WHO BENEFITS IN VITALITY AFTER RETIREMENT? FINDINGS FROM A 3-YEAR PANEL STUDY

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Background. Past studies have revealed the effect of retirement on various health measures. None, however, have studied retirement’s effect on vitality, a holistic measure of physical and mental health. To boot, very few studies have addressed the heterogeneity in the health consequences of retirement. This study investigates the effect of retirement on vitality, and how this effect is influenced by 1) manual work and 2) baseline vitality. Methods. The analyses were based on two waves of the NIDI Pension Panel Survey, collected in the Netherlands in 2015 and 2018. Data from 4,156 older workers (N=4,156), of whom 1,934 (46.5%) retired between waves, were analysed. Vitality is assessed in three ways, as: 1) a composite measure of vitality, and its sub-components 2) energy and 3) fatigue. Results. Conditional Change OLS Regression Models demonstrate that retirement improves vitality and decreases fatigue. These effects were heterogeneous. Retirement was more advantageous for older workers who experienced poor vitality and increased fatigue before retirement. Likewise, older workers who were employed in manual work before retirement, experienced the largest gains in vitality and deepest declines in fatigue post-retirement. No such effects were found for energy. Conclusions. Older workers experiencing low baseline vitality and high baseline fatigue and those in manual labor may benefit from early retirement. Since early retirement is financially unfavorable, it is essential to provide these groups of workers with workplace vitality interventions that may not only improve their vitality and quality of working life, but also extend their participation in the labor market.

SESSION 2984 (PAPER)

FACTORS ASSOCIATED WITH DRIVING AND DRIVING CESSION

BALANCING MOBILITY AND DRIVING SAFETY: FACILITATORS AND BARRIERS FOR DRIVING FREQUENCY AMONG OLDER DRIVERS

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Being able to drive safely ensures older adults’ transportation mobility and independence. It is also a key element for social participation and to achieve productive aging. However, when accounting for driving exposure, crash risk and crashed-related deaths increase for older drivers aged 70 years and plus. By analyzing data from NHATS, this study aimed to assess factors that might affect driving frequency (a five-category ordinal variable that measured how often people drove places). I examined whether productive aging activities (e.g., working, volunteering, caregiving, leisure, religious participation, civic engagement), perceived importance of social participation, mental wellbeing, physical capacity, cognition, sensory function, and community environment were either positively or negatively related to driving frequency. Age, gender, race, household size, marital status, and self-rated health were controlled for in this study. Results from ordinal regression showed that higher driving frequency was observed among older adults who reported that they worked for pay, provided care, visited friends and family, and went out for enjoyment. Higher driving frequency was also related to a higher perception of social participation importance. Inability to walk six blocks, lower scores on delayed word recall, and poorer vision were associated with lower driving frequency. Lower driving frequency was also found among women, married couples, and people with worth health and advanced age (80 years and older). These results suggest that higher driving frequency is associated with active social engagement and participation. New vehicle technologies or alternative transportation services and programs could be implemented to ensure safety, mobility, and social participation.

DRIVING CESSION AND SOCIAL PARTICIPATION IN LATE LIFE: A SYSTEMATIC REVIEW

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Driving cessation is a major life transition in late life, and can affect the quality of social life in older adults. The present study aims to systematically review the literature on how driving cessation affects social participation among older adults in the US. The study selection followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Extant literature published from 1990 to 2019 that examined driving cessation and social participation or social engagement among older adults in the US was searched using eight search engines: PsycINFO, CINAHL, SocIndex, AgeLine, MedLine, Scopus, Transportation Research Board Publication Index, and Cochrane Library. Quantitative studies that met the inclusion criteria were reviewed. The assessment of methodological quality was also conducted for included studies. In total, seven studies met the inclusion criteria. Six of the included studies found significant relationships between driving cessation and at least one domain of social participation, such as volunteering, employment, leisure-time activities, and the frequency of contacts. However, the measures of social participation were inconsistent across studies, which might explain that no effects of driving cessation were found on the structure of social network, such as contacts with friends and extended family. There is a need to assist older adults in successfully transitioning to driving cessation and maintaining the social participation. The overall quality of included studies is moderate based on the assessment of risk of bias and confounding.

DRIVING PRIVATE VEHICLES IN LATER LIFE: NECESSITY OR LUXURY?

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The automobile industry in South Korea has rapidly expanded for the last half century. The current generation of older adults is the first generation that has experienced mass car ownership and also faced challenges related to driving cessation due to geriatric syndromes. This study aimed to explore diversity in reasons for driving private vehicles among Korean older adults. Data came from a nationally...
representative survey on adults aged 65 years and older conducted in August, 2019 (N=1,500; women 57.1%). One out of four respondents (24.5%) reported driving, and the current drivers were categorized into four groups by primary reason for driving: (a) for convenience, (b) for caregiving, (c) for survival (due to the lack of public transport) and (d) for living (i.e. taxi or bus driver). The results showed that current drivers were more likely to be men, younger and more educated compared to non-drivers. Conspicuously, those who reported driving for their family members with mobility needs were the second largest group after those who reported driving for convenience such as for grocery shopping (34.6% and 43.6%, respectively). The results of multinomial logistic regression model showed that older age, living in rural areas and poorer self-rated health were associated with driving for survival as compared to driving for convenience. About the odds of driving for caregiving compared to driving for convenience were higher for those married and living with their spouse than for those not-married. The results imply the importance of considering diversity in developing public policies for older drivers.

ESTIMATING THE FREQUENCY OF SUICIDE RELATED TO DRIVING CESSATION AMONG OLDER ADULTS: A DATA SCIENCE APPROACH
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Up to 35% of older adults in the United States engage in partial to complete driving cessation. Suicide risk is highest among older adults, and driving cessation can precipitate psychosocial changes linked with elevated risk of suicide, such as loss of independence, mobility, and socialization. Little is known about the association between suicide and driving cessation among older adults. We developed a supervised machine learning natural language processing algorithm to estimate the frequency of and characterize suicides associated with driving cessation from restricted-access case narratives in the National Violent Death Reporting System (NVDRS, 2003-2013) from suicides and undetermined deaths among adults 55 years and older in 27 states. Among 47,759 decedents, preliminary results identified 972 deaths associated with driving cessation, with a mean age of 71.4, 91.5% White, and 78.3% Male. 13.8% of the decedents of driving cessation, with a mean age of 71.4, 91.5% White, and 78.3% Male. 13.8% of the decedents of driving cessation were associated with driving cessation. With a mean age of 71.4, 91.5% White, and 78.3% Male. 13.8% of the decedents of driving cessation

MOTOR VEHICLE CRASHES

Motor vehicle crashes represent a significant public health problem. Efforts to improve driving safety are multifaceted, focusing on vehicles, roadways, and drivers with risky driving behaviors playing integral roles in each area. As part of a study to create guidelines for developing risky driving countermeasures, 480 drivers (118 young/18-25, 183 middle-aged/35-55, 179 older/65 and older) completed online surveys measuring driving history, risky driving (frequency of engaging in distracted [using cell phone, texting, eating/drinking, grooming, reaching/interacting] and reckless/aggressive [speeding, tailgating, failing to yield right-of-way, maneuvering unsafely, rolling stops] driving behaviors), and psychosocial characteristics. A cluster analysis using frequency of the risky behaviors and seat belt use identified five risky behavior-clusters: 1) rarely/never distracted-rarely/never reckless/aggressive (n=392); 2) sometimes distracted-rarely/never reckless/aggressive (n=33); 3) sometimes distracted-sometimes reckless/aggressive (n=40); 4) often/always distracted-often/always reckless/aggressive (n=11); 5) no pattern (n=4). Older drivers were more likely in the first/lowest cluster (93.8% of older versus 84.2% of middle-aged and 59.3% of young drivers; p<.0001). Fifteen older drivers participated in a follow-up study in which their vehicles were equipped with a data acquisition system that collected objective driving and video data of all trips for three weeks. Analysis of video data from 145 older driver trips indicated that older drivers engaged in at least one distracted behavior in 115 (79.3%) trips. While preliminary, this suggests considerably more frequent engagement in distracted driving than self-reported and that older drivers should not be excluded from consideration when developing risky driving behavior countermeasures. Full study results and implications will be presented.

SESSION 2985 (PAPER)
MENTAL HEALTH AND OLDER ADULTS
CHILDHOOD TRAUMA AND ADULT PSYCHOLOGICAL ADJUSTMENT RESILIENCE IN OLDER ADULT SURVIVORS OF INSTITUTIONAL ABUSE
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Several international cohorts of older adults share past experiences of welfare-related adversity. In Ireland, reports of childhood maltreatment, neglect, and abuse within institutional welfare settings included a harsh regime, childhood labour, and physical and sexual assault. Preliminary research with these Irish survivors revealed a high prevalence of psychological disorders in adulthood. A pathological perspective of aging is often applied to such older adults, due to the long-term health consequences associated with childhood trauma. However, little is known about later life resilience or resilience mechanisms in this population.