and change over 9 years from M2 to M3. As hypothesized, higher jitter predicted lower performance and greater decline on memory, category fluency, and attention. Contrary to predictions, a lower number of voice breaks predicted worse performance and greater declines on all cognitive tests. The results suggest that voice biomarkers are related to cognitive performance and decline, and they may offer a promising approach for identifying early signs of cognitive impairment or dementia.

WHY DOES COGNITIVE RESERVE ALIGN WITH MODERN WESTERN IDEALS OF SUCCESS?
THEORETICAL & METHODOLOGICAL PROPOSALS
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Cognitive reserve (CR) is a framework that investigates discrepancies between brain pathology and cognitive decline. In explaining why individuals with similar levels of brain pathology display different levels of functional impairment, CR research focuses on factors that resemble modern Western ideals of success: greater education, professional achievement, a self-directed life, and physically and intellectually stimulating leisure time. This theoretical paper documents this alignment between CR and modern, Western ideals of success to hypothesize different mechanisms by which CR may operate. The focus in the CR literature has been on investigating and operationalizing the direct cognitive changes that come from intellectual cultivation, and the native abilities that are hypothesized to produce differences in both education and cognitive outcomes. This paper argues that an attention to CR’s relationship to current definitions of success presents alternative hypotheses about the mechanisms by which CR operates. Specifically, the paper outlines two potential mechanisms and frames alternative means of studying them: First, does the accrual of CR simply follow from being successful in conventional ways because of the material benefits of wealth and stability that success brings? Second, does a lack of success carry cognitive risks solely because of material deprivation, or are there additional psychosocial penalties that come from living a non-normative life—especially when that is not of one’s choosing? This paper proposes both cross-cultural and intersectional methods to begin to better understand the relationship between normative success and cognitive health.

Session 9140 (Poster)

COGNITION II

ASSOCIATION BETWEEN DIET AND COGNITIVE PERFORMANCE IN ADULTS AGED 60 AND OVER: NHANES, 2011–2014
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There is limited evidence examining associations between diet and cognitive performance (CP) in older adults. We used the 2011-2014 National Health and Nutrition Examination Survey to determine if meeting dietary recommendations was associated with CP in adults 60+ years of age. Diet was based on the healthy eating index (HEI) 2015 and categorized into quintiles (higher quintiles indicating healthier diet). CP was based on word list learning, animal naming, and digit symbol substitution test, with scores above 25th percentile indicating adequate performance. Multivariate logistic regression modeling was conducted and adjusted for potential confounders. A total of 3,068 participants completed the CP tests. A slightly higher percentage of participants were female (54.0%), predominantly White (80.5%) and the largest percentage (54.7%) was 60 to 69 years of age. The mean HEI-2015 score (0-100) was 54.89 (SE = 0.56). High CP scores increased with healthier dietary quintiles. However, results were only significant (p < 0.05) for digit symbol substitution test when comparing those in the highest quintile (82.53%) to those in the lowest (70.23%). Compared with participants in the lowest quintile of HEI-2015, participants in the highest quintile had a two-fold increased odds of better digit symbol substitution test scores, after adjusting for confounders (Odds Ratio [OR]: 1.96, 95% Confidence Interval [CI]: 1.28-3.01). Results showed that meeting healthy diet recommendations is associated with improved digit symbol substitution test, a marker of attention, processing speed and executive function. Future research should consider the role of diet in older adults to improve cognitive performance.

CHRONIC STRESS PATTERNS AMONG OLDER ADULTS AND ASSOCIATIONS WITH COGNITIVE FUNCTIONING
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Chronic stress has been associated with several adverse cognitive outcomes, including impaired judgement, executive functioning, and memory. Chronic stress has also been linked to several neurological conditions, including Dementia and Alzheimer’s. While several biomedical measures of stress exist, stress is often subjective, and research has shown that the ability to cope with stress-known as stress reactivity—is more indicative of stress burden that the actual stressor itself. As such, this study aimed to identify the association between different patterns of stress and cognition among older adults. Data were derived from the 2016 Health and Retirement Study, a nationally representative study of older adults aged 50 and older living in the United States. Latent class analysis was used to identify different classes of stress and hierarchical linear regressions were conducted to identify the associations between identified stress classes and cognition. The latent class analysis resulted in four stress classes: high stress, financial stress, secondary stress, and low stress. The sequential logistic regression models revealed that while high stress and financial stress classes resulted in cognitive decline, the significance was mitigated after controlling for health and body functioning factors. This suggests that older
adults are experiencing stressors mostly from health impairments and interventions should target improved health management and financial support for health conditions as an indirect way of reducing disparities in cognitive functioning resulting from chronic stress.

DEPRESSIVE SYMPTOMS MODERATE THE ASSOCIATION BETWEEN LIFETIME DISCRIMINATION AND INHIBITION AMONG OLDER ADULTS
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Discrimination has been identified as a potentially modifiable environmental stressor that reduces cognitive function. As the burden of discrimination can extend from early to late life, understanding its role in cognition in late life is critical. Further, understanding the potential moderating influence of depressive symptoms, which are common among older adults, on the linkage between discrimination and cognition, may provide further insight into the potential patterns of psychosocial stress and negative affect that may promote cognitive decline and dementia. Thus, we sought to examine whether depressive symptoms moderate linear relations of lifetime discrimination to cognitive function in the domains of visuospatial, verbal, and working memory, executive function, and psychomotor ability, adjusting for age, sex, race, and education. Participants were 165 older adults (34% male) with a mean age of 68.43y. Participants completed a health screening, a battery of cognitive tests, a psychosocial assessment, and cardiovascular testing relevant to the larger study. Linear regression results showed a significant interaction between lifetime discrimination and depressive symptoms (p<.05) related to the Stroop interference score, a measure of inhibition. A probe of the interaction showed that greater lifetime discrimination was associated with better inhibition among participants with fewer depressive symptoms. This paradoxical finding is consistent with scant research that shows exposure to discrimination may heighten performance, and is more common among individuals that have achieved more, both educationally and vocationally. Greater depressive symptomatology may reduce this paradoxical association. Future research should explore this question both longitudinally and in a larger sample.

EDUCATION DIFFERENCES IN OLDER ADULTS’ PERFORMANCE ON ONLINE ASSESSMENTS OF INDUCTIVE REASONING AND VERBAL MEMORY
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Paper-and-pencil measures of inductive reasoning and verbal memory administered in-person are well-established methods for measuring cognitive ability in adults. However, given recent increases in the use of online surveys, particularly during the COVID-19 pandemic when in-person research with older adults became difficult, we investigated whether these cognitive measures could be administered effectively online and whether older adults’ performance on these measures of inductive reasoning and verbal memory might differ by education level. Data were collected online between mid-May and mid-June of 2020 from 292 individuals aged 66-90 years (M=69.1, SD=3.3). The sample was primarily White (91%) and had more women (62%) than men; 83 participants had a graduate-level education (master’s/doctoral degree), 101 had an associate’s or bachelor’s degree, and 108 had less than an associate’s degree. Three measures of inductive reasoning (Number Series, Letter Sets, and Word Series) and two measures of verbal memory (Immediate Recall and Delayed Recall of a list of 20 words) were completed by participants on an online platform. One-way MANOVA found a significant main effect for education group on the inductive reasoning measures (Wilks’ lambda=.93, p=.001). However, follow-up univariate ANOVAs indicated significant differences by education group only for Number Series, with Tukey post hoc tests showing that the graduate-level and college-degree groups performed significantly better than the group with less than an associate’s degree. Factorial repeated-measures ANOVA found a significant decline between immediate and delayed recall (p<.001) and that this difference varied by education group (p=.003). Implications of these findings will be discussed.

EDUCATIONAL MOBILITY THROUGH MARRIAGE AND RISK OF COGNITIVE IMPAIRMENT IN LATE LIFE
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Objectives: Marriage represents a long-term intimate relationship involving high levels of interaction and shared resources. Education, as an inter-individual resource, may influence the health status of an individual and his/her spouse. The aim of this study was to assess the impact of educational mobility through marriage on the risk of cognitive impairment in older adults.

Methods: Data were derived from the 2014 wave of the Chinese Longitudinal Healthy Longevity Survey. The final sample included 1,396 married men and 671 married women aged 65 years and older. Cognitive impairment was assessed using the Mini-Mental State Exam (MMSE). The gender-specific effect of educational mobility on the risk of cognitive impairment was tested by logistic regression analyses.

Results: Older men who experienced downward educational mobility through marriage had a higher risk of cognitive impairment, when compared to their upwardly mobile counterparts. This association was not observed in women. Having more years of schooling protected both men and women from being cognitive impaired in late life.

Discussion: These findings provide further evidence that downward socioeconomic mobility through marriage is associated with adverse health outcomes. Yet, the impact of spousal education on health must be understood through the lens of gender. Potential mechanisms that may link spousal education to cognition over the life course were discussed, including health literacy, health behaviors, and household resources.