre-baby boomers compared to baby boomers. Those who were working at age 62 but expected to be retired did not experience elevated depressive symptoms compared to those who correctly expected to be working. In contrast, those who were unexpectedly not working experienced significantly higher depressive symptoms compared to those who correctly expected to be working. In contrast, those who were unexpectedly not working experienced significantly higher depressive symptoms compared to those who correctly expected to be working. Race, education, and birth cohort, but not complete, mediation by health status. The association was consistent by race, education, and birth cohort, but was larger in men than women. Taken together, our findings indicate that unmet continued employment does not harm psychological well-being, but earlier than expected retirement may result in higher depressive symptoms.

SOCIAL PARTICIPATION AND GENDER DISPARITY ON DEPRESSIVE SYMPTOMS AMONG INDONESIAN ELDERLY

Riska D. Astuti,¹ and Bondan Sikoki², ¹. SurveyMETER institute, Yogyakarta, Indonesia, Indonesia, ². SurveyMETER, Yogyakarta, Indonesia, Indonesia

A voluminous literature empirically proves the significant relationship between social participation and elderly mental health. Further analysis discovers the different behavior between rural and urban elderly. Despite the importance of taking into account regional inequality, gender disparity which explains the inconsistent empirical results across countries, is
sometimes negligible from the discussion. This study aims to investigate the link of social participation in voluntary activity and community regular meeting to depressive symptom among the elderly in Indonesia. Separated analysis based on gender is also conducted to examine the extent to which social activities could explain the depressive symptom disparity between male and female elderly. Data from Indonesia Family Life Survey 2007 and 2014 were analyzed using logistic regression. Sample of 2994 and 2917 respondents aged 60 and over in 2007 and 2014 respectively are combined as pooled cross-sectional data instead of panel data to deal with the large reduction of sample size due to mortality. To minimize the potential endogeneity, covariates are included in the model such as residence location, living arrangement, socio-economic status, and health condition. The results indicate that economic condition, chronic disease, and difficulty on instrumental activity daily living (IADL) play a significant role in depressive symptom among Indonesian elderly, regardless of the gender. Surprisingly, social participation that is widely believed in strengthening mental health is statistically significant for female sample only. Moreover, the contrast sign of voluntary participation and community regular meeting coefficients indicate a special behavior between these two activities.

WAT DOES MY PERSONALITY SAY ABOUT MY FRIENDSHIPS IN LATER LIFE?
Emily Lim, Elizabeth A. Gallagher, Cindy N. Bui, Celeste Beaulieu, Elizabeth Simpson, Laura Driscoll, and Jeffrey Burr, University of Massachusetts Boston, Boston, Massachusetts, United States
Personality traits, such as those identified in the Big Five Personality Model (i.e., openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism), may be associated with different aspects of friendship among older adults. Additionally, men and women form and maintain their friendships differently, which may result in gender differences in their friendships. This study examined the relationship between specific personality traits and friendship characteristics, including friendship quantity, frequency of social interactions with friends, positive and negative friendship quality. The study also explored whether gender moderates the relationship between personality traits and friendships in later life. This study used data from 7,250 community-dwelling older adults, aged 65 years and above (M=75.4 years old, SD=6.91), who participated in 2012 and 2014 Leave-Behind Questionnaire of the Health and Retirement Study. Results from the linear regression analysis indicated significant main effects for the different personality traits and friendship quantity, quality and social interaction frequency, but no main effect for gender was found. However, the moderating effect of gender was significant for the relationship between specific personality traits (i.e. openness to experience, agreeableness and extraversion) and social interaction with friends, as well as for positive and negative friendship quality. For example, older women who scored high on openness to experience reported significantly lower social contact frequency with friends (B=-.16, p<.05) and higher negative friendship quality (B=.08, p<.05) than men who scored high on openness to experience. Study results provide insights for understanding better how personality traits and gender play a role in friendships in later life.

ASSOCIATION BETWEEN SOCIAL SUPPORT AND ANXIETY IN OLDER ADULTS NEW TO LONG-TERM SERVICES AND SUPPORTS
Yei Hwang, Nancy Hodgson, Justine Sefcik, Augustine Boateng, Anjali Rajpara, Kierra Foley, and Karen Hirschman, 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States
Anxiety symptoms are common among older adults and are often associated with adverse outcomes. Thus, it is important to examine modifiable factors and manage anxiety symptoms in this population. While many biological and psychological factors related to anxiety symptoms in older adults have been found, little is known about social factors which are essential in one's mental health. The purpose of this study was to examine the prevalence of anxiety symptoms among older adults new to long-term services and supports (LTSS) and to investigate the relationship between social support and presence of anxiety. This was a secondary data analysis from a study funded to examine health related quality of life in older adults new to LTSS. Anxiety was assessed using a single item, “Recently, how often have you felt anxious?" and the answers were dichotomized into “anxiety” (ratings: ‘very often’, ‘often’, ‘sometimes’, and ‘seldom’) and “no anxiety” (rating: ‘never’). Social support was measured by Medical Outcomes Study Social Support Scale. Prevalence of anxiety symptoms in this sample was 82.7% (n=225). In multivariate logistic regression, adjusting for age, gender, LTSS type, cognitive status, physical and emotional health, and depressive symptoms, older adults with more tangible social supports had lower odds of having anxiety symptoms (Odds ratio=0.515; 95% CI: 0.289-0.919, p=0.025). Improving access to tangible social supports for older adults at the start of LTSS may impact anxiety in older adults. Implications for future research and intervention development to provide tangible social support to older adults in LTSS will be discussed.

IMPROVING MOOD THROUGH PHYSICAL ACTIVITY FOR CARERS AND CARE RECIPIENTS TRIAL (IMPACTT): RESULTS OF A RCT
Briony Dow, Susan (Sue) Malta, Ellen Gaffy, Melissa Russell, Sue Williams, Kirsten J. Moore, Nicola Lautenschlager, and Samantha Loi, 1. National Ageing Research Institute, Parkville, Australia, 2. University of Melbourne, Victoria, Australia, 3. University of Melbourne, Parkville, Australia, 4. University College London, London, United Kingdom
The aim of this Australian study was to investigate effects on depression of a 6-month individually tailored home-based exercise program for caregivers, designed to be done with the person they care for. Ninety-one caregiver-care recipient dyads and 30 caregiver-only participants (caregivers scoring ≥4 on the 15 item Geriatric Depression Scale (GDS-15)) were randomized into one of three groups: exercise intervention (n=50, 34 dyads and 16 caregiver only), social support control (n= 50, 42 dyads and 8 caregiver only) or usual care control (n= 21, 15 dyads and 6 caregiver only). The exercise group completed an individualised program based on the Otago-plus. The primary outcome was the proportion of participants with GDS-15 ≤4. Outcome assessors were blinded to group assignment. There were no significant difference in depression between the physical activity intervention group