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Research shows regular physical activity (PA) is associated with better health and longevity; however, few studies consider contextual factors related to PA among African American (AA) older adults living in socioeconomically disadvantaged neighborhoods. The Physical and Cognitive Health Pilot Study (n=50) was used to examine associations between PA and level of neighborhood socioeconomic disadvantage among sedentary, AA older adults from four public housing communities in Durham, NC and Annapolis, MD (mean age=64.5; SD=10.42; 72% women). Participants were administered the Community Healthy Activities Model Program for Seniors (CHAMPS), a self-report questionnaire measuring weekly frequency and duration of PAs. Neighborhood socioeconomic disadvantage was defined by the Neighborhood Atlas Area Deprivation Index (ADI), which ranks neighborhoods according to Census block group/neighborhoods within each state and nationally. For the present sample, two of the Durham housing facilities were located in communities in the most disadvantaged block groups. Meanwhile, one Durham location and the Annapolis community were located in the least disadvantaged block groups. Bivariate correlations showed greater neighborhood socioeconomic disadvantage was associated with less participation in various PAs (p<0.05). Next, ANOVA revealed the Annapolis group participated in statistically significantly more PAs, including visiting the senior center, church attendance, and light gardening (p<0.05) compared to the most disadvantaged groups. The present findings suggest there are benefits to living in advantaged contexts despite lower-income status. These findings also suggest barriers within disadvantaged neighborhoods that limit access to recreational activities favorable to health status. Future research should address ways to overcome such barriers.

RELIGION AND VOTING BEHAVIOR OF OLDER ADULTS WITH DISABILITIES IN GHANA
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Voting is a necessary and inherent right of citizens in democracies to select public office holders who decide how public goods and resources are distributed and maintained. It is therefore critical that all citizens who are eligible are able to participate in one of the key aspects of political participation – voting. This study focused on the factors that influence the ability of older adult Ghanaians with disabilities to vote in local and national elections. The study sample of 923 respondents was drawn from the second wave of WHO SAGE in local and national elections. The study sample of 923 respondents was drawn from the second wave of WHO SAGE. By using Pearson’s chi-square test and multiple logistic regression analyses, the study examined the relationship between religious activities and the voting behaviors of all the three people with disabilities included in the study. But certain groups are also influenced by interaction with community leaders and personal political interests and characteristics, including gender. Given these findings, it is suggested that an impact community be established around the meaning and ethics associated with the religious activities people with disabilities participate in, and engage them through civic engagement, and personal and community development activities that empower them to live meaningful lives.

SOCIAL FRAILTY IS ASSOCIATED WITH THE RISK OF MALNUTRITION AMONG COMMUNITY-DWELLING OLDER ADULTS
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Social frailty does not merely affect the level of socialization, but also the means of obtaining resources for the daily lives of older adults. It is highly associated with the quality of life during advanced age. In this study, we analyzed the association between the Mini-Nutritional Assessment (MNA®) score (range 0-30) and 18 singular items and social frailty status of community-dwelling older adults. A total of 2,552 community-dwelling older adults aged 70-84 years (mean age 76.9±4.0, 51.8% female) from the Korean Frailty and Aging Cohort Study (KFACS) were assessed. The social frailty status was assessed in four categories: absence of social interaction, lower economic resources, social resources, social activities, and social interactions. A higher MNA® score indicates better nutritional status. The prevalence of social frailty in older adults was 27.9% (mean age 78.1±4.0, 67.7% female). Approximately 40% of the participants were at risk of malnutrition or malnourished (p<0.001), while socially robust group accounted for 23% (p<0.001). They were at a higher risk of a lower MNA® score (odds ratio [OR] 0.90, 95% confidence interval [CI], 0.84-0.96). Socially-frail older adults have a higher possibility of not eating three full meals a day (OR 2.33, 95% CI 1.19-4.55) which increases the risk of malnutrition. In conclusion, social frailty, as a means of linking resources -including economic and social capitals- to the older adult population directly impacts the risk of malnutrition and requires an appropriate intervention.

SOCIOECONOMIC CORRELATES OF HEALTHY AGING AMONG OLDER CAMBODIANS
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Healthy aging is one of the most critical goals to attain on the World Health Organization’s global aging agenda for developing countries. However, healthy aging has not been widely studied among the many older adults living in those nations. For example, most of the Cambodia’s economically deprived older adults earn less than a dollar a day, while little scientific evidence is known about their healthy aging situation and their support system. Our study aimed to examine socioeconomic correlates of healthy aging among older Cambodians in three provinces. Data of a sample of older Cambodians ages 60 and above (N=210) from 12 districts were collected. Healthy aging was measured using the Healthy Ageing Index developed based on a Southeast Asian context. We measured social support using the Social Network and Social Support scale. Financial conditions were
measured by an index derived from subjective and objective measurements. Multilevel mixed-effects models showed that better social supports from friends and family members, better financial conditions and education were associated with improved health aging among older Cambodians. Supports from friends had a stronger relationship than supports from family members. As one of the first studies examine the social determinants of health among older Cambodians, this study adds to the literature by substantiating the important roles of financial conditions and social support in determining their health and well-being. Findings point to the importance of improving living standard and maintaining social support of the older population in the country.

STRESS IS A RISK FACTOR FOR SHINGLES AMONG OLDER ADULTS
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Stress is a risk factor for shingles. Empirical evidence of how stress affects getting shingles is lacking for the older population. This paper examines how chronic stress and stressful events are associated with incident shingles in a nationally representative sample of the population over age 50, the Health and Retirement Study. Using data for 2010-2016, we tracked 12,628 persons aged 50 and older with no history of shingles at 2010 until the first shingles occurrence and linked shingles to chronic stress appraisal and stressful events in the prior period. Chronic stress appraisal was measured in eight life domains: health, spousal/children, finance, work, residence, relationship, alcohol/drug, and caregiving. Adverse life events including spousal loss, involuntary job loss, residential move, negative wealth shock, and spousal onset of disability were included in an index of stressful events. 3.3% of sample members developed new shingles cases. Regression results suggest that having a higher burden of stressful events significantly increased the risk for shingles (OR:1.13, 95% CI=1.05, 1.22), whereas ongoing chronic appraisal was not associated with shingles onset (OR:0.99, 95% CI=0.96, 1.03). Our findings highlight the importance of preventive efforts on stress management in reducing risks for zoster.

THE EFFECT OF NEIGHBORHOOD COHESION ACROSS THE LIFESPAN ON COGNITIVE HEALTH
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Neighborhood environments may serve as protective factors against cognitive impairment and decline. Recent evidence shows that neighborhood cohesion is associated with better cognitive health in adulthood. We extend the current literature by evaluating how neighborhood cohesion across the lifespan may influence cognitive function in adulthood. We used data from the Health and Retirement Study (HRS) and the HRS Life History Survey. Participants who were 50-89 years old at baseline, completed up to 10 longitudinal waves, and were not cognitively impaired in the last wave were included in the analyses (N=2,057). Early-life neighborhood cohesion was assessed with participants’ retrospective ratings of sense of belonging in their local areas at age 10, when they first had a full-time job, and at age 40. Participants’ assessment of neighborhood cohesion assessed at the final wave was treated as the current indicator of cohesion. Cognitive function was assessed with the full HRS cognitive battery. Preliminary findings from hierarchical mixed models showed an overall decline in cognitive function across time. Current and age 10 neighborhood cohesion were independently associated with better baseline cognitive function, but did not predict cognitive change. Interaction terms involving cohesion at age 10 and current neighborhood cohesion showed that current cohesion buffered the negative effect of low cohesion at age 10. No significant associations were observed for cohesion during the full-time job and age 40 periods. Although effect sizes were small, these results indicate that neighborhood cohesion in older adulthood may offset the detrimental effects of negative childhood environments on cognitive health.

THE EFFECTS OF SEVERE AND FREQUENT BACK PAIN ON MENTAL HEALTH: DOES PERCEIVED SOCIOECONOMIC STATUS MATTER?
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Back pain and mental health are related. The relationship may differ by socioeconomic status (SES); yet, research has not examined the moderating role of perceived SES. We examined if the association between back pain and poor mental health is more pronounced for older men with lower perceived SES. We used a sample of community-dwelling older men (>65yrs) with back pain from the Osteoporotic Fractures in Men Study (n=4,035). Participants reported their perceived SES in comparison to others in the community and in the nation (1=lowest—10=highest), back pain severity (mild—severe), and frequency (rarely—all of the time). Mental health was assessed with the 12-item Short Form Health Survey. Analyses were adjusted for sociodemographic and health covariates. Greater pain severity and higher pain frequency were associated with poorer mental health (p<.001). Only severe pain was associated with poorer mental health (p=.01). Pain ‘some of the time’ (p=.02), ‘most of the time’ (p=.02), and ‘all of the time’ (p=.001) were associated with poorer mental health. Adverse effects of pain were reduced with greater community SES (p<.001 for severe pain; p=.02 for ‘all of the time’ pain frequency) and greater national SES (p=.01 for severe pain; frequency n.s.). Reports of pain were worse for individuals with lower SES. Adverse associations of severe and high frequency back pain with poor mental health are more apparent in older men with lower perceived SES. Where one ranks oneself within their community or nation can influence the pain and mental health link.

THE IMPACT OF CONSCIENTIOUSNESS ON PARTICIPANT DROP-OUT: A NOVEL METHOD FOR ESTIMATING MISSINGNESS
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