

through longitudinal assessments on the Short Physical Performance Battery (SPPB). Dual-task walking (DTW) is predictive of adverse outcomes but its role in predicting incident PR has not been assessed. Herein, we determined whether velocity during Single-Task-Walk (STW) and Dual-Task-Walk (DTW) conditions predicted incident loss of PR and identified moderators of this relationship. Participants were 163 (mean age=75.5; %female=52) non-demented, community-dwelling older adults with baseline SPPB scores of 10-12. At baseline, individuals completed neuropsychological testing, the SPPB and DTW paradigm. Cognitive reserve was evaluated using the Wide Range Achievement Test (WRAT-3) and speed of processing was assessed using the Symbol Digit Modalities Test (SDMT). Individuals with SPPB scores < 10 were categorized as not physically resilient. Those with scores of 10 or higher were categorized as physically resilient. At three-year follow up 75.4% (n=123) of participants remained physically resilient while 24.5% (n=40) lost PR. Binary logistic regression revealed that slower DTW (OR= 0.96, p= 0.033, 95%CI [.926, .997]), but not STW velocity (OR= 1.00, p= 0.861, 95%CI [0.962, 1.048]), was a significant predictor of PR loss. Moreover, moderation analyses revealed that DTW velocity predicted PR loss only among individuals who had lower baseline scores on the WRAT-3 (OR=0.937, p=0.004, 95%CI [.896, .979]) and SDMT (OR=0.949, p=0.018, 95%CI [.909, .991]). We propose that cognitive reserve and speed of processing influenced the utility of DTW velocity in predicting PR loss among community-residing older adults.

#### TRAJECTORIES OF WALKING SPEED AND CAUSE-SPECIFIC MORTALITY: EVIDENCE FROM ENGLAND

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Decreased walking speed can predict adverse health-related outcomes such as falls and admissions to hospital. Experiencing fast decline in walking speed has also been associated with increased risk of 'all-cause' mortality. In this study, we investigate the links between walking speed trajectories and specific causes of death. We used data from the English Longitudinal Study of Ageing, a large nationally representative survey which collects information biennially on people aged 50 and over in England since 2002. The sample consisted of 4,112 respondents eligible for a walking speed test at baseline who had not died before 2006. Rate of change in walking speed was derived from growth curve models and categorised in three trajectories (slow, moderate, and fast decline). We used competing risk analysis to explore the relationships between these trajectories and mortality, and their interactions with baseline wealth. During a mean of 9.5 years of follow-up, 1543 participants (37%) died (639 from cardiovascular disease -CVD, 311 from respiratory disease -RD, and 593 from cancer). Results suggest a significant difference in mortality across walking speed trajectories (with increased risk of death among those with fast declines) for CVD and RD deaths (P<0.001), even after controlling for baseline characteristics. There was no significant difference for cancer deaths (p=0.44). Further stratified analyses suggested that fast decline was associated with higher CVD and RD mortality even among those with an initial fast walking

speed (>1.22 m/s). Strategies to maintain motor performances in later life have the potential to preserve life.

## SESSION 2933 (POSTER)

### DEMENTIA AND COGNITIVE IMPAIRMENT III

#### CAN SOCIAL CONNECTIONS IMPROVE DEMENTIA KNOWLEDGE AMONG HOMEBOUND COMMUNITY-DWELLING OLDER AFRICAN AMERICANS?

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Despite the clear and compelling association between social connections and well-being, the underlying mechanisms that help stave off adverse health impacts are not well understood, particularly among older adults in disadvantaged groups. Social relationships in older age may be instrumental for exchanging and gaining knowledge that further influence health and help increase awareness about misconceptions and lifestyle behaviors known to delay or reduce cognitive decline. This study used cross-sectional survey data from 147 (aged 58-90 years; 75% female) low-income African American homebound community dwellers to investigate heterogeneity in dementia literacy profiles and its association with social connectedness. Eleven items (false=0, true=1, don't know=2) from a validated instrument were used to measure dementia literacy (DL). The Lubben's social network scale was used for a social connectedness construct. We employed a 2-stage latent class modeling approach to examine heterogeneity in DL and estimate the regressions among the derived classes and the predictors (social connectedness, education level and age). A 3-class model produced a reasonable fit and classification (entropy=0.852) of "dementia literacy patterns" labeled as (high-literacy:37%), moderate-literacy:45.2%), low-literacy:17.8%). Social connectedness was highly predictive of class membership. A high level of social relationships increased the probability of being in the "high-dementia-literacy" class compared to the "low-dementia-literacy" class (OR=2.189, p=0.016). For a unit increase in social connectedness, the odds of being in the "high-dementia-literacy" class compared to the "low-dementia-literacy" class increased by a factor of 2.2. Tailored and focused interventions to reduce social disconnectedness may also help increase dementia awareness and reduce barriers to early diagnosis.

#### COGNITIVE ACTIVITY AS A MODERATOR OF EDUCATIONAL ATTAINMENT AND WORK STATUS IN COGNITIVE AGING

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Cross-sectional findings showed that education differences in memory performance were moderated by frequent