the cognitive health trajectories of older adults (aged 65+ at baseline)? There is a robust literature supporting a relationship between potentially modifiable environmental and individual risk factors and cognitive health and emerging literature supporting a relationship between physical health shocks and later-life financial stability in both the US and internationally. This analysis employed six waves of Health and Retirement Study Core Data (2006-2014) to estimate the causal effect of major asset losses in the period of the 2008 financial crisis. We matched respondents using a rich variety of covariates including education, race/ethnicity, income, total assets, chronic health conditions, depressive symptoms, frequency of physical activity engagement, and engagement with religious activities. Using both propensity score-matched growth curve and difference-in-differences models, we found a small, but significant, negative relationship between major asset shocks and total cognition scores. We also identified a significant overall negative effect on total cognition on all older adults in this sample regardless of exposure to asset shocks. Additionally, both the frequency of asset shock exposure and magnitude of effect on total cognition scores was larger for low-income African-American and Hispanic older adults. These findings suggest in part that recovery from large economic crises may be especially difficult for older adults occupying vulnerable socioeconomic positions and that such events may accelerate the cognitive decline of those who are at or near retirement when asset shocks occur.

EARLY LIFE CIRCUMSTANCES AND COGNITIVE AGING: LONGITUDINAL EVIDENCE FROM CHINA HEALTH AND RETIREMENT STUDY

Zhuoer Lin, and Xi Chen, *Yale University, New Haven, Connecticut, United States*

Objectives: This study examines the long-term relationship between early life circumstances and later life cognitive aging. In particular, we differentiate the long-term effects of early life circumstances on level of cognitive deficit and rate of cognitive decline. Methods: Cognitive trajectories were measured using three waves of China Health and Retirement Longitudinal Surveys (CHARLS 2011-2015). Linear mixed-effect model was used to decompose the individual level of cognitive deficit and rate of cognitive change in a sample of Chinese middle-aged and older adults 45-90 years of age (N=6,700). These two dimensions of cognition were matched to four domains of early life circumstances using CHARLS Life History Survey (2014), including childhood socioeconomic status, neighborhood environment, social relationships and health conditions. Their associations were examined by linear regressions. Stratification analysis was further conducted to investigate the mediating effect of education on early life circumstances and cognitive aging. Results: Childhood socioeconomic status, childhood friendship and early life health conditions were significantly associated with both the level of cognitive deficit and rate of decline. In contrast, the community environment, including childhood neighborhood safety and social cohesion, only affected the baseline level of cognitive deficit; and childhood relationship with parents only affected the rate of cognitive decline. Moreover, education was found to be a mediating factor of these relationships. Conclusion: Exposure to disadvantaged early life circumstances have significant negative effects on later life cognitive deficit as well as rate of cognitive decline. Nevertheless, these long-term impacts can be partially ameliorated by higher educational attainment.

GENDER, COGNITIVE STATUS, AND DEPRESSIVE SYMPTOMS: FINDINGS FROM THE NATIONAL SOCIAL LIFE, HEALTH, AND AGING PROJECT

Ethan Siu Leung Cheung,[1] and Ada Mui,[2] *1. Columbia University, Bronx, New York, United States, 2. Columbia University, New York, New York, United States*

This secondary research is based on the Wave 3 National Social Life, Health and Aging Project (n = 3,104). The association between cognition, gender, and depressive symptomatology were examined. Findings indicate that 54% of the sample were women and the mean age was 72.95 (SD=8.29). Bivariate analyses suggest that there were no gender differences in cognitive status (Mean of MoCA Short Form = 9.73; SD = 3.26), age, and stress (Mean of PSS = 7.69; SD = 3.90). There were significant gender differences in terms of marital status, income, education, stressors, social participation, and social support. Compared to older men, older women reported a significantly lower level of both education and income. Multiple regression results show that gender has an independent effect and a joint effect with stressors in explaining depressive symptoms. Parallel regression analyses for each gender group were conducted and models were significant ($P < .0001$). The only common predictor for depressive symptoms was ADL impairment, and the impact of this was stronger for males (b=.32) than for females (b=.17). For older men, unique correlates of depressive symptoms were being not married, more ADL and cognitive impairments, and higher stress. For older women, a higher level of depressive symptoms was associated with being younger, lower-income, a higher level of ADL and IADL impairments. In addition, white elderly women reported a higher level of depressive symptoms than Asian elderly women. Findings suggest gender and racial differences in depressive symptoms experienced among older Americans living in the community.

HEALTH PROFESSIONALS' KNOWLEDGE OF HOW TO REPORT A MISSING PERSON WITH DEMENTIA: A NATIONAL SURVEY

Margaret MacAndrew,[1] Elizabeth Beattie,[2] Dubhglas Taylor,[3] Jim Whitehead,[4] and John Quinn,[3] *1. Queensland University of Technology, Camp Hill, Queensland, Australia, 2. Queensland University of Technology, Brisbane, Australia, 3. Brisbane, Australia, 4. Queensland Police, Brisbane, Australia*

In Australia one in five land searches conducted by Police involve a person with dementia. Over a third of these people go missing from a health care service and 15% are not found alive. Delays in commencing a specialised search for the missing person with dementia contributes to the risk of death. Delays in Police searching may result from ambiguity in current policies about how to report a missing patient/client. This study aimed to explore health professional's knowledge about how to report a missing person with dementia and reasons for delayed reports to Police. 246 Australian health professionals completed an online survey. Most were registered nurses (n=124), allied health professionals (n=69) and medical practitioners

(n=22) who worked in a range of settings including acute care (n=111), community care (n=59) and residential aged care (n=44). Over a third (n=81) did not know their care service policy for reporting a missing patient/client and did not know if their health service had a policy specific to reporting a missing person with dementia. 20% did not know how long they needed to wait before reporting a missing person to Police and fear of calling Police too soon or wasting their time were common reasons for delaying a report. These findings confirm a degree of misunderstanding about current policy and procedures for reporting a missing person with dementia. Addressing knowledge deficits and standardising approaches to reporting a missing person with dementia in Australia would be recommended as a step toward improving their health outcomes.

HOW DOES NEIGHBORHOOD ENVIRONMENT INFLUENCE DEMENTIA ONSET?: EVIDENCE FROM THE NATIONAL HEALTH AND AGING TRENDS STUDY

Yi Wang,[1] and Weidi Qin,[2] *1. University of Iowa, Iowa City, Iowa, United States, 2. Case Western Reserve University, Cleveland, Ohio, United States*

Existing research has established significant associations between older individuals' social participation (e.g., visiting friends and family, going out for enjoyment, etc.) and their risk of developing dementia. However, little was known about the role of neighborhood environment (i.e., neighborhood social cohesion, neighborhood physical disorder). This study aims to investigate the moderating effects of neighborhood environment on the relationship between social participation and dementia incidence using data obtained from 8 waves (Rounds 1 through 8) of the National Aging and Trends Study. 7,416 Medicare beneficiaries aged 65 or above who were community-dwelling and free from dementia at Round 1 (2011) were selected. Among them, 1,005 participants developed dementia in the followed-up years from 2012 to 2018. We conducted survival analysis using the accelerated failure time (AFT) models to examine the moderating effects of neighborhood social cohesion and neighborhood physical disorder on the onset of dementia. The unit of time-to-event data was in years. Findings showed that the interaction term of neighborhood physical disorder and individual social participation was significant, indicating neighborhood physical disorder moderates the protective effects of social participation on dementia incidence. Specifically, among older adults who participate in social activities at the same level, the progression to the onset of dementia is 1.06 times faster for those living in neighborhoods with higher level (i.e., one unit increase in the score) of physical disorder. The findings recommend modification of physical environment at the neighborhood level to facilitate social participation for the betterment of cognitive health in later life.

THE CORRELATES OF COGNITIVE STATUS AMONG OLDER AMERICANS LIVING IN THE COMMUNITY: DOES GENDER MAKE A DIFFERENCE?

Ethan Siu Leung Cheung,[1] Ada Mui,[2] and Seth Hoffman,[3] *1. Columbia University, Bronx, New York, United States, 2. Columbia University, New York, New York, United States, 3. Columbia University, Rego Park, New York, United States*

Utilizing the data in National Social Life, Health and Aging Project (n = 3,104; 54% female), the study examined the predictors of cognitive impairments in terms of community harmony, community safety, frequency of neighbor contacts, depression, and demographic factors. Bivariate analyses suggest that there were no gender differences in cognitive status (Mean of MoCA Short Form = 9.89; SD = 3.33); nor were there gender differences in age (mean age = 72.95; SD=8.29), ethnic composition (76.1% whites; 15.3% Blacks, 8.6% Asian), community harmony, community safety, frequency of neighbor contacts. On the other hand, men had more education and income than women. Psychologically, older women reported higher level of stress and depression scores than older men. Multiple regression results show that gender has a significant independent effect and joint effects with stressors and community factors in explaining cognitive impairments. Parallel regression analyses for each gender group were conducted and models were significant ($P < .0001$). There were common predictors of cognitive impairments for the two groups but variables had differential impacts on older men and older women. Specifically, IADL had stronger effect on older men than on older women in predicting cognitive impairments (b = -.23 vs. b=-.10); perceived community harmony had stronger impact on older women in explaining their cognitive status (b = .26 vs. b=.22); older women's cognitive status benefitted more from perceived community safety than older men (b = .61 vs. b=.43). Regardless of gender, older Whites scored higher than Black and Asian elders in their cognition scores.

SESSION 2856 (POSTER)

EMPLOYMENT, TRAINING, AND EDUCATION: WORKFORCE

A FOLLOW-UP CONTENT ANALYSIS OF AGING NETWORK CONFERENCE PROCEEDINGS: ALIGNING RESEARCH AND PRACTICE

Todd Becker,[1] Rajean Moone,[2] and Joan Davitt,[1] *1. University of Maryland, Baltimore, Baltimore, Maryland, United States, 2. University of Minnesota, Woodbury, Minnesota, United States*

The federal government established a collective of agencies tasked with providing support and services to older adults and their caregivers known as the Aging Network. In order to effectively provide these services, the Aging Network must identify and disseminate current best practices. To this end, the Aging Network hosts three annual conferences: the National Association of Area Agencies on Aging (n4a), the Alliance of Information and Referral Systems (AIRS), and the National Association of States United for Aging and Disabilities (NASUAD). This content analysis of key themes emerging from Aging Network conference abstracts (N = 2,392) from 2009 to 2019 expanded upon a similar study analyzing the preceding decade of conference materials (Moone & Cagle, 2011). Reflexivity, analyst triangulation, and confirmability and dependability audits were used to enhance trustworthiness. The most common themes included planning and program development (n = 260), general policy (n = 166), and long-term services and supports system reform (n = 162). Although some themes, such as consumer-directed support (n = 122) and advocacy (n = 111) were consistent with the original article (Moone & Cagle, 2011), others,