were MIDUS 2 health behaviors and control beliefs as well as their MIDUS 3 levels adjusted for baseline. Cross-sectionally, irrespective of sex, education, physical health, negative affect, and chronological age, feeling older was significantly associated with lower frequency of physical activities, higher likelihood of seeking social support, fewer hours of volunteering, and lower control beliefs. Additional results indicated that physical activity and control beliefs mediated the association between subjective age and physical health. Longitudinally, subjective age significantly predicted MIDUS 3 physical activity, control beliefs, and number of medical visits, while adjusting for their MIDUS 2 levels. Feeling older was associated with lower physical activity, lower control beliefs, and an increased number of medical visits about 10 years later. Thus, subjective age emerges as an important source of variance to be considered when examining predictors of lifestyle choices and designing interventions.

THE ART OF LETTING GO: SELF-REGULATION PROMOTES GROWTH FROM CHALLENGING LIFE EVENTS

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Goal disengagement and re-engagement are self-regulatory strategies theorized to help adults, particularly older adults, achieve well-being (Haase, Heckhausen, & Wrosch, 2012). Testing this, we examined whether ability to 'let go' of unattainable goals, at the same time as substituting new goals, would predict younger and older adults' (N = 185) growth after challenging life events. Participants completed the Goal Engagement Scale (Wrosch et al., 2003) and orally narrated two challenging autobiographical events. Challenge-related growth was assessed two ways: the Post-traumatic Growth Scale (Cann et al., 2010) and content-analysis of redemption in narratives (McAdams, 1999). For post-traumatic growth, goal re-engagement predicted greater growth overall ($\beta = .22, p < .05$) but this varied by level of goal disengagement ($\beta = .20, p < .05$). That is, regardless of age, higher goal re-engagement was associated with greater growth ($B = 0.38, t = 2.42, p < .05$) for those who were able to let go (i.e., high in goal disengagement) but not for those lower on disengagement ($B = -.00, t = -.05, p = .98$). For growth as narrated redemption, age played a role in interaction with goal disengagement ($\beta = .21, p < .05$): goal disengagement was related to greater redemptive narration for older adults ($B = 0.14, t = 2.56, p < .05$) but not younger adults' ($B = -.02, t = -0.47, p = .64$). The ability to, and adaptiveness of, letting go in the face of challenge is discussed in relation to the life-span developmental framework of self-regulation.

THE IMPACT OF NUTRITION-COUNSELING PROGRAM ON THE USE OF HOSPITAL SERVICES FOR MEALS ON WHEELS CLIENTS

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Home-delivered meals program has shown great promises in overcoming nutritional challenges for homebound adults facing food insecurity and/or at risk of diabetes. Nutrition-counseling provides knowledge and skills for diabetes management. The purpose of this study was to identify the impact of a nutrition-counseling program with home-delivered

meals (HDM), on use of hospital services, before and after receiving services for 6 months. This study includes 2,440 clients, at risk of diabetes, enrolled in either HDM service only (n=1,099) or HDM and nutrition-counseling program (n=1,341) at a Meals on Wheels organization in Fort-Worth, Texas. Hospital service data was extracted from a regional claims database. Analysis of covariance and generalized estimating equations with Poisson distribution were performed to compare program effectiveness on utilization of hospital services between two groups. The average number of emergency room (ER) visits decreased from 1.15 to .75 and from .83 to .62 for HDM group and HDM and counseling group, respectively ($F=20.67, p<.001$). The average number of hospitalizations decreased from .52 to .26 and from .46 to .30 for HDM group and HDM and counseling group, respectively ($F=29.05, p<.001$). At completion of 6 months service, both groups were less likely to experience ER visits and hospitalizations after adjusting age, sex, race/ethnicity, and weekly number of meals. However, HDM and counseling group showed significantly less ER visits than HDM group. The findings of this study indicate that a structured nutritional-counseling program with HDM may contribute to reducing healthcare utilization for older adults with challenges of diabetes and food insecurity.

SESSION 1205 (POSTER)

HEALTH

RELATIONAL MODERATORS OF THE LONGITUDINAL ASSOCIATION OF HEART FAILURE PATIENT SYMPTOMS AND CAREGIVER OUTCOMES

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While heart failure (HF) accounts for one-fifth of U.S. deaths today, treatments have extended both the life of heart failure (HF) patients and their time spent living at home. Yet, the functional limitations associated with HF can place heavy demands on caregivers. Thus, this study explores social and relational factors that may modify the negative impact of HF patient symptoms on caregiver outcomes. Specifically, we ask: Do social support and patient-caregiver relational mutuality moderate the association between patients' baseline symptoms and caregiver burden reported one year later? This study uses two waves of data for 99 patient-caregiver dyads (70% female spousal caregivers; 71% White, non-Hispanic; Magecaregiver = 57.22; Magepatient = 66.01) that were part of a 12-month intervention study aimed at improving quality of life for HF patients. We control for caregiver burden at baseline, intervention status, and spousal relationship to the care recipient in analyzing this association. Moderation analyses indicate that higher caregiver-patient mutuality significantly buffers ($b = -.24, p = .03$) the association between patients' reports of functional limitations and caregiver reported burden at 12 months. Additionally, higher levels of social support reported by the caregiver weaken