

NEIGHBORHOOD ENVIRONMENTS AND OBESITY: EXPLORING PATHWAYS TO RISK OF CARDIOVASCULAR DISEASE

Christine Mair,¹ Amanda Lehning,² Nicole Mattocks,² Kyeongmo Kim,³ Roberto Millar,¹ Michele K. Evans,⁴ Alan B. Zonderman,⁴ and Shari Waldstein¹, 1. *University of Maryland, Baltimore County, Baltimore, Maryland, United States*, 2. *University of Maryland, Baltimore, Baltimore, Maryland, United States*, 3. *Virginia Commonwealth University, Richmond, Virginia, United States*, 4. *National Institute on Aging, Baltimore, Maryland, United States*

Modifying neighborhood environments to target well-established risk factors for cardiovascular disease may reduce health disparities by complementing clinical services. Prior research, however, includes limited measures of neighborhoods and does not adequately account for individual-level processes known to mediate health outcomes. We combine baseline data from the Healthy Aging in Neighborhoods of Diversity Across the Life Span (HANDLS) dataset with neighborhood-level data to yield a diverse sample of Black and white middle-aged and older residents of Baltimore City (N=2707). We use structural equation modeling to examine associations between neighborhood environments and obesity (BMI \geq 30), focusing on individual-level mediators. Initial direct associations between neighborhoods and obesity (e.g., presence of businesses, β =-0.062) are mediated by healthcare access and health behaviors. Additional indirect pathways exist through health behaviors (e.g., neighborhood disorder, access to parks). These findings highlight the importance of considering indirect pathways to cardiovascular health promotion among aging adults in different neighborhood contexts.

NEIGHBORHOOD AGE COMPOSITION AND SELF-RATED HEALTH: FINDINGS FROM A NATIONALLY REPRESENTATIVE STUDY

Amanda Lehning,¹ Amanda J. Lehning,¹ Nicole Mattocks,¹ Kyeongmo Kim,² and Richard J. Smith³, 1. *University of Maryland, Baltimore, Maryland, United States*, 2. *Virginia Commonwealth University, Richmond, Virginia, United States*, 3. *Wayne State University, Detroit, Michigan, United States*

Neighborhood age composition is an understudied area. Furthermore, existing empirical and conceptual work is conflicting, with some indicating neighborhoods with more older adults are beneficial and other scholarship suggesting it can be detrimental. Using data from 7,197 older adults from the first wave (2011) of the National Health & Aging Trends Study combined with census tract data from the National Neighborhood Change Database, we examined the association between neighborhood age composition and self-rated health. Findings from logistic regression models indicate those living in neighborhoods with a growing concentration of older residents are significantly more likely to report lower self-rated health compared to those living in a neighborhood in which older adults overall are declining (β =1.51, $p < .05$) or are becoming

diluted by younger residents (β =.66, $p < .05$). Results have implications for interventions promoting aging in place, particularly for those who may be stuck in place in age-concentrated neighborhoods.

ANXIETY AND DEPRESSIVE SYMPTOMS MEDIATE THE LINK BETWEEN PERCEIVED NEIGHBORHOOD CHARACTERISTICS AND COGNITION

Neika Sharifian,¹ Neika Sharifian,¹ Afsara B. Zaheed,¹ Briana N. Spivey,² and Laura B. Zahodne¹, 1. *University of Michigan, Ann Arbor, Michigan, United States*, 2. *Spelman College, Lithonia, Georgia, United States*

Although prior research has linked perceived neighborhood characteristics to cognition, scant research has investigated underlying mechanisms regarding how neighborhood characteristics impact cognition. One pathway, in particular, may be through mental health outcomes. Poorer neighborhood characteristics have been independently linked to greater depressive and anxiety symptoms, which may, in turn, be risk factors for cognitive decline in later life. The current study examined direct and indirect effects of perceived neighborhood characteristics (social cohesion, physical disorder) on cognitive functioning (episodic memory, executive functioning) through anxiety and depressive symptoms using longitudinal data from the Health and Retirement Study (2010–2014). Results revealed that higher social cohesion was associated with better memory and executive functioning through lower anxiety and depressive symptoms. Physical disorder was associated with worse episodic memory and executive functioning through greater anxiety symptoms. These findings highlight the importance of neighborhood context for promoting both mental and cognitive health outcomes in older adulthood.

SESSION 750 (SYMPOSIUM)

OLD AND FORGOTTEN? CARE FOR ELDERS IN MEXICO AND THE U.S.

Chair: Emma Aguila, *University of Southern California, Los Angeles, California, United States*

Co-Chair: Jaqueline L. Angel, *The University of Texas at Austin, Austin, Texas, United States*

Discussant: Kyriakos Markides, *University of Texas Medical Branch, Galveston, Texas, United States*

The United States and Mexico differ greatly in the organization and financing of their old-age welfare states. They also differ politically and organizationally in government response at all levels to the needs of low-income and frail citizens. While both countries are aging rapidly, Mexico faces more serious challenges in old-age support that arise from a less developed old-age welfare state and economy. For Mexico, financial support and medical care for older low-income citizens are universal rights, however, limited fiscal resources for a large low-income population create inevitable competition among the old and the young alike. Although the United States has a more developed economy