relational, and institutional levels. Findings were derived from semi-structured interviews and observational data from fieldwork conducted with 20 persons with dementia (median age = 82), 20 of their carers (median age = 60), and 4 professional care providers. All respondents were clients and staff of a multidisciplinary and community-based dementia care system in Singapore. Our analysis indicates the impact of dementia care is strongly mediated by the interplay between institutional/familial contexts of care provision and the various ‘orientations’ to cognitive impairment and seeking support, which we characterised as ‘denial/acceptance’, ‘obligated’, ‘overprotective’, and ‘precariously vulnerable’.

ADAPTIVE REUSE OF DISTRESSED MALLS FOR DEMENTIA-FRIENDLY CITY CENTERS: OUTCOMES FROM COMMUNITY FOCUS GROUPS
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It is estimated that 5.4 million Americans have some form of dementia and these numbers are expected to rise in the coming decades, leading to an unprecedented demand for memory care housing and services. In searching for innovative options to create more autonomy and better quality of life in dementia care settings, repurposing existing structures, in particular vacant urban malls, may be one option for the large sites needed for the European model of dementia villages. These settings may become sustainable Dementia Friendly City Centers (DFCC), because in the case of enclosed mall construction, the internal infrastructure is in place for lighting, HVAC, with varied spatial configuration of public spaces. This presentation describes the community engagement research being conducted by a research team at a Midwestern university, laying groundwork for the DFCC model for centralized dementia programs, services and attached housing. Focus group outcomes from four disciplines (caregiver, physician, designer, community development) detailed four principle themes including: community revitalization, building sustainability, urban regreening and the nurturing of innovation to further a culture of dementia care which is inclusive, progressive and convergent with the needs of an aging. The DFCC model can be seen as one opportunity to make life better not only for those with needs associated with dementia now, but also for ourselves in the future, therefore educating and updating future stakeholders about the value of this model of care will be critical in transforming current hurdles into future opportunities.

AGE COHORT DIFFERENCES AND DEPRESSIVE SYMPTOMS AMONG COMMUNITY-DWELLING OLDER AMERICANS
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This study uses Wave 3 National Social Life, Health and Aging Project to examine the correlation between age cohorts [60s (n=1204); 70s (n=1176); 80 and older (n= 724)], cognitive status, and depression symptoms. In the total sample, 53.90% were females, 76.15% Whites, 15.29% Blacks, and 8.56% Asians. Compared to the 60s and 70s cohorts, 80s cohort was cognitively more impaired [Mean (SD) of MoCA Short Form were 10.7(2.9), 10.0(3.2), and 8.1(3.6)]. There were no age cohorts’ differences in depressive symptoms experienced (Mean of CESD Short Form = 21.03; SD = 4.06). In order to identify predictors of depression, multiple hierarchical regressions were performed. The 60s sample was the reference group to compare with 70s and 80s cohorts. Results showed that age cohort variables had a significant independent effect as well as a joint effect with cognitive status in explaining depression scores. For each age cohort group, parallel regression analyses were conducted and all models were significant. Findings suggest that ADL impairment was the only common predictor for depressive symptoms for the three cohort groups, and the association was the strongest for the 60s cohort (b = .31). Other unique predictors for 60s cohort were lower-income, more IADLs impairment, higher stress and cognitive impairment. For the 70s cohort, unique predictors of depressive symptoms were female gender, unmarried, and less socialization. For the 80 and above group, correlates of depression are female, White, and high stress level. Findings highlight the necessity of age-sensitive programs on depression support for community-dwelling older Americans.

COGNITIVE STIMULATION THERAPY OUTCOMES ACROSS HEALTHCARE AND COMMUNITY SETTINGS FOR INDIVIDUALS WITH DEMENTIA
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Cognitive Stimulation Therapy (CST) is an evidenced-based intervention for individuals with mild to moderate dementia. Originally developed in the U.K., CST has been adapted in several areas of the United States as a meaningful group intervention to help aid in recall and reminiscence for this population. Adaptations of CST have now been developed, including the application of these groups in medical and healthcare settings. However, no study to date has compared memory and mood outcomes of community CST groups to healthcare CST groups. This study will examine the differences in memory, mood and physical mobility scores across both rural and urban settings where CST is used. Two-hundred and sixty-six total participants who have completed all 14 sessions were analyzed, with 150 who participated in a rural hospital and 116 who were in community or university settings. Preliminary data shows that CST is an intervention that can be used effectively in both environments. The results from this study show that improvements in scores were seen in both community (SLUM = +1.75; Cornell = -1.41) and healthcare settings (SLUM = +2.59; Cornell = -2.63). CST might be a meaningful intervention to also help in decrease depression and loneliness in this population. Continued group interventions should be developed in medical and healthcare settings as a resource for patients and family members with dementia-related disorders. There should also be further consideration on the factors that impacted the difference between the two settings.

DID THE 2008 FINANCIAL CRISIS (LITERALLY) CHANGE MINDS?
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This paper investigated whether experiencing a major asset shock (30% or greater decrease in total assets) changed...
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
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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
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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 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 (β=0.32) than for females (β=0.17). 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
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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...