older adults. The goal of the current study was to evaluate differences in cognition on a wide array of neuropsychological assessments between monolingual and bilingual cognitively healthy older adults who specifically speak only English and/or Spanish. The sample included cognitively intact older adults who were either monolingual (n=247) English speakers or bilingual (n=42) in English and Spanish. Performance was compared between groups from a battery of neuropsychological assessments that measured executive function, attention, short-term memory, and episodic memory. Compared to English and Spanish bilinguals, monolingual English speakers performed significantly better on a variety of tasks within the domains of executive function, attention, and short-term memory. No significant differences were found in favor of the bilinguals on any domain of cognitive performance. In the present study, we failed to observe a significant advantage for English and Spanish bilingual speakers on the cognitive performance of older adults when compared to monolingual English speakers. This study suggests that the bilingual advantage may not be as robust as originally reported, and the effects of bilingualism on cognition could be significantly impacted by the languages included in the study.

THE ROLE OF STRESSFUL CHILDHOOD EXPERIENCES IN SHAPING LATER-LIFE MEMORY LOSS AMONG BLACK AND WHITE U.S. ADULTS
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Cognitive decline common in the U.S. and greatly impacts quality of life, both for those who experience it and for those who care for them. Black Americans experience higher burdens of cognitive decline but the mechanisms underlying this disparity have not been fully elucidated. Stress experienced in early life is a promising explanatory factor, since stress and cognition are linked, childhood stressors been shown to have a range of negative implications later in life, and Black children experience more childhood stressors than White children, on average. In this paper, we use data from the Behavioral Risk Factor Surveillance System (BRFSS) to examine whether stressful experiences in childhood help explain Black-White disparities in memory loss. These data were available for 5 state-years between 2011 and 2017 (n=11,708). Preliminary results indicate that, while stressful childhood experiences are strongly associated with memory loss, stressful experiences do not mediate the association between race and memory loss. However, race does appear to moderate the association between stressful childhood experiences and memory loss. Specifically, stressful experiences are associated with a higher likelihood of memory loss for Black adults compared to White adults.In addition, there seem to be some noteworthy patterns across different types of experiences (i.e. parental drinking may predict later memory loss more strongly for Black adults than White adults, but parental hitting may predict memory loss more strongly for White adults than Black adults).

TYPE OF TEA CONSUMPTION AND MILD COGNITION IMPAIRMENT IN OLDER ADULTS
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Existing studies have testified the neuroprotective qualities of tea. As there are several types of tea, question on which type of tea may exert substantial influence on cognitive health is intriguing and remains unknow. We aim to estimate the association between type of tea consumption and mild cognition impairment (MCI) using a nationally representative dataset of older population in China. Type of tea consumption was classified as three groups: Green, fermented (White, Oolong, Black, and Pu'eh), and flower tea. The Mini-Mental State Examination (MMSE) was adopted to assess cognitive function. We conducted multivariate logistic regressions to evaluate the association between type of tea drinking and cognition outcomes (MMSE score and MCI). Potential confounders including sociodemographic factors, health conditions, dietary patterns, lifestyles, activities of daily living, mental health, and living environments. A total of 10,923 participants (mean age: 85.4 yr; female: 53.5%) included in the study. The type of current tea consumption among the participants were: 2143 for green tea, 1302 for fermented tea, and 844 for flower tea. Compared to those who had no habit of tea consumption, the odds ratio of MCI in green tea drinkers was 0.80 (0.68-0.95), in fermented tea drinkers was 1.07 (0.89-1.30), and in flower tea drinkers were 0.85 (0.67-1.09). Our study showed green tea and flower tea consumption associated with lower odds of MCI, while the association was not found among fermented tea drinkers. Future experimental and longitudinal studies are warranted to illustrate the association between varied type of tea and cognitive health.

SESSION 2934 (POSTER)

FALLS, FRAILTY, AND PHYSICAL ACTIVITY

A CONCEPTUAL FRAMEWORK OF PERSON-ENVIRONMENT RELATIONS IN THE OUT-OF-HOME MOBILITY OF PEOPLE LIVING WITH DEMENTIA
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This paper proposes a conceptual framework on the relationship between neighbourhood mobility and developmental outcomes of persons living with dementia. While there is growing evidence on the importance of out-of-home mobility for community-dwelling people with dementia, there is a lack of theoretical understanding of the person-environment (P-E) interactions involved in out-of-home mobility in the context of dementia and their influence on psychosocial outcomes. The proposed framework adapts Chaudhury and Oswald's Integrative Conceptual Framework of Person-Environment Exchange to address the influence of out-of-home mobility-related P-E interactions on processes of agency and belonging for people living with dementia and the cumulative effect on developmental outcomes of autonomy and identity. The framework describes a linear sequence of four components: (i) out-of-home mobility-related P-E interactions determined by individual,