diagnosis compared to non-Latino Whites. Few studies have estimated racial/ethnic differences in trajectories of dementia onset using nationally representative data with representation from the three largest racial/ethnic groups in the U.S.: non-Latino White, non-Latino Black, and Latino older adults. Additionally, given the delays in formal diagnosis, we rely on a measure of probable dementia that takes into account both formal diagnosis and cognitive function. Data from the National Health and Aging Trend Study (NHATS, 2011–2019) reveals three trajectories of dementia onset (early, late, and dementia-free) and we find that Latino and Black older adults are at greater risk for early dementia onset compared to non-Latino Whites. Our next step is to explore the role of social function for dementia disparities.

RISING GEOGRAPHIC VARIATION IN ALZHEIMER’S DISEASE MORTALITY
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The burden of Alzheimer’s disease (AD) mortality has increased rapidly, growing by nearly 4- (men) and 6-fold (women) between 1990-2017. Limited attention has been paid to geographic inequalities in AD mortality. This study examines age-standardized AD mortality across 10 regions and the urban/rural continuum among adults aged 65+ using National Center for Health Statistics mortality and population data. We also examine mortality for a broader category, Alzheimer’s disease and related dementia mortality (ADRD), to address potential underreporting. The East South Central has the highest AD death rates and experienced larger increases—5-fold (men) and 7-fold (women)—than the nation as a whole. The Middle Atlantic consistently experienced the lowest AD mortality over the past quarter-century. Differences between the best- and worst-performing regions widened over time. AD mortality was 2.5 times higher in the East North Central than the Middle Atlantic region in 2017 (268 vs. 110 [men] and 374 vs. 147 [women] deaths per 100,000). Rural areas facing health care shortages and socioeconomic deprivation may encounter substantial challenges in addressing rising AD mortality. In several regions, rural disadvantages in AD mortality emerged and widened over time. The largest gaps between nonmets and large central metros are in the East North Central; South Atlantic, and New England, as well as Appalachia (men) and West South Central (women), with nonmets having 14-56% higher mortality than big cities. These findings identify the heavy burden of AD mortality in the Southern and rural U.S. and have important implications for health care, service, and caregiving provision.

SELF-EXPERIENCED COGNITIVE FUNCTION IN THE DIGITAL ERA: ARE OLDER ADULTS AT RISK OF SUBJECTIVE COGNITIVE DECLINE?
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Older adults often find it difficult to use everyday technology proficiently. We hypothesized that these difficulties would be exacerbated in those with subjective cognitive decline (SCD), that is, self-perceived worsening of cognitive functions that has been associated with increased risk of future dementia. Here we investigated the relationship between SCD symptom burden and technology proficiency. A nation-wide sample of adults (N=483) ages 50-79 (66.5% female; 14.5% age >70) completed an online survey via a crowdsourcing website, Amazon Mechanical Turk. The survey included the Subjective Cognitive Decline Questionnaire (SCD-Q MyCog) (0-25, M=4.71, SD=5.77), questions about respondents’ proficiency with computer, smartphone, and tablet (4-12, M=9.72, SD=1.97), and the PROMIS depression (M=13.18, SD=6.32) and anxiety (M=13.04, SD=5.68) scales. Linear regression was used to examine the ability of technology proficiency to predict SCD score. We also probed the interaction of technology proficiency with age (<70 vs. >70 years), and adjusted for covariates. We found that the age/technology interaction (B=-0.80, older age (B=7.49), lower education (B=-1.08), higher depression (B=0.20) and anxiety (B=0.16) symptoms predicted higher SCD burden (R-squared=.16). For respondents >70 years low technology proficiency predicted high SCD burden (B=-.79) whereas for those <70 years no relationship was found. Our study draws attention to older adults’ self-experienced cognitive function in the digital era. The association between low technology proficiency and SCD may signal the adverse impact of the digital era on those who experienced technology only later in life. It is equally possible that declining technology proficiency is an indicator of emerging neurodegenerative disease.

Session 9195 (Poster)

DRIVING AND OLDER ADULTS

DOES USEFUL FIELD OF VISION PREDICT ATTENTION WHILE DRIVING BETWEEN YOUNG AND OLDER ADULTS?
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The Insurance Information Institute (2017) reports drivers aged 65 and up are involved in the second highest rate of fatal car crashes. It is important that there is a fair and standardized assessment to test driving fitness. The prime objective was to assess the utility of the Useful Field of View (UFOV) across young and old groups to predict performance on a simulated driving exercise. Community-dwelling adults aged 65 and older (n=48) and students (n=48) recruited from an undergraduate research pool served as participants. They completed a series of demographic, health and cognitive measures, besides a Useful Field of Vison (UFOV) task and a driving simulation exercise. Results showed that collision avoidance and braking varied between age groups, with older adults appearing to be less likely to avoid collision (Older M = 12.46, SD = 10.25, Younger (M = 7.96, SD =4.92, n = 47), but quicker to brake (Older M = 3.64, SD = 3.41, Younger M = 9.79, SD =7.91). There were group differences for driving simulator performance, predicted by cognitive measures (Young; R2 = .099, p = 0.005; Old; R2 = 0.094, p = 0.038), UFOV scores did not predict group differences in driving simulator performance (Young; R2 = 0.009, p = 0.664; β = 0.089, p = 0.437)
The activity theory of aging suggests that older adults age successfully when they remain active and engaged. While many older adults are still able to drive, not all are as engaged in social activities, despite having the transportation to be able to do so. As such, this study aimed to examine the association between the frequency of driving and overall well-being among older adults. The hypothesis is that older adults who drive more frequently would have higher well-being, as they are likely driving to engaging activities. A sample of 1,663 older adults who reported that they are able to drive were derived from the 2018 National Health and Aging Trends Study (NHATS). The NHATS is an annual longitudinal panel of survey of adults aged 65 and older living in the United States. Chi-square tests were used for bivariate analyses and a weighted multivariable logistic regression model was used to predict well-being based on driving frequency. Results showed that compared to those who drive every day, those who drive most days (OR=0.771, CI=[0.555-0.562]) or never (OR=0.371, CI=[0.367-0.374]) were less likely to have high well-being. Interventions geared at improving well-being among older adults should therefore consider increasing awareness of social events, to ensure that older adults who are able to drive can have a good quality of life by driving to social activities.

**Understanding Driving Avoidance Among Older African Americans and Whites with Diabetes**

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Diabetes mellitus is one of the most common chronic diseases with half of the new diagnoses affecting adults aged 60 years and older. Although African Americans are more likely to develop the disease, they are also less likely to receive healthcare. Importantly, living with diabetes is likely to negatively impact mobility for aging adults as the disease is associated with lower physical functioning (e.g., ability to maintain one's balance). Further, diabetes could pose a significant threat to a person with diabetes’ ability to drive and remain in the community. This study examines the relationships and influences of social determinants of health (e.g., race, gender, socioeconomic status) and cognition on avoiding driving maneuvers such as driving at night and in rush hour traffic among older adults with diabetes. Data from the University of Alabama at Birmingham (UAB) Diabetes and Aging Study of Health (DASH) were analyzed and of the 224 participants, 193 (86.16%) were current drivers. There was a gender difference with 94.12% of males and 79.51% of females being current drivers, p < .01. Within the sample of current drivers, 45% were African American and being female, not married, lower levels of education and cognition, low income, and being African American were associated with higher scores on driving avoidance. Cognition explained 30.44% of the racial difference in driving avoidance. Findings from this study will help identify individuals who are at-risk for reduced mobility and identify those who may need to be intervened upon to support a better quality of life.

**Session 9200 (Poster)**

**DYADIC RESEARCH (BSS POSTER)**

**A Dyadic Study of Depression, Capitalization Patterns, and Leisure Activities in Retirement**

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