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the interrelation between fall risk appraisal, body compos
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ceived and physiological fall risks or maladaptive fall risk
Ladda Thiamwong, AND PHYSICAL ACTIVITY
ASSESS FALL RISK APPRAISAL, BODY COMPOSITION,
USING ASSISTIVE HEALTH TECHNOLOGY TO
social engagement among older adults participating in aging-
to social engagement. Results has implications on promoting
engagement (SE) score averaged 3.3. Hispanics, Asians and
other races had a lower SE score compared with NHW (b=-
0.29, p<.0001; b=-0.27, p=0.04). Understanding racial and	heftic disparities in SE can help target appropriate social

PHYSICAL ACTIVITY AND SOCIAL RELATIONSHIPS
ON SOCIAL ENGAGEMENT AMONG COMMUNITY-
DWELLING OLDER ADULTS
Su-I Hou, School of Global Health Management &
Informatics, University of Central Florida, University of
Central Florida, Florida, United States
This study examined physical activity (FITNESS) and so-
social relationships (FRIENDS) on social engagement among
community older adults. Members from two Florida aging-
in village programs participated. Three five-Likert scales
were used: A 5-item FITNESS (weight, endurance, strength,
flexibility, health), 4-item FRIEND (family, friends, neigh-
bors, communication), and a 3-item social engagement scales
(social-leisure activities, stay involved, healthy independent)
(Cronbach alphas: .82–.92). Among the 96 participants,
79% were females, 91% were whites, 56% were married,
86% had college education, and 46% living alone. Mean age
was 70.7 (SD=10.10). Participants reported at least 30-min.
physical activity about 4.2 days per week. Overall social
engagement was high (mean=4.38), FITNESS was median
(mean=3.46), and FRINED was high (mean=4.19). FITNESS
was significant to more 30-min. physical activity. Yet, higher
FITNESS, FRIENDS, age, and volunteers were all significant
to social engagement. Results has implications on promoting
social engagement among older adults participating in aging-
in-community programs.

USING ASSISTIVE HEALTH TECHNOLOGY TO
ASSESS FALL RISK APPRAISAL, BODY COMPOSITION,
AND PHYSICAL ACTIVITY
Ladda Thiamwong,1 Joon-Hyuk Park,2 Renoa Choudhury,1
Oscar Garcia,1 Maxine Furtado,1 Nicole Stallworth,2 and
Jeffrey Stout,1 1. College of Nursing, University of Central
Florida, Orlando, Florida, United States, 2. University of
Central Florida, Orlando, Florida, United States
One-third of older adults have a discrepancy between per-
ceived and physiological fall risks or maladaptive fall risk
appraisal (FRA). Older adults who report high fear of falling
and overestimate their physiological fall risk are less likely
to participate in physical activity (PA). Limited data suggest
the interrelation between fall risk appraisal, body compos-
tion, and objective measured PA. This cross-sectional study
examines the feasibility of recruitment and acceptability of
Assistive Health Technology (AHT), including the BTrackS
Balance System (BBS), Bioelectrical Impedance Analysis
(InBody s10), and ActiGraph GT9X Link wireless activity
monitor. This study demonstrates the benefits of using AHT
to study the associations among FRA, body composition,
and PA in older adults. We hypothesize that rational FRA is
associated with higher levels of PA and skeletal muscle mass
and lower levels of percent of body fat and body mass index.
Topics presentation included research protocol and prelimi-
ary results.

Session 1105 (Symposium)
NEW ISSUES IN LIFE COURSE RESEARCH: WHICH
EARLY-LIFE FACTORS MATTER FOR LATE-LIFE
OUTCOMES?
Chair: Jacqui Smith
Discussant: Katrina Walsemann
The increased availability of retrospective information
about the lives of participants in population panel studies
has expanded the range of precursors to include in life
course research. However, this also challenges researchers
to select among many potential precursors to a late-life
outcome and to determine the relative role of factors from
different periods in the life course. Each paper in this sym-
posium uses life course information from the Health and
Retirement Study (HRS) to examine different late-life out-
comes. Speakers will discuss what guided the particular se-
lection of factors and outcome to examine in their study.
Sonnega, Helppie-McFall, and Lee focus on indicators of
childhood financial and social adversity as potential pre-
dictors of early retirement due to poor health. Park, Larkina,
and Smith ask if decisions taken in early adulthood about
how to balance work-and family-life by individuals and
their partners are related to the categories of important life
accomplishments older adults report in their life review.
Two papers examine precursors of late-life health outcomes.
Williams-Farrelly and Smith identified different profiles of
physical activity in early- and mid-adulthood. They discuss
associations between these profiles and cognitive aging.
Whereas social losses, relocation, and multimorbidity are
well-documented precursors of Major Depression in old
age, Bergmans and Smith asked if poor health in childhood
played a distal role. The session concludes with an integra-
tive discussion of issues by Walsemann.

LIFE COURSE ADVERSITY AND EARLY RETIREMENT
DUE TO POOR HEALTH
Amanda Sonnega,1 Brooke Helppie-McFall,1 and
Haena Lee,2 1. University of Michigan, Ann Arbor,
Michigan, United States, 2. University of Southern
California, Los Angeles, California, United States
The relationship between life adversity and physical and
mental health is well documented. The present research
investigates life course adversity and early retirement due
to poor health. Data are from the Health and Retirement
Study, including the Life History Mail Survey (LHMS),
HRS core surveys, and HRS Psychosocial Leave-Behind
Physical activity throughout life is one of the most reliable predictors of healthy aging, can less consistent or favorable trajectories also improve cognition trajectories on cognition?}

Monica Williams-Farrelly, and Jacqui Smith, University of Michigan, University of Michigan, Michigan, United States

Although physical activity throughout life is one of the most reliable predictors of healthy aging, can less consistent or favorable trajectories also improve cognition trajectories on cognition? Drawing from accumulation theories, we use longitudinal data from the Health and Retirement Study and Life History Mail Survey (N=9,309) to examine the early antecedents of cognitive decline and the extent to which different life course physical activity profiles can slow such a decline. Results from latent class analysis reveal seven distinct profiles: consistently low, consistently high, consistently average (reference), improvers, decliners, midlife motivators, and previously athletic “couch potatoes.” Growth curve modeling analyses show that membership in the consistently high class and midlife motivators were associated with better cognition initially and over time, with no difference between the two classes. Additionally, though poor health and learning problems in childhood were associated with worse initial cognition, physical activity does not mediate the relationship.

ASSOCIATIONS OF MENTAL HEALTH AND CHRONIC PHYSICAL ILLNESS DURING CHILDHOOD WITH MAJOR DEPRESSION IN LATER LIFE

Rachel Bergmans, and Jacqui Smith, University of Michigan, University of Michigan, Michigan, United States

While poor health in childhood has implications for mental health years later, less is known regarding its long-term impact. We determined whether childhood chronic physical illness burden was associated with major depression (MD) in later life (i.e., >50 years), and tested mediation by childhood mental health status using path analysis. Data came from the 2016 U.S. Health and Retirement Study (n=18,047). One standard deviation increase in childhood chronic physical illness burden was associated with 1.21 (95% CI = 1.12, 1.30) times higher odds of MD in later life. Childhood mental health status explained 57.8% (95% CI: 35.2, 80.4) of this association. Results indicated that the relationship of chronic physical illness burden in childhood with MD in later life was mediated by childhood mental health status. Whether greater screening for psychiatric-related symptoms in childhood or review of health histories in later life can reduce the burden of MD requires further study.

Session 1110 (Symposium)

OPTIMIZING THE GERIATRIC MENTAL HEALTH WORKFORCE THROUGH INNOVATIVE APPROACHES

Chair: Ana Jessica Alfaro
Co-Chair: Rachel Rodriguez
Discussant: Michele Karel

The drastic demand for geriatrics-trained providers in medical and mental healthcare persists years after the Institute of Medicine first highlighted this need (2008; 2012). New innovative approaches must instead optimize the current workforce through leveraging existing geriatric experts’ knowledge and skills related to working aging adults. This symposium will highlight four approaches spanning post-licensure education to using technology to deliver specialized services and training. First, Dr. Gregg will discuss the evaluation of an advanced topics workshop in Geropsychology which has significantly enhanced depth of Geropsychology competencies for psychologists working in primarily rural areas. Next, Dr. Asghar-Ali will describe the multi-modal interactive geriatric educational opportunities for interprofessional staff developed by the South East Texas Geriatric Workforce Enhancement Program (SETx GWEP). He will discuss how these training opportunities have been tailored to address the impact of COVID-19 and healthcare disparities among older adults. Third, Dr. Filipps will present an evaluation of a consultation model in which a geriatric psychiatrist provides teleconsultation in a 5-state region to rural aging Veterans with complex medical and behavioral comorbidities. Finally, Dr. Beaudreau will describe adaptations to a national VA Problem Solving Training program for mental health clinicians of older Veterans with complex comorbidities. Dr. Karel, VA National Geriatric Mental Health Director, will serve as discussant and comment on the ways in which these novel approaches are meeting the ever-growing need for competent geriatric mental health providers.