SESSION 2932 (PAPER)

MOBILITY DISABILITY II

FUNCTIONAL MEASURES ARE SEVERELY UNDER-CAPTURED IN ELECTRONIC HEALTH RECORDS
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Electronic health records (EHR) data are increasingly used to inform clinical care decisions, assess quality of care, and identify patients at high-risk of poor outcomes (e.g. readmission). Functional measures— including mobility and the ability to perform activities of daily living (ADLs)—are key indicators associated with health-related quality of life and chronic disease management in older adults. The goal of this analysis was to quantify the extent that measures of function are used in a national pool of structured EHR data. We used 2017-2019 data from IBM Watson Health Explorys, representing EHR data from 27 health systems and 360 hospitals nationwide (n=5,224,530 adults age 65 and older). Structured EHR data were mapped to SNOMED-CT codes that identified six categories of function: mobility, fine motor, gross motor, large muscle, ADLs, and instrumental ADLs. Results indicated that only 3 of the 6 categories were used: ADLs (4.2% of study population), mobility (3.2%), and gross motor skills (2.4%). Fine motor, IADLs, and large muscle function were not recorded in any patients. These results indicate that functional measures appear to be under-reported in structured EHR data when compared to published estimates of the population prevalence. In conclusion, measures of function and mobility remain largely unused in structured EHR data, likely because this information is either not assessed, unavailable for inclusion, or is captured in a non-structured format (e.g. clinical notes). Comprehensive functional measures need to be added to EHRs to assess quality and improve delivery and outcomes in older adult patients.

LIFESTYLE ADJUSTMENT AND MOBILITY-RELATED GOAL SETTING AFTER DRIVING CESSATION WITH PEOPLE LIVING WITH DEMENTIA
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Community mobility is an important social determinant of health. For people living with dementia, the forfeiture of a driving licence can signal a loss of independence, limiting access to activities outside of the home. Loss of community connectivity and social participation has a substantial impact on quality of life and may lead to depression and more rapid cognitive decline. This study is focused on a driving cessation intervention that helps people with dementia identify personal goals that are framed around community mobility and adjusting to life without driving. Health professionals work with participants to translate these into specific, practical and achievable outcomes by program end. Participants may nominate more than one goal. This study reports on goal setting and achievement. Using a modified version of the Canadian Occupational Performance Measure it examines pre- to post-intervention achievement of, and satisfaction with, identified goals for 17 participants living with dementia aged 63-93 (M=75.24, 76% male) from regional and metropolitan Australia. Thematic analysis of clinical interviews and field notes highlighted the range of desired goals, and the challenges posed and problem-solving strategies used in setting realistic, non-driving goals. Significant positive improvements were found across a total of 29 goals for (i) performance t(28) = -10.01, p < .000, and (ii) satisfaction, t(28) = -10.32, p < .000. The implications for practice are that supportive goal-setting of personally relevant objectives and valued activities following driving cessation may be effective in lessening some of the negative effects of giving up driving for people with dementia.

LIFE-SPACE IN A NATIONAL COHORT OF U.S. OLDER ADULTS: NORMATIVE DATA FOR THE UAB LIFE-SPACE ASSESSMENT
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The University of Alabama at Birmingham Life-Space Assessment (LSA) is a self-reported measure for assessing community mobility. Restricted mobility is correlated with a number of adverse health outcomes, including mortality, frailty, cognitive decline, and nursing home admissions. Thus, it is important for providers to understand how the LSA score of a patient compares to the general population. To facilitate such comparisons, we developed demographically adjusted norms for the LSA and its correlation with other functional measures. Norms were based on 15,390 participants age 45 and older in the National Institutes of Health-funded REasons for Geographic and Racial Differences in Stroke (REGARDS) study, a national, population-based, longitudinal study investigating the causes of excess stroke mortality among African Americans and individuals living in the Southeastern US stroke belt region. LSA scores declined from a median of 100 in the 45-54 age range to a median of 59.7 in the 85 and older age range, with higher median scores in males. LSA scores showed modest but significant positive correlations with SF-12 Physical Component and Mental Component, Center for Epidemiologic Studies Depression Scale, and Six Item Screener cognitive scores, as well as modest but significant negative correlations with AD8 Dementia Screening, Katz Activities of Daily Living, and Timed Walk scores. The LSA is a brief, easily administered measure that offers a valid method of assessing community mobility in the older adult population.

PREDICTORS OF PHYSICAL RESILIENCE IN OLDER ADULTS
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Physical resilience (PR), which denotes one’s ability to resist functional physical decline, can be operationalized...
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