Participants were called weekly for questions/guidance with procedures. Intervention sessions built-in additional time to embed Latino cultural values: familismo, personalismo, confianza and respeto. Study Team Infrastructure, included bilingual/bicultural members/students; and trusted community partners to assist with participant referrals. For Preferences and Beliefs Toward Research, we conducted a series of focus groups to understand beliefs about "memory health" and perceptions of ADRD risks. Strategies yielded effective results. We reached our recruitment goal; started a wait-list of interested participants; had zero (n=0) attrition.

RECRUITMENT OF OLDER ADULTS DURING THE COVID-19 PANDEMIC: UTILIZING TWO RECRUITMENT TECHNIQUES

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The COVID-19 pandemic has limited in-person interactions and reduced access to research participants. To recruit older adults for a study on the impact of COVID-19 on physical, mental, and social wellbeing we utilized two recruitment techniques: 1) ResearchMatch, a free recruitment database, and 2) a convenience sample of residents in a retirement community. Messages were sent via ResearchMatch to 1,491 adults age 65 and over. In total, 228 individuals responded over 2 weeks; 194 responded in the first 24 hours. Eighty-four completed the online survey. For the retirement community, recruitment information was shared during a Zoom townhall meeting; 44 expressed interest and 30 completed the study (half over the phone with a research assistant). We will discuss differences between the older adults recruited by each strategy (e.g., the ResearchMatch group was highly educated; more staff needed to interview retirement community participants). Overall, these were effective recruitment techniques during challenging times.

IMPLEMENTING PHYSICAL ACTIVITY STUDIES DURING COVID-19 AND WINTER STORMS: LESSONS LEARNED

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Patient recruitment and retention are challenging for longitudinal studies. Stay-at-home restrictions for the Galveston and Houston regions in 2020 for COVID-19 and in 2021 for the Winter Storms shut down elective healthcare activities and created additional recruitment barriers during the implementation of a 12-month study examining the physical function of older adults receiving a total knee arthroplasty. This presentation describes recruitment and retention strategies during natural disasters. Ten participants started the study during the pandemic and 6 remained through the winter storms (3 withdrew, 1 no showed). Physical activity monitors were distributed and collected through mail, patient reported outcomes were completed online or over the phone, clinician-initiated measures were only collected when clinics were open, and efforts were made to minimize staff burden and follow evolving hospital guidelines. Most importantly, regular communication and follow-up with participants, research team, and department personnel created a sense of community.

Session 2300 (Paper)

Social Determinants of Health I

ADULT CHILDREN'S EDUCATION AND OLDER MOTHERS' HEALTH: ARE OFFSPRING'S PROBLEMS MEDIATORS OR MODERATORS?

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Despite the growing body of literature documenting positive effects of adult children's education on older mothers' health outcomes there is limited research exploring the mechanisms that underlie and influence this relationship. This lack of knowledge limits our understanding of how or under what conditions older mothers benefit from their offspring's resources. In this paper, we draw from theories of the life course, cumulative inequality, and the social foreground to explore how adult children's problems (physical and emotional, personal and financial, and deviant behaviors) mediate and moderate the effect of adult children's education on older mothers' self-rated health and depressive symptoms. To address this question we use data collected from 420 mothers aged 75-85 reporting on their 1,514 adult children, as part of the Within Family Differences Study. Theoretically, this project adds to existing scholarship on intergenerational support in later-life families by identifying the conditions under which adult children's resources improve parents' well-being. Preliminary findings reveal that less educated adult children experience more problems, which in turn, negatively impact mothers' health. Additionally, when adult children experience problems in their own lives, mothers receive less care and financial support from their offspring, even from those who are well-educated and would otherwise have been expected to have shared resources. The findings will have implications for practice by increasing health care providers' awareness that older parents may be at risk for unmet needs for care even when adult children have resources that would have been expected to serve as a safety net.

HEALTH AND SOCIAL DETERMINANTS ASSOCIATED WITH DELAY OF HEALTH CARE AMONG RURAL OLDER ADULTS

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Delaying healthcare has the capacity to increase morbidity and mortality, especially among individuals with chronic and

acute health conditions. Older adults in rural areas are more likely to have chronic health conditions and are more likely to delay care due to financial barriers than their urban counterparts. To further investigate these associations, we conducted descriptive, bivariate, and regression analyses using data from a needs assessment designed to identify health needs and service delivery gaps among an economically diverse eight-county region. A random sample of adults responded to the survey, with 1,226 respondents aged 60+ (mean age = 71). The majority of respondents were White, female, and had insurance coverage. Overall, 35% of respondents experienced a delay in healthcare. We used logistic regression to determine the associations of age, gender, number of health conditions, household income, distance from medical facility, and perceived quality of neighborhood with delay of healthcare. Individuals with younger age (p = .017), more chronic conditions (p < .001), lower income (p < .001), and lower perceived quality of neighborhood (p = .008) were more likely to experience a delay in healthcare. These findings highlight risk factors that were salient prior to the onset of the COVID-19 pandemic. However, the pandemic has contributed to an increasing trend of delaying healthcare and may have amplified existing challenges. Findings may inform efforts led by healthcare providers and policy makers to facilitate timely and preventive healthcare use. Future research is needed to investigate the compounding long-term health implications of delaying healthcare.

LIFE COURSE STRESSORS AND FUNCTIONAL LIMITATIONS IN LATER LIFE AMONG WHITE, BLACK, AND HISPANIC ADULTS

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Although striking racial and ethnic disparities in health are manifest during later life, they may be rooted in early-life exposures. Drawing from cumulative inequality theory, we investigate whether experiencing life course stressors increases the risk of later-life functional limitations and whether this relationship differs by race and ethnicity. This study utilizes longitudinal data from the Health and Retirement Study to test whether six indicators of child stressors and eleven indicators of adult stressors predict trajectories of the onset and severity of functional limitations in later life among a diverse sample of adults. We find that child and adult stressors are associated with earlier onset and greater severity of functional limitations during later life. Mediation analyses reveal the indirect influence of child stressors via adult stressors on onset and severity of functional limitations; however, the indirect effects are slightly stronger for Black and Hispanic adults than their White counterparts (i.e., moderated mediation). In sum, child stressors, in and of themselves, do not increase functional limitations among Black and Hispanic people but are associated with greater adult stress exposure, leading to more functional limitations in later life. Disparities in functional limitations are also partly due to lower education and less wealth among Black and Hispanic adults.

SOCIAL ENGAGEMENT AND DEPRESSIVE SYMPTOMS AMONG MIDDLE-AGED AND OLDER ADULTS IN INDIA

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Social networks and family support are known to have benefits for many older adults globally, and India is no exception. However, the exact nature of the impact of these factors on depression in the Indian population remains largely unexplored. Considering the aging Indian population and changing socio-cultural landscape, it is important to identify the role of social engagement and neighborhood factors in the mental health needs of these older adults. To address this need, this study aimed to identify predictors of depressive symptoms among individuals aged 45+ years from four states in India. Data were taken from the Longitudinal Aging Study in India (LASI) pilot survey in 2010, focusing on the influence social activities, family factors and neighborhood satisfaction variables have on depressive symptomatology. A hierarchical multiple regression analysis was conducted and found that residing in a southern state (Karnataka and Kerala) (β=.178, p<0.05); lower life satisfaction (β= -.261, p<0.05); having more living children (β=.110, p<0.05), less frequently or never visiting friends and relatives (β=.079, p<0.05) and not liking the neighborhood (β=.072, p<0.05) were predictors of depressive symptoms. These findings are consistent with limited extant literature on the importance of family and social engagement as predictors of depressive symptoms in this population. Future research should focus on qualitatively examining the interaction between depressive symptoms and social engagement within this population, thereby helping develop targeted interventions, measure outcomes and long term, community engagement-based prevention programs.

THE 2008 RECESSION AND BIOLOGICAL HEALTH: PSYCHOLOGICAL WELL-BEING AND SOCIAL DISADVANTAGE MODIFY VULNERABILITY

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Racial minorities and educationally disadvantaged experienced more housing loss, unemployment, and financial strain during the 2007-2009 Great Recession. These hardships may heighten stress and amplify persistent and growing health inequities, which were further worsened by the recent COVID-19 pandemic. It is therefore essential to identify factors that contribute to individual differences in vulnerability so that more effective interventions can be implemented, especially in older adult populations who may face unique economic hardships tied to age discrimination. According to the reserve capacity model, higher levels of psychosocial resources, including psychological well-being, can protect against the negative health outcomes related to heightened stress exposure. This study tested the intersections between recession hardship, pre-existing vulnerability defined as racial and educational disadvantage, and psychological well-being as predictors of biological indicators of chronic allostatic load. Chronic allostatic load was assessed with cardiovascular reactivity and recovery to acute mental stress and systemic inflammation (basal indicators of C-reactive protein and interleukin 6). Biological data came from a national sample of adults known as the Midlife in the US Study (MIDUS; age = 25-75, N=863) that completed assessments after the recession. Multiple regression models revealed