primary care can have profound health implications, especially for older adults. Ensuring accessibility to primary care is a key priority in maintaining population health. Understanding the impact of COVID-19 tightening measures on older adults’ primary care utilisation will be useful for future public health planning.

PROFILE OF OLDER PUBLIC TRANSPORTATION USERS IN THE UNITED STATES: IMPLICATIONS FOR AGE-FRIENDLY COMMUNITIES

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Public buses, trains, and trams are a growing mode of transportation for older adults in the United States, yet many environmental and health related barriers to use have been reported. Characterizing the population of older public transit users is essential for developing age-friendly communities. We used data from 5696 urban, community dwelling older adults in round 5 of the National Aging and Trends Study (NHATS), an annual nationally representative survey of late-life disability. Using SAS (version 9.4), weighted frequencies were calculated and compared between public transit and non-transit users using procedures that account for the complex design of the NHATS survey. Compared to non-transit users, those who reported using transit within the last month (n=555, 9.8%; weighted n=3,122,583) were significantly more likely to identify their race/ethnicity as Black or Hispanic (50% vs 28%) and reported difficulty meeting financial needs for housing, utility, and food (12% vs 7%), and to speak a language other than English (14% vs 8%). Transit users were significantly less likely to use a walker (9% vs 14%) or wheelchair/scooter (4% vs 9%). Additionally, 15% of transit users did not have a working cell phone and 42% did not have a working computer. Over 20% of transit users (weighted n=658,850) rely on these services to get to their doctor. These findings highlight the clinical, social, and financial barriers that disproportionately affect over 3 million older adult transit users in the United States, and inform initiatives oriented towards improving community access for older adults.

REFINING CARFREE ME, A DRIVING RETIREMENT PROGRAM FOR PERSONS WITH DEMENTIA AND THEIR CARE PARTNERS

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Persons living with dementia (PLWD) are at increased risk for roadway crashes and subsequent injury or death. Navigating driving retirement while respecting the PLWD’s autonomy and supporting continued independence can be challenging. CarFreeMe™, originally developed in Australia, is a driving retirement intervention providing tailored psychoeducational telecoaching modules to PLWD and/or their care partners. Session topics include living with dementia, balancing independence and safety, adjusting to loss and change, exploring others’ experiences with driving retirement, planning for alternative transportation, lifestyle planning, advocacy and support, and problem solving. Phase I enrolled 16 care partners and 11 PLWD. Mixed methods data from Phase I’s 1- and 3-month follow-up surveys and post-intervention interviews demonstrated feasibility and acceptance of CarFreeMe™ with a U.S. audience. Phase I participants found the program valuable and would recommend it to others (96% care partners, 100% PLWD). Care partners and PLWD reported improved Readiness of Mobility Transition scores at the 3-month survey. Several felt the program may be most useful early in the decision making process. The program offered strategies and education that facilitated conversations both during and outside of the intervention sessions to support the PLWD’s agency and acceptance of driving retirement. Participant feedback and lessons learned from Phase I informed Phase II development and deployment. Phase II is enrolling 50 care partners, PLWD, or dyads and includes 3- and 6-month follow-up surveys. Preliminary CarFreeMe™ Phase II utility, acceptance, and driving related outcomes will be discussed as well as next steps for evaluation.

SESSION 4230 (AWARD LECTURE)

DONALD P. KENT AND ROBERT W. KLEEMEIER AWARD LECTURES

Chair: Peter Lichtenberg

The Donald P. Kent Award lecture will feature an address by the 2021 Kent Award recipient Luigi Ferrucci, MD, PhD, FGSA, of the National Institute on Aging. The Kent Award is given annually to a member of The Gerontological Society of America who best exemplifies the highest standards of professional leadership in gerontology through teaching, service, and interpretation of gerontology to the larger society. The Robert W. Kleemeier Award lecture will feature an address by the 2021 Kleemeier Award recipient Kenneth F. Ferraro, PhD, FGSA, of Purdue University. The Kleemeier Award is given annually to a member of The Gerontological Society of America in recognition for outstanding research in the field of gerontology.

DUAL FUNCTIONALITY IN LATER LIFE

Kenneth Ferraro, Purdue University, West Lafayette, Indiana, United States

Longevity and quality of life are core interests in gerontology, but debate has ensued as scholars have sought to integrate the two. I propose the concept of dual functionality to examine how humans reach advanced ages while maintaining both physical and cognitive function. Using a large national sample, my colleagues and I operationalize dual functionality and identify life course factors that predict it. Analyses of 33,310 respondents 50 years or older from the Health and Retirement Study show an estimated median age of 74 for loss of dual functionality. Lifetime stress exposure leads to earlier loss of dual functionality, even after adjustment for socioeconomic status and lifestyle factors.
Estimates of dual-function life expectancy, moreover, reveal greater racial-ethnic disparities than those for life expectancy per se. Dual functionality may be useful for assessing the quality of longevity across societies and social categories and for identifying exceptional longevity.

A JOURNEY FROM GERIATRIC MEDICINE TO GEROSCIENCE
Luigi Ferrucci, National Institute on Aging, Baltimore, Maryland, United States

In 1984 LZ Rubenstein group demonstrated that geriatric assessment improved function and QoL in frail in frail, older patients. I heartily joined the international sparkle of enthusiasm generated by these results although later work did not match our expectations. Understanding the complexity of older person is an extraordinary tool for geriatricians, but coding the nuances of making the “best choice” in a randomized trial remains difficult. Frailty is difficult to reverse because it occurs when resilience is exhausted. Geroscience postulates that chronic diseases and frailty stem from the biological mechanism of aging and that interventions that slow down aging will successfully improve resilience. This approach have shown great potential but whether it will lead to prevention or improvement of frailty is unknown. While we continue to provide optimal care to frail older patients, we need to push forward the translation arm of geroscience both in area of prevention and care of older patients.

SESSION 4225 (BSS FLASH POSTERS)

BSS FLASH POSTER SESSION 1: SOCIAL DETERMINANTS OF LATE LIFE HEALTH: A LIFE COURSE PERSPECTIVE

ADVERSE CHILDHOOD EXPERIENCES AND DEPRESSIVE SYMPTOMS AMONG RACIALLY/ETHNICALLY DIVERSE OLDER ADULTS IN THE US
David Camacho1, Julia Vazquez2, Laura Vargas3, Charles Henderson4, and Brenda J Jones-Harden2.1. University of Maryland, Baltimore, Norwalk, California, United States, 2. University of Maryland, Baltimore, Baltimore, Maryland, United States, 3. University of Colorado School of Medicine, Department of Psychiatry, Aurora, Colorado, United States, 4. Cornell University, Ithaca, New York, United States

Adverse childhood experiences (ACEs) and depression are major public health concerns. However, few studies have examined the relationship between ACEs and mid- and late-life depression among racially/ethnically diverse groups. We explore this relationship among U.S. racially/ethnically diverse community-dwelling midlife and older adults (≥50 years of age). Guided by ACEs and Minority Stress Frameworks, we used general linear models to examine this relationship with data from Wave 3 of the National Social Life, Health, and Aging Project. We created an ACEs composite ranging from 0 to 7 (e.g., violence, health, poverty) and assessed the role of individual ACEs on depressive symptoms (CES-D). Final adjusted models (n=1424) included key demographic, health (e.g., chronic disease), social (living alone, social isolation, loneliness), and minority stress factors (e.g., limited access to healthcare and treatment, perceived discrimination).

Results indicated that higher composite score ACEs (particularly childhood violence and poor health) were positively associated with higher levels of depressive symptoms. We found no interactions between race/ethnicity and ACEs. Our results suggest that ACEs contribute to the presence and severity of depressive symptoms into mid- and late-life adulthood. Consistent with Minority Stress Framework, common life-course stressors for minoritized groups may explain a lack of significant interactions in our models. Future research should explore the association of ACEs and other important health outcomes in diverse midlife and older adults. Finally, research is needed to examine if and how culturally appropriate depression interventions can be adapted to address the role of ACEs in later life health.

CHILDHOOD PHYSICAL ABUSE INCREASES THE RISK OF SUBJECTIVE MEMORY IMPAIRMENT
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Subjective memory impairment, defined as self-reported difficulties in recall and learning, doubles the risk of Alzheimer’s Disease and related dementia, despite being weakly related to objective memory decline. Because of its strong stability over time, it may be possible that subjective memory impairment reflects earlier life risk factors for dementia such as adverse childhood experiences. It is reported that over a fifth of older adults worldwide experienced physical abuse during childhood. Previous cross-sectional studies suggest physical abuse is associated with later cognitive impairment. Still unclear, are the longitudinal associations between childhood abuse and subjective memory impairment in later life. Using a sample of adults drawn from the Health and Retirement Study (n = 19,185, Mage = 67.05, SD = 11.33) we assessed associations between reported physical abuse by a parent before the age of 18 and subjective memory impairment (current memory problems and perceived memory decline) over periods of up to 18 years. Generalized linear mixed models examined longitudinal associations between childhood physical abuse and subjective memory impairment while controlling for depressive symptoms and other empirically relevant covariates. Experiencing childhood physical abuse was associated with increased likelihood of reporting more current memory problems (OR = 1.17, 95% CI 1.04, 1.33) and perceived memory decline in later life (OR = 1.27, 95% CI 1.13, 1.43). Findings suggest childhood physical abuse is associated with subjective memory impairment, a strong predictor of dementia. Understanding early life conditions, including adverse childhood experiences may help explain associations between subjective memory impairment and dementia risk.

SEQUENCING OF PLANNED AND UNPLANNED BIRTHS AND IMPLICATIONS FOR MID- AND LATER-LIFE HEALTH AMONG NLSY79 WOMEN
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