Cultural tourism (e.g., attending festivals, visiting museums and heritage sites) is an important part of leisure activity in middle and later life. As they age, midlife adults may anticipate more time for these activities when their family and work demands are less intense. However, the leisure-as-career perspective suggests that preferences, knowledge and skills for leisure and tourism activities develop throughout the life course. This study examines how Korean middle-aged adults participated in cultural tourism activities and whether their willingness to be involved in active leisure in later life differed by their current patterns of cultural tourism activities. We utilized data from the 2014 Korean Baby Boomer Panel Study (N = 4,053; age 51–60). Latent class analyses were applied to five types of activities (i.e., local festivals and events, exhibitions, museums, heritage sites, and international travel), and three distinct patterns were identified. The majority of the Korean baby boomer sample (81%) belonged to “Inactive cultural visitors”—not participating in any type of activity in the past two years, which may reflect persistent time pressures at midlife. “Casual cultural visitors” (11%) mainly visited local festivals and heritage sites. “Serious cultural visitors” (7%) engaged in all types of activities; they appeared to have more time and financial resources. Further, “serious cultural visitors” showed higher willingness to engage in active later life leisure compared to other two patterns, supporting the continuity of leisure/tourism activities. Our findings highlight the importance of prior leisure and tourism behaviors for understanding future leisure activity expectations.

SESSION 6680 (POSTER)

COGNITION AND AGING

RETURNED MISSING PERSONS WITH DEMENTIA: WHAT ROLE CAN FIRST RESPONDERS AND SERVICE PROVIDERS PLAY?
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The number of people living with dementia that wander and go missing is increasing. First responders and service providers play a role in the return of a missing person living with dementia. In the United Kingdom (UK), “return home interviews” are discussions between police and returned missing persons that offer support to the returned missing person to prevent repeat incidents. This study aims to explore and understand the role of first responders and service providers who follow-up with returned missing persons living with dementia. Eight service providers (e.g., social workers) and seven first responders (e.g., police officers) from Canada and the UK participated in online semi-structured interviews. Data were concurrently collected and analyzed using conventional content analysis. In the UK, police conduct “return home interviews” within 72 hours of the missing person’s return. Some charities conduct interviews with vulnerable populations to prevent repeat missing incidents by understanding the circumstances of the missing incident and connecting the person to community supports. In Canada, although follow-up with returned missing persons is not routine, some police units offer support to returned missing older adults. Government and community support organizations also offer supports to returned missing older adults such as referrals for in-home support, technologies, and vulnerable person registries. Service providers and first responders have an important role to play in the prevention of repeat missing incidents. Findings will contribute to the development of a Canadian practice guide for conducting interviews with returned missing persons living with dementia.

FAMILY SUPPORT AS A MEDIATOR OF COGNITIVE FUNCTIONING AMONG HISPANIC OLDER ADULTS WITH SENSORY IMPAIRMENTS
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Background: Understanding the intersection of age, ethnicity, and disability will become increasingly important as the U.S. population ages and becomes more diverse. By 2060, Hispanics, the largest ethnic minority, will comprise 28% of the population. Although a heterogeneous group, originating from a variety of countries, Hispanics may share common cultural values. These familistic values may act as a buffer against social isolation and cognitive decline, commonly associated with sensory disabilities including vision, hearing, and dual sensory disabilities.

Methods: Our sample consisted of 557 Hispanic older adults that participated in the National Health and Aging Trends Study. Longitudinal mediation models across a three-year span were estimated using Mplus with vision, hearing, and dual sensory disabilities predicting cognitive decline directly and indirectly through social isolation. Bootstrapping with 5,000 draws adjusted the standard errors of indirect effects. Results and Discussion: Results suggest that vision disability and dual sensory disability were associated with declines in various cognitive functioning scores. Social isolation was linked with declines in some concurrent and some longitudinal cognitive measures. Although dual sensory disability (i.e., both vision and hearing disability) were linked with social isolation, individual vision or individual hearing disability were not associated with social isolation in this sample. Historically, vision and hearing disabilities have been associated with social isolation, yet in Hispanic cultures, social connections between generations may provide a buffer to this common result of sensory disabilities. Findings from this research suggest that Hispanic older adults experiencing dual sensory disabilities may benefit from interventions that foster social support.

COGNITIVE DECLINE PUBLIC HEALTH SURVEILLANCE: EXPERT-GUIDED COLLABORATION FOR BRFSS MODULE REVISION
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The Behavioral Risk Factor Surveillance System (BRFSS) Cognitive Decline Module collects population level data on subjective cognitive decline (SCD) — self-reported difficulties in thinking or memory — which can be one of the earliest warning signs of dementia. Originally devised in 2009, the module undergoes periodic revision to ensure it remains current, the data collected are actionable, and to encourage uptake of the module by state health agencies. In 2021, the Alzheimer’s Association and the Centers for Disease Control and Prevention’s Alzheimer’s Disease Program formed an expert workgroup to examine the ongoing value and relevance of the module and propose any improvements. Workgroup members included researchers, chronic disease directors, epidemiologists, survey methodologists, policy analysts, and BRFSS coordinators. Using a consensus-building process, the workgroup utilized pre-meeting worksheets to identify areas of agreement and disagreement which informed key debates during subsequent meetings. Among many factors, the workgroup assessed the existing module for accuracy and utility. Discussion centered on aligning language and concepts contained within the module with current scientific research on SCD and how to accurately and adequately assess the associated burden SCD imposes. People living with cognitive impairment were consulted during the revision process to ensure phrasing reflected their lived experience. The result was a consensus set of suggested revisions to the Cognitive Decline Module, submitted to CDC for review and approval. The robust process, involving a variety of stakeholders and perspectives, can serve as an efficient and effective model for ensuring the longevity and usefulness of population health surveillance.

THE EFFECTS OF LIFETIME EXPERIENCES OF HOMELESSNESS AND INCARCERATION ON COGNITIVE AGING

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Alzheimer’s disease and related dementias (ADRD) remain a pressing health concern in the U.S., and this burden and access to care are unequally distributed across the population. The U.S. has one of the highest incarceration rates globally, which is also unequally distributed; and groups like veterans, formerly incarcerated people, and sexual and gender minorities (SGM) face high risk of homelessness. Homelessness and incarceration are potentially traumatic experiences in themselves. Both experiences are more likely among people with less formal education, less economic security, and racialized groups, even as they reduce educational and economic opportunities. Using data from the Health and Retirement Study (HRS; 1998–2016), we investigate whether self-reported lifetime experiences of homelessness and incarceration (including time spent incarcerated) are associated with cognitive functioning and risk of possible dementia. Multilevel modeling adjusted for age, education, and other demographic covariates revealed that lifetime experiences of homelessness and incarceration are associated with lower cognition (Homelessness: β=-1.231, p < .001; Incarceration: β=-0.929; p < .001), but slower aging-related declines (Homelessness-slopes: β=0.044, p<.001; Incarceration-slope β=0.041; p<.001), and homelessness moderated the impact of prior incarceration (β=-1.789; p<.001), but less-steep declines (β=0.092; p <.001). Homelessness and incarceration, independent of their other risk factors and associated harms, have associations with ADRD risk.

CHILDHOOD SOCIOECONOMIC POSITIONING AND LATE-LIFE COGNITIVE FUNCTIONING: A CRITICAL REVIEW

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The predictors of cognitive functioning are varied and complex. Gerontologists are increasingly interested in the long arm of childhood, suggesting that late-life cognitive functioning may be partly the result of influences across the life span. Research shows that childhood economic hardship is associated with disparities in cognitive functioning in older adulthood. Framed by the life course perspective, we reviewed 27 articles that examine associations between childhood socioeconomic positioning (SEP), commonly assessed via parents’ educational attainment, and late-life cognitive functioning in 11 different US datasets. The influence of childhood SEP on cognitive functioning is stronger when cognitive functioning is assessed at a single time point rather than as change over time, suggesting that childhood SEP might not affect the rate at which cognition declines in later life, but does impact where decline begins. The majority of research supported the pathway hypothesis, suggesting that childhood SEP’s influence on adult cognitive functioning works primarily through the mechanism of adults’ own educational attainment and SEP. Several studies support the accumulation of (dis)advantage hypothesis and point to the compensatory potential of upwards social mobility. Support for the latency model, which posits that early-life economic hardship results in enduring outcomes that influence cognitive functioning in older adulthood, above and beyond one’s adult SEP, is present, although weaker than the other hypotheses. Implications include strengthening policies that relieve economic strain and promote educational access among families with young children and also among young adults, as addressing the precursors of cognitive functioning in tomorrow’s older adults is paramount.

RELATIONSHIP BETWEEN PHYSICAL AND MENTAL HEALTH WITH SUBJECTIVE COGNITIVE DECLINE AMONG OLDER ADULTS IN PUERTO RICO

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Worse physical and mental health are risk factors for cognitive decline in older adults. In Puerto Rico, existing healthcare services are lacking, further exacerbating this risk. This study examines how mental and physical health factors affect subjective cognitive decline for older adults in Puerto Rico. Data comes from the 2020 Behavioral Risk Factor Surveillance System, restricted to adults age 60+ residing in Puerto Rico (n = 1603). Subjective cognitive decline was measured with two dichotomous variables (no/yes): increases in confusion or memory loss and difficulty making decisions in the past year. Multivariate logistic regression models were run for each outcome variables. Predictor variables were number of days in past month with poor mental health, diagnosis of depression or mood disorder, self-rated health, and access to healthcare services, along with covariates. Higher