that can improve our ability to address complex health care needs and quality of life among older adults.

THE RELATION OF LIVING WITH A SMOKER TO OBESITY IN MIDDLE-AGED AND OLDER WOMEN

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Exposure to secondhand smoke is a significant health risk for multiple diseases. However, living with a smoker may also create a household culture of negative health behaviors linked to obesity, which carries additional health risks. While research has recognized that the same health behavior may spread through social contacts, the possibility of health behavior contagion across different domains is essentially unstudied. This study examined living with a smoker and obesity in middle-aged and older women, using limited access data from the Women's Health Initiative Observational Study obtained from NHLBI (N = 85,809). Participants ranged from 50 to 79 years of age; 6,223 participants reported living with a smoker. Analyses were cross-sectional and used multiple linear and, for binary outcomes, logistic regression. Weight and BMI were objectively measured and all analyses controlled for age, education, income, ethnicity, and marital status. Living with a smoker was related to an increased weight of 5.29 pounds (p < .001). In addition, living with a smoker was associated with 37% increased odds of obesity (BMI \geq 30, p < .001). Further, among obese participants, living with a smoker was associated with 35% increased odds of a higher level of obesity (BMI ≥ 35, p < .001). Understanding the link between living with a smoker and obesity may help broaden health promotion interventions among middle-aged and older women, a population at risk for passive smoking. This project was supported by the NIH/NCI (R03CA215947).

THE SOCIAL DETERMINANTS OF ACTIVITY PATTERN AMONG OLDER ADULTS: A LATENT PROFILE ANALYSIS ON TIME USE DATA

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It has been acknowledged that older adults benefit from active engagement in social and physical activities. However, few studies have documented the activity patterns at population level. Daily time use data provides comprehensive measures for this task. By using data from 2016 American Time Use Survey (ATUS, N=10,493), this study examines a subsample of older adults aged from 65 to 85 (n=2,487) to identify the patterns of their active level beyond basic living (e.g., personal care). By conducting latent profile analysis on three such activities (e.g., socializing, relaxing and leisure, religiousspiritual, and sport-recreation) measured by the amount of time spent (in minute), this study identifies three latent groups: (1) high-leisure (n=533, spending an average of 657 minutes on social-leisure activities), (2) moderate-active (n=1,849), and (3) religious (n=105). The majority of the respondents (74.35%) fall into the moderate active group, with a mean of spending 341 minutes on social -leisure activities. Religious group differs from moderate-active group mainly by spending an average of 244 minutes on religious-spiritual activities.

None of the groups shows active engagement in recreational activities. A multinominal logistic regression is employed to analyze the indicators of the group memberships. The gender leisure inequality is evidenced in the results and labor force participation suppresses the time spent on social-leisure activities. The respondents who are partnered are more likely to have membership in high-leisure group. Racial difference is observed as blacks have higher likelihood of being distributed in the religious group.

THE UNIQUE ROLE OF FRIENDSHIP FOR HEALTH AND WELL-BEING ACROSS LIFE AND AROUND THE WORLD

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The extent to which various sources of social support contribute to health and well-being has been the subject of many empirical studies. However, how much we value and invest in close relationships change across the lifespan and likely vary cross-culturally. Do close relationships have a static influence on health and well-being across the lifespan or do some close relationships become increasingly more important for health and well-being as people age? In Study 1, a cross-sectional survey of 271,053 adults from 97 different countries, valuing friendships was related to better functioning particularly among older adults whereas valuing familial relationships exerted a static influence on health and well-being across the lifespan. In Study 2, a longitudinal study of 7,481 older adults, only strain from friendships predicted more chronic illnesses over a six-year period; support from spouses, children, and friends predicted higher subjective well-being over an eightyear period. In Study 3, I draw on insights from the Investment Model of Close Relationships to make examine predictors of relationship longevity and how they might vary across relationships in 460 romantic and friendship dyads. Satisfaction and the quality of alternatives to the relationship predicted commitment across relationships. However, partner reports of satisfaction (for friendships) and quality of alternatives (for romantic relationships) provided opposing forces for what predicted commitment. The findings are discussed in the context of lifespan developmental theories of emotion regulation and the dynamic nature of social networks across the lifespan.

VISUAL AND MATERIAL DIMENSIONS OF HEALTH, RISK AND THE AGEING BODY IN EVERYDAY LIFE

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Health practices are performed, understood and embodied within the context of the daily lives of people as they grow older. There is however limited research into the ways health, risk and the body are lived and experienced when situated within everyday life. This paper draws on data from the study 'Photographing Everyday Life: Ageing, Lived Experiences, Time and Space' funded by the ESRC, UK. The focus of the project was to explore the significance of the ordinary and day-to-day and focus on the everyday meanings, lived experiences, practical activities, and social contexts in which people in mid to later life live their daily lives. We will show how the participants negotiated and mediated their ageing identities and bodies around everyday objects and technologies within the context of daily routines and bodily practices of health and well-being. The analysis highlighted: (1) the role