The Insurance Information Institute (2017) reports drivers aged 65 and up are involved in the second highest rate of fatal car crashes. It is important that there is a fair and standardized assessment to test driving fitness. The prime objective was to assess the utility of the Useful Field of View (UFOV) across young and old groups to predict performance on a simulated driving exercise. Community-dwelling adults aged 65 and older (n=48) and students (n=48) recruited from an undergraduate research pool served as participants. They completed a series of demographic, health and cognitive measures, besides a Useful Field of Vison (UFOV) task and a driving simulation exercise. Results showed that collision avoidance and braking varied between age groups, with older adults appearing to be less likely to avoid collision (Older M = 12.46, SD = 10.25, Younger (M = 7.96, SD =4.92; n = 47), but quicker to brake (Older M = 3.64, SD = 3.41, Younger M = 9.79, SD =7.91). There were group differences for driving simulator performance, predicted by cognitive measures (Young; R^2 = .099, p = 0.005; Old; R^2 = 0.094, p = 0.038). UFOV scores did not predict group differences in driving simulator performance (Young; R^2 = 0.009, p = 0.664; β = 0.089, p = 0.437) , (Older; R^2 = 0.061, p = 0.522; UFOV-DA β = -0.074, p = 0.555; UFOV_SA β = 0.289, p = 0.194). These findings have implication for the development of pragmatic capacity to drive assessments.

DRIVING FREQUENCY AND WELL-BEING IN OLDER ADULTHOOD

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The activity theory of aging suggests that older adults age successfully when they remain active and engaged. While many older adults are still able to drive, not all are as engaged in social activities, despite having the transportation to be able to do so. As such, this study aimed to examine the association between the frequency of driving and overall well-being among older adults. The hypothesis is that older adults who drive more frequently would have higher well-being, as they are likely driving to engaging activities. A sample of 1,663 older adults who reported that they are able to drive were derived from the 2018 National Health and Aging Trends Study (NHATS). The NHATS is an annual longitudinal panel of survey of adults aged 65 and older living in the United States. Chi-square tests were used for bivariate analyses and a weighted multivariable logistic regression model was used to predict well-being based on driving frequency. Results showed that compared to those who drive every day, those who drive most days (OR=0.771, CI= [0.768-0.775]), some days (OR=0.495, CI= [0.492-0.497]), rarely (OR=0.558, CI= [0.555-0.562]) or never (OR=0.371, CI= [0.367-0.374]) were less likely to have high well-being. Interventions geared at improving well-being among older adults should therefore consider increasing awareness of social events, to ensure that older adults who are able to drive can have a good quality of life by driving to social activities.

DRUGGED DRIVING AMONG SEXUAL MINORITY OLDER ADULTS IN THE UNITED STATES, 2015-2019

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Introduction: Drugged driving, the act of operating vehicles under the influence of one or more illicit substances is responsible for numerous emergency department visits, deaths, and increased medical costs. Despite higher instances of drug use, older sexual minority (LGB) adults are often neglected in prevention efforts. This study assessed inequities between sexual minority older adults and their heterosexual counterparts in drugged driving across three difference substances (alcohol, marijuana, other drugs). Methods: Pooled data from individuals 50 years or older (n = 43,238; 1,115 sexual minority adults) in the 2015–2019 National Survey on Drug Use and Health were analyzed. Past-year driving under the influence of alcohol, marijuana, and illicit drugs were outcome variables, and survey-weighted frequencies with 95% confidence limits and crude ORs with 95% confidence intervals (CI) were estimated. Results: In the past year, 4.82% of older adults drove under the influence of alcohol, 1.33% drove under the influence of marijuana, and 1.48% drove under the influence of illicit drugs. Sexual minority adults consistently showed higher odds of drugged driving than their heterosexual counterparts, with individuals who identify as bisexual being most at risk for driving under the influence of illicit drugs (aOR:4.49, 95%CI: 2.84, 7.08) and marijuana (aOR:3.95, 95%CI: 2.39, 6.51). Discussion: There are differences drugged driving by sexual orientation across the three substances we assessed. These rates of substance use among older sexual minority adults warrant ongoing concern, and it is critical to consider differences across the life course in designing and evaluating interventions to address inequities.

UNDERSTANDING DRIVING AVOIDANCE AMONG OLDER AFRICAN AMERICANS AND WHITES WITH DIABETES

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Diabetes mellitus is one of the most common chronic diseases with half of the new diagnoses affecting adults aged 60 years and older. Although African Americans are more likely to develop the disease, they are also less likely to receive healthcare. Importantly, living with diabetes is likely to negatively impact mobility for aging adults as the disease is associated with lower physical functioning (e.g., ability to maintain one's balance). Further, diabetes could pose a significant threat to a person with diabetes' ability to drive and remain in the community. This study examines the relationships and influences of social determinants of health (e.g., race, gender, socioeconomic status) and cognition on avoiding driving maneuvers such as driving at night and in rush hour traffic among older adults with diabetes. Data from the University of Alabama at Birmingham (UAB) Diabetes and Aging Study of Health (DASH) were analyzed and of the 224 participants, 193 (86.16%) were current drivers. There was a gender difference with 94.12% of males and 79.51% of females being current drivers, p < .01. Within the sample of current drivers, 45% were African American and being female, not married, lower levels of education and

cognition, low income, and being African American were associated with higher scores on driving avoidance. Cognition explained 30.44% of the racial difference in driving avoidance. Findings from this study will help identify individuals who are at-risk for reduced mobility and identify those who may need to be intervened upon to support a better quality of life.

Session 9200 (Poster)

Dyadic Research (BSS Poster)

A DYADIC STUDY OF DEPRESSION, CAPITALIZATION PATTERNS, AND LEISURE ACTIVITIES IN RETIREMENT

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Late-life relationships, and specifically spousal relations, are increasingly recognized as an important factor shaping the wellbeing, health, social and emotional health of older people. Therefore, a better understanding of the health and well-being trajectories of older adults requires considering the characteristics of their spouses and couple dynamics. This study focused on the actual problem of engagement of recently retired older adults in the community and various leisure activities and examined how both older adults' and spouses' depression level influence their activities. We also consider the quality of relationships in a couple: how a partner generally responds when the participant discloses good news (capitalization). Fifty-three Israeli couples participated in the current study with one member of the couple 60 or older and retired within the last five years. Recently retired spouses rated their engagement in leisure activities, both spouses reported their level of depression, and partners of retired persons completed the Perceived Responses to Capitalization Attempts Scale. Results show that depression level of recently retired spouses had a direct negative effect (b(SE)=-7.8(3.38), CI(-14.65,-1.04), p=0.02) on their engagement in leisure activities, while the level of their partners' depression had no significant direct effect on retired persons' leisure activities. However, partners' depression associated (p=0.001) with negative capitalization patterns and mediation analysis showed an indirect effect of partners' depression via the capitalization (b(SE)=-2.77(1.7), CI(-6.41,-0.04), p=0.03). These results indicate that in encouraging newly retired people to participate in leisure activities it is important to consider both spouses' depression level and capitalization patterns in the couple.

"I'M GETTING OLDER TOO": CHALLENGES AND BENEFITS EXPERIENCED BY VERY OLD PARENTS AND THEIR CHILDREN

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Very old parents and their "old" children are a growing group in industrialized countries worldwide. Since most very old persons have outlived spouses and friends, their children, many of whom have reached old age themselves, are likely to become their primary social contact and to shoulder the care provision role. However, virtually nothing is known about the nature and implications of this relationship constellation. To fill this gap, the present study explored the challenges and rewards of the very old parent-child relationship. In-depth interviews were conducted with 114 parent-child dyads (parent age ≥ 90; child age ≥ 65). Narrative interview data on challenges and rewards were audiotaped, transcribed, and then systematically reviewed and coded, identifying recurrent themes and defining categories that reflected these themes. While both challenges and rewards were present, more rewards than challenges were reported overall. However, comparing parent and child perspectives revealed that the balance of challenges and rewards was less favorable for children. Narrative data further showed that the sense of burdening their children heavily weighed on at least a fourth of parents, reflecting this as a serious concern not only for children but also for parents. Challenges reported by children were often characterized by references to children's own advanced age and health problems, and the prolonged caregiving involvement due to their parents' longevity. Healthcare professionals, policy makers, and families should be made aware of this increasingly common phenomenon, and specific services and policies will be needed to adequately support very old adults and their families.

CHARACTERISTICS OF OLDER ADULTS WHO RECEIVE ASSISTANCE WITH MANAGEMENT OF MULTIDRUG REGIMENS

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Many older adults manage multiple chronic conditions requiring adherence to multidrug regimens, yet half are nonadherent, increasing their risk of hospitalization for poorly controlled chronic conditions. Few studies have investigated whether caregivers support medication-related behaviors of community-dwelling older adults. We interviewed 97 patient-caregiver dyads participating in a cognitive aging cohort study to identify factors associated with caregiver assistance in managing multidrug regimens. Patients completed a neuropsychological battery covering five cognitive domains. Health literacy and patient activation were measured using the Newest Vital Sign and Consumer Health Activation Index, respectively. Caregivers reported their medication-related involvement. Predictors of involvement in medication-related tasks were examined using logistic regression models. Patients were on average 71 years old, managing 4 comorbidities and prescribed 5 medications. The majority were female (73%) and identified as Black (46%) or White (47%). Caregivers' mean age was 65 years; half were female (53%), were predominantly spouses (57%) or