How does disability and symptom burden among the very old differ between those who die and those who do not die over 12 months? We explored patterns of disability and symptom burden in the Health ABC cohort study, which involved quarterly phone interviews in 2011-14 (years 15-17). A proxy completed the interview when the proband was unable to participate. We identified a sample of 291 decedents with at least 1-year of follow-up before death and matched a 1:1 sample of survivors at the time of death by race, sex, and age (within ±3 years). 252 decedents (age 90.0±3.03, 65.1% Black, 52.4% female) and 288 survivors (age 90.1±3.03, 64.9% Black, 52.4% female) with at least 3 quarterly interviews were included for analysis. Decedents had a higher proportion of proxy-reported interviews compared to survivors (40.9% vs 16.0%, P<0.01). Disability prevalence among decedents was significantly higher (P<0.01) compared to survivors (using an assisted walking device, 62.3% vs 37.4%; difficulty getting in/out of bed, 32.0% vs 19.4%; difficulty bath/shower, 28.9% vs 10.0%; difficulty dressing, 19.0% vs 8.7%). Decedents and survivors differed significantly (P<0.05) in self-reported number of symptoms (2.35 vs 1.78), severity of disability due to shortness of breath (4.09 vs 2.04), constipation (3.97 vs 1.74), and difficulty concentrating (1.98 vs 1.25). Decedents also had a significant higher score (P<0.01) on self-reported loss of appetite (2.24 vs 1.91) and worse global quality of life rating (3.04 vs 2.64), compared to survivors. The patterns were similar in proxy-reported group and in the group with a combination of self-and proxy-reported interviews. Even in very late old age, disability and symptom burden increase with the approach of death.

**DISABILITY DURING THE LAST YEARS OF LIFE AMONG NONAGENARIANS: THE VITALITY 90+ STUDY 2001-2014**

Linda Enroth, 1 Pheck Hwa Soo, 2 Lily Nosraty, 1 Kristina Tiainen, 1 Jani Raitanen, 1 Marja Jylhä, 1 and Mari Aaltonen, 3 1 Tampere University, Tampere, Finland, 2 JGZ Kemenerland, Velsenbroek, Netherlands

Increasing life expectancy has postponed the last years of life to older ages. Previous studies have demonstrated that disability is determined by age, age at death and closeness to death but only few have focused on oldest old population. We examined disability during the last years of life among people aged 90 years and older between 2001 and 2014 and assessed whether it varied by age at death, sex and study year. We used population-based survey data from the Vitality 90+ Study years 2001, 2003, 2007, 2010 and 2014 (N=5711, response rate 77-86%) linked with dates of death from Statistics Finland. Disability was defined as dependency in daily activities (dressing, getting in and out of bed) and mobility (moving indoors, walking 400m, using stairs). We analyzed disability stratified by closeness to death and age at death for men and women in each study year with logistic regression method. Disability in daily activities and mobility increased systematically with closeness to death (>4, 3-3.99, 2-2.99, 1-1.99 and 1+ years to death) for both sexes in each study year. Also higher age at death (90-91 vs. 94+ years) was associated with disability. These associations remained consistent throughout the study period. This study shows that in the oldest old population both closeness to death and age at death determine the level of disability. We suggest that the complex and resource-draining care needs at the end of life will increase with growing number of people living their last years of life in very old age.

**EFFECTS OF A MULTIDISCIPLINARY INTERVENTION ON DAILY-LIVING GAIT AMONG OLDER ADULTS WITH PARKINSON’S DISEASE**

Jeffrey Hausdorff, 1 Moriya Cohen, 2 Natalie Ganz, 3 Yitchak Green, 4 Inbal Badichi, 1 and Tanya Curevich, 3 1 Tel Aviv Sourasky Medical Center, Tel Aviv, Tel Aviv, Israel, 2. EZRA–LEMARPE, Bnei Bar, Israel, 3. Tel Aviv Sourasky Medical Center, Tel Aviv, Israel, 4. EZRA–LEMARPE Organization, Bnei Brak, Israel, 5. EZRA–LEMARPE Organization, Bnei Brak, Israel

Multidisciplinary interventions can improve gait and balance in patients with Parkinson’s disease (PD). However, it is not yet known if these interventions also positively impact the quality of daily-living walking. We, therefore, examined the effects of a multidisciplinary, intensive out-patient rehabilitation program (MIOR) as delivered by the rehabilitation center of EZRA–LEMARPE organization on gait and balance as measured in the clinic and on every-day walking, as measured during 1-week of continuous measurement. 46 PD patients (age: 70.05±7.71; gender: 31.3% women; disease duration: 8.85±6.27 yrs) were evaluated before and after participating in 8-weeks of physical, occupational, and hydro-therapy, boxing, and dance (3 days/week; 5 hrs/day). After the intervention, clinical measures of balance (MiniBest Test of Balance delta: 1.82±3.30 points, p=0.001), mobility (TUG delta: -1.78±6.15 sec; p=0.001), and usual-walking speed (delta 19±16cm/s; p<0.001) improved. Daily-living step counts and daily-living gait quality did not change (p>0.5). In exploratory analyses, subjects were categorized as responders (Rs) and non-responders (NRs) based on changes in their daily-living walking gait speed. Rs increased their daily-living gait speed (delta: 10±14cm/s; p<0.001); NRs did not. Rs (n=21) also improved their daily-living gait quality measures (e.g. stride regularity, step length, stride time variability). At baseline, disease severity (MDS-UPDRSIII) was lower (p=0.02) in Rs (25.3±11.47), compared to the NRs (34.38±14.27). These results demonstrate that improvements in the clinic do not necessarily transfer to improvements in daily-living gait. Further, in select patients, MIOR can ameliorate daily-living walking quality, potentially reducing the risk of falls and other adverse outcomes associated with impaired mobility.

**MOBILITY MATTERS: A PILOT STUDY ON INCREASING HEALTH LITERACY AMONG FALL-RISK ELDER**

Mary Milidonis, 1 Jane Keehan, 2 Rebecca Deuley, 2 Sara Formoso, 2 Katherine Montgomery, 2 and Karen Koper-Pryce, 3 1 Cleveland State University, Cleveland, Ohio, United States, 2. Cleveland State University, Cleveland, United States, 3. New Mexico State University, Las Cruces, New Mexico, United States

Mobility is important to sustain for older adults to live independently. The purpose of this project was to evaluate teach back and ask me 3 interventions with a health education program that included Otago strength and balance exercise and a walking program The pilot program, Mobility
Matters, was completed with 16 older adults (mean age = 76, range 63-87, SD = 8.6), 69% African American, 94% female. Older adults with moderate fall risk were recruited from community centers and participated in a 3-month program where they were paired with physical therapy students for pre- and post-intervention assessment. Participants were randomly assigned to a health literacy intervention group (HLG) (n=9) and received teach back and ask me 3 intervention twice a month for three months. The control group (n=7) received the same program of balance exercises/walking program and after 3 months was given the health literacy intervention. Groups were not significantly different on age, gender and REALM scores. Assessment measures included: timed up and go, 30 second chair rise, 4 stage step test, 6 minute walk test, and activity balance confidence scale (ABC). Paired t-test analysis revealed mean significant differences on the measures of four stage balance test (p =.008), six-minute walk test (p=.026) and approached significance on ABC (p=.054). No significant differences were found for the non-health literacy group on all measures. The results suggest that health literacy intervention may improve outcomes for health education interventions with balance and aerobic exercise.

MOTOR AND PHYSICAL FUNCTION IMPAIRMENTS IN MIDDLE-AGED AND OLDER ADULTS IN THE BALTIMORE LONGITUDINAL STUDY OF AGING
Yurun Cai,1 Qu Tian,2 Yuri Agrawal,3 Eleanor Simonsick,2 and Jennifer Schrack,1 1. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States, 2. National Institute on Aging, Bethesda, Maryland, United States, 3. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States

Older adults experience motor function decline early in the disableness process, impacting daily activities and contributing to adverse health outcomes. Few studies have comprehensively examined the interrelationships among motor and functional impairments and investigated whether their contributions to mobility difficulty vary in well-functioning older adults. We examined direct and indirect associations of motor and physical function impairments with slow gait speed (<1.0m/s) and mobility difficulty using structural equation modeling (SEM) among 858 participants aged ≥50 years in the BLSA (mean age=74.1±10.6, 55% women). Motor and physical function tests included grip strength, knee extension strength, proprioception, finger tapping, standing balance (semi-, full-tandem, single-leg), repeated chair stands, and usual gait speed. Mobility difficulty was defined as self-reported difficulty in walking ¼ mile or climbing stairs. Motor and physical function impairments increased linearly with age, with 27.6% of participants having slow gait speed and 10.4% having mobility difficulty. Age-adjusted SEMs identified chair stands pace as the strongest predictor of slow gait speed, followed by latent factors of upper and lower extremity muscle strength and standing balance. Chair stands pace was the strongest predictor of mobility difficulty, followed by gait speed. Latent factors of muscle strength, proprioception, finger tapping, and standing balance were indirectly associated with mobility difficulty via gait speed. All models showed good model fit (RMSEA=0.05, CFI=0.95). These findings suggest components of strength and balance are among the most important contributors to poorer functional performance in mid-to-late life. Future longitudinal studies gauging the effect of change in these factors are warranted.

MOTOR AND PULMONARY FUNCTION AND MOBILITY DISABILITY AMONG BLACK AND WHITE OLDER ADULTS WITH AND WITHOUT HIV
Brittnie Lange-Maia,1 Aron Buchman,1 Sue Leurgans,2 Elizabeth Lynch,1 Melissa Lamar,1 Kristine Erlandson,1 Lisa Barnes,1 and Brittnie Lange Maia,1 1. Rush University Medical Center, Chicago, Illinois, United States, 2. Rush Alzheimer’s Disease Center, Chicago, Illinois, United States, 3. University of Colorado Denver-Anschutz Medical Campus, Aurora, Colorado, United States

Black-White disparities in gait speed have been observed in studies of adults reporting HIV, consistent with work among older adults without HIV. However, it is unknown if racial differences exist among adults with HIV for other mobility-related factors. We aimed to determine if racial differences exist in mobility disability among older adults with and without HIV and assess if pulmonary and motor function contribute to mobility disability. We examined older adults age 50+ with HIV (N=177; 72% Black) and without HIV (N=191; 68% Black). Motor function summarized 10 motor performances including gait speed; pulmonary function summarized 3 measures assessed using hand-held spirometry. Mobility disability was based on self-report. In regression models adjusted for age, sex, medical conditions, and smoking, neither race nor HIV status were associated with mobility-related factors. However, in models stratified by HIV status, Blacks with HIV had worse motor (β=-4.3, p=0.04) and pulmonary function (β=-50.5, χ2<0.001) and higher odds of mobility disability (odds ratio [OR]=2.9, 95% confidence interval [CI]=1.01-8.2) compared to Whites with HIV. Racial differences were not apparent among uninfected participants in motor function, pulmonary function, or mobility disability. In subsequent models, racial differences in mobility disability were attenuated and no longer significant in HIV when adjusting for motor function (OR=0.88 per/% higher motor composite, 95% CI=0.84-0.93). Racial differences in mobility disability in HIV were unaffected when controlling for pulmonary function. Results suggest that Blacks with HIV have greater mobility disability compared to Whites with HIV, and these differences are due to differences in motor function.

REGIONAL ASSOCIATIONS OF CORtical THICKNESS WITH GaIT VARIABILITY: THE TASMANIAN STUDY OF COGNITION AND GaIT
Oshadi Jayakody,1 Monique Breslin,2 Richard Beare,3 Velandai Srikanth,3 Helena Blumen,4 and Michele Callisaya,5 1. University Of Tasmania, Hobart, Australia, 2. University Of Tasmania, Hobart, Tasmania, Australia, 3. Monash University, Melbourne, Australia, 4. Albert Einstein College of Medicine, New York, New York, United States, 5. Monash University, Frankston, Australia

Gait variability is a marker of cognitive decline. However, there is limited understanding of the cortical regions associated with gait variability. We examined associations between regional cortical thickness and gait variability in a