generated pool of LPCs (N=120), participants who received aging-specific information were more likely to choose an aging-specific CE option, F(4, 107) = 5.35, p<.001. Demographic variables, perceived competence for working with older adults, knowledge of aging, and ageist beliefs were also collected; analyses including these variables will also be presented.

MANAGEMENT OF DEPRESSION IN OLDER ADULTS RECEIVING CARE IN MEDICAL SETTINGS
Cecilia Poon, Nebraska Medicine, Omaha, Nebraska, United States

Although rates of major depressive disorder are lower among older adults, depressive symptoms are a common presentation for aging individuals in medical settings. Unique challenges arise when treating depressive symptoms co-occurring with brain health concerns in older adults with a complex medical history. This presentation reviews how cognitive behavioral interventions for later-life depression are relevant for mental health practitioners who work in primary care and general medical settings. Specific clinical and multicultural considerations will be highlighted to support clinicians and interdisciplinary teams to work effectively with older adults who have co-existing depressive symptoms and cognitive concerns.

CLINICAL TOOLS TO ADDRESS BRAIN HEALTH CONCERNS IN THE CONTEXT OF LATER-LIFE DEPRESSION
Kelly Bergstrom, University of Missouri-St. Louis, St. Louis, Missouri, United States

GSA’s revised KAER Toolkit for Primary Care Teams (Fall, 2021) is an important resource, yet the complexities of depressive and cognitive symptoms in aging individuals create particular challenges for generalist behavioral health providers. Mental health practitioners and their patients can benefit from evidence-based clinical intervention materials that address the intersection of depression and brain health concerns. This presentation highlights treatment strategies and clinical tools from the new Brain Health module of the revised 2021 client workbook Treating Later-Life Depression: A Cognitive Behavioral Therapy Approach from Oxford University Press. Examples will be presented of large print within-session “Learn pages” that inform both providers and patients about normative cognitive aging and ways in which cognitive functioning can be affected by depression. Between-session “Practice forms” will also be demonstrated that address lifestyle factors to promote brain health, consideration of whether to complete a cognitive evaluation, and strategies to manage brain health changes.

SESSION 3860 (SYMPOSIUM)

NEIGHBORHOOD CHARACTERISTICS INFLUENCE OLDER ADULTS’ HEALTH AND MENTAL HEALTH OUTCOMES
Chair: Weidi Qin Discussant: Weidi Qin

Both social and physical aspects of neighborhood characteristics are related to a wide range of health and mental health outcomes. There has been increasing evidence pointing to the link between neighborhood-level factors and health among older adults. Specifically, older adults living in disadvantaged neighborhoods with under-resourced infrastructure may experience more daily activity limitations, mental health symptoms, and increased morbidity and mortality. Positive aspects of the neighborhood, such as social cohesion, may serve as a social capital resource and protect against adverse health outcomes. On the contrary, negative aspects of the neighborhood, such as physical disorder, can be a substantial stressor leading to poor health. The neighborhood environment also disproportionally affects racial and ethnic minorities in the US. This symposium session will present four studies exploring important topics related to neighborhood factors of health among older adults. Collectively, the findings will inform neighborhood-level interventions to promote health and well-being among community-dwelling older adults. This session will start with a talk by Dr. Chan on the link between neighborhood and disability across six ethnic groups of older Asian Americans residing in New York City. Dr. Perry will present a qualitative study to explore the environmental and infrastructure challenges in the neighborhood from the perspective of older adults in Detroit. This will be followed by Dr. Jiang’s talk on the relationship between neighborhood cohesion and mortality among a sample of older Chinese in Chicago. Finally, the session will conclude with Dr. Qin’s presentation on how neighborhood characteristics affect older adults’ mental health trajectories.

ETHNIC AND NEIGHBORHOOD DIFFERENCES IN POVERTY AND DISABILITY AMONG OLDER ASIAN AMERICANS IN NEW YORK CITY
Keith Chan1, and Christina Marsack-Topolewski2, 1. Hunter College, City University of New York, New York, New York, United States, 2. Eastern Michigan University, Ypsilanti, Michigan, United States

Asian Americans are the fastest growing and aging U.S. population, and occupy both extremes of socioeconomic and health indices. Using the 2016 NYC.gov dataset, multilevel logistic regression analyses were conducted to examine the relationship of poverty, acculturation and neighborhood-level variables with disability for different ethnic groups of Asian older adults (Chinese, South Asian, Filipino, Japanese, Korean and Vietnamese) in New York City. Findings indicated that South Asian older adults had higher odds for disability compared to other ethnic groups. Living in a neighborhood with higher percentages of persons of the same ethnicity was protective for Chinese older adults only. There is an important opportunity for interprofessional collaborations through education, awareness, screening and intervening to enhance systems of care for Asian older adults. Social workers can play a pivotal role in providing key linkages to form interprofessional solutions and shared efforts to address the needs of this understudied and under-resourced population.

UNDEREXPLORED SOLUTIONS IN DETROIT'S NEIGHBORHOODS: THE IMPORTANCE OF LEGACY TO ADDRESS ENVIRONMENTAL CONCERNS
Tam Perry1, Evan Villeneuve2, Brenda Butler3, Fatima Hazimeh4, and Ventra Asana5, 1. Wayne State University, Detroit, Michigan, United States, 2. ClearCORPS Detroit, Detroit, Michigan, United States, 3. Detroit’s Eastside Community Network/Marlowe Stoudamire Wellness Hub, Detroit, Michigan, United States, 4. Wayne State University, Dearborn, Michigan, United States, 5. Independent Scholar, Detroit, Michigan, United States
Neighborhood infrastructure challenges and changes are possibly understood and experienced in unique ways across the lifespan. This study presents findings on neighborhood conditions and undere xplored solutions from the perspective of older adults in Detroit, Michigan. This project obtained multiple perspectives on these issues from older Detroiters through interviews (n=19) and professionals working on climate concerns in the region (n=5). The research was designed using community-based research approaches including having older adults as members of the research team from instrument design to dissemination. One emergent theme, the importance of legacy as motivation in addressing environmental concerns, will be highlighted. This presentation will conclude with a discussion of next steps for this work.

NEIGHBORHOOD COHESION, LIVING ALONE, AND ALL-CAUSE MORTALITY IN COMMUNITY-DWELLING OLDER CHINESE AMERICANS

Yanping Jiang, Mengting Li, and Tammy Chung, Rutgers, The State University of New Jersey, New Brunswick, New Jersey, United States

This study aimed to examine whether neighborhood cohesion would mitigate the adverse effect of living alone on all-cause mortality in community-dwelling older Chinese Americans. Data were drawn from the Population Study of Chinese Elderly (PINE, N = 3,157, 59-105 years, 58% female), a longitudinal study started in 2011. Mortality was tracked through December 2021 (N = 642 deceased). Cox regression indicated that neighborhood cohesion moderated the association between living alone and all-cause mortality (HR = 0.74, 95% CI [0.57, 0.97]), showing that among participants living alone (N = 678), those with high neighborhood cohesion had a 41% lower mortality risk than their counterparts with low neighborhood cohesion. In contrast, among participants living with others, those with high and low neighborhood cohesion had a similar mortality risk. These findings highlight that strong neighborhood cohesion may protect against the increased risk of premature mortality associated with living alone in older Chinese Americans.

NEIGHBORHOOD CHARACTERISTICS AND TRAJECTORIES OF DEPRESSIVE SYMPTOMS AND ANXIETY

Weidi Qin, University of Michigan, Ann Arbor, Michigan, United States

This study aims to identify the trajectories of mental health among older adults and to examine the association between neighborhood characteristics (i.e., social cohesion and physical disorder) and the identified trajectories. Data came from nine waves of the National Health and Aging Trend Study (N=6,951). Group-based trajectory modeling was used to identify the trajectories of depressive symptoms and anxiety respectively. Multinomial logistic regressions were used to examine the relationship between neighborhood and trajectories. Four trajectories were identified, namely “constantly low” “increasing” “decreasing” and “constantly high”. Results show that higher levels of social cohesion and the absence of physical disorder in the neighborhood demonstrated beneficial and protective effects on older adults’ mental health trajectories. The findings suggest that social cohesion may be an important social capital to cope with negative mental health experiences. On the contrary, negative physical features may be a stressor that adversely affect older adults’ mental health trajectories.

SESSION 3870 (SYMPOSIUM)

ORAL HEALTH AND DENTAL CARE AMONG OLDER ADULTS IN DIVERSE POPULATIONS: ANALYSES OF LARGE COHORT DATA

Chair: Bei Wu Co-Chair: Stephen Shuman Discussant: Michele Saunders

Using large cohort surveys, this symposium includes five studies examining the linkages between oral health and systemic conditions, and social and behaviors factors affecting oral health and dental care utilization in older adults. The first study used the English Longitudinal Study of Ageing (ELSA) and analyzed the effect of changes in self-rated dental conditions on memory among adults age 51+. This study also examined the mediation effect of stroke on this relationship. Using the same data (ELSA), the second study examined the longitudinal relationships between cognitive function and changes in diabetes and oral health status. Results showed that participants with co-occurrence of diabetes and poor oral health had an accelerated decline in cognitive function over the study period. The third study was conducted among 8,744 adults age 51+ using data from the Health and Retirement Study over a 10-year period. The authors found that social isolation had a significant effect on dementia onset and that both dental visits and tooth status had a mediating effect on the association. The fourth study analyzed the Medical Expenditure Panel Survey from 2009-2016 and found that individuals with cognitive impairment had a significantly lower probability of annual dental visits. Using data from the Population Study of Chinese Elderly in Chicago collected between 2017-2019, the fifth study found that spousal support was significantly associated with a lower likelihood of having any dental visit. Findings illustrate the importance of understanding how different aspects of social relationships might play a role in dental care use.

THE IMPACTS OF CHANGES IN DIABETES AND ORAL HEALTH CONDITIONS ON COGNITIVE TRAJECTORIES

Bei Wu1, Chenxin Tan1, Huabin Luo2, and Xiang Qi1, 1. New York University, New York, New York, United States, 2. East Carolina University, Greenville, North Carolina, United States, 3. New York University, New York City, New York, United States

Despite the emerging research studying the relationship between diabetes mellitus (DM), oral health problems, and cognitive function, little is known about how changes in DM and oral health status affected the trajectories of cognitive decline. Using data of 12,802 participants aged 51+ from the 2006-2018 English Longitudinal Study of Ageing, this study examined the longitudinal relationships of cognitive functions with time-varying DM and oral health status – measured by edentulism, self-rated dental condition, and oral impact on daily performance (OIDP) scale at five time-points from 2006 to 2018. Results showed that participants had DM and edentulism throughout the study period had an accelerated decline in verbal fluency (mean=20.9; b=-0.17,