ahead more than younger drivers (26% versus 20%), but both had increased fixation to the right side of the vehicle (Y-23%, O-24%) with this event, likely looking for the sign. Heat maps of the hidden sign illustrate this, suggesting older drivers may more efficiently scan their environment. Other possibilities include the young trusting the simulator, young/old scan differently, or interference of previous simulator experience. Simulator outcomes showed age differences on gas-pedal-reaction times suggesting that older adults are more cautious, slowing down faster with critical events. Limitations include small sample and limited studies have used eye-tracking technology in driving. This study raises interesting questions, especially for medically-at-risk drivers with visual impairments. Using the eye-tracking may enhance targeting specific strategies for a variety of impairments as well as establishing a baseline of typical drivers' visual scanning habits.

THE RELATIONSHIP BETWEEN OLDER DRIVERS' RESILIENCE AND SELF-REPORTED DRIVING MEASURES OVER 5 YEARS

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As people age into older adulthood, they are more likely to experience events that impact their driving, such as age-related cognitive and functional declines, serious illness, or disability. The ability to demonstrate resilience following such adversity may influence one's decisions and feelings about driving. This study investigated whether resilience of older drivers changes over time, and if relationships between resilience, gender, and self-reported driving-related abilities, perceptions and practices remain stable or change. Participants were from the Candrive/Ozcandrive study, a prospective cohort study of older drivers from Canada, Australia and New Zealand. Analyses are presented from a subset of Ozcandrive participants (n=125) from Australia who completed a resilience scale at two time points approximately five years apart, as well as measures of driving comfort during the day and night, perceived driving abilities, and driving frequency. Participants were primarily male (67.2%) with a mean age of 81.6 years (SD=3.3, Range=76.0-90.0) at Time 1. Resilience increased significantly from Time 1 to Time 2 (Median=82.0/84.00, z=-2.9, p<.01). Although females had significantly higher resilience than males at both Time 1 (Median=84.0/81.0, U=2.3, p=.02) and Time 2 (Median=86.5/82.0, U=2.1, p=.03), there was a statistically significant increase in resilience of males over five years (p<.01) and no statistical change for females. Results show small but significant positive correlations, and increasingly stronger relationships over time between older drivers' resilience and driving comfort as well as perceived driving abilities. Future research will use modelling to examine the association of various factors on the change in resilience and driving-related measures.

SESSION 1415 (SYMPOSIUM)

INTEREST GROUP SESSION—RAINBOW RESEARCH GROUP: ADAPTING AN EVIDENCE-BASED INTERVENTION TO LGBT ADULTS WITH DEMENTIA AND CARE PARTNERS: MOBILIZING SUPPORT NETWORKS

Chair: Karen Fredriksen Goldsen, *University of Washington, Seattle, Washington, United States*
Discussant: Linda Teri, *University of Washington, Seattle, Washington, United States*

LGBT (lesbian, gay, bisexual, and transgender) older adults have been found to have elevated risks of cognitive impairment. Maintaining quality of life is a challenge for those experiencing cognitive decline and their caregivers. Whereas support networks are essential for quality of life, LGBT older adults with dementia may face unique risks, such as stigma, social isolation, lack of family support, and barriers to healthcare. Aging with Pride: IDEA (Innovations in Dementia Empowerment and Action), is the first federally funded clinical trial to test an intervention designed to improve quality of life of LGBT older adults with dementia and caregivers adapting a preexisting program teaching behavioral strategies and physical exercises. The intervention incorporated empirical findings from a longitudinal study, Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS) and developed innovative and culturally responsive approaches. Kim and colleagues examine predictors of longitudinal changes in physical functioning among LGBT older adults with cognitive impairment focusing on physical, social, and recreational activities as well as stigma. Emlet and colleagues investigate caregiving experiences among LGBT older adults and identify factors that are associated with their physical and mental health. Lastly, Fredriksen Goldsen and colleagues introduce how the modifiable factors identified from the Aging with Pride: NHAS were incorporated in the IDEA intervention and evaluate the processes of the culturally-responsive approaches implemented in the study. The presentations in this symposium illustrate the importance of tailoring clinical trial studies for hard-to-reach and underserved populations with dementia responding to their unique health needs.

MODIFIABLE DETERMINANTS OF PHYSICAL FUNCTIONING AMONG LGBT OLDER ADULTS WITH COGNITIVE IMPAIRMENT

Hyun-Jun Kim,[1] Hyun-Jun Kim,[1] Karen Fredriksen-Goldsen,[1] and Hyunzee Jung[1], *1. University of Washington, Seattle, Washington, United States*

Heightened risks of cognitive impairment are a critical health concern for lesbian, gay, bisexual, and transgender (LGBT) older adults. The physical and functional declines associated with cognitive impairment are known to increase risks of injury and decrease independent mobility. Guided by the Health Equity Promotion Model, this study analyzed longitudinal data (T0 to T2, N=646) to examine risk and protective factors predicting changes in physical functioning over time among LGBT older adults with cognitive impairment. According to the results of multilevel mixed models,