

potential role of age differences in susceptibility to default effects. Defaults facilitate decision avoidance because decision makers are more likely to passively accept than to actively reject pre-selected default options. A representative lifespan sample (N = 500, Mage = 49.90, SDage = 19.34, 51% female, 67% non-Hispanic White) responded to a pre-registered online study. Participants completed one default effect task comprising two scenarios, one requiring opt-out and one requiring opt-in decisions (i.e., 15 vs. 0 pre-selected features each). Susceptibility to defaults was assessed through the discrepancy between scenarios. In addition, we collected data on known determinants of default effect compliance (i.e., perceived endowment, endorsement, ease, importance of the choice, and experience making similar choices) as well as post-decisional affect. Finally, participants responded to assessments of demographic background, personality, socioemotional and health status, and cognitive ability. Susceptibility to default effects was evident both at the individual and the group level (i.e., across and within scenarios). Unlike hypothesized, older age did not predict greater susceptibility, and older adults were less rather than more likely to endorse determinants of default effect compliance. Of the covariates assessed, only identifying as non-Hispanic White, greater perceived endorsement, and greater perceived ease predicted decision makers' susceptibility to default effects. Thus, results did not support our assumption that age differences in decision avoidance might reflect age-related increments in the acceptance of decision defaults.

MUSIC ENGAGEMENT AND EPISODIC MEMORY AMONG MIDDLE-AGED AND OLDER ADULTS: A NATIONAL LONGITUDINAL ANALYSIS

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Recent research suggests that engagement with particular activities, such as music, can influence age-related changes in episodic memory. However, it is unclear whether, and to what, extent music engagement is associated with the trajectory of episodic memory. The objective of this study is to examine how passive (i.e., listening to music) and/or active (i.e., singing or playing an instrument) music engagement influences episodic memory over a period of 12 years. Secondary data analysis of a sample (N=5095) of cognitively healthy adults from the Health and Retirement Study were used for this study. Linear mixed effects models were used to examine the independent effect of different levels of music engagement (i.e., low, medium, and high) on changes in performance on episodic memory tasks, while controlling for confounding factors. Compared to those with low engagement (i.e., neither listening nor singing/ playing an instrument), respondents who reported being engaged at the medium (i.e., either listening or singing/ playing an instrument) or high (i.e., both

listening and singing/ playing an instrument) level performed 0.24 (p=0.003) and 0.52 (p<0.001) points better, respectively. We found evidence that music engagement attenuated the decline in episodic memory. The findings suggest that music engagement may be a protective factor against aged-related decline in episodic memory. Therefore, music engagement may offer a promising non-pharmacological intervention for dementia risk mitigation among community-living middle-aged and older adults. Future research should examine whether interventions to increase music engagement can affect the trajectories of aged-related decline in cognition in this large and growing population.

NEUROANATOMICAL MODERATORS OF THE IMPACT OF MILD BEHAVIORAL IMPAIRMENT ON COGNITION

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Older adults with mild behavioral impairment (MBI), or the presence of late-life neuropsychiatric symptoms, have a unique cognitive phenotype. However, the neural correlates associated with MBI-related cognitive changes is not well understood. The goal of this study is to examine if specific regions of the brain moderate the relationship between the presence of MBI and performance on tasks of cognition. Data from the National Alzheimer's Coordinating Center was utilized for this study. Participants (N=1,451) were included in our analyses if they were cognitively healthy or had mild cognitive impairment (MCI). Multiple domains of cognitive performance were evaluated. The neuroanatomical regions included hippocampus, caudal anterior cingulate (ACC), rostral ACC, entorhinal, and parahippocampal gray matter volume; and caudal ACC, rostral ACC, entorhinal, and parahippocampal mean cortical thickness. Hippocampal, entorhinal, and parahippocampal cortical gray matter volume moderated the relationship between MBI and performance on tasks of episodic memory. Left rostral ACC cortical gray matter volume and entorhinal and parahippocampal mean cortical thickness moderated the relationship between MBI and performance on language tasks. Hippocampi cortical gray matter volume also moderated the relationship between MBI and performance on processing speed tasks. Persons with smaller brain sizes in these areas were more negatively affected in these cognitive domains if they had MBI. These results suggest that the association between smaller brain volumes and cognition was stronger among persons with MBI. These findings suggest that older adults with MBI may perform worse on these tasks due to neurodegeneration that is present.

PERSON, PLACE, AND TIME EFFECTS ON COGNITIVE FUNCTION AMONG OLDER PEOPLE IN TAIWAN

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Purpose: Individual's factors across time or combined with area characteristics related to cognitive function for older people have been widely explored, but little research examined person, place, and time effects altogether. The purpose of this study was to examine the effects of individuals, cities, and time on older people's cognitive function in Taiwan. Methods:

A nation-representative longitudinal individual data were from Taiwan Longitudinal Survey on Aging (TLSA) 1999-2015 panel data (analysis sample $n=6349$ persons, observations= 12042). Cognitive function was scored 0-19. Individual's factors included demographics, health conditions and health behaviors, mental health and stress, social support and social participation, etc. Eleven city-level indicators were based on 22 cities and data were from the government open data sources. Mixed linear modeling analysis was applied. Results: Better cognitive function was significantly related to individuals' working, ethnicity, younger age, better education level, better self-rated health, less psychological stress, receiving more emotional support, having higher economic satisfaction at the intercept. Sex, ethnicity, age, education, self-rated health, physical function, and social connectedness were significant at the time slope. When controlling for individuals' factors, population density and green land were significant at the intercept and at the time slope. Interactions of individual- and city-level factors were not significant. Discussion: Individual's social participation and social support are protective factors of cognitive function for older adults. And an age-friendly environment providing appropriate cognitive stimulation and chances of social participation may be beneficial for cognitive function.

RACE-DISCORDANT SCHOOL ATTENDANCE AND COGNITIVE FUNCTION IN LATER LIFE

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Early schooling plays an important role in shaping cognitive development, both due to the level of academic rigor and the social environment of primary and secondary schools. This is reflected in current racial disparities in cognitive function in later life. Older minorities who attended predominantly White schools with more resources experienced significant cognitive benefits. This study explores whether there are benefits to cognitive functioning in later life from having attended socially diverse schools in early life. We examine the effects of having attended schools composed primarily of different race peers—race discordant schools (RDS)—among Black, Hispanic, and White older adults. Using retrospective and prospective data from the Health and Retirement Study, we examine the association between RDS exposure and four measures of cognitive function (working memory, episodic memory, mental status, overall cognitive function). We assess function at age 55 and 70, and examine change in functioning between age 55 and 70. We find that RDS exposed Blacks and Hispanics experience significant benefits in cognitive function at age 55, but only Blacks experience benefits at age 70. RDS exposed Whites reported higher overall working memory at age 70 relative to Whites in non-RDS schools, suggesting a cognitive benefit from diversity. Results suggest that exposure to more racially diverse school environments have potentially beneficial effects on cognitive function over the life course. Our findings suggest that the cultivation of diversity in schools could be an important long-term public health investment.

RELATIONSHIP OF CANNABIS USE WITH IMMEDIATE, DELAYED, AND WORKING MEMORY: THE HEALTH AND RETIREMENT STUDY

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Past research has examined relationship between cannabis use and cognition among adolescents and young adults, but less is known about older adults despite rapidly increasing recreational and therapeutic cannabis use by this demographic. These relationships were explored cross-sectionally using data from the 2018 wave of the Health and Retirement Study (HRS). Dependent variables included immediate and delayed memory (10-item word list) and working memory (serial sevens; range 0-5). Cannabis use was categorized as non-user ($n=886$), past-user ($n=334$), current moderate (<52 uses/year; $n=36$), and current heavy ($52+$ uses/year; $n=92$). Mean age was 67.59 years (range: 50-98, $SD=10.76$). The sample was predominantly female (59%), and Caucasian (67%). Uncontrolled analyses found that cannabis use group was associated with immediate memory ($F=6.14$, $p<.001$), delayed memory ($F=3.75$, $p=.01$), and working memory ($F=6.91$, $p<.001$). Analyses controlled for gender, education, age, and race found that cannabis use group was no longer associated with delayed memory ($F=1.74$, $p=.16$) or working memory ($F=1.66$, $p=.17$); however, cannabis use was associated with immediate memory ($F=3.75$, $p=.01$) in controlled analyses. Current heavy users' ($M=4.94$, $SE=.16$) immediate memory worse than that of both non-users ($M=5.48$, $SE=.06$) and past users ($M=5.49$, $SE=.09$; $p<.05$ for both). Gender, education, age, and race significantly associated with immediate, delayed, and working memory, respectively ($p<.05$ for all). In conclusion, relative deficits in immediate memory, but not delayed memory or working memory, were associated with current heavy cannabis use among older adults. In combination with other findings, these results may inform development of safe-use guidelines for older adults.

TECHNOLOGY SUPPORTING COGNITIVELY IMPAIRED OLDER ADULTS: A SCOPING REVIEW FOR THE ENHANCE CENTER

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Cognitive impairments (CIs) result in difficulties with a wide range of daily activities. Older adults are especially at risk for CIs, and as the older adult population increases, so does the importance of understanding and supporting the needs of those with CIs. The Enhancing Neurocognitive Health, Abilities, Networks, and Community Engagement (ENHANCE) Center was established with a focus on developing technology-based support for socialization, transportation, and prospective memory needs of older adults with CIs due to mild cognitive impairment (MCI), traumatic brain injury (TBI), and stroke. The extent to which relevant literature in these domains existed was unknown. We conducted a scoping review to identify existing research meeting the following criteria: participants aged 50+ years classified as having a CI due to MCI, TBI, or stroke; and a focus on technology-based support for socialization, transportation, and/or prospective memory needs. Using PRISMA guidelines, we searched three electronic databases, and reviewers screened citations for inclusion and completed data charting. Following screening, only 11 studies met our inclusion criteria. Qualitative and quantitative data are reported for each study. In addition to few studies available, it was common for studies to include 20 or fewer participants. Most assessed technology interactions at one time and few studies