

incipient cognitive decline go undetected. Further, those with early cognitive decline often have poor insight to its potential impact on daily functioning. Assessment of Activities of Daily Living Skills (ADLs) is paramount to determine early decline in daily activities. The ORCATECH Life Lab was designed to evaluate subtle neurological and other health changes and their relation to changes in daily functioning. Older adults participating in the Life Lab complete annual ADL and neurocognitive assessments. Additionally, 97 participants completed an online technology questionnaire where 64 participants reported participating in online financial activity. Results revealed that within the online financially active group, some assistance in ADLs was required. However, inconsistencies in ADL change over time highlight the challenges of screening for early signs of mild cognitive impairment (MCI) in patients that fall between normal cognition and MCI. In-home information technology may help overcome these challenges. Defining subtle changes in ADLs is a crucial step to enable early diagnosis of neurocognitive disorders and assist health care providers in improving disease management and to prevent incidents of financial fraud in this vulnerable population.

EXAMINING THE INTERSECTION OF COGNITIVE & PHYSICAL FUNCTION IN THE BRAIN NETWORKS AND MOBILITY FUNCTION (BNET) STUDY

Elizabeth Handing, Michael Miller, Haiying Chen, Laura Baker, and Stephen Kritchevsky, *Wake Forest School of Medicine, Winston-Salem, North Carolina, United States*

Cognitive function and physical function are associated however less is known about task complexity and how individual tasks relate to one another. This project seeks to describe the relationship between cognition and physical function measures across 22 tasks ranging in task complexity and difficulty. Data are from the baseline visits of a new longitudinal study, Brain Networks and Mobility Function (B-NET) Study, mean age: 76.0±4.2 years; 55% women, and 90% Caucasian. We hypothesize there would be a set of “complex” tasks that would intersect both cognitive and physical function abilities such as the Four Square Step Test or Dual Task. We conducted principal components analysis on data from the first 110 participants to describe what factors could be identified across cognition and physical function measures. Seven factors, explaining 73% of the variability, were identified: 1) a complex physical function (postural sway on foam, expanded Short Physical Performance Battery, 400 meter walk, Four Square Step Test, Dual Task), 2) physical strength (grip strength and leg press), 3) visual recall (Brief Visuospatial Memory Test-immediate and delayed), 4) Craft story recall (immediate and delayed), 5) global cognition & fluency (MoCA, category and word fluency) 6) auditory recall (Auditory Verbal Learning Test- immediate and delayed), and 7) executive function (Trail Making Test A & B). We did not identify factors that intersected both physical and cognitive tasks. These results may help to inform measurement selection in future studies that seek to evaluate components of function among older adults.

LONGITUDINAL DAILY LIVING LIMITATIONS AND COGNITIVE STATUS: RESULTS FROM THE 1998-2016 HEALTH AND RETIREMENT STUDY

Benson Wu,¹ Mohammad Usama Toseef,² Wassim Tarraf,² Ariana Stickel,³ Sonya Kaur,⁴ Alberto Ramos,⁴ and Hector Gonzalez¹ 1. *University of California, San Diego School of Medicine, La Jolla, California, United States*, 2. *Wayne State University, Detroit, Michigan, United States*, 3. *Shiley-Marcos Alzheimer's Disease Research Center, La Jolla, California, United States*, 4. *University of Miami Miller School of Medicine, Miami, Florida, United States*

Data increasingly points to midlife health and modifiable risk factors as critical targets for improving older-age health outcomes and mitigating potential cognitive impairment and disease. We used biennial Health and Retirement Study data (1998-2016) collected on adults ages 50-64 years who did not meet criteria for dementia at baseline and who remained living by 2016 (unweighted-n=4,803). Cognitive status was defined using Langa-Weir criteria: Normal, Cognitively Impaired Not Dementia (CIND), and Dementia. We examined how 18-year patterns in activities of daily living (ADLs) and instrumental activities of daily living (IADLs) predicted cognitive status in 2016. We used latent class analysis to extract longitudinal phenotypes of activities limitations, followed by survey multinomial logistic regressions to examine their associations with cognitive status and test for race/ethnic modifications. We identified three groups of functional impairment: (1) gradually increasing (15.7%), (2) stable elevated (5.6%), and (3) minimal dysfunction (78.7%). After covariates adjustment, both the gradual and stable elevated impairment groups (vs. minimal) had substantially higher relative risk ratios (RRR) for dementia (RRR=5.71[3.89;8.39] and RRR=7.87[4.23,14.64]) and CIND (RRR=2.21 [1.69,2.88] and RRR=1.92[1.16;3.17]). We detected modifications by race/ethnicity such that Hispanics with stable elevated impairment had a higher probability of dementia compared to their White counterparts. The results varied for Blacks and did not significantly differ from Whites. Data-driven methods may improve our understanding of heterogeneous functional impairment patterns among late middle-aged adults and allow for tailored ADRD prevention strategies. Focused risk-based interventions can yield important public health savings and reductions in structural, social, and individual health burdens.

PREVALENCE OF MILD COGNITIVE IMPAIRMENT IN LATIN AMERICA AND THE CARIBBEAN: A SYSTEMATIC REVIEW

Fabiana Ribeiro,¹ Ana Carolina Teixeira-Santos,² and Anja Leist¹, 1. *University of Luxembourg, Esch-sur-Alzette, Luxembourg*, 2. *University of Minho, Braga, Portugal*

Background. The population of Latin America and the Caribbean (LAC) is ageing rapidly, presenting the highest prevalence rates of dementia in the world. In this context, mild cognitive impairment (MCI) is an intermediate condition between normal ageing and dementia. However, very few studies verified the prevalence of MCI in LAC countries; earlier global systematic reviews only considered prevalence

reports published in English language. Method. We conducted a systematic review to evaluate the prevalence of MCI in LAC countries and to explore the factors associated with MCI (i.e., age, gender, and education). A database search was conducted in February 2020 using PubMed, Web of Science, Scopus, Lilacs, SciELO, and EMBASE, for population-or community-based studies with MCI data for countries in LAC, published in English, Spanish, or Portuguese language. From $k=2,168$ identified and $k=1,684$ screened studies, only articles were selected that included subjects with a precise diagnosis of MCI. The studies were qualitatively assessed using the JBI critical appraisal checklist for studies reporting prevalence data tool. Results. A total of nine studies met the criteria, published between 2007 and 2019, including a total of 17,812 participants in nine countries Brazil, Mexico, Argentina, Colombia, Peru, Cuba, Dominican Republic, Venezuela, and Costa Rica. Estimates for MCI prevalence ranged from 1.2% to 34%, with most estimates between 1.2% and 6.45%. Estimates differed by age group, gender, and educational level. Discussion. This is the first systematic review of the prevalence of MCI in LAC countries, considering only high-quality studies adopting rigorous diagnostic criteria.

THE BAND TEST: IMPROVING RELIABILITY AND BALANCE TESTING FOR PEOPLE WITH NEUROCOGNITIVE IMPAIRMENTS: A PILOT STUDY

Evelyn Hahn,¹ Melissa Moore,¹ Lindsay Neirman,¹ Stephanie Arcadia,² Stacy-Jo Krasa,¹ and Tabassum Majid,³
 1. *Functional Pathways, Sykesville, United States*, 2. *Sykesville, Maryland, United States*,
 3. *University of Maryland, Baltimore County, Baltimore, United States*

People with neurocognitive impairments have a higher risk of falls compared to other older adults and require specific cues for evaluation. Additional options for balance testing is necessary to improve reliability and assessment of fall risk. This study established the efficacy of the novel Balance Assessment for Neurocognitive Deficits (BAND) in order to improve measurement of fall risk for people with neurocognitive impairments. The BAND was analyzed for construct validity and reliability through comparison with the Berg Balance Scale (BBS). Older adults with neurocognitive impairments ($n=15$) in subacute and long-term settings performed BAND and BBS assessments during therapy. Clinicians determined ambulation assistance, fall risk, and time. Calculation of intraclass correlation coefficients (ICCs), standard error of measurement (SEM), and minimal detectable change (MDC95) values was completed. Corresponding ICC values were 0.985 (95% confidence interval (95% CI), 0.956-0.995) for test-retest reliability and 0.995 (95% CI, 0.985-0.998) for inter-rater reliability. Other values included $SEM=0.79$ and $MDC95=2.18$. A linear-regression graph including Pearson's coefficient (r) demonstrated validity through comparing BAND and BBS and showed a strong correlation ($r=0.94$, 95% CI, 0.825-0.98). A Bland-Altman plot was created to assess agreement between clinicians, and the mean difference was 0.2667 with 95% limits of agreement (-0.897 to 1.430). The BAND demonstrated excellent reliability and agreement for clinicians providing the test. Further research is necessary to compare the BAND with

additional assessments and to demonstrate the utility in expanded populations including the community.

WITHIN-GUIDELINE ALCOHOL CONSUMPTION PROTECTS AGAINST DEMENTIA?: OFFSET EFFECT OF HISTORY OF DRINKING PROBLEMS

Penny Brennan, *University of California, San Francisco, San Francisco, California, United States*

Research on the prospective relationship between older adults' alcohol consumption and their subsequent risk of dementia and cognitive impairment, no dementia (CIND) has been limited by inconsistent definitions of "moderate" drinking, use of short follow-ups, and an exclusive focus on either amounts of alcohol, or history of drinking problems, as predictors. To overcome these limitations we analyzed a longitudinal, 18-year Health and Retirement Study cohort ($n=4,421$) to determine how older adults' baseline membership in one of six drinking categories (Non-Drinker, Without and With a History of Drinking Problems (HDP); Within-Guideline Drinker, Without and With a HDP; and Outside-Guideline Drinker, Without and With a HDP) predicted dementia and CIND 18 years later. Among participants with No HDP, 12.6% of Non-Drinkers, 5.2% of Within-Guideline Drinkers, and 8.8% of Outside-Guideline Drinkers were classified as having dementia at the 18-year follow-up; among participants With HDP, 14.1% of Non-Drinkers, 8.9% of Within-Guideline Drinkers, and 6.9% of Outside-Guideline Drinkers were classified with dementia. Being a baseline Within-Guideline Drinker with No HDP reduced the likelihood of dementia 18 years later by 45%, independent of baseline demographic and health characteristics; being a baseline Within-Guideline Drinker With a HDP reduced the likelihood of dementia by only 13% (n.s.). Similar patterns obtained for the effects of baseline drinking group membership on likelihood of CIND at follow-up. These findings suggest that consuming alcohol at levels within validated guidelines for low-risk drinking may protect against dementia and CIND, but only among older adults who have no history of drinking problems.

SESSION 10200 (LATE BREAKING POSTER)

COMMUNICATION AND LANGUAGE

AN ASSESSMENT OF ATTENDEE EXPERIENCES WITH A WORKSHOP TO REFRAME AGING-RELATED COMMUNICATIONS

Stephanie Chesser, and Michelle Porter, *University of Manitoba, Winnipeg, Manitoba, Canada*

In 2018, the Centre on Aging at the University of Manitoba adapted the FrameWorks Institute's Gaining Momentum toolkit into an interactive workshop that was delivered to aging-related stakeholders (e.g., health professionals, educators, researchers, advocates, older persons) across the province of Manitoba, Canada. The purpose of this study was to complete a qualitative assessment of attendee experiences with the workshop and its impact, if any, on their aging-related communication behaviours. Study participants completed two telephone interviews—one approximately