a potential risk factor of marital satisfaction, which will further influence people’s psychological well-being. This study aims to explore the associations between spousal religious differences, marital satisfaction, and psychological well-being of Chinese middle-aged and older adults. We also investigated the gender differences in the captioned associations. Method: We adopted a sample of 1285 adults aged 45 and above from the China Health and Retirement Longitudinal Study (CHARLS). We conducted descriptive statistics, multiple regression models and a path analysis based on a general structural equation model (GSEM). Results: Spousal religious difference was only associated with wives’ marital satisfaction. Marital satisfaction was associated with depression and life satisfaction for both genders, and wives’ marital satisfaction had a stronger association with life satisfaction than husbands’. Wives’ marital satisfaction mediated the relationship between spousal religious difference and their psychological well-being, including depression and life satisfaction. Discussion: This study calls for more research on the individual and interpersonal outcomes of religiosity in middle-aged and older adults. Gender differences should be paid attention to in academic research, service provision and clinical settings.

THE TRANSFORMATION OF LATE-LIFE SINGLEHOOD: EMERGENCE OF THE SOCIETY OF DIVORCEES
Torbjorn Bildtgard,1 and Peter Öberg2,1. Stockholm University, Stockholm, Sweden, 2. University of Gävle, Gävle, Sweden

More than four decades ago Lopata coined the concept “society of widows” to describe the gendered reality of late life singlehood, where widowed women were excluded from coupled social life and had to depend on other widows for social integration. We have coined the concept “society of divorcees” to describe the changing reality of late life singlehood. Swedish, American and EU census data and a national survey to Swedes 60-90 years old (n=1225; response rate 42%). Results show that more people enter later life as divorcees or become divorced at a high age. Among Swedes 60+ divorcees outnumber widowed people, and the incidence of late life divorce has more than doubled since the millennium in what has been called the grey divorce revolution. Many other Western countries follow the same demographic trend, posing important questions about late life singlehood. Based on two Swedish studies we will show that the structure of the late life single community is becoming less gender skewed as a consequence of the emerging society of divorcees, and that in this society relationship careers are increasingly complex, attitudes to repartnering increasingly liberal and partner sanctification seldom an issue. We conclude by discussing the consequences of the emerging society of divorcees for late life support structures.

SESSION 3205 (SYMPOSIUM)

MULTIPLE FACTORS INFLUENCING SUCCESSFUL AGING
Chair: Heather Fuller, North Dakota State University, Fargo, North Dakota, United States

Empirically-based theories on successful aging have emphasized the multidimensional nature of aging well, including physical health and functioning, cognitive and emotional well-being, and social connectedness and engagement (e.g., Rowe & Kahn, 1987, Depp & Jeste, 2006). Yet, the field is still continuing to discover, deeply characterize, and better understand the biopsychosocial mechanisms through which varying social, physical, or cognitive activities may influence unique domains of successful aging. The current symposium builds on this growing body of research by addressing factors supporting successful aging across multiple dimensions of well-being and among a diversity of samples ranging from urban to rural, West Coast to Midwest, and community populations to professional athletes. Webster and Antonucci examine the links between social engagement and successful aging among affordable senior housing residents. They found that more frequent participation in social activities was associated with increases in life satisfaction over time. Toyama and Fuller examine how social engagement and health affect aging well, finding that older adults’ subjective health plays a more important role than objective health in maintaining social integration over time. Similarly, Turner describes the role of social networks and religiosity for health outcomes among aging NFL athletes. Finally, Casaletto and colleagues examined mechanisms underlying cognitive wellness as an aspect of successful aging. They found that engagement in both physical and cognitive activities independently support brain health and cognitive reserve in late-life. Taken together, these presentations provide a diverse and broad perspective on how varying factors influence the multiple dimensions of successful aging.

LINKS BETWEEN SOCIAL ENGAGEMENT AND SUCCESSFUL AGING AMONG AFFORDABLE SENIOR HOUSING RESIDENTS
Noah J. Webster,1 Noah Webster,2 and Toni Antonucci1, 1. University of Michigan, Ann Arbor, Michigan, United States

We report on a study designed to integrate the convoy model of social relations with the successful aging model. The combined approach draws on the natural resources of interpersonal relations to promote successful aging thus minimizing risk of disease and disability, enhancing maintaining mental and physical functioning, and facilitating continued engagement in life. We describe the MacHouse Affordable Housing Study, a field experiment conducted in an affordable senior housing community. The experiment involved a resident driven intensive intervention program designed to increase social activities and engagement. Based on an extensive needs assessment and interviews with the resident council as well as individual residents a program of activities was developed. This included group meals, an exercise program that as individual residents a program of activities was developed. This included group meals, an exercise program that included a walking group and an exercise class, communal gardens, computer classes and resident outings. Results indicate that more frequent participation in these activities was associated with increased life satisfaction over time.

WHICH ASPECTS OF HEALTH PREDICT LATE-LIFE SOCIAL INTEGRATION OVER TIME?
Masahiro Toyama,1 Masahiro Toyama,1 and Heather R. Fuller1, 1. North Dakota State University, Fargo, North Dakota, United States

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Associations between late-life social integration and health have been found to be reciprocal. The present study focuses on the direction of health predicting social integration as it is not yet fully understood how different aspects of health may affect social integration. Using two-wave data from a community-based sample (N = 413, mean age 80 at baseline), the present study investigates whether depressive symptoms, chronic health conditions, functional limitations, and self-rated health independently predicted multiple dimensions of social integration over two years. The results of multiple regression and path analyses indicated that self-rated health was the most consistent predictor for social integration over time as the other health measures predicted no or fewer dimensions of social integration. Subjective perception of health appeared to have greater implications for social integration over time than more objective health symptoms/conditions. These findings highlight the important role of subjective health for maintaining late-life social integration.

RECOMMENDATIONS

1. The George Washington University, Washington, District of Columbia, United States.
2. Center on BioBehavioral Health Disparities Research, Duke University, Durham, North Carolina, United States.
3. Institute for Social Research, Ann Arbor, Michigan, United States.
4. Fresno State, Fresno, California, United States.
5. Fordham, Bronx, New York, United States.
6. University of Michigan, Ann Arbor, Michigan, United States.

Concern exists about the health and well-being of football players, yet little research exists on the psychosocial risk and protective factors of NFL athletes’ well-being. This study assesses the role of religious attendance, social support, and self-rated health in former NFL athletes. Data comes from a stratified, random sample of 1,063 former NFL players. A set of nested linear regression models evaluated the relationship between self-rated health status and two indices of social integration. Frequent attendance at religious services (family and friends) and attendance at religious services. Frequent attendance at religious services (family and friends) and support from friends (p<0.05), and support from family (p=0.19, p<0.01), support from family (p=0.06, p<0.05), and support from friends (p=0.06, p<0.01) are positively and significantly related to better self-rated health. The ability to get out of the house did not affect these associations. However, the pain symptoms index fully accounted for any positive effect of family support and religious attendance in self-rated health.

PHYSICAL VERSUS COGNITIVE ACTIVITY FOR SUCCESSFUL AGING: BRAIN MAINTENANCE OR COGNITIVE RESERVE?

Kaitlin Casaletto,1 Kaitlin B. Casaletto,2 Judy Pa,3 Sarah Tom,4 Miguel Arce-Renteria,2 Amal Harrati,5 Nicole Armstrong,6 and Laura Zahodne7. 1. University of California, San Francisco, San Francisco, California, United States. 2. UCSF, San Francisco, California, United States. 3. University of Southern California, Los Angeles, California, United States. 4. Columbia University, New York, New York, United States. 5. Stanford University, Stanford, California, United States. 6. NIH-NIA, Bethesda, Maryland, United States. 7. University of Michigan, Ann Arbor, Michigan, United States.

Mechanisms by which physical (PA) and cognitive (CA) activities promote healthy cognitive aging are unknown. We examined independent contributions of PA and CA to “brain maintenance” (MRI markers of brain integrity) versus “cognitive reserve” (better cognition than predicted by brain integrity) in two independent samples of non-demented older adults (UCSF n=344; UCD n=482). In UCSF, only PA was positively associated with white matter (WM) integrity, while CA attenuated the relationship between WM and cognition. This pattern suggests PA supports brain maintenance, while CA contributes to cognitive reserve. In UCD, CA was positively associated with total gray matter volume; PA was positively associated with age-related WM integrity, and attenuated the association between WM and cognition. This indicates that both PA and CA support brain maintenance, with PA more strongly related to cognitive reserve. There may be preferential, but overlapping pathways by which PA and CA maintain age-related brain and cognitive health.

SESSION 3210 (SYMPOSIUM)

MULTIMORBIDITY, MENTAL HEALTH, AND TERMINAL DECLINE IN LATER LIFE

Chair: Dorina Cadar, University College London, London, United Kingdom.
Co-Chair: Lucy Stirland, University of Edinburgh, Centre for Clinical Brain Sciences, Edinburgh, United Kingdom.
Discussant: Graciela Muniz Terra, University of Edinburgh, Edinburgh, United Kingdom.

The close interlink between physical and mental health outcomes has long been recognised in gerontological research. Mental-physical comorbidities – the presence of at least one physical health long term condition, and at least one mental health-related long term condition are common in older age individuals. Numerous studies have shown a positive association between the prevalence of multimorbidity and age so, as the population of older individuals in developed nations continues to grow, multimorbidity is likely to become increasingly higher in ageing populations. A major goal in current gerontological neuropsychology and neuroepidemiological research is to better understand how interindividual differences in cognitive and mental health in old age emerge. Cognitive reserve (a marker of brain resilience) may come into play when facing stressors that affect cognitive decline and mental health, such as suffering from chronic diseases. We present data from three different longitudinal studies of ageing i) the Lothian Birth Cohort of 1921, ii) PREVENT and iii) the English Longitudinal Study of Ageing from the United Kingdom. These studies are ideally placed to address key research questions related to mental ageing, psychological health, terminal decline and their determinants. We explored the following objectives: 1) to investigate the association between an increasing number of chronic physical conditions, medication and mental disorders 2) to assess the role of childhood intelligence and education on the terminal decline in later life 3) to investigate the associations between different markers of cognitive reserve and dementia.