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Black older adults are at greater risk for poor cognitive health than Whites, and adverse neighborhood conditions may contribute to this disparity. Moreover, limited research examines how resilience is implicated in the relationship between neighborhoods and cognition among Blacks. Using 2006-2016 waves of the Health and Retirement Study, we examine how perceived neighborhood characteristics (physical disorder and social cohesion) and psychosocial resilience (social support, mastery, and sense of purpose) contribute to cognitive functioning among 1,655 Black adults ages 65+. Results from multilevel linear regression models show that greater physical disorder was associated with worse cognitive functioning, and this was attenuated after adjustment for socioeconomic status. We found a positive association between purpose and mastery with cognitive functioning, even after accounting for socioeconomic, psychosocial, and health-related characteristics. Thus, high levels of purpose and mastery may be protective for cognitive functioning among Black older adults in spite of experiencing negative neighborhood contexts.

NAVIGATING BLACK AGING: THE IMPACT OF STRESS AND THE POWER OF RESILIENCE IN PROMOTING HEALTH

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The health profile of African Americans clearly shows that stress works to worsen chronic conditions. To improve the health of aging African Americans, interventions need to address how effects of stress are reduced by individual resilience factors and exacerbated by anxiety or other traits. We will characterize the effects of stress by measuring rate of biological aging (RBA) over thirty years in a Black cohort (aged 18-30 at baseline) of approximately 2,000 individuals from the longitudinal CARDIA study. Biological aging (BA) captures premature physiological aging beyond that predicted by an individual's chronological age. RBA will be characterized by within person change in BA over 30 years. We will measure the association between RBA and anxiety and will further measure the extent to which various forms of individual resilience factors mitigate the effects of anxiety on BA. We will also explore how intersectionality is evinced in sex differences in RBA.

THE AFRICAN AMERICAN UNITED MEMORY AND AGING PROJECT: AD KNOWLEDGE AND FAMILY HISTORY AS IT RELATES TO COGNITION

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This study explores the influence of Black adults' Alzheimer's disease (AD) knowledge and family history of AD on cognition. A sample of Black adults (n=66, age range=45-84) completed a computerized cognitive (CogState Brief) battery and surveys of AD knowledge, family history of AD diagnosis, and health. On the 14-item AD knowledge survey, participants correctly answered a mean of 10.80 (SD=1.50) items. Approximately, 56% reported a biological family member diagnosed with AD, of these 30% reported this being a mother or father. Linear regression models suggested no significant association between AD knowledge and cognitive performance. However, adults with a family member diagnosed with AD had worse visual learning accuracy even after adjusting for age, education, and income. Increased age was associated with worse processing speed, particularly in adults with a mother diagnosed with AD. These findings demonstrate the importance of examining the influence of family history on Black adults' cognitive health.

THE EFFECTS OF MID-LIFE STRESS EXPOSURE ON BLACK-WHITE DIFFERENCES IN COGNITIVE DECLINE

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Cognitive decline is a precursor to cognitive impairment and dementia. Recent research suggests that cognitive decline may begin earlier in the life course for Blacks and that Black-white disparities in cognitive function emerge in midlife. Disproportionate exposure to chronic and acute stressors during mid-life may explain Black-white differences in trajectories of cognitive function over time. In this study we use data from approximately 3,700 Black and white respondents age 51-64 from the Health and Retirement Study to examine race differences in cognitive decline and the role mid-life stress exposure play in these differences. Initial findings suggest that mid-life Blacks have lower levels of cognitive function, but their rates of cognitive decline do not differ significantly from mid-life whites. Financial strain and everyday experiences of discrimination are inversely associated with cognitive decline and only partially explain differences in cognitive decline between mid-life Blacks and whites.

REDEFINING THE USE OF DIGITAL COMMUNITIES: AD KNOWLEDGE IN AN ONLINE EDUCATED COHORT OF MIDLIFE AND OLDER BLACKS

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The normalization of memory loss continues to contribute to diagnostic delays among older adult African Americans with dementia. We utilized an innovative recruitment method