prior to hospitalization and its related factors on two sub-samples of hospitalized older adults: recruited before and after February 2020 (pandemic outbreak). No significant differences were observed in LSM between pre-pandemic (N=141, M(SD)=54.9(33,5)) and during-pandemic (N=186, M(SD)=55.3(32.9)) samples, even after adjustment for cognitive, functional, and demographic characteristics (F=2.281, p=0.13). Of those who participated during the pandemic, a total of 94 (50.5%) declared that their mobility was strongly affected by the pandemic and had significantly lower LSM (F=4.626, p<0.01) comparing both to those who declared not being affected (N=92) and to the pre-pandemic group, controlling for potential cofounders. In the "during-pandemic" group older adults with higher basic physical functioning, higher economic status, and those with lower levels of education were more likely to indicate that their pre-hospital mobility was affected by the pandemic. These results show that the pandemic period has a differential effect on life-space mobility of older adults. Functional, socio-economic, and educational factors need to be considered in planning how to maintain older adults' mobility during the ongoing pandemic.

DIGITAL MOBILITY ASSESSMENT FOR REGULATORY AND CLINICAL ENDORSEMENT IN HIP FRACTURE PATIENTS

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Hip fracture is the most frequent non-intentional injury of older persons leading to hospital admission in Europe and North America. Until recently, in regulatory submissions no attention was given to patients' mobility after sustaining/recovering from a hip fracture. To better evaluate efficacy and effectiveness of new drugs and treatments, it is necessary to develop mobility biomarkers since failure to recover and regain pre-fracture mobility is considered the single most important disability symptom experienced by hip fracture patients, often leading to care home admission. However, regularly used measures of mobility capacity are not representative of individuals' performance in real life, intermittent in nature, and require visiting study centers. Digital technology has the potential to revolutionize mobility assessment in a real-life setting. With this presentation we build a case for a valid solution for real-world digital mobility assessment in hip fracture patients as carried out in the "Mobilise-D" clinical validation study.

DUAL-TASK GAIT SPEED AND MOBILITY ARE POSITIVELY ASSOCIATED WITH DECLARATIVE MEMORY

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In the US, it is not recommended to perform routine screening assessments for cognitive function or impairment among older adults, due to the lack of effective pharmacological treatments. These common practices result in delayed identification and treatments for slowing cognitive decline progression. Thus, the purpose of the present investigation was to determine the ability to predict cognition from common measures of physical function. Seventy-five community-dwelling older adults (80.7±5.4 years) completed physical function and cognitive assessments. Physical function was assessed using the Short Physical Performance Battery (SPPB), peak velocity during a power sit-to-stand task, and dual-task walking test. Cognition (declarative memory) was assessed using a validated Visual Paired Comparison test. 38% of the variance in cognition was accounted for by the predictor variables (age, sex, education, SPPB, dual-task, peak velocity). Significant predictors included dual-task walking (p = .03), SPPB (p = .02), and education (p = .02). For each 1 second faster during the dual-task performance, cognition increased by 4 percentile units. Likewise, each 1 unit increase in SPPB resulted in an increase of 4 percentile points in cognition. The results indicate more than a third of the variance in declarative memory can be predicted by commonly assessed measures of physical function. This information is useful when identifying older adults that may have cognitive impairment before overt signs are realized. With the lack of recommended cognitive testing, using physical function declines to identify possible cognitive decline is promising. These results are preliminary in nature and longitudinal determination is warranted.

EYE AND VISUAL HEALTH IN NEW ENGLAND: FINDINGS FROM THE HEALTHY AGING DATA REPORTS

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Eye and visual health issues in older adults are prevalent, often undetected and untreated, but can contribute to poor physical and mental health issues, and higher mortality rates. The study describes state and local community rates of eye and visual health indicators (cataract, glaucoma, self-reported vision difficulty, and clinical diagnosis of blindness or visual impairment) of older adults 65+ in MA, NH, RI, and CT. Data sources used to calculate rates were: the American Community Survey (2014-2018 RI, 2012-2016 MA and NH, 2014-2018 CT) and the Medicare Current Beneficiary Summary File (2016-2017 RI, 2015 MA and NH, 2016-2017 CT). Small area estimation techniques were used to calculate age-sex adjusted community rates for more than 150 health indicators (https://healthyagingdatareports.org/). Disparities in rates were examined for 4 eye and visual health indicators: cataract, glaucoma, self-reported vision difficulty, and clinical diagnosis of blindness or visual impairment. Results showed variability in rates across states. MA had the highest rates of self-reported vision difficulty (5.8%) and blindness