mediating the dynamic interplay between EC and DMN, is relatively overlooked. To extend previous work, we used a large cohort (N = 547) of participants from the Cam-CAN database (18-88 years old) to examine whether restig-state functional connectivity between EC and DMN can reliably predict participant age. We further examined how addition of the salience network impacts the hypothesized increased connectivity between EC and DMN as a result of aging. A series of multiple regression analyses using functional connectivity and age as variables revealed that connectivity between EC and DMN regions (specifically between dorsolateral and ventromedial prefrontal cortex and parietal regions, including the precuneus) accounted for a significant portion of age variability and that the inclusion of the salience network improved the models’ explanatory power. Follow-up analyses by age cohort further highlighted that these relationships dynamically change across the lifespan. We will discuss these findings in the context of default-executive coupling hypothesis for aging and propose avenues for future research in refinement of this model.

SPousAL LOSS AND COGNITIVE FUNCTIONING: DO PRE-LOSS MARITAL QUALITY AND GENDER MATTER?
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Prior research has found that the risk of cognitive decline increases after the death of a spouse. In general, the impact of life transitions is contingent on contextual factors such as socio-demographic characteristics or relationship quality. However, there is limited research on how marital quality before spousal loss and gender influence the association between spousal loss and cognitive change. The current study examines the effects of spousal loss on change in cognitive functioning as well as the moderating effects of pre-loss marital quality and gender. Data from two waves of the Midlife in the United States (MIDUS) study were analyzed (MIDUS2: 2004-05, MIDUS3: 2013-14). The analytic sample consists of two groups: (1) 179 bereaved adults who were age 54 or older at MIDUS2 (M = 65.2, SD = 9.5) and whose spouses died between MIDUS2 and MIDUS3, and (2) 179 non-bereaved adults, matched with the bereaved group on age and gender, who did not experience spousal loss between the two waves. Cognitive function was assessed via BTACT (Brief Telephone Adult Cognition Test) at both waves. Regression results show that both pre-loss marital quality and gender significantly moderate the association between spousal loss and change in cognitive functioning. Specifically, relative to their counterparts, men and those who reported better marital relationships prior to spousal death had a greater risk of cognitive decline after a spouse’s death. The findings suggest the significance of pre-loss marital quality and gender for cognitive changes in widowhood and have implications for the development of efficient interventions.

TAKE ACTION OR WORRY? OLDER ADULTS’ ANTICIPATED RESPONSES TO CONCERNING COGNITIVE ASSESSMENT RESULTS
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Under a third of older adults (28%) report having ever received an assessment for cognitive problems in US primary care settings. Patient resistance is cited as a major reason cognitive assessments are not performed. Theoretical models emphasize the role of anticipated benefits and harms in shaping health behaviors. Accordingly, here we investigated older adults’ anticipated actions and worries regarding their cognitive assessment results. A total of 393 community-dwelling respondents between ages 50 and 91, 65% female, 89% college/university-educated, with no diagnosed cognitive disorder, completed Attitudes Around Cognitive Testing (AACT) at primary care sites (n=98) and through an online platform (www.mturk.com) (n=298). AACT examines older adults’ preferences and concerns about cognitive assessment. It includes questions about actions participants would take and worries they would have if assessment results indicated cognitive problems. Willingness to take part in testing (yes or unsure/no) was also assessed. We found that seeking a formal diagnosis (84%), talking to family about healthcare (77%), and planning one’s own future (70%) were highly endorsed actions, and becoming depressed (48%), becoming anxious (47%), and losing driving privileges (41%) highly endorsed worries. Logistic regression showed that total worries and worry-action difference scores predicted reduced willingness (OR=0.84, CI=0.75-0.93 and OR=0.82, CI=0.74-0.82, respectively), whereas total actions did not. Our results suggest that older adults view concerning cognitive assessment outcomes as an opportunity for taking action as well as a reason for worrying. Both worries and actions appear to play a role in deciding whether to take part in a cognitive assessment.

THE ASSOCIATION BETWEEN COGNITIVE FUNCTION AND PREVENTIVE CARE SERVICE UTILIZATION AMONG U.S. CHINESE OLDER ADULTS
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Preventive healthcare utilization is an important aspect of medical practice that facilitates the identification of chronic diseases at an early stage and increases options for treatment. Cognitive function plays an important role in individuals’ utilization of preventive care services. However, our understanding of the relationship between cognitive function and preventive care utilization is limited, particularly in older minority aging populations. The study aims to assess the association between cognitive function and preventive healthcare utilization among U.S. Chinese older adults. Data were obtained from the Population Study of Chinese Elderly in Chicago (PINE). Five instruments were used to measure global cognition, including the Mini-Mental State Examination, East Boston Memory Test Immediate Recall and Delayed Recall, Digit Span Backwards,
and Symbol Digit Modalities Test. Preventive care services included immunization (i.e. flu, pneumonia, and hepatitis B vaccines) and cancer screenings (i.e. colorectal, breast, cervical, and prostate). Multivariable regression analyses were used. The findings showed that higher level of global cognition was associated with higher utilization of pneumonia vaccination (OR=1.32, 95% CI=1.14-1.52), hepatitis B vaccination (OR=1.24, 95% CI=1.05-1.47), colon exam (OR=1.23, 95% CI=1.07-1.41), mammogram (OR=1.46, 95% CI=1.22-1.73), breast exam (OR=1.23, 95% CI=1.04-1.46), and cervical exam (OR=1.38, 95% CI=1.15-1.65). Future longitudinal studies are needed to elucidate potential mechanisms underlying the relationship between cognitive function and preventive care utilization among U.S. Chinese older adults. Study findings underscore the need to understand preventive care utilization patterns among U.S. Chinese older adults with low cognitive function.

THE EFFECTS OF READING ENGAGEMENT ON OLDER ADULTS’ RESOURCE ALLOCATION IN READING AND COGNITION

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With aging, print exposure has been shown to predict effective resource allocation during reading, as well as to account for growth in certain abilities. To test the hypothesis that literacy engagement has causal effects on reading processes and the cognitive abilities on which they depend, we developed a home-based literacy intervention administered via iPads. Participants (64% female; 60-79 years of age; < 10hrs/week of reading at baseline) were randomly assigned to an 8-week reading intervention group (developed in collaboration with a Champaign Library adult literacy specialist) or to a puzzle control, both of which involved ~8hrs/week of activity engagement. At pretest and posttest, participants performed a self-paced reading task to assess resource allocation to word and conceptual processing, and completed a battery of cognitive measures assessing episodic memory, working memory, and verbal fluency (alphas ≥ .79). Based on one-tailed tests, results showed greater positive change in working memory, t(57)=1.69, p<.05, for the literacy group relative to the control, and a marginally significant difference in change in episodic memory, t(57)=1.62, p<.06, but not in verbal fluency, t< 1. In addition, there was a significant difference between conditions in change in resource allocation to conceptual processing, t(53)=1.75, p<.05. Changes in working memory and conceptual processing were positively correlated (r=.27, p=.02). These findings suggest that reading engagement may be beneficial for older adults’ growth in fluid ability, which impacts reading processes, so as to create a “virtuous spiral” of resilience between literacy engagement and ability.

THE REMINISCENCE BUMP EFFECT IN AUTOBIOGRAPHIES

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The reminiscence bump effect refers to the tendency for older adults to recall more life events from their late teens through early thirties than from other periods of life. Participants in laboratory studies are often encouraged to recall events quickly and spontaneously, with the intention of eliciting those life events that come most easily to mind. The purpose of this study was to determine if a reminiscence bump effect is observed in accounts of life events that are carefully organized and narrated over prolonged periods of time; specifically, those presented in published autobiographies. 1911 life events were collected from the autobiographies of 16 authors. Four authors were female and 12 were male. The mean age of authors at the time of publication was 65.88 (SD = 13.94). 45.52% of life events reported in autobiographies occurred when authors were between 18 and 32 years of age, a value significantly higher than expected by chance [Chi-square (1, N = 1911) = 457.70, p < .001] and consistent with those found in laboratory studies supporting the reminiscence bump effect (e.g., Rubin, Wetzler, & Nebes, 1986). In addition, the 15-year reminiscence bump period represented an average of 22.77% of the authors’ lives at the time they published their autobiography; however, events from the reminiscence bump period took up an average of 42.52% of the pages in their autobiographies. These data provide evidence for a reminiscence bump effect in carefully considered life story narratives which required months or years to complete.

WEIGHT STATUS INFLUENCES CAROTID INTIMA-MEDIA THICKNESS TO EXECUTIVE FUNCTION AMONG OLDER ADULTS

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Carotid atherosclerosis has emerged as an early predictor of reduced cognitive function. Underlying this association are risk factors, such as overweight and obesity, that promote carotid atherosclerosis and poor cognitive outcomes. Given the prevalence of overweight and obesity among older adults, there is a critical need to better understand how atherosclerosis influences cognitive function in the context of elevated weight. To address this gap, the current study examined relations between carotid atherosclerosis (carotid intima-media thickness [IMT]), and attention (Trailmaking Test) and executive function (Verbal Fluency Test) performance, and whether they varied as a function of weight status (body mass index [BMI] classification). Data were analyzed from 162 older adults (mean age = 68.43y, 34% male, 41% African American), free of major disease. Multiple regression and analysis of variance analyses, adjusted for age, sex, education and mean arterial pressure, showed a statistically significant IMT x BMI interaction for Verbal Fluency performance (p=.04) and a trending IMT x BMI interaction for Trailmaking A performance (p=.05). Simple effects analysis of IMT and Verbal Fluency performance showed that this association was most pronounced among those who are obese. Findings suggest atherosclerosis may influence executive function in the context of obesity among older adults. As the development of carotid atherosclerosis is strongly related to aging, our findings suggest that maintaining a healthy weight may reduce its impact on executive function in older adulthood.