dressing, walking across the room, and getting in/out of bed. We included 24 social factors from five categories (economic stability, neighborhood environment, education, community/social context, and healthcare system) and used forward stepwise regression to screen for important ones. Polysocial score was created using 13 social factors and was classified as low (0-19), intermediate (20-30), and high (31+). We used the multivariable Poisson regression to estimate the risk of incident disability by three polysocial score categories and evaluate the interaction between race/ethnicity (non-Hispanic Whites and Others) and the polysocial score. A higher polysocial score is associated with a lower disability risk among non-Hispanic Whites and Others. We found an additive interaction between race/ethnicity and polysocial score categories. In the low polysocial score group, non-Hispanic Whites had a 4.7% lower risk of disability than the Others, while the difference significantly reduced to 2.4% and 2.6% in the intermediate and high polysocial score group, respectively. The polysocial score approach offers a new opportunity to explain the racial/ethnic disparities in functional capacity among older adults.

GROUP-BASED TRAJECTORY MODELING OF NURSING HOME RESIDENT PAIN SCORES
Connie Cole1, Susan Hickman2, Justin Blackburn1, Janet Carpenter1, and Chen Chen1, 1. University of Colorado Anschutz Medical Campus, Kendallville, Indiana, United States, 2. Indiana University School of Nursing, Indianapolis, Indiana, United States, 3. IU Richard M. Fairbanks School of Public Health at IUPUI, Indianapolis, Indiana, United States, 4. Indiana University, Indianapolis, Indiana, United States
Up to 80% of older adults living in a nursing home (NH) experience pain and up to 32% have substantial pain. Pain in NH residents is associated with poor quality of life, higher likelihood of depression, and decreased life satisfaction. Pain in NH residents has often been studied using a cross-sectional approach, which fails to consider the temporal nature of pain. Therefore, the purpose of this analysis was to identify and characterize clinically meaningful, dynamic pain trajectories in NH residents using data from the Minimum Data Set. A retrospective longitudinal analysis was conducted using group-based trajectory modeling with pain scores from admission to discharge or a maximum of 28 assessments. We identified four distinct trajectories: 1) consistent pain absence (48.9%), 2) decreasing-increasing pain presence (21.8%), 3) increasing-decreasing pain presence (15.3%), and 4) persistent pain presence (14.0%). Relative to residents’ in the consistent pain absence trajectory, the likelihood of being in the persistent pain presence trajectory was more than twice as high for those living in a rural versus (AOR 2.7, CI 2.2-3.4, p<.001), over 4 times higher for those with hip fracture (AOR 4.3 CI 2.6-7.0, p<.001), nearly 3 times higher for those with a fracture other than hip (AOR 2.9, CI 2.0-4.1, p<.001), and almost twice as high for those with contracture (AOR 1.7, CI 1.4-2.1, p<.001). Using residents’ characteristics associated with persistent pain such as hip fracture or contracture may improve care planning based on early identification or risk stratification and can improve mitigation of persistent pain.

RACE AND ETHNIC DIFFERENCES IN PHYSICAL ACTIVITY, OSTEOPENIA, AND OSTEOPOROSIS: RESULTS FROM NHANES
Elizabeth Vasquez1, Md Towfiqul Alam2, and Rosenda Murillo1, 1. Albany University (SUNY), Rensselaer, New York, United States, 2. University of North Carolina at Greensboro, Greensboro, North Carolina, United States, 3. University of Houston, Houston, Texas, United States
Introduction: Osteopenia and osteoporosis are common age-related disorders with enormous health and economic consequences to older adults and society. Physical activity (PA) is an important modifiable risk factor for bone mineral density (BMD). This study aims to determine whether current physical activity is related to osteopenia and osteoporosis (based on BMD) in a racial/ethnically diverse sample of older adults.
Methods: Femoral bone BMD data from the National Health and Nutrition Examination Survey (NHANES 2009-2010, 2013-2014, 2017-2018) was obtained for 3,331 adults 60-80 years old. Self-reported PA was categorized into high, moderate, and low. Linear regression models that accounted for the complex survey design of NHANES examined the association between PA and BMD for each race/ethnic group.
Results: Non-Latino blacks (blacks) and Latinos reported low levels of PA when compared to Non-Latino whites (whites) (40.7%, 38.2% and 32.4% respectively; p<0.0001). Further, blacks and Latinos had a lower prevalence of osteoporosis (5.6%, 6.4% and 9.0% respectively; p<0.0001), but have similar prevalence of normal BMD and osteopenia categories when compared to whites. There was a 0.03 g/cm2 difference in BMD between those in the high PA versus the low PA (p<0.0001).
Conclusion: Our findings indicate that despite lower levels of activity, black and Latino older adults were less likely to have osteoporosis. High levels of activity were significantly associated with higher BMD after controlling for confounders. Considering the prevalence and burden of osteopenia and osteoporosis and projected increases of the older population we need more research evidence supporting the role of PA.

TESTING THE MODERATING EFFECTS OF DEPRESSIVE SYMPTOMS ON A PHYSICAL ACTIVITY INTERVENTION
Emily Smail, Christopher Kaufmann, and Todd Manini, University of Florida, Gainesville, Florida, United States
Depressive symptoms affect the physical and cognitive health of approximately 20% of older adults. These symptoms have strong, bidirectional ties with physical activity levels and mobility disability. Physical activity has a positive impact on mood and depression and is highly recommended for symptom management across all ages. However, it’s unclear whether elevated depressive symptoms interfere with potential benefits that physical activity has on other health outcomes like mobility loss. The Lifestyle Interventions and Independence for Elders (LIFE) Study randomized over 1,500 older adults (aged 70+) to either a physical activity (intervention) or successful aging (control) program with an average of 2.2 years of follow-up. Our analysis used Cox proportional hazards models to evaluate whether elevated depressive symptoms (measured using the Center for Epidemiological Studies-Depression (CESD)-11 scale with a cutoff score of 16/22 points) moderated the relationship