SESSION 1035 (SYMPOSIUM)

CLARK TIBBITTS AWARD AND HIRAM J. FRIEDSAM MENTORSHIP AWARD LECTURES

Chair: Cynthia Hancock, University of North Carolina, Charlotte, Charlotte, North Carolina, United States

AGHE’s Clark Tibbits Award was established in 1980 and named for an architect of the field of gerontological education. The award is given each year to an individual or organization that has made an outstanding contribution to the advancement of gerontology and geriatrics education. The Clark Tibbits Award lecture will feature an address by the 2019 award recipient, David Burdick, PhD, of Stockton University. Hiram J. Friedsam was the professor, co-founder, and director of the Center for Studies in Aging and Health at the University of North Texas. Dr. Friedsam was an outstanding teacher, researcher, colleague, and mentor to students, faculty, and administrators, as well as a past president of AGHE. The purpose of this award is to recognize those who emulate Dr. Friedsam’s excellence in mentorship. The Hiram J. Friedsam Award lecture will feature an address by the 2019 award recipient, Bradley Fisher, PhD, of Missouri State University.

SESSION 1040 (SYMPOSIUM)

INTEREST GROUP SESSION—CANCER AND AGING: CURRENT CHALLENGES IN CANCER SCREENING AMONG OLDER MINORITY POPULATIONS

Chair: Chien-Ching Li, Rush University, Chicago, Illinois, United States

Discussant: Darren Liu, Des Moines University, Des Moines, Iowa, United States

Cancer is an important public issue around the world. Among types of cancer, lung and colorectal cancer are the most common in men while breast and cervical cancer are the most common in women. Detection of early stage cancer via screening can significantly reduce the mortality and prolong life. Although cancer prevention and control has been served as the national priority, individual’s utilization of cancer screening services is low due to limited knowledge of cancer screening and ineffective patient-provider communication, especially in minority populations. In this symposium, we will examine three scenarios that highlight the challenges of cancer screenings in minority populations. First, we will share the results from a mixed method study that investigate the knowledge and attitudes towards Low Dose Computed Tomography lung cancer (LDCT) screening and assess the smoking cessation needs for African Americans who receive LDCT screening in an effort to reduce the health burden of lung cancer. The next study will discuss how the characteristics of older Chinese adults from the United States and Taiwan are associated cancer screening communication with physicians (i.e., whether doctor recommended screenings and whether communicated screenings with doctor). Lastly, we will share the results from a cross-sectional study that analyzed 10 years data of National Health Interview Survey to examine the difference in LDCT screening eligibility among Asian American (i.e., Chinese, Filipinos, and other Asian) smokers. The discussant will summarize with an overview of the topic, and comment on the disparities of cancer screening in older minority populations.

ELIGIBILITY FOR LOW-DOSE COMPUTED TOMOGRAPHY LUNG CANCER SCREENING IN OLDER ASIAN AMERICAN SMOKERS

Chien-Ching Li, Kelsey Choi, Alicia Matthews, and Raj Shah, Rush University, Chicago, Illinois, United States, 2. University of Illinois at Chicago, Chicago, Illinois, United States

Lung cancer is the leading cause of cancer-related deaths in Asian Americans. Low-dose computed tomography lung cancer (LDCT) screening is an effective way to decrease lung cancer mortality. This study aimed to examine the difference in LDCT screening eligibility among Asian American subgroups. The National Health Interview Survey data (2006-2016) was analyzed. The U.S. Preventive Services Task Force guideline was used to determine the LDCT eligibility. A higher and statistically significant proportion of current Filipino smokers (33.4%) met LDCT screening eligibility criteria compared to Chinese (26.5%) and other Asian smokers (22.7%) (p=0.02). Hierarchical logistic regression results further showed that Filipino were more likely to meet LDCT screening criteria than other Asian while adjusting demographics (OR=1.87; p=0.01). The differences in LDCT screening eligibility no longer existed after additionally adjusting socioeconomic factors as well as perceived health status. Future targeted outreach and intervention research is needed for Filipinos with lower socioeconomic status.

CHARACTERISTICS OF CHINESE ADULTS ON CANCER SCREENING COMMUNICATIONS WITH PHYSICIANS

Su-I Hou, 1. The University of Central Florida, Orlando, Florida, United States

This study examined characteristics of Chinese adults on cancer screening communication with physicians. Whether doctor recommended screenings and whether communicated screenings with doctor were used to assess cancer...
communication. Participants were recruited from 9 Chinese churches (5 in U.S. and 4 in Taiwan; N=372). Mean age was 44.31, 60% males, 72% married, 85% college education, and 54% had family history. Overall 35.2% reported doctor recommended screenings and 27.7% talked with doctors about screenings (27.7%). Regressions showed Chinese 40+ years (OR=2.66 & 2.49), had annual health exam (OR=3.43 & 4.41), and been a primary cancer caregiver (OR=2.12 & 2.29) were more likely to report doctor recommended screenings (p<.001; 69% correct classification) and communicated with doctors about screenings (p<.001; 76% correct classification). There were not significant relationships between family history, gender, perceived cancer risk or health, and screening communications. Findings have implication on designing effective doctor-patient cancer communication programs among Chinese adults.

**SESSION 1045 (SYMPOSIUM)**

**DETERMINANTS OF NEUROCOGNITIVE IMPAIRMENT AND DEMENTIA IN ENGLAND AND JAPAN**

Chair: Dorina Cadar, University College London, London, United Kingdom
Co-Chair: Kokoro Shirai, Graduate School of Medicine Osaka University, Suita, Osaka, Japan

Dementia is one of the major contributors to disability and dependency amongst the elderly populations and a significant public health concern. Even though the prevalence of dementia in the UK is rising due to higher numbers of people surviving into older ages, recent evidence suggests that the UK is experiencing a decline in dementia incidence. By contrast, Japan has witnessed a different trend, with increases in both incidence and prevalence. This difference could be related to diagnostic practices within each country, or to the cultural variability in the risk and protective factors driving these emerging forecasts that remain fundamentally different between the UK and Japan. Research in this field has been dominated by clinical studies of dementia mostly conducted in the UK and US, and the current evidence lacks reliable national data on dementia incidence. Socioeconomic inequalities and social determinants of neurocognitive health and dementia risk in two longitudinal studies of ageing: the English Longitudinal Study of Ageing (ELSA) from the UK and Japan Gerontological Evaluation Study of Aging (JAGES). These studies are ideally placed for addressing pivotal research questions in gerontology: 1. What are the biopsychosocial determinants of cognitive impairment and dementia in England and Japan? 2. What are the potential exploratory mechanisms related to the divergent trends in dementia incidence observed in England and Japan? 3. What are the critical differences between the social determinants of dementia in England and Japan?

**BIOPSYCHOSOCIAL DETERMINANTS OF NEUROCOGNITIVE IMPAIRMENT IN THE ENGLISH LONGITUDINAL STUDY OF AGEING**

Dorina Cadar,1 Dorina Cadar,2 Jessica Abell,2 David J. Llewellyn,3 and Andrew Steptoe4, 1. University College London, London, United Kingdom, 2. University College London, London, England, United Kingdom, 3. University of Exeter Medical School, Exeter, England, United Kingdom, 4. University College London, London, England, United Kingdom

Biological and psychosocial risk factors, particularly those that are malleable across the life course, are important determinants of neurocognitive health in later life. We investigated several determinants of cognitive impairment using the Mini-Mental Status Examination (MMSE), as part of the Harmonised Cognitive Assessment Protocol in 1,200 individuals aged ≥65 years from the English Longitudinal Study of Ageing. More than half the participants (55%) were married, 15% had diabetes, 12% had CHD, and fewer than 10% had a stroke. A longitudinal investigation of various risk factors measured at wave 6 (2012-13) was conducted in relation to neurocognitive impairment ascertained with the MMSE ≤24 in 2018. Our results indicate that certain environmental compensatory factors such as education, a marker of cognitive reserve, wealth and psychological wellbeing are relevant determinants of subsequent neurocognitive impairment six years later. These findings are highly informative for the development of interventions aiming to maintain neurocognitive health.

**LONELINESS, SOCIAL ISOLATION, AND DOMAINS OF COGNITIVE IMPAIRMENT IN THE ENGLISH LONGITUDINAL STUDY OF AGEING**

Jessica G. Abell,1 Jessica Abell,1 Dorina Cadar,2 David J. Llewellyn,3 and Andrew Steptoe4, 1. University College London, London, United Kingdom, 2. University College London, London, England, United Kingdom, 3. University of Exeter Medical School, Exeter, England, United Kingdom

Globally the numbers of older people who live alone and those who may experience certain risk factors have risen. In this study, we aim to examine associations between social isolation and loneliness with different domains of cognitive impairment. Data are from the English Longitudinal Study of Ageing (ELSA). Social isolation and loneliness were