older adults. The goal of the current study was to evaluate differences in cognition on a wide array of neuropsychological assessments between monolingual and bilingual cognitively healthy older adults who specifically speak only English and/or Spanish. The sample included cognitively intact older adults who were either monolingual (n=247) English speakers or bilingual (n=42) in English and Spanish. Performance was compared between groups from a battery of neuropsychological assessments that measured executive function, attention, short-term memory, and episodic memory. Compared to English and Spanish bilinguals, monolingual English speakers performed significantly better on a variety of tasks within the domains of executive function, attention, and short-term memory. No significant differences were found in favor of the bilinguals on any domain of cognitive performance. In the present study, we failed to observe a significant advantage for English and Spanish bilingual speakers on the cognitive performance of older adults when compared to monolingual English speakers. This study suggests that the bilingual advantage may not be as robust as originally reported, and the effects of bilingualism on cognition could be significantly impacted by the languages included in the study.

THE ROLE OF STRESSFUL CHILDHOOD EXPERIENCES IN SHAPING LATER-LIFE MEMORY LOSS AMONG BLACK AND WHITE U.S. ADULTS
Caroline Hartnett, University of South Carolina, Columbia, South Carolina, United States

Cognitive decline common in the U.S. and greatly impacts quality of life, both for those who experience it and for those who care for them. Black Americans experience higher burdens of cognitive decline but the mechanisms underlying this disparity have not been fully elucidated. Stress experienced in early life is a promising explanatory factor, since stress and cognition are linked, childhood stressors been shown to have a range of negative implications later in life, and Black children experience more childhood stressors than White children, on average. In this paper, we use data from the Behavioral Risk Factor Surveillance System (BRFSS) to examine whether stressful experiences in childhood help explain Black-White disparities in memory loss. These data were available for 5 state-years between 2011 and 2017 (n=11,708). Preliminary results indicate that, while stressful childhood experiences are strongly associated with memory loss, stressful experiences do not mediate the association between race and memory loss. However, race does appear to moderate the association between stressful childhood experiences and memory loss. Specifically, stressful experiences are associated with a higher likelihood of memory loss for Black adults compared to White adults. In addition, there seem to be some noteworthy patterns across different types of experiences (i.e. parental drinking may predict later memory loss more strongly for Black adults than White adults, but parental hitting may predict memory loss more strongly for White adults than Black adults).

TYPE OF TEA CONSUMPTION AND MILD COGNITION IMPAIRMENT IN OLDER ADULTS
Yao Yao,1 Huashuai Chen,2 Danan Gu,3 and Yi Zeng,1
1. Peking University, Durham, North Carolina, United States, 2. Duke University, Durham, North Carolina, United States, 3. United Nations, New York, New York, United States

Existing studies have testified the neuroprotective qualities of tea. As there are several types of tea, question on which type of tea may exert substantial influence on cognitive health is intriguing and remains unknow. We aim to estimate the association between type of tea consumption and mild cognition impairment (MCI) using a nationally representative dataset of older population in China. Type of tea consumption was classified as three groups: Green, fermented (White, Oolong, Black, and Pu’er), and flower tea. The Mini-Mental State Examination (MMSE) was adopted to assess cognitive function. We conducted multivariate logistic regressions to evaluate the association between type of tea drinking and cognition outcomes (MMSE score and MCI). Potential confounders including sociodemographic factors, health conditions, dietary patterns, lifestyles, activities of daily living, mental health, and living environments. A total of 10,923 participants (mean age: 85.4 yr; female: 53.5%) included in the study. The type of current tea consumption among the participants were: 2143 for green tea, 1302 for fermented tea, and 844 for flower tea. Compared to those who had no habit of tea consumption, the odds ratio of MCI in green tea drinkers was 0.80 (0.68-0.95), in fermented tea drinkers was 1.07 (0.89-1.30), and in flower tea drinkers was 0.85 (0.67-1.09). Our study showed green tea and flower tea consumption associated with lower odds of MCI, while the association was not found among fermented tea drinkers. Future experimental and longitudinal studies are warranted to illustrate the association between varied type of tea and cognitive health.

SESSION 2934 (POSTER)
FALLS, FRAILTY, AND PHYSICAL ACTIVITY
A CONCEPTUAL FRAMEWORK OF PERSON-ENVIRONMENT RELATIONS IN THE OUT-OF-HOME MOBILITY OF PEOPLE LIVING WITH DEMENTIA
Kishore Seetharaman, Habib Chaudhury, and Atiya Mahmood, Simon Fraser University, Vancouver, British Columbia, Canada

This paper proposes a conceptual framework on the relationship between neighbourhood mobility and developmental outcomes of persons living with dementia. While there is growing evidence on the importance of out-of-home mobility for community-dwelling people with dementia, there is a lack of theoretical understanding of the person-environment (P-E) interactions involved in out-of-home mobility in the context of dementia and their influence on psychosocial outcomes. The proposed framework adapts Chaudhury and Oswald’s Integrative Conceptual Framework of Person-Environment Exchange to address the influence of out-of-home mobility-related P-E interactions on processes of agency and belonging for people living with dementia and the cumulative effect on developmental outcomes of autonomy and identity. The framework describes a linear sequence of four components: (i) out-of-home mobility-related P-E interactions determined by individual,
social, physical environmental, and technological factors; (ii) mobility-related environmental barriers and facilitators and perception of out-of-home mobility-related risk and benefit; (iii) interrelated positive and negative processes of behaviour-driven agency and experience-driven belonging; and (iv) interrelated developmental outcomes of autonomy and identity. This framework advances our conceptual understanding of the relations between the experience of living with dementia and different aspects of the neighbourhood environment by bridging objective and subjective dimensions of P-E interactions and framing out-of-home mobility as an important contributor in maintaining identity and autonomy. The framework could inform empirical research in this area, evaluation of dementia-friendly community initiatives, and policy decisions by drawing attention to both the functional aspects and meanings associated with out-of-home mobility for persons living with dementia.

ADAPTIVE CAUSAL THINKING ABOUT MOBILITY CHALLENGES: IMPLICATIONS FOR QUALITY OF LIFE
Judith Chipperfield,† Jeremy Hamm,‡ Patricia Parker,† Maria Krylova,† Loring Chuchmach,† Raymond Perry,† Cheliza Krause,§ and Christiane Hoppmann,∥ 1. University of Manitoba, Winnipeg, Manitoba, Canada, 2. North Dakota State University, Fargo, North Dakota, United States, 3. University of British Columbia, Vancouver, British Columbia, Canada

Weiner’s attribution theory posits that it is adaptive to ascribe challenges to controllable causes (e.g., insufficient effort, bad strategies) and maladaptive to ascribe them to uncontrollable causes (e.g., old age). This is supported by our prior research that showed a heightened risk of mortality when mobility challenges were attributed to old age. The present pilot study randomly assigned older adults (N=36) in a day hospital to either an attributional retraining (AR) intervention group that viewed a video intended to shift causal thinking regarding mobility challenges (uncontrollable→controllable causes), or to a comparison group (No-AR). Participants completed a Time1 survey, the AR intervention (one week later), and a Time2 follow-up survey two weeks later. A manipulation-check revealed that AR was effective in shifting causal thinking away from maladaptive causes; a decline in the endorsement of the old age attribution was observed in the AR group (Ms=2.61 vs. 2.06; p=.02), but not in the No-AR group (Ms=2.45 vs. 2.35, p=.30). The AR and No-AR groups were equivalent at Time 1 on two quality-of-life outcomes: helplessness and perceived control (PC) over health. However, helplessness declined (Time1-Time2) in the AR group (Ms=1.13 vs. 0.73, p=.03), whereas it was relatively stable in the No-AR group (Ms=1.42 vs. 1.26, p=.20). Moreover, PC increased marginally in the AR group (Ms=6.50 vs. 6.69; p=.06), but declined in the No-AR group (Ms=6.20 vs 5.45, p=.05). Together, these findings suggest that attributions can be shifted away from uncontrollable causes and that this shift can have a protective effect that benefits quality-of-life.

AWARENESS OF LOSSES AND NOT GAINS PREDICTS MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY
Erica O’Brien,◊ Manfred Diehl,‡ Eric Cerino,◊ and David Almeida,◊ 1. Pennsylvania State University, University Park, Pennsylvania, United States, 2. Colorado State University, Fort Collins, Colorado, United States

The current study used data from a nationally representative sample of middle-aged and older adults to examine the synergistic relationship between negative and positive self-perceptions of aging on two types of physical activity (PA) and sedentary behavior. Participants from Wave 3 of the National Study of Daily Experiences reported on their awareness of age-related losses and gains, the frequency, duration, and intensity of their PA, and their sedentary behavior across seven days. We performed separate hierarchical models that regressed moderate-to-vigorous exercise, walking, and sitting on perceived losses and gains. Results revealed a significant main effect of perceived losses on moderate-to-vigorous exercise (p=.005, 95% CI=[-121.79,-22.267]). People who perceived more losses than average also reported engaging in fewer minutes of effortful PA. Results also suggested a marginal trend for more perceived losses to predict less walking (p=.055, 95% CI=[-42.85,0.42]) but to have no impact on sitting time (p=.58). Neither perceived gains nor the interaction between perceived gains and perceived losses emerged as significant predictors (ps>.17). Previous work demonstrates a facilitative role played by positive (self-)perceptions of aging on engagement in preventive health behaviors that have important impacts on long-term developmental outcomes. We explored additive and multiplicative effects associated with gain- and loss-related perceptions on PA and sedentary behavior to improve our understanding of the psychological context that surrounds the views of aging and health link. Initial findings suggest differential consequences of positive and negative self-perceptions of aging on distinct health-related behaviors, with the latter being stronger and contributing to activity inhibition.

CHANGES IN LEISURE SELF-EFFICACY AND FALL RISK: ONE-YEAR RESULTS OF N’BALANCE, A FALL PREVENTION INTERVENTION PROGRAM
Laura Payne,† Cathy Headley,‡ Christine Katzenmeyer,§ and Chungsup Lee,∥ 1. University of Illinois @ Urbana-Champaign, Urbana, Illinois, United States, 2. Rockford University, Rockford, Illinois, United States, 3. Consortium for Older Adult Wellness, Lakewood, Colorado, United States, 4. California State University, Long Beach, Long Beach, California, United States

Fear of falling can prevent people from engaging in valued leisure activities. Yet few studies have examined the role of leisure self-efficacy in fall prevention (Datillo, Martire, Proctor, 2012). The purpose of this study was to assess how participation in a fall prevention program affected worrying about falls, self-reported falls, and leisure self-efficacy in older adults over a 1-year fall prevention intervention. N ‘Balance is an 8-week community-based multi-modal fall prevention program. This community intervention study included a treatment (N=50) and control group (N=42). Data were collected in four waves: 1) pre-program physical assessment and survey, 2) post-program physical assessment and survey, 3) six month follow-up survey, and 4) 12 month follow-up survey. Measures included the Activities-Specific Balance Confidence Scale (Powell, Myers 1995), self-reported worry about falling and the leisure self-efficacy scale. Analysis of covariance was used to assess the group x time effects of N