

decreased throughout the pandemic, and struggles to maintain adequate staffing levels and patient census numbers have continued as the pipeline of potential new staff constricts. Facilities turned to agencies, many for the first time. Since agencies offer higher salaries, staff are drawn away from employment by SNFs, leading to a cycle of wage wars, and agencies are also challenged to provide staff. SNF administrators describe their responses to this crisis, such as flexible schedules, increased paid time off, sharing of non-direct-patient-care tasks, financial incentives (referral, sign-on, “no-call out”, and other general bonuses); wage analyses, and enhanced employee benefit packages. Some hire recruitment specialists, collaborate with nearby administrators, use creative advertising, or work with local schools. The vaccine mandate worries administrators; as one stated: “I can't afford to lose one person, let alone 20 because of this mandate...”. Given the dwindling pool of potential employees, we present NH administrators' strategies to attract and retain staff.

STRUCTURAL RACISM IS ASSOCIATED WITH ASSISTED LIVING LOCATION

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Our objective was to measure the association between structural racism, a previously unmeasured but theoretically causal factor, and assisted living communities (ALCs) location as fewer ALCs are located in counties with a greater percentage of the population reported as Black (PPB). We used a recently developed measure of structural racism—the racial opportunity gap (ROG), which compares the economic mobility of Black and White people who grew up in the same area with parents who had similar incomes. We estimated a multilevel mixed-effects bivariate regression model to examine the factors contributing to the presence of ALC. We relied on state and county random effects. The likelihood of an assisted living being located in a census tract in 2019 was significantly positively associated with the percent of the population over the age of 65 (OR=150.1573, $p<0.001$), the PPB (OR=2.9916, $p=0.004$), and higher median incomes (OR=1.0, $p<0.001$). In contrast, rurality (OR=0.5656, $p<0.001$), unemployment rates (OR=0.0288, $p<0.001$), and census tracts that have a high PPB in addition to a high county ROG (OR=.0058, $p=0.0137$) are all associated with a lesser likelihood of an ALC. The interaction coefficient between the ROG and PPB reverses the previously documented negative association between the PPB and ALC presence. This result empirically supports the premise that structural racism, not population race alone, is a negative determinant of where an ALC is located within a county.

SUCCESSFUL AGING: MEMORY AND SMART TECHNOLOGY IMPLICATIONS.

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The cognitive functioning as a general measure, is a criterion commonly used to define and operationalize successful aging (SA). The aim of this study is to analyze the specific role of memory (objective and subjective) and its relationship with the use of smart technology (ST) and SA. (Project-Conacyt-256589) Population based, random sample included $n=453$ community-dwelling older adults 60-years and older (mean age=72.51, SD=8.11 years, 59.4% women). Memory was assessed through working memory (Digit Span Backward WAIS-IV), episodic memory, metamemory (self-report), subjective memory, and learning potential (RAVLT). SA was operationalized as no important disease, no disability, physical functioning, cognitive functioning, and being actively engaged. Participants were asked if they use cellphone, computer, or tablet. Pearson's correlation test and linear regression models were performed. In total 11.2% were successful agers. 53.6% used cellphone, 14% computer, 8% tablet, 44.1% any device. Results show significant correlation between SA and subjective memory, learning potential and the use of ST. Results of the multiple regression analysis emerged on a significant model using the entered method: $F=26.05$, $p>.000$, explaining 21.4% of the variance of SA. Although objective memory measurements were no significant for SA, all memory measurements were related to the use of ST. Knowledge generated by this study reveals the specific role of the metamemory on the SA, underlining the relevance of subjectivity on aging. We need to reflect about the limitations of older adults to access to a digital world in order to achieve a SA.

SYSTEMS AGING CLOCK: A NOVEL EPIGENETIC AGING CLOCK MODELED FROM ORGAN & BODILY FUNCTION BASED MORTALITY INDICES

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A diverse array of aging clocks, derived from a variety of omics data and clinical biomarkers, have been developed to describe aging and predict age-related disease. As such, these biomarkers are particularly applicable for use in observational studies, basic science and clinical trials focused on tackling biological aging. However, ongoing research suggests significant heterogeneity in aging, with deterioration and disease occurring in different organ systems or functional domains at various rates across individuals. Existing aging clocks only measure heterogeneity in the degree of aging, not in the manner of aging (e.g. different organ systems or functional domains). We hypothesize these unique trajectories exist and that they can be captured using a systems based approach. In our work, using clinical chemistry biomarkers from participants in the Health and Retirement Study (HRS), Framingham Heart study (FHS) and Women's Health Initiative (WHI), we modeled unique epigenetic aging trajectories from distinct groups of biological processes (such as Immune function, metabolic function, hepatic function,

cardiac function, renal function and more). Interestingly, these biological system specific scores when combined gave an aging clock with superior mortality prediction than any published aging clock. We further validate the system aging scores and aging clock in different clinical studies to show the added advantage of such a measure, such as the fact that people with similar epigenetic age may have very different system scores. Overall, this method introduces the potential for quantitative and multi-dimensional, personalized aging scores that are indicative of an individual's disease and disorder risk.

THE BUFFERING EFFECT OF RESILIENCE ON THE SOCIAL CONSEQUENCES OF COVID IN OLDER WOMEN

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Prior to the pandemic, public health experts argued that loneliness was among the most significant threats facing women's health and wellbeing. As the COVID-19 pandemic brought our social lives to an abrupt pause in March, 2020, older adults were encouraged to remain isolated from friends and family. Social distancing guidelines led many older people to decrease social interactions with others. Using a community-based longitudinal study of women age 60+, we examined how changes in feelings of social connections with others influenced loneliness in October 2020 relative to prior to the pandemic (in September 2018). Our previous research has shown that psychological resilience decreases the negative consequences of major life stressors in later life. We hypothesized that women with high social consequences of the pandemic would experience increased loneliness, but resilience would buffer these effects. In line with our hypotheses, results showed that those who reported significant declines in social connectedness with others during the pandemic (i.e., high social consequences) experienced significant increases in loneliness (beta=0.125; $p<0.001$). Resilience, alternatively, was significantly associated with decreased loneliness (beta=-0.05; $p<0.05$), and buffered the social consequences of the pandemic. That is, as resilience increased, the social consequences of COVID-19 significantly declined ($p<0.01$), and resilience attenuated the negative consequences of high levels of social consequences of COVID-19 on loneliness, while those with high social consequences and low resilience experienced significant increases in loneliness in association with the pandemic. Based on our findings, we discuss potential clinical implications for resilience-based interventions for older adults.

THE IMPACT OF RETIREMENT RESOURCES ON U.S. OLDER FEMALE WORKERS' RETIREMENT TIMING: THEORY OF PLANNED BEHAVIOR MODEL

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For older workers, having a retirement plan is important for a successful transition. Social awareness of the problems encountered by older women during retirement remains low. Women have limited retirement resources due to their unequal work experience, and older women with access to fewer retirement resources often postpone their retirement. This research examined how the timing of older women's retirement was influenced by their retirement resources as well as their marital status. The study used 2014 HRS and RAND data, and collected sample of women aged 50-62 years old who worked either full or part time ($n=3,593$). Respondents were female (56%), white (63%), married (70%), and working full time (82%). Guided by the theory of planned behavior (TPB), multiple regression analysis examined gender differences in predicting older adults' retirement timing. TPB included three sub factors: attitudes toward retirement, subjective norm, and perceived behavioral control. Logistic regression analyzed the effects of respondents' expectations of retirement (i.e., with vs without expected timing). The findings indicated that the TPB model works similarly for men and women but there is a difference according to marital status. Unmarried women are less likely to have accumulated financial resources and more likely to anticipate a later retirement (1.4 years) than married women and are also less likely to set an expected timing for retirement ($p<0.05$). Such a robust research agenda would provide key information for government agencies and policymakers and contribute to the development of retirement planning models or retirement education programs for older women.

THE IMPACTS OF SOCIO-ECONOMIC CHALLENGE ON LONG-TERM PHYSICAL AND MENTAL HEALTH IN RETIREMENT AGE

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Despite consistent evidence on the negative effect of social and economic challenges on health, little is known about the pattern of economic difficulties people experience and the impact of those challenging patterns on long-term health in later life. This study used the national data, Mid Life in the United States (MIDUS 3 in 2013-2014), to identify the different patterns of socio-economic challenges that older Americans (50-64 ages old) experienced during the Recession in 2008 and to examine the impact of past challenging experiences on physical and mental health in their later life. Socio-economic challenges included twenty-six items such as losing or moving a job, missing rent, selling or losing a home, bankruptcy, having debts, and cutting spending. We conducted the latent class analysis and regression while controlling other social determinant factors (e.g., education, employment status, poverty, etc.). The latent class analysis result found five patterns during the Recession: people who experienced various difficulties during the Recession, who moved their jobs, who experienced financial difficulties, who bought a home with decreased debts, and who experienced no