95% CI=-0.28, -0.07); and those who had both DM and OIDP-problem had an accelerated decline in memory function (mean=10.4; b=-0.09, 95% CI=0.15, -0.03). Prevention and treatment of multiple chronic conditions are essential for cognitive health in later life.

SELF-REPORTED DENTAL CONDITIONS AND MEMORY DECLINE: THE MEDIATION ROLE OF STROKE
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The relationship between oral health and cognitive function has been studied extensively; however, little research has examined the underlying pathways. Using a cohort of 6,403 adults aged 51+ from the 2006-2010 English Longitudinal Study of Ageing, we analyzed the effect of changes in self-rated dental conditions on memory function (ranges 0-20) and the mediation effect of stroke using a causal mediation analysis framework. Controlling for socio-demographics, lifestyle, and health status, we found that compared with participants whose dental conditions remained the same, those who reported deterioration of dental conditions in 2006-2010 (N=1,755) experienced a steeper decline in memory function, with an average total effect of -0.22 (95% CI=-0.36, -0.07). The stroke incident had an average mediation effect of -0.007 (95% CI=0.014, -0.001), representing 3% of the average total effect. The findings accentuate the importance of dental care access for older adults with exacerbated oral health problems.

SOCIAL ISOLATION AND DEMENTIA ONSET: THE ROLE OF DENTAL VISITS AND TOOTH STATUS
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Using data from the Health and Retirement Study, this study investigated the mediating effects of dental visits and tooth status (measured by edentulism) on the association between social isolation and dementia onset. Social isolation (exposure) and covariates in 2008, mediators (dental visits and edentulism) in 2012, and the onset of dementia between 2012 and 2018 were obtained. Dementia was identified through self- or proxy-reported physician diagnosis. We included 8,744 participants, and 576 (6.6%) had dementia during follow-up. There was a significant effect of social isolation on the onset of dementia (Hazard Ratio [HR], 1.14; 95% CI, 1.01-1.28). Controlling for mediators, the effect of social isolation was reduced to 1.10 (95% CI, 0.98-1.25), leaving an indirect effect of 1.03 (95% CI, 1.02-1.04). The proportions mediated by dental visits and edentulism were 4.4% and 7.5%, respectively. Our findings highlight the importance of improving oral health and dental care for older adults.

DISPARITIES IN ACCESS TO DENTAL CARE IN COMMUNITY-DWELLING OLDER ADULTS WITH COGNITIVE DISABILITY
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Older adults with cognitive disability are worse off with being up-to-date with preventive care and routine dental care is not considered a clinical preventive visit covered by insurance for this population. I examine disparities in access to dental and clinical preventive services (e.g. dental visit, blood pressure visit, flu shot) in the past year in 28,068 older adults with cognitive disability using the nationally representative Medical Expenditure Panel Survey from 2009-2016. I conduct multivariate logistic regressions and find older adults with cognitive disability vs. no disability have higher odds of receiving annual blood pressure check (AOR, 1.97, 95% CI 1.34-2.88) but lower odds for having an annual dentist visit (AOR, 0.61, 95% CI 0.53-0.71) with only one-tenth of those with cognitive disability report having dental insurance. These findings have implications for integrated community-and-clinical care partnerships for closing the gap for routine dental care services among older adults with cognitive disability.

SOCIAL SUPPORT, SOCIAL STRAIN, AND DENTAL CARE UTILIZATION AMONG OLDER CHINESE AMERICANS
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Regular dental care utilization is instrumental to good oral health. This study aimed to examine how positive and negative aspects of social relationships jointly exert influences towards dental care use among foreign-born older Chinese Americans. Data came from the Population Study of Chinese Elderly in Chicago collected between 2017 and 2019 (n = 3,000). Dental care utilization was dichotomized into “no dental visit” versus “any dental visit” in the past two years (including dental visit overseas). Social support and strain were measured by the Health and Retirement Study's scale from spouse, other family members, and friends (1= having any support/no strain). In stepwise logistic regression, accounting for chronic conditions, oral health problems, and sociodemographics, spousal support remained to be significantly associated with a lower likelihood of having any dental visit. Findings illustrate the importance of understanding how different aspects of social relationships might play a role in dental care use.

SESSION 3880 (SYMPOSIUM)
OUTDOOR FALLS PREVENTION: PROMOTING SAFETY IN URBAN NEIGHBORHOODS
Chair: Tracy Chippendale

Outdoor falls present a significant challenge to the well-being of community dwelling older adults. There are a number of existing evidence-based programs that address fall risk, including multifactorial and exercise-based programs. However, despite the difference in risk factors for
indoor and outdoor falls, no existing program specifically targets outdoor falls. To fill this gap, the Stroll Safe program was developed and refined based on a prior feasibility study. The 7-week group-based manualized program is focused on promoting safe behavioral strategies to reduce the risk of outdoor falls. In addition to presentations and community mobility coaching by the group leader, an occupational therapist, the program includes group discussion and problem solving, capitalizing on the life experiences of participants. Action planning facilitates implementation of the strategies discussed. Given that the neighborhood environment impacts both risk and fear of falling, a walkability audit (i.e. the SWAN) focused on environmental hazards is included and is used to promote awareness of hazards and as a tool for self-advocacy. Data science and machine learning facilitate the creation of resources for route planning. Vision Zero resources help to identify hotspots for pedestrian injuries, and a map of shadow is used to create a user-friendly map of potential hotspots for black ice. In this symposium, we will present 1) Findings from the efficacy trial for Stroll Safe, and 2) Describe data science research that can be used to inform outdoor falls prevention programs.

Efficacy of the Stroll Safe Outdoor Falls Prevention Program
Tracy Chippendale, and Steven Albert, New York University, New York, New York, United States

Informed by the Ecological and Health Belief models, the manualized Stroll Safe program addresses the unmet need of a targeted outdoors falls prevention program. We examined the efficacy of the program in partnership with eight Naturally Occurring Retirement Community program sites in one U.S. city (N=86). Participants age 60 and older with a history of falls or a fear of falling were recruited. Community sites were randomly assigned to the treatment or wait list control group. Results of independent samples t-tests reveal a statistically significant improvement in knowledge of outdoor fall risks and safe community mobility strategy use for the treatment group as compared to the wait list control group on the Outdoor Falls Questionnaire (OFQ) and Falls Behavioral Scale for the Older Person (FaB) (p<.001, Cohen’s d=1.9 & 1.2). Improvements were retained at 6-week follow up. Implementation strategies are being developed to facilitate program adoption by other occupational therapists.

Mapping Sidewalk Fall Risks Using Big Data and Machine Learning
Fabio Miranda, and Maryam Hosseini, University of Illinois at Chicago, Chicago, Illinois, United States

Outdoor falls are a leading cause of fatal and non-fatal injuries in the US. These falls are more likely to occur due to environmental hazards, inclement weather, unsafe construction zones, or poor sidewalk condition. Fall prevention programs targeted at older adults must therefore be informed by the interplay between weather condition, urban development, and built environment. Current practices, however, are limited by the lack of comprehensive data describing the condition of pedestrian facilities at fine, human scale, limiting the effectiveness of these programs. To address these shortcomings, we propose a multi-pronged approach leveraging urban data and machine learning techniques to create city-scale inventories describing sidewalk features that can inform safe strategies and programs for community mobility. We will cover the creation of multiple data sets, including computing shadow/shade from building geometries, detection of sidewalk surface material from street-level images, and creation of sidewalk networks from satellite images.

SESSION 3890 (SYMPOSIUM)

Presidential Symposium: The Intersection of Age and Race: Impact on Reimaging Aging
Chair: Shannon Jarrott Co-Chair: Karen Lincoln Discussant: Becca Levy

In this BSS Presidential Symposium, we address the conference theme of “Embracing our diversity; enriching our discipline; reimaging aging” by attending to the intersection of age and race. In our panel, speakers will address the intersection of age and race as it relates to experience of ageism and its effects on individuals’ opportunities to live meaningful lives. Researchers who apply an intersectional lens to their study of aging, ageism, and productive aging among diverse populations will share relevant theoretical concepts, methodological approaches, and associated findings. Links between racism, ageism, and health hold practice implications across health care, work, leisure, and other community settings. Researchers link life course influences, including discrimination, and cognitive health (Muñoz) and productive aging (Gonzales); Robinson-Lane presents a health care model of Culturally and Linguistically Appropriate Services Standards designed to reduce racism and improve care; and, Muramatsu offers practice and policy recommendations to reduce structural racism experienced by older persons and those paid to care for them. Presenters will address the following as we discuss how to reimagine aging from an anti-ageist, anti-racist perspective: 1. Evidence of the intersection of age and race in the experience of ageism. 2. Research models that attend to the intersection of age and race. 3. Efforts to reduce ageism as it intersects with race in order to reimagine aging through practice and policy.

Place, Time, and Structural Racism: Global Perspectives for Reimaging Aging
Naoko Muramatsu, University of Illinois Chicago, Chicago, Illinois, United States

Racism is embedded throughout society, producing enduring health inequities. Structural racism is pervasive across racial or ethnic groups and at the intersection of racism, ageism, and sexism. However, only the tip of the iceberg is visible in the literature or media. This presentation highlights aging and long-term care experiences of racial and ethnic groups that are often invisible in structural racism discussions (e.g., Asians). It also features direct care workers, many of whom are minorities or immigrants. I present a conceptual model of how structural racism (institutionalized, personally mediated, internalized) impacts well-being (mental, physical, cognitive, social). The model integrates the