Neighborhood infrastructure challenges and changes are possibly understood and experienced in unique ways across the lifespan. This study presents findings on neighborhood conditions and underexplored solutions from the perspective of older adults in Detroit, Michigan. This project obtained multiple perspectives on these issues from older Detroiters through interviews (n=19) and professionals working on climate concerns in the region (n=5). The research was designed using community-based research approaches including having older adults as members of the research team from instrument design to dissemination. One emergent theme, the importance of legacy as motivation in addressing environmental concerns, will be highlighted. This presentation will conclude with a discussion of next steps for this work.

NEIGHBORHOOD COHESION, LIVING ALONE, AND ALL-CAUSE MORTALITY IN COMMUNITY-DWELLING OLDER CHINESE AMERICANS
Yanping Jiang, Mengting Li, and Tammy Chung, Rutgers, The State University of New Jersey, New Brunswick, New Jersey, United States

This study aimed to examine whether neighborhood cohesion would mitigate the adverse effect of living alone on all-cause mortality in community-dwelling older Chinese Americans. Data were drawn from the Population Study of Chinese Elderly (PINE, N = 3,157, 59-105 years, 58% female), a longitudinal study started in 2011. Mortality was tracked through December 2021 (N = 642 deceased). Cox regression indicated that neighborhood cohesion moderated the association between living alone and all-cause mortality (HR = 0.74, 95%CI [0.57, 0.97]), showing that among participants living alone (N = 678), those with high neighborhood cohesion had a 41% lower mortality risk than their counterparts with low neighborhood cohesion. In contrast, among participants living with others, those with high and low neighborhood cohesion had a similar mortality risk. These findings highlight that strong neighborhood cohesion may protect against the increased risk of premature mortality associated with living alone in older Chinese Americans.

NEIGHBORHOOD CHARACTERISTICS AND TRAJECTORIES OF DEPRESSIVE SYMPTOMS AND ANXIETY
Weidi Qin, University of Michigan, Ann Arbor, Michigan, United States

This study aims to identify the trajectories of mental health among older adults and to examine the association between neighborhood characteristics (i.e. social cohesion and physical disorder) and the identified trajectories. Data came from nine waves of the National Health and Aging Trend Study (N=6,951). Group-based trajectory modeling was used to identify the trajectories of depressive symptoms and anxiety respectively. Multinomial logistic regressions were used to examine the relationship between neighborhood and trajectories. Four trajectories were identified, namely “constantly low”, “increasing”, “decreasing” and “constantly high”. Results show that higher levels of social cohesion and the absence of physical disorder in the neighborhood demonstrated beneficial and protective effects on older adults’ mental health trajectories. The findings suggest that social cohesion may be an important social capital to cope with negative mental health experiences. On the contrary, negative physical features may be a stressor that adversely affect older adults’ mental health trajectories.

SESSION 3870 (SYMPOSIUM)

ORAL HEALTH AND DENTAL CARE AMONG OLDER ADULTS IN DIVERSE POPULATIONS: ANALYSES OF LARGE COHORT DATA
Chair: Bei Wu Co-Chair: Stephen Shuman Discussant: Michele Saunders

Using large cohort surveys, this symposium includes five studies examining the linkages between oral health and systemic conditions, and social and behaviors factors affecting oral health and dental care utilization in older adults. The first study used the English Longitudinal Study of Ageing (ELSA) and analyzed the effect of changes in self-rated dental conditions on memory among adults age 51+. This study also examined the mediation effect of stroke on this relationship. Using the same data (ELSA), the second study examined the longitudinal relationships between cognitive function and changes in diabetes and oral health status. Results showed that participants with co-occurrence of diabetes and poor oral health had an accelerated decline in cognitive function over the study period. The third study was conducted among 8,744 adults age 51+ using data from the Health and Retirement Study over a 10-year period. The authors found that social isolation had a significant effect on dementia onset and that both dental visits and tooth status had a mediating effect on the association. The fourth study analyzed the Medical Expenditure Panel Survey from 2009-2016 and found that individuals with cognitive impairment had a significantly lower probability of annual dental visits. Using data from the Population Study of Chinese Elderly in Chicago collected between 2017-2019, the fifth study found that spousal support was 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.

THE IMPACTS OF CHANGES IN DIABETES AND ORAL HEALTH CONDITIONS ON COGNITIVE TRAJECTORIES
Bei Wu1, Chenxin Tan1, Huabin Luo1, and Xiang Qi1, 1. New York University, New York, New York, United States, 2. East Carolina University, Greenville, North Carolina, United States, 3. New York University, New York City, New York, United States

Despite the emerging research studying the relationship between diabetes mellitus (DM), oral health problems, and cognitive function, little is known about how changes in DM and oral health status affected the trajectories of cognitive decline. Using data of 12,802 participants aged 51+ from the 2006-2018 English Longitudinal Study of Ageing, this study examined the longitudinal relationships of cognitive functions with time-varying DM and oral health status – measured by edentulism, self-rated dental condition, and oral impact on daily performance (OIDP) scale at five timepoints from 2006 to 2018. Results showed that participants had DM and edentulism throughout the study period had an accelerated decline in verbal fluency (mean=20.9; b=.17,
95% CI=-0.28, -0.07); and those 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**
Chenxin Tan1, Huabin Luo2, Xiang Qi1, and Bei Wu1, 1. New York University, New York, New York, United States, 2. East Carolina University, Greenville, North Carolina, United States, 3. New York University, New York City, New York, United States

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**
Xiang Qi1, and Bei Wu2, 1. New York University, New York City, New York, United States, 2. New York University, New York, New York, United States

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**
Preeti Zanwar1, Elizabeth Wood2, and Gilbert Gimm3, 1. Jefferson College of Population Health, Philadelphia, Pennsylvania, United States, 2. Washington State University, Spokane, Washington, United States, 3. George Mason University, Vienna, Virginia, United States

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**
Weiyu Mao1, Bei Wu2, Iris Chi3, Wei Yang4, and XinQi Dong4, 1. University of Nevada, Reno, Reno, Nevada, United States, 2. New York University, New York, New York, United States, 3. University of Southern California, Los Angeles, California, United States, 4. University of Nevada Reno, Reno, Nevada, United States

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