attitudes, and had no effect on ageist discrimination in hiring. These results suggest that while sense of purpose is negatively related to ageist attitudes, manipulating purpose may not be an effective tool to reduce ageist attitudes or discrimination.

APPLYING INTERSECTIONALITY FRAMEWORK TO EXPLORE THE DEVELOPMENT OF FRAILTY IN OLDER ADULTS

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Background: Frailty is a state of compromised homeostasis reserve that makes older adults susceptible to adverse health outcomes. Frailty is highly prevalent among women, racial and ethnic minorities. We aimed to investigate the combined influence of gender, race, and ethnicity on the development of frailty in older adults without frailty at baseline using the intersectionality framework. Methods: The data came from the Health and Retirement Study, a nationally representative US older adults of 65 years and older (2006-2012). Logistic regressions were used to examine the relationships. Results: 18.7% of older adults without frailty at baseline developed frailty after a 4-year follow-up. Females were likely to develop frailty than males (aOR 1.66, 95% CI 1.32-2.09, p < 0.0001). In comparison to Non- Hispanic Whites, Non-Hispanic Blacks (aOR 2.66, 95% CI 1.89, 3.74, p < <.0001) and Hispanics or others (aOR 1.73, 95% 1.16, 2.58, p < .0068) had the greater likelihood of developing frailty, after adjusting for age and clinical morbidities, such as lung disease and cardiometabolic diseases. The intersectionality approach showed that both Non-Hispanic Black females (aOR 1.82, 95% CI 1.12-2.99, p = 0.0185) and males (aOR 3.30, 95% CI 1.85-5.91, p < .0001) had the highest likelihood of developing frailty than Non-Hispanic Whites at 4-year post-baseline, adjusting for age and chronic clinical conditions. Conclusion: Our findings highlight the importance of taking the intersectionality approach to examining the frailty risk in later life, which will help in providing precision-based care.

ARE GENETIC AND ENVIRONMENTAL CONTRIBUTIONS TO VERBAL FLUENCY AND EPISODIC MEMORY SOLELY MODERATED BY SLEEP?

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Decreases in sleep duration and cognitive functioning often occur and co-occur in aging although these patterns are not universal. Underlying etiologies, i.e., genetic and environmental factors, contribute to why people differ on cognitive functioning at shorter versus longer sleep durations. The current study tested whether sleep duration alters the genetic and environmental contributions to why middle-aged and older adults vary on cognitive functioning. Using 4 twin studies from the Interplay of Genes and Environment Across Multiple Studies (IGEMS) consortium (Mage=56.5, range=35.0-91.2, N=5,210, 1,083 complete MZ pairs, 1,522 complete DZ pairs) we tested quantitative genetic twin models considering sleep, depressive symptoms, and age as moderators of verbal fluency (i.e., Animal Naming) and episodic memory (i.e., Word List). For verbal fluency, sleep duration and depressive symptoms were significant when dropped together from the model ($\chi2(6)=15.22$, p=0.02) but not individually ($\chi2sleep(3)=7.17$, p=0.07; $\chi2dep(3)=5.81$, p=0.12), indicating that both moderators may affect differences in verbal fluency performance. For episodic memory, sleep duration moderation was only significant via the shared environmental factor ($\chi2(1)=5.26$, p=0.02), indicating that sleep may affect differences in episodic memory performance via environmental influences that make siblings more similar to one another. Overall, results illustrate patterns of higher genetic influences on cognitive function at short sleep (4 hours) and higher shared environmental influences on cognitive function at long sleep (10 hours). These findings may align with associations of upregulation of neuroinflammatory processes at short sleep and common reporting of mental fatigue at long sleep, both of which are associated with poorer cognitive functioning.

ASSOCIATION OF FIRST EMPLOYMENT CHARACTERISTICS AND HOSPITALIZATION IN THE MAYO CLINIC BIOBANK

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Work history is associated with long term health outcomes We hypothesize that characteristics of the first work experience, such as age at first job and length of work (hereafter job) are associated with future risk of hospitalization. We further hypothesize that the length of work will be associated with hospitalization. We conducted a survey of adults >60 years using a nested case-control approach within the Mayo Clinic Biobank. We collected job related variables including age at job start, reason for ending, and length of time. To test associations between each variable and hospitalization, we used age and gender adjusted logistic regression models. Our study included 4,024 subjects: 1,801 cases and 2223 controls. The mean age at time of match was 77.3 years (SD 7.2 years) with 49.2% males. Older age at the first full-time job was associated with lower chance of hospitalization later in life (OR=0.81 [0.67, 0.97] for those who started the job over 22 compared to those started at 18 or less). Cases were more likely to have stopped working because of illness (OR=2.04 [95% CI 1.29,3.27]). Cases were less likely to have stopped working because of retirement (OR=0.82 [95% CI: 0.72, 0.93]). We found cases were employed with a slightly shorter time (20.5 yrs. (SD 16.6)) compared to controls (21.8 yrs. (SD 16.3)) (p=0.005). Cases started work earlier and stopped work more frequently because of illness/disability compared to controls. This could reflect educational attainment in controls. This study highlights work history as potential predictor of future hospitalization.

ASSOCIATIONS AMONG FALL RISK APPRAISAL, BODY COMPOSITION, AND PHYSICAL ACTIVITY IN OLDER ADULTS

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