FACILITATORS AND CONSTRAINTS TO SPORT ACTIVITY AMONG ADULTS WITH ARTHRITIS
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This study examines types of facilitators, constraints, and constraint negotiation strategies and their associations with self-reported physical activity levels for older adults with arthritis. A national sample of U.S. adults (N=288; age range =50-85, M=64.8) who participated in a larger study of sport participation completed an online questionnaire on their involvement in leisure activities. The sample was predominantly White (91.3%), female (65.2%), and unmarried (55.6%). As expected, individuals reporting more constraints engaged in significantly less physical activity (β=-.19, p=.01) while those using greater constraint negotiation strategies reported significantly more activity engagement (β =.18, p=.03). Facilitators were examined (intrapersonal, interpersonal, and structural), but only interpersonal facilitators significantly predicted greater levels of physical activity (β =-.07, p=.03). Adults reporting sport engagement during the past year were also more active (β =.24, p<.001). The discussion will focus on the implications of findings and how barriers to activity in this population can be addressed.

SESSION 3280 (SYMPOSIUM)
DIVERSITY, DISCOVERY, AND AGING REIMAGINED: NIA SESSION FOR EARLY-CAREER RESEARCHERS
Chair: Melinda Kelley Discussant: Melinda Kelley
The National Institute on Aging (NIA) at the National Institutes of Health, Department of Health and Human Services, supports biomedical and behavioral research with a lifespan focus. NIA research seeks to understand the basic processes of aging, improve prevention and treatment of diseases in later life, and improve the health of older persons, in addition to a focus on Alzheimer’s disease and related dementias. NIA also supports the training and career development of scientists focusing on aging research and the development of research resources. This symposium, meant for junior faculty and emerging scholars, will provide an update on the latest research findings from NIA followed by a segment on funding mechanisms and strategies. An opportunity will be provided to meet and consult with NIA extramural staff.

OVERVIEW OF NIA MISSION AND RESEARCH
Richard Hodes, National Institutes of Health, Bethesda, Maryland, United States
Dr. Hodes will provide an overview of NIA’s structure and mission, in addition to discussing research foci from across the Institute’s scientific divisions.

HOW TO GET AN NIA GRANT
Kenneth Santora, National Institute on Aging, Bethesda, Maryland, United States
Dr. Santora will provide an overview of the NIA application process and will share information on relevant policy changes.

SESSION 3290 (PAPER)
ENVIRONMENT, HEALTH, EQUITY, DIVERSITY, AND INCLUSION
A COMPARISON OF SUBJECTIVE COGNITIVE DECLINE AND RELATED LIMITATIONS AMONG TRANSGENDER COMMUNITIES IN THE US
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Background: The transgender population is composed of subgroups that are diverse in gender identity (e.g., transgender women[TW], transgender men[TM], nonbinary[NB] individuals). Compared to cisgender adults, transgender adults are more likely to report subjective cognitive decline (SCD). It remains unclear if SCD prevalence and related limitations vary by transgender subgroups.
Methods: 2015-2020 Behavioral Risk Factor Surveillance System data, representing 38 U.S. states that assessed SCD (confusion/memory loss happening more often/getting work over previous 12 months) and gender identity were used to examine differences in SCD prevalence and SCD-related limitations by transgender subgroups, TW(n=442), TM(n=298), and NB(n=183). Age-adjusted odds ratios (OR) along with 95% confidence intervals (CI) were calculated to investigate group differences in SCD prevalence. Separate analyses compared SCD-related limitations, demographics, and health across groups among participants reporting SCD.
Results: SCD prevalence was highest among NB(21.3%), followed by TW(16.3%) and TM(14.1%). After accounting for age, subgroup differences remained; odds of SCD were 1.6x higher among TW compared to TM (CI:1.1–2.4, p=0.012). Among those with SCD, TW were less likely to receive help they needed with day-to-day activities when compared to TM (OR=7.9; CI:0.1–0.2, p< 0.001) and NB (OR=5.0; CI:0.1–0.4, p=0.001); and TW were more likely to be deaf (OR=4.2; CI:1.7–10.1, p=0.002) and have asthma (OR=2.8; CI:1.4–5.7, p=0.005) when compared to NB adults. No other differences were found.
Conclusion: Health and social inequities are not uniformly experienced across transgender subgroups, and it is important to understand how these factors impact the brain health of TW, TM, and NB adults.
BLACK PLACEMAKING: THE BODY, HOME, AND PUBLIC SPACE THROUGH THE LENS OF OLDER WOMEN
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African American communities are frequently depicted as victims of urban conditions. However, a rich culture of grassroots community development and organizing, often led and stewarded by Black women, exists. Many of these efforts involve enhancing economic, political, and educational opportunities and centering ethics of care and caregiving. This is the notion of Black placemaking, which is explicitly community-focused, shaping the social fabric of everyday life and allowing for the development of Black vernacular spaces that became vital to African-American culture. This paper examines how Black older women engage in placemaking by presenting three select case studies. Using a narrative inquiry approach, we conducted secondary data analysis of interviews drawn from larger qualitative studies about aging in communities that took place in San Francisco and New York City. Black feminist spatial imagination, embodiment, and intersectionality theory were our guiding frameworks. Our analysis revealed how the aging Black body is a site that is subjected to socio-political regulation and violence and illuminates how Black women are agents of community resilience, creativity, and transformation. Creating and holding space (i.e., placemaking) with bodies and physical structures that center the Black community is an act of care, self-determination, and resistance to white supremacy. These embodied processes of placemaking have wide-ranging implications for the ways Black neighborhoods are framed and discussed in popular media, empirical research, and policy. Furthermore, they invite a shift in our current approach to placemaking in later life, one that centers the strengths, history, and traditions of the Black community.

COGNITIVE DIFFICULTIES AMONG ASIAN AMERICAN OLDER ADULTS: RESULTS FROM THE AMERICAN COMMUNITY SURVEY
Duy Nguyen¹, Rui Liu², and Yookyong Lee³, 1. Sacred Heart University, Teaneck, New Jersey, United States, 2. Sacred Heart University, Fairfield, Connecticut, United States, 3. University of Alabama at Birmingham, Birmingham, Alabama, United States

While Asians are the fastest growing racial group in the United States, limited research exists on their health needs, especially among older adults. Cognitive difficulties increase disease and caregiving burdens, but little is known about patterns of cognitive health among Asian American older adults. This study fills the knowledge gap by using data from the 2015-2019 American Community Surveys to examine the relationship between Asian ethnicity and gender on cognitive health. This analysis focuses on respondents aged 65 and over from the six most populous Asian American groups: Chinese, Filipino, Indian, Japanese, Korean, and Vietnamese (n=100,538). Weighted, adjusted logistic regression analyses tested for the effects of Asian ethnicity and gender on cognitive difficulties. Multivariate analyses showed Filipino and Vietnamese older adults were more likely than Chinese to report difficulties across health outcomes. Additionally, individuals living with grandchildren were less likely to report ambulatory, independent living, and hearing difficulties. Joint effect analyses revealed Indian, Filipino, and Japanese Americans living with grandchildren reported more difficulties compared to the reference group. Overall, the results suggest that living with grandchildren can be a protective factor for the health outcomes of older Asian Americans, while having different impacts depending on ethnic origin. Future research needs to differentiate the impact of living with grandchildren across Asian ethnic groups. Further, culturally appropriate policy and practices are needed to promote successful aging among older Asian Americans.

HOW DO INTERGENERATIONAL RELATIONSHIPS IMPACT THE HEALTH OF ASIAN AMERICAN OLDER ADULTS?
Duy Nguyen¹, Yookyong Lee³, and Rui Liu², 1. Sacred Heart University, Teaneck, New Jersey, United States, 2. University of Alabama at Birmingham, Birmingham, Alabama, United States, 3. Sacred Heart University, Fairfield, Connecticut, United States

Intergenerational relationships and filial piety are important values common to many Asian-ethnic groups. While a limited literature exists examining the health outcomes of older adults living with grandchildren in Asian countries, Asians in America have received less attention from researchers and policymakers. This study fills the knowledge gap by using data from the 2015-2019 American Community Surveys to examine the relationship between Asian ethnicity and living with grandchildren on health outcomes. This analysis focuses on respondents aged 65 and over from the six most populous Asian American groups: Chinese, Filipino, Indian, Japanese, Korean, and Vietnamese (n=100,538). Roughly half the sample lived with grandchildren. Weighted, adjusted logistic regression analyses tested for the effects of Asian ethnicity and living with grandchildren on 4 health outcomes: ambulatory, independent living, hearing, and vision difficulties. Multivariate analyses showed Filipino and Vietnamese older adults were more likely than Chinese to report difficulties across health outcomes. Additionally, individuals living with grandchildren were less likely to report ambulatory, independent living, and hearing difficulties. Joint effect analyses revealed Indian, Filipino, and Japanese Americans living with grandchildren reported more difficulties compared to the reference group. Overall, the results suggest that living with grandchildren can be a protective factor for the health outcomes of older Asian Americans, while having different impacts depending on ethnic origin. Future research needs to differentiate the impact of living with grandchildren across Asian ethnic groups. Further, culturally appropriate policy and practices are needed to promote successful aging among older Asian Americans living with grandchildren.

KEEPING COMMUNITY DURING A PANDEMIC: LGBTQ+ OLDER ADULTS AND THE VIRTUAL SENIOR CENTER
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