There is a growing field of evidence that individuals experiencing homelessness are disproportionately impacted by climate change due to factors like exposure to the elements, lack of resources and services, as well as disenfranchisement and stigma; all while experiencing greater occurrences of environmental injustice. Given that there are distinct needs for older individuals experiencing homelessness when affected by disasters, this study will report salient themes identified from qualitative interviews with five residential shelters on considerations they incorporate when disaster planning for their older residents. Thematic analysis revealed older age and homelessness have serious implications for planning, responding and in the recovery of disasters. Challenges to finding accessible transitional and permanent housing, limitations to workforce re-entry, increasing income inequality between classes, limitations to mental health services and policies, and cultural justifications for criminalizing poverty and homelessness contribute to our collective understanding of disaster vulnerability when older adults experience homelessness.

DEVELOPMENT AND REVISION OF THE FAMILY EMERGENCY PREPARATION PLAN AMONG OLDER ADULTS
Zhen Cong,1 Zhen Cong,1 James Craig Keaton,1 and Daan Liang2, 1. School of Social Work, University of Texas at Arlington, Arlington, Texas, United States, 2. Department Of Civil, Environmental, And Construction Engineering, Texas Tech University, Lubbock, Texas, United States

This study examines factors related to holding, revising, and developing an individual emergency preparation plan among older adults who experienced violent tornadoes. A telephone survey was conducted with 543 respondents approximately one year after two violent tornadoes in 2013 with 276 respondents aged 65 or above. Logistic and multinomial logistic regression showed that education was positively associated with a higher likelihood of having a plan among younger but not older adults. Among those who had a plan before the tornado, older, but not younger, adults who experienced more stress were more likely to report the plan as helpful. More stress and having someone in the household with disability increased the likelihood of revising plans afterward among older adults but not among younger adults. Older adults were less likely to develop a new plan and older, but not younger, adults who reported more stress were more likely to develop a plan.

FEASIBILITY OF AN EVIDENCE-BASED MENTAL HEALTH INTERVENTION WITH OLDER ADULTS IN POST-HURRICANE MARIA PUERTO RICO
Denise Burnette1, 1. Virginia Commonwealth University, Richmond, Virginia, United States

Owing to out-migration, decreased fertility and longer lifespans, 18.5% of Puerto Rico’s population is aged 60+ -- 36% live alone and 40% are below poverty. Out-migration after Hurricane Maria may well raise the proportion of older adults to 30%. Mental health problems are among the most widespread and enduring effects of disasters. Common Mental Disorders (CMD) (anxiety, depression, traumatic stress) are most common. Before Maria, CDC data showed 38% of persons age 65+ reported fair or poor health and 20% had been told they had a depressive disorder. In the months after Maria, the overall suicide rate rose 29%, while it more than doubled for people aged 65-69 and tripled for those aged 75-79. This pilot study assesses the feasibility and acceptability of adapting the Friendship Bench, an evidence-based intervention developed in Zimbabwe for CMD, for use with older adults in primary care in Puerto Rico.

THE ANTHROPOCENE AND THE LONGEVITY REVOLUTION
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The Anthropocene, a term popularized in 2010 by Nobel Prize-winning chemist Paul Crutzen, refers to the current epoch during which human beings have begun to have a significant impact on the earth, e.g., the environment and climate change. Global population has grown approximately seven-fold over the past 200 years, while average life expectancy at birth has dramatically increased due to improvements in nutrition, medicine, and technology. The human Longevity Revolution thus provides important evidence of the Anthropocene. Yet, in the face of the Anthropocene, contemporary lifestyles rooted in capitalism—continually seeking more and bigger—are not sustainable; changes are needed for humanity to “live long on the damaged planet.” This presentation will discuss the Longevity Revolution in the context of the theory and previous research on the Anthropocene, then suggest an agenda for future research related to the intersection between the Anthropocene and the Longevity Revolution.

SESSION 2455 (SYMPOSIUM)

COGNITIVE HEALTH AND ADRD: GENDER, RACE, AND ETHNIC ISSUES
Co-Chair: Toni C. Antonucci, University of Michigan, Ann Arbor, Michigan, United States
Chair: Kristine Ajrouch, Eastern Michigan University, Ypsilanti, Michigan, United States
Discussant: Jonathan W. King, National Institute on Aging, Bethesda, Maryland, United States

This symposium addresses minority issues in aging, specifically issues of gender, race and ethnicity, in the study of cognitive health and Alzheimer’s Disease and Related Dementia (ADRD). Cabrera examines ADRD in the Latino community noting that there are or may be important differences among subgroups of Latinos, e.g. Mexicans and Puerto Ricans, who are too often considered a homogenous group. Using qualitative methods, specifically focus groups, she explores whether these two groups have a different understanding of or different concerns about ADRD. Dallo considers the epidemiology of ADRD among Arab Americans. Noting the dearth of evidence on this ethnic group, she uses the National Health Interview Survey from 2000-2017 to examine the prevalence of ADRD among foreign-born Arab American compared to Whites, Blacks and Asians. Indiro et al., consider the long reach of childhood SES on age-related brain changes in different racial and ethnic older adults. Finally, Byrd considers gender differences in cognitive health in the Baltimore Study of Black Aging and finds that women actually report better
cognitive health than men, controlling for age, education and health status despite previous literature suggesting that women experience more dementia than men. In total, this symposium highlights the need to consider contexts such as gender, race and ethnicity in order to fully understand factors influencing cognitive health and ADRD.

LATINOS’ PERCEPTIONS AND CONCERNS ABOUT ALZHEIMER’S DISEASE
Laura Y. Cabrera, 1. Michigan State University, East Lansing, Michigan, United States

Several studies indicate that Latinos are at higher risk of developing Alzheimer Disease (AD). While research has centered on African-American/White or Latino/non-Latino differences, there exists heterogeneity within those groups. Clustering Latinos under a single group in AD resources, neglects cultural, biological and environmental differences. To address this complexity we examine perceptions and concerns about AD symptoms, diagnosis, and care among Mexicans and Puerto Ricans via six focus groups. A priori variables for thematic exploration include familiarity, cultural beliefs, trust, privacy, notions of identity and personhood. We use a pragmatic ethno-methods framework as a lens to discuss and assess our findings and related implications. This will help address the multidimensional and multidirectional nature of knowledge and communication about diagnosis, treatments and nature of AD. These findings will help to identify differences and similarities among two distinct Latino groups, thereby contributing to scholarship in the fields of Latino’s health, aging, and neuroethics.

PREVALENCE AND RISK FACTORS FOR ADRD AMONG ARAB AMERICANS
Florence Dallo, 1. Oakland University, Rochester, Michigan, United States

In the United States (U.S.), Alzheimer’s Disease and Related Dementias (ADRD) afflict over 4.7 million individuals ages 65 or older. Arab Americans are a subgroup of whites in which ADRD is not well understood. This study estimates prevalence and risk factors for ADRD among Arab Americans ages 45 or older. Data for 2000-2017 from the National Health Interview Survey (NHIS) using the region of birth question was used (N=222,219). The age- and sex-adjusted prevalence of ADRD was 10.3% for foreign-born Arab Americans compared to approximately 7.5% for US-born non-Hispanic whites (NHW), blacks and Asians. The prevalence of ADRD was 8.6% for Hispanics (all p-values <0.0001). When controlling for age and sex, Arab Americans were 1.4 times (OR=1.02, 1.93) more likely to have ADRD compared to US-born NHW. Future studies should capture other generations of Arab Americans to better understand the trend of ADRD among this understudied, often invisible population.

CHILDHOOD SES AND AGE-RELATED BRAIN CHANGES RACIALLY-ETHNICALLY DIVERSE OLDER ADULTS
Indira C. Turney, 1. Miguel Arce Rentería, 1. Anthony G. Chesebro, 1. Juliet M. Colon, 1. Nicole Schupf, 1. Richard P. Mayeux, 1. Adam M. Brickman, 1. and Jennifer J. Manly, 1. Columbia University Medical Center, New York, New York, United States

Socioeconomic disadvantages in childhood has been linked to dementia in late life. However, the underlying pathways through which childhood socioeconomic status (CSES) affects health in old age is unclear. CSES has been linked to age-related differences in regions affected by Alzheimer’s disease (AD; e.g., hippocampus). CSES varies across race/ethnicity; It is critical to examine the relationship between CSES and age-related brain structural changes across diverse aging populations. We used an established proxy for CSES, number of siblings (i.e., sibship size), to examine whether CSES buffered age-related changes in hippocampal volume in a community-based sample of racially/ethnically diverse older adults. Sibship size moderated age-related differences in hippocampal volume in Whites (β=-5.61[-11.09,-0.12]), but not in Blacks and Hispanics. Results indicate that Whites with no sibling (vs. Whites with siblings) show less age-related difference in hippocampal volume. Future analyses will examine other CSES factors (i.e., parental education/occupation) on age-related structural changes across race/ethnicity.

EXPLORING SEX DIFFERENCES IN COGNITION IN OLDER BLACKS
DeAnna R. Byrd, 1. and Roland J. Thorpe, 2. Wayne State University, Detroit, Michigan, United States, 2. Johns Hopkins, Baltimore, Maryland, United States

Keith E. Whitfield

Previous literature suggest that women experience more dementia than men. However, it is unclear what accounts for these differences and whether sex differences exist among Blacks over time. We hypothesize that Black women will have worse cognitive outcomes than men and smoking may potentially explain these differences. Longitudinal data from the Baltimore Study of Black Aging-Patterns of Cognitive Aging was used to assess cognitive change over 33 months in five domains. The sample consisted of 602 community-dwelling Blacks, aged 48-92 years at baseline and 450 at follow-up. Findings indicated that Black women reported better vocabulary, working and verbal memory than Black men, controlling for age, education, smoking, and health status. These findings suggest that Black women may have some cognitive advantages in mid to later life compared to Black men. Future research should continue exploring longitudinal sex differences in cognitive domains among Blacks and the underlying drivers of these differences.

SESSION 2460 (SYMPOSIUM)

POLICY SERIES: CONGRESSIONAL UPDATE
Chair: Brian W. Lindberg, The Gerontological Society of America, Washington, District of Columbia, United States

This popular annual session will provide cutting-edge information on what the 116th Congress has and has not accomplished to date, and what may be left for this year. Speakers will discuss key issues such as Social Security, Medicare, Medicaid, and the Older Americans Act, caregiving, the National Institutes of Health. Hill staffers, advocates, and lobbyists will present.