influence relational and life satisfaction. In addition, emotional support and instrumental support mediate “more than one kind of volunteering” to influence relationship satisfaction. As such, emotional and instrumental support through volunteering has a mediating effect on relationship satisfaction and life satisfaction.

THE RELATIONSHIP BETWEEN OCCUPATION TYPES, EDUCATION, AND VOLUNTEER BEHAVIORS AMONG OLDER AMERICANS

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Research shows that productive engagement in later life, such as paid work and volunteering, is associated with health and wellbeing. From a life-course approach, personal history and experiences developed from occupations earlier in life may affect individual’s willingness and ability to volunteer in later life; reciprocally, volunteering tends to extend networks and roles from their previous work after retirement. Further, education, which influences career development, indirectly affects late-life volunteering. Using data from 329,938 individuals aged 50 to 85 in more than 700 occupations from the Volunteer Supplement of Current Population Survey since 2010, this study found that older adults had higher volunteer rates (40%) when their current or latest jobs require more human interactions, compared to those jobs were mainly characterized as office work (31%) and jobs not requiring much human interaction (21%). More specifically, occupations with higher volunteering rates were more likely to be related to social, educational, or spiritual sectors. Some careers seem to provide skills and networks needed in volunteer roles, such as accounting clerks (ranked 12th in volunteering) and museum technicians (ranked 13th). Diverse educational levels make the relationship between occupation and volunteering more complex. For instance, those older adults without a high school diploma and who have office work as their current or latest job (16%) have higher volunteering rates than those occupations requiring (14%) or not requiring much human interaction (10%). Policymakers can take the human interactions and skills needed in careers and educational levels into account when thinking of strategies to promote volunteering.

THE RELATIONSHIP OF CAREERS WITH PEOPLE INTERACTIONS AND VOLUNTEERING BETWEEN GENDER-RACIAL GROUPS IN LATE-LIFE

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Prior research showed that ethnic minorities in late-life tended to participate less in volunteering, compared to Whites. Older women, in general, spent more time volunteering than older men in the United States. Previous studies showed that occupational statuses, but have not yet discussed occupation categories, affected older adults’ volunteering. The Current Population Survey dataset was utilized in this study to explore the relationship between careers with or without people interactions and volunteering of Americans aged 50 to 85 in an intersectionality lens. Regarding races, older African Americans who worked in occupations requiring human interactions, had almost double volunteering rate than those occupations not requiring these interactions. In respect of genders, compared to older men who worked in jobs requiring human interactions, the volunteering rate of those not requiring human interactions was 81% less. Either older African Americans or older men had more associations between their human interactions in career and their volunteering rate, than other racial groups or gender groups individually. Considering races and genders together, comparing to older Asian men who worked in fields needed interactions with others, the volunteering rate of those who did not work in these fields was 52% less. The association of older Asian men between fields requiring human interactions and volunteering rate was the least, among various gender-racial subgroups. Older adults with different racial-gender identities may face varying experiences in different types of occupations. Social and cultural factors among these identities are discussed to better understand the relationships between careers and volunteering in late-life.

VOLUNTEERING AND CHRONIC INFLAMMATION IN LATER LIFE: IS SUSTAINED VOLUNTEERING BENEFICIAL FOR HEALTH?

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Although research on the health benefits of volunteering has proliferated in recent decades, most studies have focused on whether or not a person volunteers or the monthly frequency of volunteering. This study examines whether sustained volunteering has health benefits above and beyond occasional or short-lived volunteering. To investigate the salubrious effects of volunteering, the present study considers sustained volunteering engagement in terms of both formal and informal volunteering. Using four waves of data from the Health and Retirement Study, we assess the influence of sustained volunteering on chronic inflammation, measured by C-reactive protein (CRP). Results reveal that sustained engagement in formal and informal volunteering is related to lower CRP concentration, but this association is partly mediated by adult health and socioeconomic factors. Although sustained volunteering is associated with lower levels of chronic inflammation, older adults who maintain their volunteering over time are a select category of adults, characterized by higher education and wealth and better health.

WHO VOLUNTEERS? RESULTS FROM A REGULAR COGNITIVE MONITORING STUDY

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Previous research indicates volunteering promotes well-being of individuals and communities. Volunteering in later-life may buffer some of the negative health effects experienced during retirement, facilitating opportunities for older adults to engage in meaningful activities and stay active. The current study examined characteristics of older adults who volunteered outside of participation in a regular cognitive monitoring study. All 124 members (M= 76.87, SD= 7.47; 80 volunteers, 44 non-volunteers) of a regular cognitive monitoring study, requiring completion of a 15-minute cognitive online test once a month, with complete data on personal characteristics, volunteer activities, as well as study
adherence and dropout rates were included. ANCOVA and logistic regression analyses adjusted for sociodemographic characteristics were used to assess differences between volunteers and non-volunteers. Results indicated that volunteers were less educated (p<.05), and slightly more likely to be younger and women compared to non-volunteers. There were no differences in cognitive performance (p>.05). Volunteers had lower scores for neuroticism (p=.02) and were marginally higher agreeable and extraverted (p<.09). Volunteers needed more reminders to complete the monthly test (p<.01) but had lower dropout rates (p=.001). The most frequent type of volunteer activity reported was religious. Volunteers were motivated mainly by altruism, although most reported multiple reasons such as building social relationships and feeling important. Findings provide information about characteristics that can help identify older adults who are likely to volunteer. Results regarding study adherence may have implications for promoting recruitment and retention among older adult volunteers.

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COGNITION AND COGNITIVE IMPAIRMENT

AN INNOVATIVE TRANSITIONS MODEL OF CARE FOR DELIRIUM: “DDEFY DELIRIUM” A PILOT FEASIBILITY RANDOMIZED TRIAL

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In current standard practice, without a structured process for delirium follow up, older individuals and their family caregivers seemed to be lost, as they transitioned from hospital to home. The aim of this study was to pilot test a theoretical post-hospital model of care (DDEFY delirium) to mitigate the complications in patients who had hospital delirium. This is a pilot feasibility randomized controlled trial for patients with hospital delirium. The intervention was carried out by a delirium transitions nurse with personalized interdisciplinary team recommendations. DDEFY delirium intervention encompasses: Diagnose cognitive disorder; review Drugs; Educate patient/family; assess Function; Your health goals. During COVID-19 pandemic a virtual intervention group was created. Thus, three groups were analyzed: control, intervention, and virtual intervention. Among the 35 participants (mean age 80 years (SD10), 40% Black, 46% female), 40% had a diagnosis of dementia, mean Charles Deyo score was 6.4, mean number of medications 11.4 (3.2), and mean anticholinergic medication burden was 2.4. The intervention group and virtual intervention group rates were: recruitment: 44.6 %vs8.8%, feasibility: 97%vs97%, fidelity:100%vs100%, 30-day readmission 28.6%vs0%, and 30-day ED visits: 0 vs.1. There were no differences in 30-day readmission rates between control vs intervention (p=1.0), control vs virtual intervention (p=.53), nor comparing all 3 groups (p=.49). The results of this pilot study determined that delivering DDEFY intervention to patients with delirium is feasible. Lessons learned from conducting this study will help us design a larger trial with modifications for older patients with delirium who transition from hospital to home.

BEST PRACTICES TO OVERCOME BARRIERS TO CAPACITY EVALUATIONS

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Because of the increasing incidence of elder abuse and financial exploitation, Adult Protective Services (APS) cases open for these individuals often relay on capacity evaluations conducted by a clinician to facilitate legal assignment of a surrogate decision maker. Despite this growing need, the number of physicians willing and capable of performing them is limited. Barriers reported by physicians reportedly impair their ability to conduct these evaluations include absence of relevant case information and lack of knowledge about the process itself. Geriatricians and related clinicians often perform these assessments. Sharing best practices with internists and family physicians may help overcome these barriers. A survey of geriatric medicine providers was conducted to identify essential components and questions necessary in the assessment of general decision making capacity. Twenty-nine providers at 6 academic institutions in Ohio responded to the survey and its follow-up inquiries. Though variability existed in evaluation styles and content between providers, a uniform set of recommendations was able to be generated. A total of 13 different summary recommendations were generated from this survey. Necessary components to these evaluations include (1) performance of cognitive testing (2) obtaining collateral information regarding functional status from another trusted individual (3) assessing the individual’s insight into any reported functional impairments or safety concerns by explaining discrepancies between that individual’s own observations and reported concerns from the trusted individual, and (4) using hypothetical situations to assess a person’s judgment and reasoning in addressing any gaps in care or safety concerns raised during the interview.

DAILY ALCOHOL USE COVARIATES WITH DAILY CONCENTRATION PROBLEMS ACROSS THE LIFESPAN: FINDINGS FROM THE MIDUS REFRESHER

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Alcohol use is typically associated with impaired cognitive functioning on tasks related to attention and concentration. However, it remains unclear whether these impairments persist across days in ways that are noticeable to the individual. We examined this using the daily diary project of the Midlife in the United States Refresher cohort. Participants (n=710; Mage=50.5; range 25-75) completed 8 nights of telephone-based diaries (Mdiaries=6.87) that included questions about daily alcohol use (“how many drinks did you have today?”) and five items assessing concentration (e.g., “today, did you have difficulty concentrating?”) rated on a scale (1=none of