older adulthood is associated with increased risk of dementia; however, individuals who report elevated anxiety throughout mid-to-later older adulthood are particularly at risk.

**TWO-YEAR CHANGE IN MONTREAL COGNITIVE ASSESSMENT AND RELATED PREDICTORS IN COMMUNITY-DWELLING ELDERLY**

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The Montreal Cognitive Assessment (MoCA) is primarily used for mild cognitive impairment (MCI) screening in older adults in the clinical setting. The epidemiology of MoCA performance in population-based settings remains to be better characterized. The goal of this study was to assess short-term changes in MoCA scores, and examine selected risk factors, with emphasis on the evaluation of the a priori hypotheses of engagement in volunteer activities as a protective factor against cognitive deterioration. Data of the prospective study were from 438 community-dwelling older Japanese (age range: 65–84) living in an urban area in Tokyo (2013–2015). Outcome was short-term cognitive deterioration, defined as decline of 2 or more points in MoCA-J scores obtained 2 years apart. Multivariate logistic regression was used with adjustment for age, gender, chronic conditions, self-rated health, baseline MoCA-J, and recent hospitalization. Analytic sample had mean age of 73.3 ± 5.4 years old; and mean MoCA-J of 24.4 ± 3.8; 58.2% were female. Of study participants, 38.1% experienced cognitive deterioration. Engagement in volunteer activities was associated with lower adjusted odds of subsequent MoCA-J deterioration 2 years later (odds ratio [OR]: 0.32; 95% confidence interval [CI]: 0.100–0.98); contrastingly, going out of the home less than once/day (OR: 2.90; 95% CI: 1.24–6.80), and slower timed Up and Go (OR: 1.28; 95% CI: 1.00–1.60 per 1 second slower) were risk factors for cognitive deterioration In conclusion, engagement in volunteer activity was an independent protective factor against cognitive deterioration, while homebound status and worse mobility were risk factors of short-term MoCA-J deterioration.

**VOLUNTEERING, POLYGENIC RISK FOR ALZHEIMER’S DISEASE, AND COGNITIVE FUNCTIONING AMONG OLDER ADULTS**

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The link between formal volunteering and health is now well-established in the scientific literature, with increasing evidence suggesting a causal relationship. Recent developments in this area of research point to how volunteering may yield cognitive benefits for the volunteer, but the mechanisms underlying this relationship are not well understood. The aim of this study was to test a unique “under the skin” pathway linking volunteering and cognition by examining whether the helping behavior provides a buffer against cognitive decline associated with genetic risks for Alzheimer’s Disease (AD). Data for this study came from eight waves of longitudinal data (1998–2012) from the Health and Retirement Study. Study sample included 7,933 respondents 51 and older whose polygenic risk scores for Alzheimer’s Disease (PGS-AD; based on 20 AD-associated single-nucleotide polymorphisms, including apolipoprotein E) were available. Multilevel models were used to examine within-person relationships between volunteering, PGS-AD, and cognition (assessed with MMSE) over time. Results showed that volunteering was associated with a higher level of cognition, and a higher PGS-AD with a lower level of cognition, after controlling for a robust set of covariates and a general age-related trend in cognitive decline. In addition to the main effects of volunteering, the negative influence of PGS-AD on cognition was significantly attenuated when individuals volunteered compared to when the same individual did not volunteer. Our findings provide initial evidence that volunteering modifies the relationship between genetic risks and cognition. This further supports earlier claims that call for providing volunteering opportunities as a public health intervention.

**WAIST-HIP RATIO, BODY MASS INDEX, AND COGNITIVE DECLINE IN OLDER PUERTO RICANS**

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Similar to many areas in the mainland U.S., Puerto Rico has also experienced growing rates of overweight and obesity. We examined two commonly used anthropometric measures of weight status, waist-hip ratio (WHR) and body mass index (BMI), in relation to cognitive performance and cognitive decline in a population-based sample of older adults in Puerto Rico. Participants included 3,662 community-dwelling adults age 60+ from the Puerto Rican Elderly: Health Conditions (PREHCO) Study. Measures of height, weight, waist circumference, and hip circumference were taken in participants’ homes at baseline. Average age of the sample was 71.4 years old. Cognitive function was measured at baseline and four years later using the Minimental Cabán (MMC), a previously validated Spanish-language instrument. We examined bivariate correlations between these measures at baseline as well as covariate-adjusted regression models with cognitive decline as an outcome. At baseline, although WHR and BMI were positively correlated with each other (r=0.12, p<.001), higher WHR was negatively associated with cognition (r=-0.07, p<.001), and higher BMI was positively associated with cognitive performance (r=0.10, p<.001). In a regression model adjusted for age, gender, education, depressive symptoms, and diabetes, higher WHR was associated with greater cognitive decline (β=-.04, p<.05) and higher BMI was associated with less cognitive decline (β=-.04, p<.05). Our findings suggest that higher WHR, but not BMI, may be associated with adverse cognitive outcomes in older Puerto Ricans.

**WIDOWHOOD STATUS AS A RISK FOR COGNITIVE DECLINE AMONG KOREAN OLDER ADULTS**

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Previous studies have demonstrated that spousal bereavement has negative impacts on the survivor’s mental health. However, few studies have examined its impact on the survivor’s cognitive function in later life. Therefore, the purpose of this study was to investigate the longitudinal effect of widowhood status on cognitive change among older adults. The study sample was drawn from a nationally representative data set, the Korean Longitudinal Study of Aging (KLoSA), and the final sample consisted of 5,529 Korean adults aged 60 and over at baseline. As a dependent variable, cognitive function was measured by the Korean version of the Mini-Mental State Exam (K-MMSE) score. Widowhood status was measured as a time-varying dichotomous variable. Using five waves of KLoSA, longitudinal trajectories of cognitive change from 2006 to 2014 were examined using growth curve models. Adjusting for gender, education, self-rated health, chronic conditions, and depression, results from growth curve models showed that widowed older adults had significantly lower cognitive function than their counterparts (p<.001). Cognitive function declined over time, and the rate of decline in cognitive function was steeper among the widowed than among the non-widowed (p<.001). These findings suggest that widowhood is detrimental for late-life cognitive decline. Further research is needed to understand the mechanisms underlying this relationship. Policy and practice implications are discussed accordingly.

**BETTER EXPECTATIONS OF AGING PREDICT LESS SUBJECTIVE COGNITIVE DECLINE IN OLDER ADULTS**

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The relationship between predictors of objective and subjective cognition is inconsistent indicating that each may assess a different aspect of function (Lenahan, Klekociuk, & Summers, 2012). Moreover, ascertaining antecedents of subjective cognitive function is critical given the role subjective experience plays in quality of life (Rotenberg Shpigelman, Sternberg, & Maeir, 2017). Although prior work found that objective cognitive and physical measures were related to one’s expectations of aging, work to date has not examined such relationships using subjective cognition. To fill this gap, this study assessed the hypothesis that more favorable opinions of aging—a protective factor for cognitive dysfunction in late adulthood—would predict better self-assessed cognition. To do this, the study examined the longitudinal effect of widowhood status on cognitive change among older adults. The primary purpose of the present study is twofold: 1) to investigate the relationships between social engagement activities (i.e., cognitive and social activities) and cognitive functions (i.e., episodic memory, working memory, and processing speed) of older adults; and 2) to analyze what kinds of social engagement activities matter in changes of cognitive functioning of older adults during 2-year intervals. Data were drawn from two waves of the Population Study of Chinese Elderly in Chicago (PINE), which assessed 3,159 Chinese older adults between 2011–2013 for Wave 1 and 2013–2015 for Wave 2. In addition to socio-demographic variables, participants completed measures of cognitive and social activities and multiple Cognitive tests (i.e., East Boston Memory Test, Digit Span Backwards, and Symbol Digit Modalities Test). Controlling for age, sex, marital status,