

Black older adults have a unique history that includes enslavement and legalized segregation. This history shapes the present-day experiences of older Blacks, in part, through the neighborhoods in which they live. The neighborhood is a reflection of both the physical and social contexts, and reflects the most natural and intimate context through which a person experiences life. Combined, the unique history and neighborhoods of Black older adults may contribute to their disproportionately experiencing impairments in cognitive function in older age. There is growing interest in how lived experiences across the life course affect cognitive trajectory and, ultimately, cognitive outcomes of older Black adults. In this presentation, we will review recent literature on psychosocial and physical contextual factors and their influence on cognitive aging in older blacks through the lens of the neighborhood.

Session 1190 (Symposium)

APPLYING PRINCIPLES OF IMPLEMENTATION SCIENCE TO AGING PROGRAMS AND POLICIES

Chair: Jaime Hughes Discussant: Nancy Morrow-Howell

Implementation science, defined by NIH as “the scientific study of the use of strategies to adopt and integrate evidence-based health interventions,” continues to grow within research, education, and practice-based settings. Building on principles from organizational psychology, intervention science, health economics, and health services research, implementation science aims to explore how, and under what conditions, evidence-based interventions are successfully implemented and sustained in real-world settings. Applying implementation science to aging programs and settings may help to accelerate the translation of effective programs and policies into practice. This interdisciplinary symposium will provide an introduction to key principles and applications of implementation science. The first three presentations will focus on largescale spread of interventions while the last two presentations will focus on broader applications of implementation science. The first two presentations will focus on adapting interventions from delivery in one setting or population to another. The third presentation will discuss the role of implementation strategies in scaling an intervention from a controlled research setting into a large integrated healthcare system. The third presentation will focus on the intersection of implementation science and policy. The final presentation will discuss the role of implementation science in alleviating health disparities and advancing health equity. Each presentation will utilize examples from ongoing research studies to demonstrate principles. The session will close with an interactive discussion on the role of implementation science within aging, including challenges and considerations for aging programs, policies, and populations as well as opportunities for further training and education.

ADAPTING MONTESSORI PROGRAMMING FOR AGING AND DEMENTIA WITH IMPLEMENTATION STRATEGIES

Natalie Douglas, *Central Michigan University, Mt Pleasant, Michigan, United States*

There is a need to translate research findings to support the wider adoption of person-centered care into typical long-term care environments across the world. Montessori for Aging and Dementia is one mechanism to support person-centeredness, dignity and autonomy of older adults living in long-term care environments. In this presentation, strategies used to support the implementation of Montessori for Aging and Dementia in a long-term care community of 20 people living with severe dementia will be highlighted. Implementation support was provided through capturing and sharing local knowledge, ongoing training and consultation, and tailoring communication supports. Through the use of these iterative strategies, the program was successfully adapted to include people living with severe dementia. While key findings of the project included improvements on a variety of observational and staff administered measures, the focus of this presentation will be on the relationships between the Montessori program’s fidelity, local needs and implementation strategies.

ADAPTING NUTRITION PROGRAMMING FOR INTERGENERATIONAL IMPLEMENTATION

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Practitioners frequently tailor programming to meet participant characteristics and logistic constraints, or to incorporate diverse participants, such as intergenerational programming. Adapted programming may be responsive but reduce impact on outcomes. With growing interest in and limited availability of intergenerational protocol, implementation science guides program tailoring to ensure that youth and older adults mutually benefit from adapted programming. We integrated guidelines for tailoring interventions (Framework for Reporting Adaptations and Modifications-Expanded: FRAME) and evidence-based intergenerational practice. We illustrate how program fidelity can be supported in intergenerational settings using examples from an adapted USDA-approved preschool nutrition curriculum delivered intergenerationally. Program acceptability, appropriateness, and feasibility were rated favorably by program stakeholders, and observational implementation data suggest fidelity can be maintained using evidence-based intergenerational strategies. Our findings support the potential for protocol developed for one age group to benefit youth and older adults when it is adapted using implementation and intergenerational guidelines.

IMPLEMENTATION STRATEGIES FOR WIDESPREAD SCALING OF EFFECTIVE PROGRAMS INTO HEALTHCARE SYSTEMS

Jaime Hughes, *Wake Forest School of Medicine, Raleigh, North Carolina, United States*

Translation of effective evidence-based programs into practice is critical to promoting and preserving older adults’ function and independence. This presentation will provide an introduction to implementation strategies, defined as the “methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical program or practice.” Some examples of implementation strategies include education

and training, stakeholder engagement, patient and/or consumer involvement, adaptation, and technical assistance. Application of these implementation strategies will be illustrated using examples from local and national scale out of evidence-based health promotion programs for older adults within the VA Healthcare System. This presentation will close with guidance on how to select, track, and evaluate implementation strategies.

ELIMINATING DISPARITIES AND ACHIEVING HEALTH EQUITY USING IMPLEMENTATION SCIENCE

Beth Prusaczyk,¹ and Ana Baumann,² 1. *Washington University School of Medicine in St. Louis, Saint Louis, Missouri, United States*, 2. *Washington University in St. Louis, Saint Louis, Missouri, United States*

Eliminating health disparities and achieving equity are central to aging services, programs, and research, as we work to ensure older adults are treated equitably compared to their younger counterparts. Additionally, aging services, programs, and research are not immune from the structural racism and other inequities that plague all facets of our lives, and we must work to eliminate disparities within them as well. This presentation will discuss how Implementation science can be used to advance both of these fronts. Implementation science frameworks can be used to ensure multiple levels of context are considered, which is critical when working against something as pervasive and structural as racism. Implementation science can also guide the adaptation of evidence-based interventions for different populations, including for older adults or for different racial or ethnic groups. Furthermore, there are important ways health equity research can improve implementation science that advance the shared goal of eliminating disparities.

USING IMPLEMENTATION SCIENCE TO INFORM AND EVALUATE HEALTH POLICY

Julie Bobitt,¹ and Beth Prusaczyk,² 1. *Center for Dissemination and Implementation Science, University of Illinois at Chicago, Illinois, United States*, 2. *Washington University School of Medicine in St. Louis, Saint Louis, Missouri, United States*

Public health policies can be a tool for the promotion and protection of older adult's well-being but how can we ensure that policies will be effective and applied as intended? This presentation will discuss how implementation science can be used to both inform and evaluate health policies. Scientific evidence developed by applying dissemination and implementation frameworks can be used to inform policy makers as they develop legislation. When used to evaluate policy, D&I frameworks can be applied to examine policy diffusion, how a state, community, or individual organization chooses to carry out the policy, and the impact that policy has on the intended population. D&I frameworks are an effective way to measure the difference between policy intent and what actually happens when a policy is implemented. Examples of how D&I frameworks have been used to inform and evaluate policy will be shared.

Session 1195 (Symposium)

ASIAN OLDER ADULTS, TRAUMA, RESILIENCE, AND HEALTH: RECENT FINDINGS FROM THE RUTGERS ASIAN RCMAR

Chair: Xinqi Dong

Co-Chair: Melissa Simon

Discussant: Bei Wu

U.S. Asians are the fastest growing group of older adults in the nation. However, there remains a dearth of disaggregated research for this population assessing health outcomes such as cognition, suicidality, mortality, and the influence of nutrition on chronic conditions. Drawing on the research of Rutgers Asian RCMAR Scientists, this symposium will examine these areas to provide a better understanding of the health of diverse groups of U.S. Asian older adults. Session 1 will assess the association between living in an ethnic enclave and better cognition among Chinese older immigrants and examine the influence of moderating factors. Session 2 will explore the prevalence of traumatic experience and discuss the association among trauma experience, lifetime mental disorder, and risk of endorsed suicide ideation among aging Asians. Session 3 will assess the relationship between family types and 6-year mortality among U.S. Chinese older adults in Chicago. Session 4 will examine the association between ultra-processed foods and cardiometabolic health (obesity, hypertension, high cholesterol, and diabetes) among U.S. adults 50 or older reporting a single ethnicity. In summation, this symposium describes key research areas such as cognition, suicidal ideation, mortality, and nutrition on the overall health of U.S. older adults. The symposium addresses both risk and protective factors that influence these health outcomes and aims to inform interventions to improve the health of U.S. Asian older adults in the areas of trauma, resilience, and health.

IS LIVING IN AN ETHNIC ENCLAVE ASSOCIATED WITH BETTER COGNITIVE HEALTH OF OLDER IMMIGRANTS? RESULTS FROM PINE

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This study addressed three questions: 1) Is living in Chinatown associated with better cognition among Chinese older immigrants? 2) Is the association moderated by education, acculturation level, and social engagement? 3) Does the association vary by preferred language (Mandarin, Cantonese, Taishanese), an important indicator of heterogeneity among Chinese immigrants? Data were derived from the Population Study of Chinese Elderly in Chicago (N = 3,055). Results showed that Chinese older immigrants who lived in Chinatown had significantly poorer cognition than those who didn't, and such a difference was largely due to educational differences between the two groups. Higher education or acculturation buffered the influence of Chinatown residence on cognitive health, but only among those who speak Mandarin. The findings indicate that living in an ethnic enclave may have a negative impact on cognitive function of Chinese older immigrants. The findings also reveal the sources of heterogeneity within the population.

TRAUMA EXPOSURE, MENTAL DISORDER, AND RISK OF SUICIDE IDEATION AMONG AGING U.S. ASIANS

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