gerontological researchers can present a more balanced public narrative about how stressful experiences such as caregiving can produce not only negative affect, but also potentially positive health benefits, resilience to stress, and personal growth.

DESIGNING FAMILY CAREGIVER STUDIES THAT BALANCE STRESS PROCESS AND HELPING RELATIONSHIP PERSPECTIVES

David L. Roth,1 William Haley,2 Orla Sheehan,3 Jeremy Walston,1 David Rhodes,2 and Virginia Howard4, 1. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States, 2. University of South Florida, Tampa, Florida, United States, 3. Johns Hopkins University, Baltimore, Maryland, United States, 4. University of Alabama at Birmingham, Birmingham, Alabama, United States

Family caregiving is often characterized as a chronically stressful situation, and stress process models have been the dominant conceptual foundation underlying caregiving studies for decades. Recently, this perspective has been augmented with more positive views that emphasize potentially healthy and prosocial aspects of caregiving. Replicated findings from population-based studies show that caregivers have lower mortality rates than noncaregivers, consistent with the more balanced conceptual approach. The Caregiving Transitions Study is investigating 251 participants who transitioned into a caregiving role at some point between two blood samples taken 10 years apart in a national epidemiological study and 251 matched controls. Preliminary analyses confirm that caregiving leads to increased psychological distress. Ongoing analyses are examining changes in inflammatory biomarkers, health status, and positive aspects of caregiving. Findings will be examined alongside our recent meta-analysis of convenience samples that found caregiving to have small and inconsistent relationships with biomarkers of inflammation and immunity.

EFFECT OF ADVERSE CHILDHOOD EXPERIENCES ON DAILY SUPPORT TO FAMILY AND EMOTIONAL WELL-BEING IN ADULTHOOD

Jooyoung Kong,1 Yin Liu,2 and David Almeida3, 1. University of Wisconsin-Madison, Madison, Wisconsin, United States, 2. Utah State University, Logan, Utah, United States, 3. Penn State University, University Park, Pennsylvania, United States

Extensive evidence suggests that adverse childhood experiences (ACEs) can lead to negative health effects across a lifetime. This study examines the impact of ACEs on the frequency of providing daily support (i.e., unpaid assistance, emotional support, and disability-related assistance) to family members and the moderating effects of ACEs in the association between providing daily support to family and daily negative affect. Using the National Study of Daily Experiences II, we analyzed a total of 14,912 daily interviews from 2,022 respondents aged 56 on average. Key results showed that a greater number of ACEs were associated with providing more frequent emotional support to family. We also found the significant interaction effect that adults with more ACEs showed greater negative affect on the days when they provided assistance to family members with disabilities. The findings underscore the long-term negative impact of ACEs on daily well-being in the context of family relationships.

HELPING OTHERS IS A MIXED BLESSING: IMPLICATIONS FOR DAILY WELL-BEING

Meng Huo,1 Yee Ng,2 and Karen Fingerman3, 1. The University of Texas at Austin, Austin, Texas, United States, 2. University of Texas at Austin, Austin, Texas, United States

The literature documents mixed findings regarding how helping others influences individuals’ mental and physical health. We assessed various types of support that older adults offered (e.g., emotional, practical, advice) and examined how helping others was associated with older adults’ daily mood and physical activity. This study utilized data from the Daily Experiences and Well-being Study, where 293 participants aged 65+ reported on their helping behaviors and mood at the end of each day across 5 days. Participants also wore Actical accelerometers to track physical activity. Multilevel models revealed that older adults reported greater negative mood and less physical activity on days when they provided emotional support. Yet, giving advice was associated with increased positive mood that day. Moreover, older adults spent less time being sedentary on days when they offered practical help. This study offers insights into psychological and health consequences of helping others by examining older adults’ everyday lives.

STRESS-BUFFERING EFFECTS OF VOLUNTEERING ON DAILY WELL-BEING: RESULTS FROM THE NATIONAL STUDY OF DAILY EXPERIENCES

Saehwang Han,1 Kyungmin Kim,2 and Jeffrey Burr3, 1. University of Texas at Austin, Austin, Texas, United States, 2. University of Massachusetts Boston, Boston, Massachusetts, United States

Based on theory and empirical evidence linking volunteering and health, we investigated the associations between daily engagements in formal volunteering, stressors, and negative affective well-being, focusing on the stress-buffering effect of volunteering. Using eight days of daily diary data from the second wave of the National Study of Daily Experiences (participants, N = 1,320; participant-day observations, N = 8,277), we estimated a series of multilevel models to assess the within-person associations between daily volunteering, stressors, and affect. Results indicated there were no direct associations between daily volunteering and negative affect. However, we found the association between daily stressors and negative affect (but not positive affect) was weaker on days when volunteering was performed compared to days volunteering was not performed. Taken together, our findings suggested that short-term health benefits associated with daily volunteering were largely based on the stress-buffering effects of helping others, rather than through a direct effect.

SESSION 1255 (SYMPOSIUM)

THE ASSISTED LIVING SETTING: CLINICAL CARE AND OUTCOMES

Chair: Barbara Resnick1, 1. University of Maryland School of Nursing, Baltimore, Maryland, United States

Although the description of assisted living (AL) varies by state this term generally refers to residences that provide housing and supportive services, 24-hour supervision, and at
least two meals a day to meet the individual needs of residents. Approximately 37% of residents in AL need help with three or more activities of daily living (ADLs), 42% have some cognitive impairment and 39% need skilled nursing services. Approximately 15 to 50% of older adults living in AL communities experience a fall over a 6 to 24 month period. The cause of these falls involves multiple factors at the resident and facility level. In addition to a high rate of falls there is a high rate of polypharmacy, using the polypharmacy definition of taking five or more medications daily. Polypharmacy results in negative outcomes such as falls and hospitalizations among AL residents. Along with high rates of falls and polypharmacy there is also a high incidence of pain among AL residents and concerns that some pain goes unreported and untreated. Pain, polypharmacy and falls can all influence life satisfaction along with other factors such as the environment itself. The purpose of this symposium is to describe the incidence and factors that influence falls, polypharmacy, pain and pain management and the impact of these care concerns, among others, on life satisfaction drawn from 508 residents from 54 nursing homes participating in the first two cohorts of the study testing the implementation of Function Focused Care for Assisted Living (FFC-AL-EIT).

THE INCIDENCE AND IMPACT OF POLYPHARMACY IN AL RESIDENTS
Elizabeth Galik1, 1. University of Maryland School of Nursing, Baltimore, Maryland, United States

The purpose of this study was to describe polypharmacy in AL settings. We hypothesized that: (1) age, gender, race, setting, multimorbidity and cognitive status would influence polypharmacy; and (2) polypharmacy would be associated with falls, emergency room visits and hospitalizations. This was a descriptive study using data from the first cohort of the FFC-AL-EIT Study. A total of 242 participants from 26 AL settings were included. Participants had a mean age of 86.86 (SD=7.0), the majority were women 179(74%) and white (N=232, 96%) with 5 (SD=2) comorbidities. The mean number of drugs was 7 (SD=3.56) and 51% were exposed to polypharmacy, 24% fell at least once, 9% were sent to the hospital and 13% to the emergency room. Neither hypothesis was supported. Continued research is needed to explore the factors that influence polypharmacy and to identify if there are negative outcomes associated with polypharmacy in this population.

FACTORS THAT CONTRIBUTE TO FALLS AMONG AL RESIDENTS
Marie Boltz1, 1. Pennsylvania State University, University Park, Pennsylvania, United States

Many nurses, patients, and families continue to believe that physical activity increases the risk of falling. The purpose of this study was to test the hypothesis that residents who are exposed to Function Focused Care for Assisted Living (FFC-AL-EIT) and engage in moderate levels of physical activity would not be more likely to fall. This was a secondary data analysis using data from the first two cohorts of the FFC-AL-EIT study. The study included 508 residents the majority of whom were female (70%), white (97%), with a mean age of 87.72 (SD=7.47). Those who engaged in more moderate intensity physical activity were 1% less likely to fall (b = -.01, Wald =6.13, p =.01). There was no association between exposure to function focused care and falling (Beta =.41, Wald =2.35, p=.13). Further, engaging in moderate level physical activity was noted to be slightly protective of falling.

PAIN, PAIN MANAGEMENT, AND CONSEQUENCES OF PAIN AMONG AL RESIDENTS
Barbara Resnick1, 1. University of Maryland School of Nursing, Baltimore, Maryland, United States

The purpose of this study was to describe the incidence, management and impact of pain on function, agitation, and resistance to care. This was a descriptive study using baseline data from 260 residents in the second cohort of the FFC-AL-EIT study. The majority of the sample was female (71%) and white (96%) with a mean age of 87 (SD=7). Fifty-two residents (20%) reported pain based on objective (PAINAD) or subjective (verbal descriptive scale, VDS) pain assessments. A total of 75 residents (29%) received pain medication and 22 (42%) individuals reporting pain were not getting pain medication. Controlling for age, gender and cognition, PAINAD was significantly associated with agitation, function, and resistance to care and the VDS was only associated with function. Pain assessments should include objective and subjective measures and management of pain should be considered as it may help to optimize function and decrease behavioral symptoms among AL residents.

FACTORS THAT INFLUENCE LIFE SATISFACTION IN AL RESIDENTS
Sarah Holmes1, 1. University of Maryland, Baltimore, Maryland, United States

Life satisfaction is a multidimensional concept that addresses a personal judgment of quality from the resident’s perspective. Components of life satisfaction include satisfaction related to health, the physical environment, relationships and activities. The purpose of this study was to test if there was a relationship between demographic factors, pain, falls, and use of psychotropics with life satisfaction. The sample included the first two cohorts from the FFC-AL-EIT study including 508 residents from 54 settings across Maryland, Pennsylvania, and Massachusetts. The majority of the participants were female (70%), white (97%) and the mean age was 87.72 (SD=7.47) . Based on a stepwise linear regression analysis there was a significant association between pain (r=-.20, p=.003) and psychotropic use (r=-.19, p=.003) and the model explained 11% of the variance in life satisfaction. Ongoing research is needed to consider the impact of the environment and staff-resident interactions on life satisfaction.

SESSION 1260 (SYMPOSIUM)

THE EXAMINATION OF DETERMINANTS AND BARRIERS TO END-OF-LIFE DECISION MAKING AND PLANNING
Chair: Brittany E. Gaines, University of Massachusetts Boston, Boston, Massachusetts, United States
Discussant: Debra J. Dobbs, University of South Florida, Tampa, Florida, United States

As individuals are living longer, in many cases with chronic diseases, there is an increased focus on end-of-life...