

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

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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

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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

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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

and well-developed Social Security and health care financing systems for the elderly, older Mexican-origin individuals in the U.S. do not necessarily benefit fully from these programs. These institutional and financial problems to aging are compounded in both countries by longer life spans, smaller families, as well as changing gender roles and cultural norms. In this interdisciplinary panel, the authors of five papers deal with the following topics: (1) an analysis of old age health and dependency conditions, the supply of aging and disability services, and related norms and policies, including the role of the government and the private sector; (2) a binational comparison of federal safety net programs for low-income elderly in U.S. and Mexico; (3) when strangers become family: the role of civil society in addressing the needs of aging populations; and (4) unmet needs for dementia care for Latinos in the Hispanic-EPESE.

CARE DEPENDENCY IN OLD AGE IN MEXICO: SITUATIONAL ANALYSIS, IMPLICATIONS, AND RECOMMENDATIONS

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The demographic transition, population aging, and the epidemiological transition in Mexico have modified the burden of the disease profile, and impose important economic, social, and health care challenges, particularly old-age and disability-related care dependency. We describe old age health and dependency conditions, and analyze the supply of services to dependent population, including aging and disability norms and policies, the role of the government and the private sector (profit & non-profit) in the provision of related services. Based on the analysis, it is clear that public strategies for care dependency are practically non-existent and that policies aimed at these populations focus on guaranteeing access to basic health services, an economic income, and social integration. Also, there are no support strategies for family caregivers who currently carry most of the care work. Care dependency strategies to support those who need them as well as those who currently provide them are urgently needed.

A BI-NATIONAL COMPARISON OF FEDERAL SAFETY NET PROGRAMS FOR LOW-INCOME ELDERLY IN THE U.S. AND MEXICO

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Population aging in Mexico as in the United States is expected to accelerate over the next thirty years, and the proportion of individuals 65 and older will triple to approximately 20 percent by 2050 in both nations. Older people of Mexican origin are at high risk of protracted periods of poor health, a reality exacerbated by poverty. We use the Health and Retirement Study (HRS 2012-2014, N= 2,575) and Mexican Health and Aging Study (MHAS 2012-2015; N=16,131) to compare profiles of older

Mexican-origin recipients of income supplements. We find Mexican immigrants are lower-income, less healthy, and less likely to receive supplements than Mexican origin in U.S. In contrast, return migrants are more likely to receive supplements than non-migrants in Mexico. Income supplement recipients are more likely to receive Medicaid and Seguro Popular. We discuss implications of financing safety net programs and the potential dependency burden in two countries aging rapidly.

WHEN STRANGERS BECOME FAMILY: THE ROLE OF CIVIL SOCIETY IN ADDRESSING THE NEEDS OF AGING POPULATION

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Mexico's rapidly aging population presents serious short and long-term challenges to the state and to families, since relatively few individuals have formal retirement plans. Although health care access is formally universal, and non-contributory retirement income is provided to all elderly in need, the Mexican old-age welfare remains limited. In this study we assess the potential role of civil society organizations (CSOs), a category that includes secular non-governmental organizations (NGOs), faith-based organizations (FBOs), in advocacy for and service provision to elders in need. Social and demographic changes, including the migration of children away from their parent's community, the need for women to work, smaller families, and more are undermining the capacity of the family to provide all of the care and support that frail aging parents need. Given the fact that the federal, state, and municipal governments are limited in what they can provide, the role of CSOs is potentially significant.

MIDLIFE FACTORS, GENDER, AND MIGRATION ARE KEY PREDICTORS OF COGNITIVE HEALTH IN LATE LIFE

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Older Latinos are at 1.5 times greater risk for Alzheimer's disease and other dementias than non-Latino Whites (Wu et al., 2018) and there is evidence of high levels of cognitive impairment, dementia, and dementia-related neuropsychiatric symptoms among older Mexican Americans in particular (Rote et al., 2015). We use data from the Hispanic Established Population for the Epidemiologic Study of the Elderly (HEPESE, 1993/94- 2010/11, N=2,665), a national study of Mexican American 65 years and older residing in the southwestern U.S. Older adults who were in the paid labor force, except for those who worked in the agricultural sector, exhibit lower risk for cognitive impairment. The results hold for both women and men. For family size, number of children is associated with greater risk for cognitive impairment and this is especially evident among women and immigrant men. Midlife factors, gender, and migration are key predictors of cognitive health in late life.