intraindividual standard deviation of all z-scores was calculated. Bivariate Spearman's rank-order correlations were used to examine associations between NAT performance and within-domain IIV, as well as mean performance. Linear regressions were used to examine the associations of IIV score with NAT scores, adjusting for age, sex, and mean cognitive performance.

Results: Among CN participants, higher memory IIV was significantly associated with lower NAT accomplishment (r=-.329, p=.038), and better mean memory performance was significantly associated with fewer errors (micro-errors r=-.509, p=.003; overt r=-.438, p=.012; motor errors r=-.463, p=.008). Regression models revealed that memory IIV, after controlling for mean memory performance, age, and sex, did not significantly predict NAT performance. High attention/EF IIV was significant associated with more errors (overt r=.377, p=.016), whereas mean attention/EF performance was not significantly correlated with any NAT measures. Attention/executive function IIV significantly predicted errors (micro-errors B=4.15, p=.03; Overall model: R^2=0.285, $F_{(4, 24)}$=2.393, p=.079; overt B=.562, p=.032; Overall model: R^2=0.371, $F_{(4, 24)}$=3.543, p=.021) after adjusting for mean attention/executive function performance, age, and sex.

Conclusions: Consistent with the goal-control model framework, greater variability in memory was associated with lower task accomplishment, whereas greater variability in attention/EF was associated with more errors. However, only attention/EF IIV predicted NAT performance, specifically errors (micro-errors, overt errors), after adjusting for age, sex, and mean attention/EF performance. Within-domain IIV can be used to predict mild functional difficulties in cognitively healthy older adults. Future research should examine within-domain IIV in a larger sample with more diversity to maximize generalizability, and in a longitudinal design to evaluate within-domain IIV predictive validity for cognitive/functional impairment.

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69 Evaluation of Ethnoracial Differences in Self- and Study-Partner Reported Subjective Cognitive Decline

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Objective: 1) Evaluate the association of self- and study-partner report of subjective cognitive decline (SCD) to objective cognitive performance across ethnoracial groups. 2) Evaluate the concordance of self- and study partner report of SCD across ethnoracial groups.

Participants and Methods: Participants were 5241 non-Hispanic White (NHW), 267 non-Hispanic Black (NHB), 225 Hispanic, and 228 Asian participants screened for the A4 study (N=5961). Participants completed the Preclinical Alzheimer Cognitive Composite (PACC), and self- and study partner-report of SCD using the Cognitive Function Index (CFI). Analysis of variance was used to assess difference in key variables by ethnoracial group. Regression analyses were conducted to evaluate the association of SCD and objective performance by ethnoracial group, and the association between self-and study partner report of SCD by ethnoracial group.

Results: Asian participants reported the highest mean CFI relative to all other groups, while NHW reported the lowest (F(3,5957)=41.93, p <.001). Asian and NHW participants had higher PACC scores relative to NHB and Hispanic participants (F(3,5957)=41.93, p <.001). Regression analyses revealed higher CFI was associated with lower PACC score across groups, and this association was strongest in the Asian sample relative to other groups (F(10, 5897)=40.49, p<.001,R2=.06). Evaluation of study partner characteristics suggested NBH participants had the highest proportion on non-spousal study partners relative to other groups. Regression analyses revealed no differences in the association of self- and study partner report of SCD across ethnoracial groups (F(10, 5859)=132.9, p<.001, R2=0.18).

Conclusions: Results suggest that that SCD is associated with objective cognitive performance across racial groups, although the strength of this association appears to vary in this sample.

There is also consistent concordance between self- and study partner report of SCD across groups, despite differences in study partner relationships. SCD may be considered a valid predictor of subtle cognitive change across groups in the A4 sample. Limitations include small group sizes relative to the large NHW sample. Future work with larger, more representative samples are needed to further validate these findings.

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70 Childhood SES and Midlife CVD on Late-life Cognition

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Objective: Cardiovascular disease (CVD) is a well-known risk factor for cognitive impairment and dementia, particularly among minoritized groups that have experienced a history of low childhood socioeconomic status (SES). Although previous literature has linked all levels of SES to varying degrees of stress exposure, children raised in higher SES households have more access to resources and services that encourage optimal growth and development than children who grow up in lower SES households. Given the disproportionate burden of dementia and cognitive deficits within minoritized groups, the present study examined whether childhood SES is associated with later life cognition among Black and White older adults and if this association persists after accounting for hypertension, a possible mediator of the relationship between childhood SES.

Participants and Methods: 1,184 participants were from the first wave of the STAR (n = 397 Black [Mage= 75.0 ±6.8 years]) and KHANDLE (386 Black [Mage= 76.2 ±7.2 years] and 401 White [Mage= 78.4 ±7.5 years]) cohorts. We used general linear models to examine the relationship between childhood SES and later-life executive function, semantic memory, and verbal memory scores, and midlife hypertension. Childhood SES was measured by self-reported perceived financial status (with participants given the following options: 'pretty well off financially', 'about average', 'poor', or 'it varied'). These models were assessed in the full sample and also stratified by race.

Results: In the full sample, childhood financial status was not associated with semantic memory, verbal episodic memory, or executive function. Financial status was associated with semantic memory in Black adults (β = -.124, t(771) = -2.52 , p = .01) and this association persisted after accounting for hypertension (β = -.124, t(770) = -2.53, p = .01). There was no association between childhood financial status and later life semantic memory among White adults. There was no association between childhood financial status and later life verbal episodic memory or executive function in either Black or White adults in models with or without adjustment for hypertension.

Conclusions: Our findings showed no relationship between childhood SES and cognition, except for semantic memory in Black participants; this relationship persisted after accounting for midlife CVD. Future analyses will assess both direct and indirect effects of more predictive measures of childhood SES on late-life cognition with midlife CVD as a mediator.

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71 Effect of Dementia Experience on the Relationship Between Dementia Worry, Knowledge of Dementia, and Age