cognitive activity (Lachman et al., 2010). The present study examined whether frequent cognitive activity could compensate for lower education when focusing on change in cognitive performance across nine years. The study also explored whether cognitive activity can slow down declines in retired adults as previous research suggested that retiring is associated with an increased risk of cognitive decline (e.g., Wickrama et al., 2013). Longitudinal data from the MIDUS study included N = 3,325 middle-aged and older adults. Outcome variables were two factors of cognitive performance: Episodic Memory (EM) and Executive Functioning (EF). Independent variables were years of education, work status (working vs. retired), and frequency of cognitive activity. The results suggest that cognitive activity moderated the effect of educational attainment on change in EM. Individuals with both higher education and cognitive activity showed the smallest declines in EM. Individuals with lower educational attainment but high cognitive activity had less decline in EM compared to their low education counterparts. Those who increased their cognitive activity over time showed less decline in EF. In terms of work status, working adults had less decline in EM and EF compared to retired adults and retired adults who did not maintain their cognitive activity declined more in EF. The results emphasize the importance of frequent engagement in cognitive activity across the lifespan, which can attenuate cognitive declines especially among those who have lower education or have retired.

COGNITIVE PERFORMANCE IN OLDER ADULTS WITH SUBJECTIVE COGNITIVE DECLINE
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Subjective cognitive decline (SCD) refers to a perceived decline in cognitive function in the absence of neuropsychological deficits. Older adults with SCD are at increased risk of subsequent development of mild cognitive impairment or dementia. We had 224 adults aged 65+ complete questionnaires assessing their subjective appraisal of their cognitive function, including questions about word-finding difficulty, memory, and attention/concentration. Participants also completed the Montreal Cognitive Assessment (MoCA). All participants exhibited cognitive performance that was within normal limits for age and education. In total, 29.5% of participants reported word-finding difficulties, 16.5% reported difficulties with remembering things, and 8.5% reported difficulties with attention/concentration. We found that (1) self-reported word-finding difficulties were associated with lower performance on delayed word recall, and (2) self-reported difficulties in concentration/attention or memory were associated with lower performance on the abstraction subtask in the MoCA. No other MoCA subtasks were associated with self-reported cognitive function. A subset of the participants (n=69) also completed a battery of tasks assessing semantic function, including picture naming, associative matching tasks, identification of semantic features, and semantic questions. Again, self-reported word-finding difficulty predicted lower performance on semantic tasks. These results suggest that older adults may be aware of changes in their cognitive performance prior to objective neuropsychological impairment. Moreover, their awareness appears to be domain-specific: self-reported language difficulty is associated with lower performance on language-based tasks, while self-reported difficulty in memory, attention, or concentration is associated with lower performance on an abstraction task.

DEPRESSION AND COGNITIVE FUNCTIONING AMONG ADULTS AGE 60 AND OVER: UNITED STATES, 2011-2014
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Previous studies have noted an inverse association between depression and cognitive functioning. The objective of this research is to explore this relationship with data from a nationally representative survey containing validated measures of cognition, depression, and other health conditions. The study population was respondents aged 60 and over who completed the examination component of the 2011-2014 National Health and Nutrition Examination Survey (NHANES) (N=3,472). Cognitive tests included the CERAD word list learning trials, measuring immediate and delayed memory, and the Digit Symbol Substitution test (DSST), measuring attention and processing speed. The presence of depressive symptoms was based on a score of 10 or higher out of 27 from the Patient Health Questionnaire (PHQ-9). Statistical analyses included regression models with low cognitive performance (scoring in the lowest 25th percentile) as the dependent variable. Results from regression models showed that having depressive symptoms significantly increased the odds of scoring in the lowest 25th percentile of both the DSST (OR = 3.4) and the CERAD test (OR = 1.7), controlling for age, sex, and race and Hispanic origin. Adding in a measure of heart disease showed an independent effect of heart disease on low cognitive performance (OR = 1.7 for DSST and OR = 1.3 for CERAD test), while the effect of depression was lessened but still statistically significant. In this study, depression is associated with cognitive functioning, but its effect may be attenuated by the presence of other chronic health conditions.

DEVELOPING A SPATIAL-SKILLS-FOCUSED MUSIC PROGRAM FOR OLDER ADULTS WITH CHANGES IN COGNITION
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Older adults with cognitive changes need stimulating programming to maximize their cognitive abilities. One area to maximize includes spatial skills, its decline can lead to disorientation and wandering. Music has potential to maximize spatial skills: reading music’s notation is associated with enhanced spatial skills in children and professional musicians. It’s critical to understand the potential impact of a spatially focused music program for older adults with changing cognition; if successful, future music programs could support people staying orientated in their environments and living independently longer. We developed and assessed a six-week marimba program focused on reading music with 15 older adults ages 65-89 with changes in cognition. We compared their scores on the Orientation Test from the Test of Visual Perceptual Skills pre- and post-intervention and assessed if
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