

## RACIAL/ETHNIC/GENDER-BASED DISPARITIES IN HEALTH TRAJECTORIES AMONG AMERICAN OLDER ADULTS

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Numerous studies have examined racial/ethnic- or gender-based disparities in health. However, few examined health outcomes based on a combination of individuals' race, ethnicity, and gender. Guided by an intersectionality framework, this study explores racial/ethnic/gender-based differences in older adults' health trajectories over a ten-year period. Longitudinal data from the Health and Retirement Study (2004-2014) were used (n=16,654). Older adults (65+) were stratified into six groups based on their race, ethnicity, and gender, including (1) Non-Hispanic (NH) White Men; (2) NH White Women; (3) NH Black Men; (4) NH Black Women; (5) Hispanic Men; and (6) Hispanic Women. Growth curve models were used to examine the trajectories of three health indicators over time, including cognitive function, physical function (i.e. the sum of activities of daily living and instrumental activities of daily living), and depressive symptoms. The results indicated that NH White men and women outperformed racial/ethnic minority groups in cognition and physical function trajectories. Females in all racial/ethnic groups had more depressive symptoms but better cognition than their male counterparts. Hispanic women reported the most depressive symptoms. Hispanic women and NH Black women had the poorest physical function. NH Black men/women had the lowest cognition. Study findings highlighted the utility of an intersectionality framework in understanding health disparities in later life. Multiple social identities intersect with each other and generate protective and/or risk effects on cognitive, mental, and physical health status. Multilevel intervention strategies are warranted to close the health equity gap among various marginalized population groups.

## THE ASSOCIATION BETWEEN ENVIRONMENTAL FACTORS, RACE, AND COGNITIVE STATUS

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Based on the data from National Social Life, Health and Aging Project, Wave 3, this study examined two research questions: what is the role of race in predicting cognitive status? and what are predictors of cognitive status between white and black older adults? Cognitive status was assessed using the 18-item survey-adapted Montreal Cognitive Assessment. Using the ecological framework, correlates of cognitive status were conceptualized in three levels of environments: micro- (personal health), meso- (social relationship), and macro-environments (community characteristics). Hierarchical regressions analyses were employed. Findings indicated that 83% of the sample (n= 2,829) were whites and the mean age was 72.95. Bivariate analyses suggested significant racial differences in cognitive status, marital status, income, education, health, social relationship, and community characteristics. Additive and interactive models showed that race had an independent effect as well as joint effects

with the three levels of environments in explaining cognitive status. Parallel regression analyses for each racial group were undertaken and models were significant ( $P < .0001$ ). In two separate models, common predictors for better cognition included being younger, more educated, fewer IADL impairments, and less depression. For older whites, unique correlates for better cognition were being female, higher income, sense of control in life, safer community, and neighbor relations. The only unique correlate for older blacks to have better cognition was community cohesion. Results provided insights on racial differences in cognition experienced among community-dwelling older Americans, and emphasized the need for social programs that promote race-sensitive, age-friendly communities to protect against cognitive decline.

## THE EFFECT OF MIDLIFE CARDIOVASCULAR RISK FACTORS ON COGNITIVE FUNCTION NEARLY A HALF A DECADE LATER

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Several cardiovascular risk factors (CVRFs) have been associated with poor cognitive function. However, few studies have examined these factors longitudinally during midlife. We hypothesized that more midlife CVRFs would predict worse cognitive function approximately six years later. Participants were 886 men who participated in waves 2 and 3 of the Vietnam Era Twin Study of Aging. The American Heart Association's "Life's Simple 7" index was used to measure CVRFs. CVRFs were assessed at mean age 61 (range 55-66) and included smoking, physical activity, diet, body mass index, cholesterol, glucose, and blood pressure. Each factor was coded on a 3-point scale (0-2), ranging from poor to ideal status. These scores were then used to create a composite CVRF index (0-14). We examined several cognitive domains assessed at mean age 67 (range 61-73): abstract reasoning, episodic memory, processing speed, executive function, working memory, general verbal fluency, and semantic fluency. Analyses were adjusted for ethnicity, and education, and mean age 61. In the generalized estimating equation models, there were significant main effects indicating that the CVRF index at mean age 61 significantly predicted cognitive function at mean age 67 in episodic memory, 95% CI [.01, .08],  $p = .01$ , processing speed, 95% CI [.02, .09],  $p = .01$ , and executive function, 95% CI [.00, .06],  $p = .03$ . The CVRF index did not predict cognitive function in the other cognitive domains. These results suggest that poor cardiovascular health in late midlife may exacerbate cognitive decline.

## THE INFLUENCE OF MENTAL, PHYSICAL, AND SOCIAL ACTIVITY ON EPISODIC MEMORY OF AMERICANS AGED 50 AND OLDER

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The aim of this study was to describe the relationship between mental, physical, and social activity and episodic