who completed 2, 3-month real-world driving assessments, including demographic and cognitive assessments, 1 year apart (244,564 miles driven). MCI status was indexed using 8 neuropsychological tests (spanning executive function, visuospatial skills, processing speed, and memory), relevant to MCI and driving. Driving environment was indexed from state speed limit (SL; roadway type: residential, commercial, interstate) and sunrise-sunset databases (time of day: day vs. night). Models: Data were randomly split into training (66%) and validation (33%) sets. An optimal mixed effects logistic regression model was determined from validation data AUC values.

**Results:** MCI drivers drove slower with optimal discrimination (estimated for every 5 mph decrease in speed) in 1) residential roads (SL 25-35 mph; MCI odds increased by 6% [95% CI: 2-11%]), 2) interstate roads (SL >55 mph; MCI odds increased by 14% [95% CI: 8-20%]), and 3) night environments (MCI odds increased by 7% [95% CI: 2-12%]).

**Conclusion:** Quantitative indices of real-world driver data provide “ground truth” for screening and indexing phenotypes of cognitive decline, in line with ongoing efforts to link driver behavior with age-related cognitive decline and AD biomarkers. Behavioral biomarkers for diagnosing early warnings of dementia could ultimately bolster our ability to detect and intervene in early AD.

**MODES OF TRANSPORTATION TO MEDICAL AND PRIMARY CARE AMONG OLDER ADULTS**

Zainab Suntai, Kefentse Kubanga, Emmanuel Adanu, and Abhay Lidbe, University of Alabama, Tuscaloosa, Alabama, United States

Transportation is an increasingly meaningful concern for older adults as physical, cognitive, and psychological changes in older adulthood impact mobility and accessibility. While several studies have examined the modes of transportation used among older adults, few have explored specifically how older adults are accessing primary care/medical care services. As such, this study aimed to determine the specific modes of transportation used among older adults for primary care visits. Data were derived from the 2018 National Health and Aging Trends Study (NHATS), an annual longitudinal panel survey of older adults aged 65 and older living in the United States. Descriptive analyses were conducted to examine the prevalence of several modes of access and logistic regression models were used to predict the likelihood of using the two most prevalent transportation modes, based on sociodemographic and socioeconomic factors. Results showed that 70% of older adults drive themselves to their doctor, 34.8% rely on a family member, friend, or paid person, 2.4% have a home visit, 2.1% use public transportation, 1.5% walk to their doctor and 1.1% use a taxi. Additionally, having higher income, being of younger age, being White, and having post-secondary education was associated with driving oneself to the doctor. These results indicate that while most older adults are still self-reliant on transportation to medical providers, those with lower socioeconomic status are particularly at risk of losing driving independence. Transportation-related interventions should therefore consider targeting individuals with lower economic capital by proving financial assistance, ride-share programs, and other innovative approaches.