

According to the U.S. Census, about 30% of older adults live with a mobility impairment, defined as difficulty walking and/or climbing stairs. Older people with mobility limitations are at risk for decreased access to medical services and negative health outcomes. However, few studies address the healthcare needs of these individuals. We used a combination of a population-based data set and an in-depth interview study to understand the challenges these older adults experience in managing medications, accessing health information, going to healthcare provider appointments, and getting help in case of emergency. The quantitative data were from 2,828 participants in the National Health & Aging Trends Study (NHATS). The qualitative data were from 60 participants in the Aging Concerns, Challenges, and Everyday Solution Strategies (ACCESS) interview study. These data provide insights about health self-management challenges for older adults with mobility impairments and guidance for support solutions and interventions.

CHANGING NEEDS AND NEEDS ASSESSMENT IN THE TRANSITION BETWEEN DISABILITY AND OLD AGE

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As our societies age, we see more people with disabilities living well into old age. However, there are different societal, systemic and individual assumptions about needs, rights and obligations associated with frail older people and people with disabilities. The paper presents quantitative results from a Danish study investigating what challenges ageing of society pose for the individual as well as for the welfare state in regards to meeting the needs of those who either age into disability or age with disability. Using panel data from the Danish Level of Living Survey from 1997-2017, we investigate how ADL related needs for care have changed for the 52+ year olds and we project how needs will change in the near future. Finally, we show how different systemic approaches to need assessment for those under or above 65, but with otherwise identical and socio-economic backgrounds, result in a very different service utility.

SESSION 1450 (SYMPOSIUM)

ESPO AND NIA BUTLER-WILLIAMS SCIENTIFIC SYMPOSIUM: INFLUENCE OF RACE, ETHNICITY, AND EXPERIENCE ON HEALTH IN AGING

Chair: Jamie N. Justice, *Wake Forest School of Medicine, Winston-Salem, North Carolina, United States*

Co-Chair: Carl V Hill, *NIH/National Institute on Aging, Bethesda, Maryland, United States*

Discussant: Roland J. Thorpe, *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

The NIA's Butler-Williams Scholars Program and GSA's Emerging Scholars and Professional Organization are united in providing career development opportunities for early career scholars in a manner that promotes leadership, diversity, and inclusivity. This provides a foundation to develop a network of next generation of scientists, clinicians, and policy makers capable of shaping health in aging. Among the chief concerns of our aging population are disparities in health associated

with race/ethnicity, experience, environment, access to health care, and sociocultural and socioeconomic factors. GSA's early career professionals and alumni of the prestigious NIA Butler-Williams Scholars Program have tackled these issues directly and the scientific scholarship that results is astounding in its breadth and depth. Dr. Vicki Johnson-Lawrence, Ph.D. (Butler-Williams class of 2014), will present on the interacting effects of education and race/ethnicity on multi-morbidity, highlighting lessons learned from the National Health Interview Study. Dr. Lauren Parker (Butler-Williams class of 2018) will review efforts to develop culturally competent content for recruitment of Hispanic and black/African American persons to NIA-supported dementia-caregiving studies. Dr. Ryon Cobb (Butler-Williams class of 2016) will discuss the impact of race/ethnicity on kidney function among older adults, with evidence from the Health and Retirement Study. The final speaker, Dr. Ana Quiñones (Butler-Williams class of 2012), will present on longitudinal tracking of multi-morbidity in racially/ethnically diverse older adults. In sum, the featured talks by rising stars in aging research deepen our understanding of the influence of race, ethnicity, and experience on health and chronic disease in diverse aging populations.

EDUCATION, RACE-ETHNICITY, AND MULTI-MORBIDITY AMONG ADULTS AGES 30-64 IN THE NATIONAL HEALTH INTERVIEW STUDY

Vicki Johnson-Lawrence,¹ Anna Zajacova,² and Rodlescia Sneed¹, 1. *Michigan State University, Flint, Michigan, United States*, 2. *University of Western Ontario, London, Ontario, Canada*

Demographic risk factors for multimorbidity (living with 2+ chronic conditions) have been identified in numerous population-based studies of older adults; however, there is less data on younger populations, despite the fact that approximately 24% of US adults age 18+ have multimorbidity. To examine the associations of education and race/ethnicity with multimorbidity among adults aged 30-64 using cross-sectional data from the 2002-2014 National Health Interview Surveys. Compared to having a bachelor's degree or higher, completing less than HS (OR=1.58, 95% CI = 1.50-1.66) or HS/some college (OR=1.32, 95% CI = 1.27-1.37) were both associated with increased odds of multimorbidity. Non-Hispanic Blacks had greater odds of multimorbidity (OR=1.07, 95% CI = 1.02-1.11) compared to Non-Hispanic Whites with comparable characteristics. Reducing multimorbidity through health promotion efforts across the socioeconomic spectrum and earlier in the life course will be a requirement to age successfully and support overall well-being in the aging US population.

RECRUITMENT AND RETENTION OF DEMENTIA CAREGIVERS: A REVIEW OF TWO STUDIES

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Two of the goals of the National Strategy for Recruitment and Participation in Alzheimer's Disease and Related Dementias Clinical Research are to "increase awareness and engagement (Goal 1)" and to "engage local communities and