

'Balance on worry about falling, leisure self-efficacy and the number of falls in the last 12 months, while controlling for age and subjective health. From baseline to six months post intervention, fall worry decreased significantly for the treatment group and increased for the control group ($p < .05$). However, there was no significant change over time in the number of self-reported falls by either group. Leisure self-efficacy was higher at baseline for the treatment group and decreased significantly from 6 to 12-months post N Balance participation, whereas the control group had lower leisure self-efficacy at baseline and increased significantly over the 1-year study period ($p < .05$).

DIFFERENCES IN CHARACTERISTICS ASSOCIATED WITH MOBILITY IN OLDER DWELLERS OF A HILLSIDE RESIDENTIAL COMMUNITY

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In a super-ageing society, sustaining outings as an elderly person is necessary for maintaining good health and preventing frailty and social isolation. Avoiding driving cars and walking due to ageing are among factors that deter the elderly from going out. However, the characteristics associated with mobility on foot and by car in actual outings of the elderly have not been examined. To explore these characteristics, we conducted interviews with 23 elderly participants living in a suburban hillside residential community in Japan, and investigated the destinations, routes, and means of all their outings for a certain week. Then, spatial analysis was conducted to identify differences in behavioral characteristics associated with mobility on foot and by car/taxi among three age groups: 70–79, 80–84, and 85+. Consequently, two inclinations were identified. First, the older the group, the smaller the area of the outing on foot due to difficulties in walking on slopes for a long duration with luggage. Second, the use of a car/taxi varies among the three groups. While the 70–79 age group used cars/taxis for district-to-district trips, the 80–84 age group rarely used them, and further, the 85+ age group mainly travelled by them one-way or made back-and-forth trips. To summarize, for older suburban dwellers in a hillside residential community, mobility on foot is lowered by physical and mental weakness and the landscape. Therefore, even though mobility increases by using cars/taxis, willingness for outing has changed with ageing, and thus, they make limited use of opportunities.

EXPLORING THE BENEFITS OF ASSISTIVE DEVICES USE IN OLDER ADULTS WITH IMPAIRED LOWER LIMB FUNCTION

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Assistive technologies are an essential component of meeting the needs of an aging population. With advancing age, chronic conditions and physiological changes can result

in impaired lower limb function among older adults, which may in turn limit their ability to perform daily activities or even walking. Informed by the continuity theory, we conceptualize assistive devices (ADs) as a resource that older adults with mobility limitations can leverage to remain active and mobile in late life. However, evidence remains scarce to determine the extent to which using ADs could create a measurable change in older people's experienced well-being. Using data from the 2012 wave of the Health and Retirement Study, our study aimed to examine the potential psychological benefits that accompany ADs use in a sample of older adults with at least some limited lower limb mobility ($n = 505$, 59% female, 85.6% white, age = 75.8 ± 6.7). Results from multiple linear regression showed that although AD use was not directly associated with global well-being, those who used ADs reported more positive experience while walking ($b = 0.65$, $SE = 0.23$, $p < .01$) and traveling ($b = 0.92$, $SE = 0.43$, $p < .05$). Additionally, our results indicated that AD users had higher self-efficacy compared with nonusers ($b = 0.40$, $SE = 0.20$, $p < .05$) after controlling for age, gender, socioeconomic status, as well as physical function level. We suggest that AD provision should be considered in intervention strategies to increase well-being and quality of life in older adults with impaired lower limb function.

GENDER DIFFERENCES IN MORTALITY RISK AFTER DRIVING CESSATION AMONG OLDER MEN AND WOMEN: A MEDIATION ANALYSIS

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Driving is the most important personal transportation mode in the US for maintaining mobility. Previous studies of older adults who stop driving have identified several health risks associated with driving cessation, including less access to health care, increased dependency, social isolation, and elevated risk of mortality. The purpose of this analysis was to examine driving status as a predictor of mortality among community-dwelling older men and older women. Data were drawn from a prospective panel study of successful aging project of 1000 older adults (mean age = 80). Participants' driving status was measured at baseline and mortality rates were observed across the subsequent 10 years. Extended Cox proportional hazard model indicated a 76% ($p < 0.001$) significantly higher mortality risk for non-drivers versus drivers. This relationship was mediated by health conditions and functional status for both older men and older women. Among older men, health status fully mediates the association between driving cessation and mortality risk. A partial mediation effect of health status on the association between driving cessation and mortality risk was found among older women. Older women who stopped driving faced 56% ($p > 0.01$) higher relative mortality risk than their driver counterparts. Social and cultural issues such as gender stereotype, autonomy, and social connection with their implication for driving may explain existing gender differences among older adults.