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Individuals with Mild Cognitive Impairment (MCI) face many challenges, including cognitive declines and reduced independence which are associated with poor health outcomes. Although there is no cure for MCI, mind-body exercise classes may improve cognitive function and reduce risk of falls (Wayne, Yeh, & Mehta, 2018). However, such classes are often not accessible for individuals with MCI due to lack of transportation, fear of being stigmatized, or inability to find instructors who have experience working with individuals with MCI (Hobson & Middleton, 2008; Rimmer, 2005). Tele-technology, such as video-conferencing software, has the potential to remove barriers to participation by allowing individuals to attend classes from home. The goal of this study was to assess the feasibility of using tele-technology to deliver mind-body classes to individuals with MCI. We evaluated technology acceptance and usability for OneClick.chat, a web-based video-conferencing platform designed for older adults. Stakeholders (4 subject matter experts, 2 individuals with MCI, and 2 care partners) participated in a user study that included questionnaires and a short interview. The technology acceptance data indicate that OneClick.chat was perceived as easy to use. Some individuals expressed privacy and security concerns which could be addressed with additional education and support. These findings have implications for interface design, education, and training for deployment of tele-technology delivered mind-body classes for those with MCI.

#### BODY MASS INDEX TRAJECTORY AND INCIDENT MILD COGNITIVE IMPAIRMENT AMONG AFRICAN AMERICAN OLDER ADULTS

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Previous research suggests a decline in body mass index (BMI) among older adults is associated with negative health outcomes, including mild cognitive impairment (MCI) and incident dementia (Gao et al., 2011). However, few studies have examined BMI longitudinal trajectories and how they change after MCI diagnosis among older African Americans. To characterize trajectories of change in BMI among older African American participants with no cognitive impairment at baseline we used data from the Minority Aging Research Study, MARS (N=408, 76.5% women, mean age = 73.5, mean education = 15.0). We constructed piecewise linear mixed-effects models that included a random intercept and two random slopes. The first slope began at baseline. The second slope began at MCI diagnosis allowing for acceleration in the rate of decline after the diagnosis. The results showed BMI declined over time (B=-0.19, SE=0.04, p<.001), and there was a faster decline after MCI (additional decline, B=-0.18, SE=0.068, p=.007). In a second model controlling for age, higher education was associated with a lower BMI at baseline (B=-0.36, SE=0.092, p<.001) but slower decline before MCI (B=0.02, SE=0.006, p=.001). However, after MCI the decline of participants with higher education was faster (B=-0.06, SE=0.022, p=.003). These results suggest an

accelerated decline in BMI following MCI diagnosis, with higher education related to an even faster BMI decline, possibly a consequence of cognitive reserve.

#### EARLY VERSUS LATE MILD COGNITIVE IMPAIRMENT: NEURAL EVENT-RELATED OSCILLATIONS DURING A GO/NO GO TASK

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Amnesic mild cognitive impairment (aMCI) is marked by episodic memory deficits, which is used to classify individuals into early MCI (EMCI) and late MCI (LMCI). Growing evidence suggests that individuals with EMCI and LMCI differ in other cognitive functions including cognitive control, but these are less frequently studied. Using a semantic Go/NoGo task, we examined differences in cognitive control between EMCI and LMCI on behavioral (accuracy and reaction time) and neural (scalp-recorded event-related oscillations in theta and alpha band) measures. Although no behavioral differences were observed between the groups, EMCI and LMCI groups differed in patterns of neural oscillations for Go compared to NoGo trials. The EMCI group showed differences in theta power at central electrodes and alpha power at central and centro-parietal electrodes between Go and NoGo trials, while the LMCI group did not exhibit such differences. Furthermore, the LMCI group had higher theta synchronization on Go trials at central electrodes compared to the EMCI group. These findings suggest that while behavioral differences may not be observable, neural changes underlying cognitive control processes may differentiate EMCI and LMCI stages and may be useful to understand the trajectory of aMCI.

#### PAIN PERSISTENCE IS ASSOCIATED WITH INCREASED ODDS OF MCI IN LATE MIDLIFE AND EARLY OLDER ADULTHOOD

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Twenty percent of older adults will experience persistent pain, the sensation of bodily harm lasting three or more months. Persistent pain doubles the risk of dementia, but we know less about the impact on earlier stages, such as mild cognitive impairment (MCI). As a step for clarification, this study leveraged data from the Vietnam Era Twin Study of Aging (VETSA) to understand how pain persistence relates to MCI in late midlife to early older adulthood. Participants (n=1,465, 100% male) were recruited across three waves at average ages 56, 62, and 68. At each wave, participants completed the SF-36 and were asked to rate their pain intensity from none (1) to very severe (6). Clinical pain was coded as pain intensity rated more than mild (>3/6). As a time-varying predictor, pain persistence was then calculated as a running frequency of the total waves reporting clinical pain. MCI diagnosis was based on Jak-Bondi criteria. Age, depressive symptoms, comorbidities, and opioid use were included as