FROM PROGRAM PARTICIPANT TO AGING ADVOCATE: THEORIZING OLDER ADULTS' ROLES IN AGE-FRIENDLY COMMUNITY INITIATIVES

Emily Greenfield[1] and Laurent Reyes[2], *1. Rutgers University, New Brunswick, New Jersey, United States, 2. Rutgers, The State University Of New Jersey, New Brunswick, New Jersey, United States*

Major professional organizations in health and aging have identified older adults' involvement as a defining feature of aging-friendly community initiatives (AFCIs), yet there is very little research on this aspect of the initiatives. Our study utilizes five waves of data from in-depth interviews with leaders of nine AFCIs across northern New Jersey. The study was conducted as part of a multi-year, community-partnered project on the development of these philanthropically supported initiatives. Multi-phase coding yielded four types of roles for older adults: (a) program participants, (b) informants and consultants, (c) volunteers assisting with programs, events, and administrative tasks, and (d) aging-friendly champions and advocates. Across role types, AFCI leaders reflected on the challenges of engaging particular subgroups of older adults, as well as how ambivalent age identities impeded involvement. We discuss implications for advancing research and evaluation on community-level interventions that seek to simultaneously serve and empower people as they age.

PROMOTING AGING IN PLACE VIA RESEARCH, POLICY, AND PRACTICE IN AGE-FRIENDLY COMMUNITIES

Kathy Black[1], *1. University of South Florida, Sarasota -Manatee, Sarasota, Florida, United States*

The majority of Americans overwhelmingly prefer to age in place and in the communities in which they reside. Age-friendly communities support aging in place by focusing attention on features both inside and outside of the home. The global age-friendly community model provides a framework that requires assessing community-based older adults' needs and preferences about, and developing subsequent action towards, features of the social, service and built environment including housing and transportation which are considered essential to aging successfully at home. This presentation discusses the intersect between research, policy and practice in an age-friendly community which utilized micro-level findings from older adults (n = 1, 172) to enact macro-level collaborations across local and statewide government and professional groups to facilitate aging in place across the domains of housing and transportation.

DOING AGING IN PLACE IN AN AGE-FRIENDLY CITY: AN APERTURE TO THE LIVED EXPERIENCES OF OLDER SAN FRANCISCANS

Jarmin C. Yeh[1], *1. University of California, San Francisco, California, United States*

Aging in place finds meaning through the quotidian. The mundanity of this work is the crux of its poignancy. This phenomenological study utilizes photovoice to explore how older adults manage to age in place in an age-friendly city. By interrogating micro- and macro-level realities, this study elicits the strategies seventeen informants use, including how their multiple identities and positionalities become implicated in the process of negotiating and navigating everyday environs, their acts of resistance and resilience, their articulations of hope or pressure to manage the future, as well as the risks and opportunities they encounter and the conditions shaping them, such as urbanization, discrimination, and distribution of resources between generations and groups. To "see" how informants do the "doing" of aging in place has implications for age-friendly community initiatives. It helps to capture the sociality of aging and demonstrates the way the materiality of inequality is sown through lived experience.

SESSION 600 (SYMPOSIUM)

CAN NEIGHBORHOOD AND LOCAL ENVIRONMENTS MODIFY COGNITIVE DECLINE? FINDINGS FROM THE REGARDS STUDY

Chair: Philippa J. Clarke, *University of Michigan, Ann Arbor, Michigan, United States*
Co-Chair: Jessica M. Finlay, *Social Environment and Health, Institute for Social Research, University of Michigan, Ann Arbor, Michigan, United States*

Environmental factors may significantly increase the risk of, or buffer against, age-related cognitive decline, yet policies and practices to improve cognitive health outcomes to date largely overlook the role of neighborhoods and socio-physical environmental contexts. Residence in socioeconomically advantaged neighborhoods may promote cognitive function through greater density of physical and social resources (e.g., libraries, parks, coffee shops, air conditioning, community centers) that promote physical activity, facilitate mental stimulation, and encourage social engagement. This symposium will identify natural, built, and social environmental factors linked to changes in cognitive function over time (assessed by animal naming and world list learning tests) based on secondary data analyses of a national, racially diverse (42% Black), population-based sample of over 30,000 Americans aged 45+ in the Reasons for Geographic and Racial Differences in Stroke (REGARDS) study followed annually since 2003. The first two papers investigate the roles of racial residential segregation and education on cognitive function disparities at the neighborhood and city scale. The third paper explores fast-food restaurants as socially interactive community spaces for older adults that may help buffer against cognitive decline. The fourth paper investigates effects of local air temperature on cognitive testing performance, and discusses how regional differences and seasonality may buffer or exacerbate temperature-cognition associations. Altogether, the symposium elucidates how cognitive health is impacted by a complex interplay of individual and geographic factors. The papers inform policy-making efforts to improve physical neighborhood environments and social community contexts, which are critical to the well-being of older adults aging in place.

RACIAL RESIDENTIAL SEGREGATION AND COGNITIVE DECLINE AMONG OLDER ADULTS

Joy Bohyun Jang,[1] Margaret T. Hicken,[1] Philippa J. Clarke,[1] Ketlyne Sol,[1] Robert Melendez,[1] Min Hee Kim,[1] Megan Mullins[1] and Suzanne Judd[2], *1. University of Michigan, Ann Arbor, Michigan, United States, 2. University of Alabama at Birmingham, Birmingham, Alabama, United States*

Racial residential segregation may be a fundamental cause of health disparities in the U.S., and few studies employ objective measures of segregation to estimate its impacts on cognitive decline. Using data from 21,446 REGARDS participants in urban areas, we employed race-stratified growth curve models to examine how city racial segregation was associated with trajectories of cognitive decline over time. Controlling for demographics and health conditions/behaviors, higher segregation for blacks was marginally associated with lower cognitive function at baseline (b=-0.159, p<.10) while higher segregation for whites was associated with better cognitive function (b=0.158, p<.01). For both blacks and whites, there were no significant associations between segregation and rate of cognitive decline but neighborhood poverty was adversely related to cognitive function (b=-0.171, p<.01 for blacks, b=-0.289, p<.001 for whites). Further research into mechanisms that contributes to heterogeneity in associations between racial segregation and cognitive function is needed to develop effective prevention interventions.

THE INTERACTIVE ASSOCIATION OF EDUCATION AND NEIGHBORHOOD ENVIRONMENTS ON COGNITIVE DECLINE

Michael H. Esposito,[1] Philippa Clarke,[1] Ketlyne Sol,[1] Jessica Finlay,[1] Margaret Hicken[1] Suzanne Judd,[2] and Virginia Wadley[2], *1. University of Michigan, Ann Arbor, Michigan, United States, 2. University of Alabama at Birmingham, Birmingham, Alabama, United States*

Education's ambiguous association with cognitive decline may be due to unmeasured effect heterogeneity, including variation across environmental contexts. In areas with more social and physical resources, education may play less of a role in shaping cognitive trajectories. In areas with fewer resources, educational capital may be more important for slowing cognitive decline. Using multilevel models, this paper examines whether education's impact on cognitive trajectories varies among neighborhoods defined by differential densities of social and physical resources. Findings suggest that education plays a consistent role in shaping cognition across contexts. Lower education is associated with lower cognitive function (High school vs College: b=-2.97; sd=0.16) and marginal differences in rates of decline (College vs High School: b=0.04; sd=0.03). However, these patterns are invariant across neighborhoods. Findings reiterate the importance of education for cognitive function in late life, and stimulate further research on other contextual factors that may affect rates of cognitive decline.

FAST-FOOD RESTAURANTS: A NEIGHBORHOOD RESOURCE FOR COGNITIVE FUNCTION AMONG AGING AMERICANS?

Jessica M. Finlay[1] Philippa Clarke,[2] Mike Esposito,[2] Iris Gomez-Lopez[2] Suzanne Judd,[3] and Virginia Wadley[3], *1. Social Environment and Health, Institute for Social Research, University of Michigan, Ann Arbor, Michigan, United States, 2. Institute for Social Research, University of Michigan, Ann Arbor, Michigan, United States, 3. The University of Alabama at Birmingham, Birmingham, Alabama, United States*

In this exploratory mixed-methods sequential design study, interviews with 125 adults aged 55-92 (mean age 71) living in the Minneapolis (Minnesota) metropolitan area suggest that large-chain fast-food restaurants such as McDonald's may serve as reservoirs of cognitive function. Thematic analysis revealed perceived benefits of fast-food settings for older adults including familiarity and comfort; affordability; sociability with friends, family, staff, and customers; and entertainment (e.g., newspapers, crosswords). To further test these observations, we analyzed data from urban and suburban REGARDS participants. Preliminary multilevel regression models found that participants residing within 5 kilometers of a McDonald's restaurant exhibited higher cognitive function than similar individuals who live further from said organizations (b=0.31; se=0.12). The results complicate understanding of fast-food settings and prompt further research that tests whether restaurants can serve as community spaces for older adults to help buffer against cognitive decline by fostering social interaction and mental stimulation.

TOO HOT OR TOO COLD? EXPOSURE TO EXTREME TEMPERATURES AND COGNITIVE FUNCTION IN OLDER ADULTS

Anam M. Khan[1] Philippa Clarke,[2] Jessica Finlay,[2] Carina Gronlund,[2] Robert Melendez,[2] Ketlyne Sol,[2] Suzanne Judd[2] and Virginia Wadley[3], *1. University of Michigan, Ann Arbor, Michigan, United States, 2. Department of Biostatistics, University of Alabama at Birmingham, Birmingham, Alabama, United States, 3. Department of Medicine, University of Alabama at Birmingham, Birmingham, Alabama, United States*

Research on temperature and cognition is sparse, including effects of outdoor air temperature on cognitive testing performance. Furthermore, little is known about the modifying role of region and seasonality in temperature-cognition associations. We linked daily temperature data from National Oceanic and Atmospheric Administration weather stations to REGARDS participants by cognitive assessment date. Controlling for season, generalized linear models including spline terms for temperature showed an adverse effect of hotter temperatures on cognition. At higher temperatures (30°C vs 0°C), there was a significant decrease in cognitive performance on the Word List Learning test (β=-0.68; 95% CI: -1.1, -0.25). Results also show regional differences in testing scores on hotter and colder days. The findings provide new understanding of cognitive susceptibility to extreme temperatures and factors that exacerbate or buffer this association. This can inform development of evidence-based public health guidelines and mitigation strategies aimed at reducing temperature-related morbidity in older adults.

SESSION 605 (SYMPOSIUM)

CONDUCTING CLINICAL TRIALS AMONG PERSONS WITH DEMENTIA: METHODS, CHALLENGES, AND OPPORTUNITIES FOR IMPROVEMENT

Chair: Justine S. Sefcik, *University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, United States*
Discussant: Nancy Hodgson, *University of Pennsylvania, Philadelphia, Pennsylvania, United States*