

of poor health outcomes. However, a Veteran's social determinants of health could prevent enrollment. More research is needed to determine the relationship between Veterans' social needs and HBPC enrollment.

ENGAGING STAKEHOLDERS IN A PRAGMATIC TRIAL OF HOME-DELIVERED MEALS FOR PERSONS WITH DEMENTIA

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Gathering stakeholder feedback is essential to designing and implementing relevant and actionable research. Additionally, stakeholders, particularly those directly impacted by an intervention, bring unique insights and experiences. This paper presents the process and findings of a research endeavor to co-design a pragmatic clinical trial with a Stakeholder Advisory Panel (SAP) in an effort to understand facilitators and barriers to conducting the research and implementing study findings. The proposed trial compares the impact of frozen, drop-shipped meals versus daily home-delivered meals provided by Meals on Wheels (MOW) programs on the ability of individuals living with dementia to age in place. We recruited nine SAP members, who were compensated for their time. The SAP is composed of a) MOW clients with dementia, b) family members of MOW clients with dementia, c) paid or volunteer MOW drivers, and d) MOW staff. A research team member facilitated two 90-minute meetings with the SAP members via Zoom. The topics of the meetings included potential benefits and challenges with each mode of meal delivery, the importance of the primary outcome (time to nursing home placement), topics of interest to include in interviews with clients and caregivers, and how participants would explain the study to a friend. Audio of the Zoom meetings was transcribed, and meeting summaries were shared with the SAP. Benefits of forming and engaging a SAP, as well as key lessons learned from SAP members and how recommendations were reflected in changes to the study protocol will be discussed.

INTERGENERATIONAL EDUCATION AND LATE-LIFE COGNITIVE DECLINE AMONG LATINOS AND NON-HISPANIC WHITES

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Latinos face a growing burden of Alzheimer's Disease and related dementia (ADRD). Although education has been established as a strong predictor of ADRD, evidence to date is primarily for non-Latino cohorts. Few studies have assessed the relationship between intergenerational education and one's cognitive decline. Using the US Health and Retirement Study (N=20,860) we evaluated the joint effect of parental and own educational attainment on immediate and delayed verbal memory scores (range 0-10) from 1998 to 2016.

The exposure was a 4-category variable based on parents' (highest of mother's or father's) and participant's own high school attainment: first-generation (parents' education <12; own ≥ 12); multi-generation (both ≥ 12 : REF); neither graduated high school (both <12) and parent(s) graduated high school but not respondent (parents ≥ 12 ; own <12). Linear mixed effects models with subject-specific random intercepts and random slopes were stratified by race/ethnicity and tested for a 3-way interaction term (exposure x Latino x time). Models controlled for age, sex, place of birth and re-test effects. Baseline verbal memory scores did not differ for first-generation compared to multi-generation high school graduates. Verbal memory decline was faster for first- compared to multi-generation high school graduates among non-Hispanic whites (e.g., $\beta = -0.04$; 95% CI: -0.05, -0.03, delayed verbal recall); among Latinos, first and multi-generation high school graduates had similar rates of decline (e.g. $\beta = 0.00$; 95% CI: -0.03, 0.04, delayed verbal recall; $p < 0.001$ for three-way interaction). Our findings suggest social and economic policies that facilitate educational achievement, particularly for important population subgroups, may reduce ADRD risk.

TYOLOGY OF TRAUMATIC EVENTS AND PHYSICAL FUNCTION

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Individuals experience various traumatic events over the life course, but little is known about the patterns of lifetime exposure to traumatic events. This study aims to identify traumatic event typology and examine its relationship with physical function. Data were from the 2017-2019 PINE study (N= 3,125). Traumatic events were evaluated by earthquake, typhoon, tornado, residential fire, physical assault, robbery, sexual assault, divorce, bereavement, cancer, homeless, imprisonment, and falsely accused. Physical function was measured by activities of daily living (ADL), with lower scores indicating better physical function. Analysis was conducted using latent class analysis and the four-class model fits the data best. We identified four typologies: limited trauma, severe trauma, natural disaster, and mild-to-moderate trauma. The "limited trauma" (33.8%) has the lowest exposure to all traumatic events except typhoon and homeless. In contrast, an equivalent "severe trauma" (33.3%) has the highest exposure to all traumatic events except natural disasters. A small "natural disaster" (4.8%) has the highest exposure to natural disaster and moderate exposure to other traumatic events. The "mild-to-moderate trauma" (28.2%) has mild-to-moderate trauma exposures. The mild-to-moderate trauma group (M=0.38, SD=2.12) has better physical function than limited trauma (M=0.69, SD=3.08), severe trauma (M=0.61, SD=2.81), and natural disaster (M=0.71, SD=3.22) groups. After controlling confounding variables, the mild-to-moderate trauma group has lower risks of ADL impairment than the limited trauma group (OR=0.66, 95%CI=0.47-0.93). The findings suggest mild-to-moderate exposure to traumatic events might benefit older adults' health, while limited trauma might not be able to develop resilience and severe trauma overwhelms coping strategies.