an evaluation of Virtual Geriatrics, a network of Veterans Affairs tele-geriatric care hubs. Interviews were recorded, transcribed, and analyzed using rapid qualitative analysis. Caregivers deemed telemedicine a convenient option that prevented burdensome travel to remote specialists, facilitated caregiver involvement in visits, and matched quality of in-person visits. Caregivers often managed technology, enabling their loved one to participate in video visits. Telephone visits, while convenient, sometimes caused missed physical cues and hearing challenges which led providers to lean on caregiver communication. Our findings suggest telemedicine is feasible and acceptable for delivery for geriatrics care among rural adults and their caregivers.

SESSION 1050 (SYMPOSIUM)

COGNITION IN CONTEXT: INVESTIGATING THE ROLE OF BUILT, SOCIAL, AND NATURAL ENVIRONMENTS IN COGNITIVE AGING
Chair: Jessica Finlay Co-Chair: Philippa Clarke Discussant: Lilah Besser

While a growing body of evidence points to potentially modifiable individual risk factors for Alzheimer’s Disease and Related Dementias (ADRD), the contexts in which people develop and navigate cognitive decline are largely overlooked. Geographic variation in ADRD rates suggest that environmental risk and protective factors may be important in cognitive aging and dementia caregiving. Community hazards are often heavily concentrated in underserved and underrepresented neighborhoods. This symposium aims to identify specific built, social, and natural environmental features associated with cognitive aging outcomes. The papers provide much-needed evidence on the role of neighborhoods and community networks for cognitive health and well-being among diverse older adults. First, Godina finds significant associations between neighborhood greenspace and microstructural indicators of brain health. Second, Westrick investigates the role of neighborhood disadvantage on long-term memory aging of older adults with and without a cancer diagnosis in later-life. Third, Finlay presents a new concept of Cognability to demonstrate which constellation of positive and negative neighborhood features may contribute most to healthy cognitive aging. Fourth, Nkimbeng identifies community networks and resources needed to inform dementia education and support care among African immigrants. Fifth, expert discussant Besser will share how these findings may inform upstream health promotion and reduce ADRD risk. She will discuss critical future research directions and methods to investigate environments of cognition. The symposium advances research assessing contexts of aging, and facilitate the role of neighborhood disadvantage on long-term memory aging of older adults with and without a cancer diagnosis in later-life. Third, Finlay presents a new concept of Cognability to demonstrate which constellation of positive and negative neighborhood features may contribute most to healthy cognitive aging. Fourth, Nkimbeng identifies community networks and resources needed to inform dementia education and support care among African immigrants. Fifth, expert discussant Besser will share how these findings may inform upstream health promotion and reduce ADRD risk. She will discuss critical future research directions and methods to investigate environments of cognition. The symposium advances research assessing contexts of aging, and may inform public health and policy efforts to ameliorate community barriers and create more equitable opportunities to promote healthy aging in place.

NEIGHBORHOOD GREENSPACE AND GRAY MATTER MICROSTRUCTURAL INTEGRITY: THE HEALTH ABC STUDY
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Neighborhood greenspace is positively associated with cognition and macrostructural indicators of brain health. Microstructural damage may be a sensitive marker for dementia-related neurodegeneration that precedes such macrostructural changes. We aimed to examine cross-sectional associations between neighborhood (census tract) greenspace and gray matter (GM) microstructure in 265 community-sampled adults (mean age=83, 57% women, 39% Black). Linear mixed effects regression models tested associations between quartiles of percent greenspace derived from the normalized vegetation index and mean diffusivity (MD) quantified using magnetic resonance imaging with diffusion tensor. Greater greenspace was related to higher MD in 4 regions: left calcarine (Q3 vs. Q1 β=0.38, p=0.0348), left thalamus (Q2 vs. Q1 β=0.35, p=0.0443; Q3 vs. Q1 β=0.49, p=0.0061), and bi-lateral precuneus (left Q2 vs. Q1 β=0.46, p=0.0096; right Q2 vs. Q1 β=0.36, p=0.0385). The relationship between greenspace and cognition may be through paths other than GM microstructure; future research should explore other potential mechanisms.

DOES NEIGHBORHOOD DISADVANTAGE ALTER MEMORY AFTER A CANCER DIAGNOSIS? A US HEALTH AND RETIREMENT STUDY
Ashly Westrick¹, Monica Ospina-Romeró², Philippa Clarke¹, and Lindsay Kobayashi¹, 1. University of Michigan, Ann Arbor, Michigan, United States, 2. University of Wisconsin, Madison, Wisconsin, United States

We aimed to determine the influence of neighborhood socioeconomic status (NSES) on long-term cancer-related memory decline of older adults. Incident cancer diagnosis and memory were assessed in the U.S. Health and Retirement Study (N=15,074, 1998-2016). Proportion of female-headed households with children, households with public assistance income, people with income below poverty, and proportion 16+ years unemployed was categorized into NSES tertiles. Linear mixed-effects models compared the standardized memory trajectories by cancer status and NSES. Cancer-free individuals living in more disadvantaged neighborhoods had worse mean memory function at age 75 and steeper memory declines than participants from less disadvantaged neighborhoods. An incident cancer diagnosis was associated with an acute memory drop at diagnosis for those living in the least disadvantaged neighborhoods. Cancer survivors had better memory prior to but not after diagnosis compared to cancer-free individuals across NSES. These findings could inform future interventions to promote cancer survivor’s long-term aging.

COGNABILITY: AN ECOLOGICAL THEORY OF NEIGHBORHOODS AND COGNITIVE AGING
Jessica Finlay¹, Esposito Michael², Kenneth Langa¹, Suzanne Judd¹, and Philippa Clarke¹, 1. University of Michigan, Ann Arbor, Michigan, United States, 2.
Washington University in St. Louis, St. Louis, Missouri, United States, 3. University of Alabama at Birmingham, Birmingham, Alabama, United States

This paper presents a new theoretical concept, Cognability, which aims to conceptualize how supportive an area is to cognitive health among aging residents. Cognability incorporates both positive and negative neighborhood features related to physical activity, social interaction and cognitive stimulation in later life. We analyzed data from the Reasons for Geographic and Racial Differences in Stroke Study, a national sample of older Black and white US adults (n=21,151; mean age at assessment=67; data collected 2006–2017). Generalized additive multilevel models examined how cognitive function varied by neighborhood features. Access to civic and social organizations, recreation centers, fast-food and coffee establishments, arts centers, museums, and highways were significantly associated with cognitive function. Race-, gender-, and education-specific models did not yield substantial improvements to the full-model. Cognability advances ecological theories of aging through an innovative “whole neighborhood” approach. Findings may inform community interventions and policy to support healthy aging in place.

FACTORS INFLUENCING WHERE AFRICAN IMMIGRANTS PLAN TO SEEK CARE FOR A RELATIVE WITH DEMENTIA
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Many African immigrants did not hear about dementia until they migrated to the United States, which limits understanding of the disease and awareness of community resources. We examined the relationship between being a caregiver, care recipient country of residence, and seeking care using data from 152 African immigrants. Most participants (90%) were caregivers, 12% of the care recipients resided in Africa, and 59% reported that they would seek care within the formal health system. After controlling for age, gender, income and participant place of birth, caregivers were more likely (aOR: 2.31, 95% CI 0.37, 13.39) to seek care from community networks alone, as were those providing care to a recipient in Africa (aOR: 1.94, 95% CI 0.56, 6.71), but these were not statistically significant. These findings which trend toward preferences for seeking care through informal community networks (friends, religious organizations etc.), can inform dementia education and outreach for this community.

SESSION 1060 (SYMPOSIUM)

COVID-19 RECOVERY: LESSONS LEARNED AND POLICY ACTIONS FOR THE FUTURE
Chair: Christine Mueller Discussant: Kirsten Corazzini

Focusing on Covid-19 recovery, this symposium will feature a selection research studies that highlight lessons learned that are applicable across the continuum of care for older adults, their families and care partners. The collection of presentations bring perspectives from local to global. Each of the presenters will highlight implications for health and aging policy.

IMPACT OF COVID-19 MITIGATION POLICIES: LESSONS LEARNED FROM US AND MIDDLE-HIGH INCOME COUNTRIES

The COVID-19 pandemic has been a natural global epidemiological experiment unique to our century and a massive shock to older adults and to systems that care for them. There was a lack of a global unified plan to mitigate and control the spread of COVID-19. Several middle-or-high-income nations struggled to control the viral spread resulting in increased mortality due to a combination of lack of public health measures and existing disparities which were magnified during the pandemic. The purpose of this review by a team of international experts is to (1) to examine reasons for the varied COVID-19 responses within U.S. and among other middle-or-high-income countries and the emergence of variants and vaccine inequities, and (2) to examine the country specific burden of cultural/structural/political determinants on access to care and mortality among older adults in various settings.

INFECTION PREVENTION CHALLENGES AND OPPORTUNITIES IN SMALL LONG-TERM CARE FACILITIES
Carolyn Ham, Washington State Department of Health, Shoreline, Washington, United States

Small, individually owned long-term care facilities experienced unique challenges to accessing infection prevention knowledge and resources during the COVID-19 pandemic. Three data sets were analyzed: 1) Multi-state qualitative interviews with public health and regulatory staff in spring 2021; 2) Online survey of Washington state adult family home providers on infection control knowledge and practices in fall 2020; 3) Non-regulatory Infection Control Assessment and Response evaluations conducted between March 2020 and January 2021. Consistent findings across datasets were ongoing difficulty obtaining personal protective equipment (PPE), inability to implement isolation precautions and high vulnerability to staffing shortages. Small facilities showed strengths in consistency of leadership and engagement with public health outreach. Facility size is a key factor in infection prevention disparities for older