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 racially 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
examined longitudinal use and benefits. While each paper examined one aspect of user-centered design, no technologies were reported that underwent all stages of the user-centered design process, from needs assessment to iterative design and usability testing, to efficacy trial. Such gaps highlight the important role ENHANCE can play.

THE RELATIONSHIP BETWEEN RELIGIOSITY AND COGNITIVE FUNCTION AMONG CHINESE OLDER ADULTS IN CHICAGO
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Evidence suggests religiosity may be related to cognitive decline in older adults living in the US and China. However, the relationship between religiosity and cognitive function has not been tested in a Chinese community in the US. Immigration and isolation often cause diasporas to differ from communities where they currently reside and their origin. This study aims to determine the relationship between religiosity, cognitive function, and demographic attributes in a sample of older Chinese adults age 60 to 105 living in the Chicago area (N = 3157). Regression analysis showed participation in organized religion significantly predicted higher global cognitive function ($\beta = 0.031$, $p < 0.001$, N = 3051). Of all cognitive function measures including episodic memory (East Boston Memory Immediate and Delayed Recall Test), perceptual speed (Symbol Digit Modalities Test), working memory (Digit Backwards Test), cognitive impairment (Mini Mental State Examination), and a composite measure of (global cognition), the importance of religion only significantly predicted greater working memory capacity ($\beta = 0.045$, $p = 0.003$, N = 3058). Practicing religion at home had a nonsignificant relationship with all measures of cognitive function. All analyses controlled for the following covariates: gender, education, income, number of children, marital status, and health insurance coverage status. Findings suggest that among aspects of religiosity, organized religious involvement may have a positive association with higher cognitive function. Future research should explore between-population differences in the relationships of social factors, religiosity, and cognition function to determine what practices can best benefit older adults in various communities.

TRANSCRANIAL BRAIN STIMULATION IMPROVES COGNITION IN OLDER ADULTS WITH DEPRESSION AND ANXIETY
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Older adults admitted to hospital for rehabilitation often have some degree of concomitant cognitive impairment, which may be a barrier to optimizing rehabilitation approaches. Transcranial direct current stimulation (tDCS), a type of non-invasive brain stimulation, delivers a low electrical current across the brain. The neuromodulatory effects of tDCS can be of therapeutic benefit and has been shown to augment cognitive functions in both healthy and clinical populations. This study investigated the effects of tDCS on cognition in older adult inpatients with depression or anxiety. It was hypothesized that anodal tDCS over the left dorsolateral prefrontal cortex would increase cognitive performance compared to a placebo group. Twenty adults between 65 to 86 years of age admitted to the Glenrose Rehabilitation Hospital with underlying depression or anxiety were recruited. Anodal (n=10) or sham (n=10) tDCS stimulation was administered at 1.5mA over 20 minutes, for 10-15 sessions based on participant availability. Cognitive assessments were administered before and after the tDCS protocol. Anodal tDCS stimulation resulted in significant gains on the Symbol Digit Modality Test, Trail Making Test Part A, and Forward Digit Span. This study demonstrated a tDCS-invoked cognitive enhancement in the domains of attention, information processing speed, and short-term memory processes. With the rapidly ageing population, tDCS may be a potential therapeutic option for cognitive enhancement and may be beneficial in ageing-related cognitive-disorders including mild cognitive impairment and dementia.

VASCULAR ILLNESS, COGNITION, AND SUBJECTIVE AGING: EXAMINING THE VASCULAR HYPOTHESIS OF AGING
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Cognition relates longitudinally and cross-sectionally to physical and psychological health among older adults. The Vascular Hypothesis of Aging (Drewelies & Gerstorf, 2020) suggests that illnesses of a vascular nature (e.g., stroke, hypertension, severe varicose veins) negatively affect cognitive abilities. Awareness of age-related change (AARC) is also related to cognition. What is not known is whether the presence of a vascular illness and daily cognitive abilities interact to predict daily awareness of age-related changes. The purpose of this study is to examine the daily fluctuations of cognition, (i.e., memory failures) and their interaction with vascular illness to predict daily awareness of age-related changes. Data were analyzed from 104 participants (M age = 64.67, 60-90 years) who completed online self-report questionnaires. On Day 1, participants answered baseline questionnaires regarding presence of vascular illness, and on Days 2-9 completed measures regarding AARC losses and memory failures. Multilevel models revealed main effects of daily memory failures on awareness of age-related losses, such that on days with more memory failures, older adults reported more age-related losses. We also found a main effect for vascular illness, such that those with a vascular illness reported higher levels of daily age-related losses. We did not find a significant interaction between vascular illness and daily memory failures on daily reported age-related losses. Our results provide preliminary evidence that the vascular hypothesis of aging may also extend to perceptions of age-related changes. Future research could consider examining daily symptoms of vascular illness as they unfold over time.