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The decision to stop or continue driving can be challenging for older adults. In a prospective two-arm randomized trial, we sought to test whether an online driving decision aid (DDA) would improve decision quality. We recruited 301 English-speaking licensed drivers, age ≥ 70 years, without significant cognitive impairment but with ≥ 1 diagnosis associated with increased likelihood of driving cessation, from clinics associated with study sites in three states. They were randomized to view 1) the online Healthwise® DDA for older adults addressing “Is it time to stop driving?”; or 2) a control condition of web-based information. Our primary outcome was decision conflict as estimated by the Decisional Conflict Scale (DCS; lower scores indicate higher quality). Secondary outcomes were knowledge and decision self-efficacy about driving decisions. We examined differences in post-randomization outcomes by study arm using generalized linear mixed-effects models with adjustment for site and pre-randomization scores. Intervention participants had a lower mean DCS score (12.3 DDA vs 15.2 control; $p=0.017$) and a higher mean knowledge score (88.9 DDA vs 79.9 control; $p=0.038$); we found no difference between groups in self-efficacy scores. The DDA had high acceptability; 86.9% of those who viewed it said they would recommend it to others in similar situations. The online Healthwise® DDA decreased decision conflict and increased knowledge in this sample of English-speaking, older adults without significant cognitive impairment. Use of such resources in clinical or community settings may support older adults as they transition from driving to other forms of mobility.

PREVALENCE AND USE OF ADVANCED DRIVER ASSISTANCE SYSTEMS IN THE OLDER DRIVER POPULATION

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Research on advanced driver assistance systems (ADAS) in the older driver population has suggested the potential for ADAS to improve safety and driving comfort by helping aging drivers overcome functional declines commonly experienced in later-life. However, attaining anticipated ADAS benefits is dependent upon drivers' awareness, understanding, and use of ADAS in their own vehicles. Questionnaire data from 2,374 older drivers enrolled in the AAA LongROAD study were analyzed to investigate changes in the prevalence and use of 15 ADAS and how participants learned to use these technologies. From baseline to Year 3, the prevalence of each ADAS significantly increased, with the greatest percentage point increase being for backup/parking assist technology (from 41.5% to 58.8%). The prevalence of one or more ADAS in participants' vehicles increased from 59.0% to

72.0%, and the average number of ADAS per vehicle increased from 2.0 to 3.3. At both baseline and Year 3, approximately one-third of participants reported always using the ADAS available in their vehicle, but nearly one-quarter reported never using their ADAS. The largest proportion of participants at both baseline and Year 3 reported learning to use ADAS by figuring it out by themselves (45.5% and 50.8%, respectively), yet approximately 12.0% of participants at both time points reported never learning to use ADAS. To achieve the expected benefits of ADAS for older drivers, research is needed to better understand why ADAS are not being used more frequently when available, and to develop acceptable and accessible programs for training older adults to use ADAS.

SESSION 6480 (POSTER)

ELDER ABUSE: DETERMINANTS, DISRUPTORS, AND CONSEQUENCES

INVESTIGATING THE CONNECTION BETWEEN AGEISM AND ELDER ABUSE

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Elder abuse is recognized as a pervasive public health problem with detrimental consequences for older adults and society. Although considerable research has examined elder abuse risk factors at the individual level, there is a growing call for the field to move beyond proximal causes and consider broader socio-cultural and structural factors that influence elder abuse. Illustrating this shift, organizations, advocacy groups and researchers have proposed a connection between ageism and elder abuse. However, despite the assertion that ageism is a causal factor for elder abuse, there is a scarcity of research to demonstrate this relationship, and a coherent theoretical framework linking ageism to elder abuse remains to be articulated. The purpose of the current study was to examine the conceptual pathways and limited empirical research connecting ageism and elder abuse, and to develop a conceptual model that links ageism and elder abuse. We conducted a comprehensive review and synthesis of the ageism/elder abuse literature, as well as research from other domains of interpersonal/family violence. Based on this synthesis, the proposed model includes plausible mediators (social isolation, devaluation, depersonalization, infantilization, powerlessness, blame) and moderators (intersection with socio-cultural identities, internalized ageism, policy/social norms) that could be targeted as mechanisms of change in interventions designed to address the issue. As such, it provides a framework for hypothesis-testing and future research on the topic. This study informs a research agenda to bring conceptual clarity and empirical evidence to the study of the connection between ageism and elder abuse.

THE ASSOCIATION BETWEEN FINANCIAL RESOURCES AND STRESSORS AND FINANCIAL EXPLOITATION

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