

separated or widowed exhibit higher depressive symptoms. The association between conscientiousness and depressive symptoms differed by gender. Locus of control and conscientiousness influenced depressive symptomatology in men, however, only conscientiousness impacted women's depressive symptoms. Continued research is needed to assess psychosocial changes over the life-course as they contribute to resilience from adverse life-events that influence mental health in old age.

#### THE EFFECTS OF A DECADE OF CHANGE IN THE YOUNG-OLD POPULATION IN A MARGINAL COMMUNITY IN JAPAN

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Population aging is occurring throughout the world, with an estimated 82 countries expected to have more than 20% of their population age 65 or older by 2050. Communities in which these older adults live face significant challenges in maintaining residential services. Japan is on the leading edge of this phenomenon. In Japan, marginal communities are defined as those where over 50% of the population is 65 years of age or older and face difficulties maintaining the traditional mutual support system in the community. The old-old population might have vulnerabilities because of a lack of resources for daily living. Documenting the changes in these communities over time may help to identify solutions to how to be an inclusive community. We examine the effects of a decade of change using surveys completed in a marginal community in Japan in 2009 and 2019. Data were collected from a cohort of 65 to 74 year olds in 2009 (n=45) and 75 to 84 year olds in 2019 (n=26) in one marginal community. Analysis by Fisher's exact test shows decreasing the exchange of information and decreasing discussion of the future of the community with family and relatives over time. In 2009, respondents surveyed brought up issues such as the shortage of care services and lack of bank facilities, while in 2019 these issues were not mentioned. Results suggest that decisions made regarding the viability of those communities should include input from the elderly to optimize the effects of aging in place.

#### GAIT SPEED AND CHILDHOOD-TO-MIDLIFE BRAIN HEALTH: RETHINKING GAIT

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Background: Gait speed is a well-known predictor of functional decline and mortality in older adults, but little is known about the origins of gait speed earlier in life. We tested the hypothesis that slow gait reflects accelerated biological aging already at midlife, as well as poor neurocognitive functioning in childhood and childhood-to-midlife cognitive decline. Methods: Prospective study of the population-representative Dunedin Study birth cohort (n=1,037), followed to age 45 (until April 2019).

We measured age-45 gait speed in 904 (90.7%) participants and tested associations with key life course factors. Results: The mean (SD) gait speeds (m/s) were: usual: 1.30 (0.17); dual task: 1.16 (0.23); and maximum: 1.99 (0.29). Among midlife adults, those with more physical limitations ( $\beta$  -0.27;  $P < .001$ ), poorer physical functions ( $\beta$  0.24–0.36; all  $P < .001$ ), accelerated biological aging across multiple organ systems ( $\beta$  -0.33), older facial appearance ( $\beta$  -0.25), smaller brain volume ( $\beta$  0.15), more cortical thinning ( $\beta$  0.09), smaller cortical surface area ( $\beta$  0.13), and more white matter hyperintensities ( $\beta$  -0.09) had slower gait speed, all  $P < .05$ . Participants with lower IQ in childhood ( $\beta$  0.34) and midlife ( $\beta$  0.38) and who exhibited childhood-to-midlife cognitive decline ( $\beta$  0.10) had slower gait speed at midlife, all  $P < .01$ . Adults with poorer neurocognitive function as early as age 3 had slower gait in midlife ( $\beta$  0.26;  $P < .001$ ). Conclusion: Adults' gait speed is more than an indicator of geriatric functional status, it is also an index of midlife aging and lifelong brain health.

#### MEMORY FUNCTIONING AND CAREGIVING: CONTINUITY, CONNECTEDNESS AND METAPHORS IN ALASKA NATIVE PERCEPTIONS

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Biomedical models often define dementia in a negative and diachronic manner, which shape Western, cultural understandings and approaches. However, utilizing a critical gerontological approach has allowed the current study to explore Alaska Natives (i.e., adults who hold "Elder" status and are 50 years or older) perception of memory decline, and the stresses imposed upon caregiving when a Western biomedical model of dementia is utilized. Multitudinous research demonstrates definitions and intersections of health, illness, ethnicity, and family are not universal. Subsequently, it is critical to examine these sociocultural concepts from diverse cultural belief systems and imperative to examine historical processes impacting these constructs to identify specific risk and protective factors regarding holistic health. Recent qualitative data analysis from an exploratory study of Alaska Native Elder's perception of memory functioning and dementia has yielding themes that are consistent with previous research on indigenous culture. However, themes of continuity, connectedness, spirituality, intergenerational transmission, traditional belief systems, and barriers to cultural continuity such as oppression and historical trauma, are being filtered through Alaska Natives unique cultural lens. This cultural lens allows Alaska Natives to utilize positive metaphors for memory functioning and dementia embedded within their belief systems and these are distinct from Western biomedical definitions. The poster proposed will highlight themes recently uncovered from thematic analysis, code book development, and code matrices as well as present the positive, culturally adaptive and congruent representations that Alaska Native Elder's utilize in understanding memory changes and forms of dementia that both explain and transcend biomedical models.