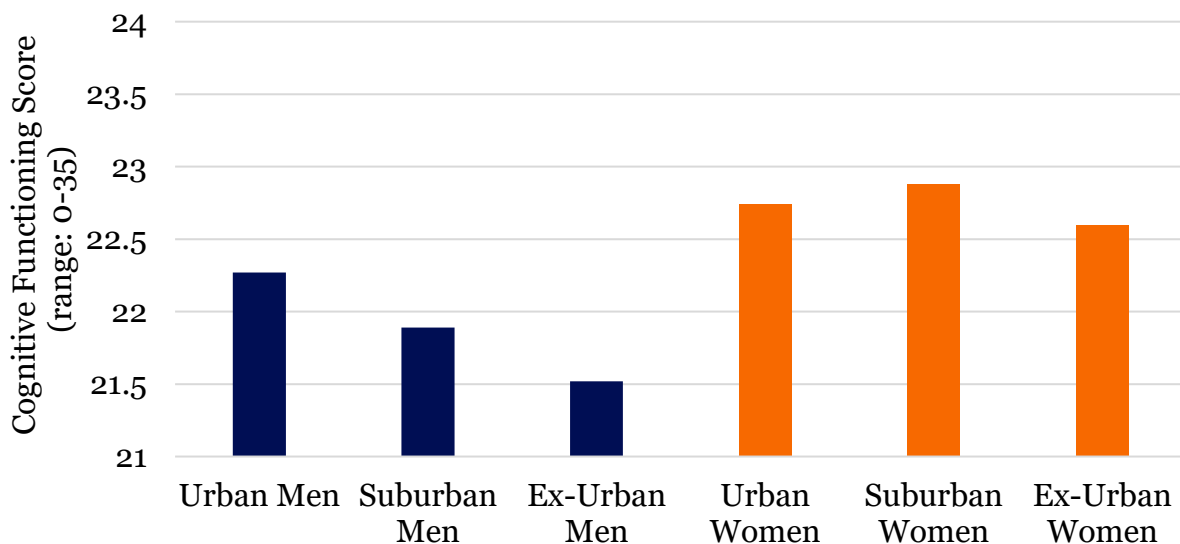




Cognitive Functioning among U.S. Older Adults Differs by Gender and Urbanicity

Elizabeth Lawrence, Samantha John, and Tirth Bhatta

There is no widely accessible and effective medical therapy to prevent or treat Alzheimer’s disease and related dementias for the U.S. older adult population, making prevention of cognitive decline particularly important. Many social factors shape cognitive functioning, leading to disparities in cognitive functioning across groups and geographic areas. [Our study](#) examined how cognitive functioning among adults ages 50+ differed by gender and across urban, suburban, and ex-urban areas in the United States from 1999 to 2016. We found that cognitive functioning was higher among women than men, but these gender differences varied by urban, suburban, and ex-urban residence. Women living in urban and suburban areas had similar average cognitive scores of 22.7 and 22.9, which were slightly higher than that in ex-urban areas (22.60). In contrast, men had the highest average score in urban areas (22.3), followed by suburban areas (21.9), and ex-urban areas (21.5). We also examined changes in cognitive functioning as individuals aged. We found that cognitive functioning declined with age and the decline was similar across the three levels of urbanicity for both men and women.



Average Cognitive Functioning Scores for Men and Women Living in Urban, Suburban, and Ex-Urban Areas of the United States, 1996-2016

Data Source: Health and Retirement Study, 1996-2016. N=8,964. Urban=area with a population of 1,000,000 or more; Suburban=area with a population between 250,000 and 1,000,000; Ex-urban=area with a population less than 250,000.

About the Authors Elizabeth Lawrence (Elizabeth.Lawrence@unlv.edu) is Associate Professor of Sociology at University of Nevada, Las Vegas. **Samantha John** (Samantha.John@unlv.edu) is Assistant Professor of Brain Health at University of Nevada, Las Vegas. **Tirth Bhatta** (Tirth.Bhatta@unlv.edu) is Associate Professor of Sociology at University of Nevada, Las Vegas. The authors received funding from the Network on Life Course Health Dynamics & Disparities (NIA R24AG045061) for this research.