participants self-selected to read music notation. Participants scored an average Modified Mini Mental State Examination (3MSE) score of 81.3 (SD = 11.0). On average, participants' scores on the Orientation Test moved from 13.4 (SD =1.9) to 14.1 (SD= 2.7), providing a cohen's d effect size of 0.3. Over the six weeks, 11 out of the 15 participants selected to read music for at least one class, indicating a statistically significant change using the Wilcoxon signed-rank test (Z = -3.16, p < 0.01), suggesting that older adults with cognitive changes may be able to learn to read music. This is important, as a spatially focused music program may maximize spatial skills that older adults need to successfully navigate their world safely and independently.

DIVERSE SOURCES OF SOCIAL SUPPORT AND COGNITIVE FUNCTIONING BY RACE, ETHNICITY, AND NATIVITY

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This study examines the relationship between social support profiles and cognitive functioning by race, ethnicity and nativity in older adults using cross-sectional data drawn from the Health and Retirement Study (2010 and 2012). We employed a hierarchical clustering routine to generate nine support profiles that differentiated three sources of support: children, wider family relationships and friendships. Cognitive functioning was measured as the score on the Telephone Interview for Cognitive Status (TICS-m), a 27 point scale of cognitive function. Our approach explicitly acknowledges the ambivalence and multidimensionality of close relationships and the resources embedded within them. Descriptive analyses revealed significant differences in access to support across demographic groups. White respondents are over-represented in profiles that are characterized by support from friends, and under-represented in family support profiles. The reverse is found among Foreign-born Hispanic respondents who are over-represented in the profiles characterized by high family support and under-represented in those with high friend support. Native-born Hispanic respondents and Black respondents have less clear support patterns, although both are more likely to receive support from family and children compared to friends. Findings from the poisson regression suggest that the relationship between familial support and cognitive decline is stronger among Hispanic respondents, particularly those who are foreign born. These findings are supported even with the inclusion of other relationship quality indicators including negative support and frequency of contact.

DOES COGNITIVE SELF-REPORT MEASURE TYPE DIFFERENTIALLY PREDICT COGNITIVE DECLINE? A SYSTEMATIC REVIEW

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Up to 47% of older adults without measurable cognitive impairment report difficulties with memory and thinking which potentially increases their risk for developing cognitive decline. Many measures are used for assessing self-reported cognition; however, certain types of these measures may be more predictive of cognitive decline. The purpose of this systematic review was to compare the role of cognitive self-report measure types in predicting risk for cognitive decline. PubMed, CINAHL, and PsycINFO databases were searched using the following inclusion criteria: longitudinal studies, outcome of cognitive decline, and two or more cognitive self-report measures. A total of 4,319 articles were identified during the initial search and narrowed to 19 final articles. The Quality in Prognosis Studies tool was used to determine study quality. Six comparison themes emerged during synthesis: self-reported cognition or memory with or without worry; self-reported global cognition or self-reported memory; self-reported memory decline and self-reported executive function decline; self-reported cognition and self-reported memory by others; self-reported memory and self-reported memory problems in comparison with peers; and self-reported memory and self-reported memory affecting daily function. Self-reported memory decline with worry and self-reported memory problems by others were most predictive of future impairment. It was difficult to definitively determine whether certain cognitive self-report measure types where more predictive of risk for cognitive decline because there were very few articles in some of the comparison groups. Future investigations of self-reported cognition should focus on using measures that have been shown to be the most efficacious at predicting risk for cognitive decline.

EEG MEASURES OF VALUE-DIRECTED STRATEGIC PROCESSING IN OLDER ADULTS WITH AND WITHOUT MILD COGNITIVE IMPAIRMENT

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Value-directed strategic processing is important for daily functioning. It allows selective processing of important information and inhibition of irrelevant information. This ability is relatively preserved in normal cognitive aging, but it is unclear if mild cognitive impairment (MCI) affects strategic processing and its underlying neurophysiological mechanisms. The current study examined behavioral and EEG spectral power differences between 16 cognitively normal older adults (CNOA; mean age: 74.5 ± 4.0 years) and 16 individuals with MCI (mean age: 77.1 ± 4.3 years) linked to a value-directed strategic processing task. The task used five unique word lists where words were assigned high- or low-value based on letter case and were presented sequentially while EEG was recorded. Participants were instructed to recall as many words as possible after each list to maximize their score. Results revealed no group differences in recall of low-value words, but individuals with MCI recalled significantly fewer high-value words and total number of words relative to CNOA. Group differences were observed in theta and alpha bands for low-value words, with greater synchronized