Effort testing is critical to neuropsychological practice, including dementia assessment. Questions exist around whether cognitive status or impairment severity impacts effort test performance in this population. Presently, we examined whether scores on an embedded effort test - the California Verbal Learning Test II Short Form (CVLT-II-SF) Forced Choice Recognition (FCR) - differed across diagnostic cognitive status groups and how severity of impairment modulated test performance. In a sample of memory clinic patients, three cognitive status groups were identified: subjective cognitive impairment (SCI; n = 92), amnestic mild cognitive impairment (a-MCI; n = 18), and dementia due to Alzheimer’s Disease (AD; n = 70). Significant group differences in FCR performance were observed using one-way ANOVA (p < .001), with post-hoc analysis indicating the AD group performed significantly worse scores than the other groups. Using multiple regression, FCR performance was modelled as a function of cognitive status, impairment severity indexed MMSE, and their interaction, with a parallel analysis for the Clinical Dementia Rating Sum of Boxes (CDR-SOB) scores as an alternate severity measure. Results yielded significant main effects for MMSE (p = 0.019) and cognitive status (p = 0.026), as well as a significant interaction (p = 0.021). Thus, increases in impairment severity disproportionately impaired FCR performance for persons with AD, calling into question research-based cut scores for effort determination in dementia contexts. Corresponding CDR-SOB analyses were non-significant. Future research should examine whether CVLT-II-SF-FCR is an appropriately specific inclusion in a best-practice testing battery for evaluating effort in dementia populations.

EXAMINING STEREOTYPE THREAT IN NEUROPSYCHOLOGICAL TESTING: A USABILITY AND USER EXPERIENCE PILOT STUDY
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Stereotype threat is defined as the situational predicament when people feel at risk of conforming to social stereotypes. Correspondingly, stereotype threat may negatively impair a persons’ working memory and cognitive abilities during neuropsychological tests due to hyper awareness of negative stereotypes. Moreover, it is critical to test the usability and the user experience of application-based neuropsychological assessments within diverse aging adult populations. In this pilot study, verbal expressions of feeling pressure to succeed, within a diverse population of young adults, were examined while taking an application-based neuropsychological assessment. Data was collected from 15 self-identified respondents (i.e., 7 Latinx, 5 Asian, 3 Bi-racial). Before beginning the assessment, 8 out of 15 participants exhibited self-handicapping behaviors such as offering explanations of mental exhaustion due to work and lack of sleep. Literature suggests these expressions are related to the onset of anxiety prior to taking cognitive tests, and contribute to potentially offering an excuse in anticipation of poor performance. Additionally, 3 out of 15 participants noted that even though the tasks were simple, they felt unintelligent because they did not complete the tasks to their best abilities (e.g., “I felt stupid. It was simple”). Findings from this pilot support the negative impact stereotype threats have on feelings of inadequacy and increase of anxiety levels among ethnic minorities in testing settings. Further emphases on examining the usability and user experience of application-based tests are needed, particularly within a diverse population of aging adults to facilitate more culturally competent neuropsychological testing experiences.

FINDING FACTORS IN FOOTFALLS: EXPLORING THE FACTOR STRUCTURE OF GAIT IN OLDER ADULTS
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Gait is a reputed marker of global health spanning various bodily systems (MacDonald et al., 2017) and is a robust predictor of deleterious age-related outcomes (Van Kan et al., 2009). However, the sheer number of individual gait variables employed as predictors in the existing literature can obscure interpretations. To address this issue, researchers have explored the factor structure of gait indicators to explain variance in age-related gait performance, identifying disparate models characterized by three to five underlying latent gait constructs comprised of 8 to 23 indicators (Hollman et al., 2011; Lord et al., 2013). Beyond this heterogeneity, additional limitations characterizing this literature include solutions that assume statistical independence among gait constructs, as well as inclusion of severely multicollinear indicators. Using data from the Healthy Minds Healthy Bodies (HMHB) study, the present research focused upon replicating and contrasting previous factor analytic efforts. HMHB participants (n=128) were healthy community-dwelling adults (Mage=72.81±5.24 years; female=100). Gait indicators from a GAITRite computerized walkway were selected according to a priori theoretical rationale, compatibility with previous studies, and consideration of multicollinearity. Gait factor structure was initially analyzed using principal component analysis. Results indicate the presence of three latent gait domains reflecting pace, rhythm, and variability, accounting for over 82.4% of the variance in gait performance. Current proceedings involve implementing confirmatory factor analysis to compare competing gait models. Findings will address disparities across factor models in the gait literature, as well as discuss the optimal number of factors for describing the underlying dimensionality of gait.

MEASUREMENT INVARIANCE IN THE ASSESSMENT OF MOOD BETWEEN AMERICAN AND MEXICAN COMMUNITY STUDIES
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