I submitted a grant proposal to NIA that could potentially fund a significant share of my research time on this project over the next four years. The study has the following aims: 1) To measure the effects of the built and social environment on the health and health trajectories of the elderly, with a focus on identifying those neighborhood features that have the most impact on health and are amenable to policy interventions; 2) To understand how and at what points neighborhood environments from earlier in life influence health in old age; 3) To examine whether neighborhood features have different impacts on important subpopulations of the elderly, such as men and women, people with low socioeconomic status, and racial/ethnic minorities. The study will use two nationally representative panel data sets, the Health and Retirement Survey (1992-2002) and the Panel Study of Income Dynamics (1968-2003). These data sets contain large samples of elderly persons that are representative of the elderly population of the U.S. Mortality and measures of morbidity/disability are among the health outcomes that will be analyzed. External data on an extensive set of neighborhood characteristics (including crime rates, measures of water and air quality, access/distance to medical care, access to grocery stores) will be merged with the individual level data at the census tract level. A common problem in neighborhood studies is endogeneity. The longitudinal nature of the data used in the study also permit endogeneity to be directly addressed, which is a methodological strength of the study.