

late-life immigrants. These findings provide unique insights into subjective perceptions of successful aging and may help inform programs and policies that support the health and well-being of older South Asian Americans.

#### LONG-TERM CARE AND WIDE EFFECTS ON CHILDREN CAREGIVERS -- NEW EVIDENCE FROM TAIWANESE ADMINISTRATIVE DATA

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Long-term care (LTC) needs have profound impacts on the care-receivers and their children. Past research has focused on primary caregivers' short-term responses to LTC needs on limited aspects. This study brings new Taiwanese administrative data on health insurance, LTC program usages, and tax records. Rich information allows this study to explore long-term impacts on care-receivers' extended families. Event study combined with various regression analyses is the main framework of this study. Using the longitudinal record of more than 23 million individuals older than 65 over 18 years, the present study examines extended family members' various outcomes along the LTC needs trajectory. Among others, these outcomes include labor market participation and health expenditures. There are several findings in this study. Parents' LTC needs decrease all children's average full-time labor force participation by 2.5 percentage points even 10 years after the needs incurred. These needs do not directly increase children's health expenditure. A precise zero effect is found on children's health expenditure before, during, and after parents' LTC needs. Nevertheless, parents' health status or LTC risks, in general, may still pass on to children through other channels. The inter-generational health association is found to be approximately 0.25, indicating some degree of transmission. The results suggest that the impacts of LTC needs on family members are profound and widespread. Policy needs to address multiple aspects to cater to potential difficulties for care-receivers' family members.

#### MEASUREMENT INVARIANCE OF A LATENT DEMENTIA INDEX BY GENDER IN THE AGING, DEMOGRAPHICS, AND MEMORY STUDY

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Population-based aging studies allow researchers to study dementia and its correlates. Few include dementia diagnoses. Latent variable models have been used to create latent dementia indexes (LDI) using cognitive and functional ability to approximate dementia. The LDI is applied across diverse populations, but it is unclear whether gender affects its measurement properties. We assess whether the LDI can be

used to measure dementia equivalently for men and women. We use the 2001-2003 Aging, Demographics, and Memory Study (n=856, 355 men, 501 women). Cognitive ability was assessed using memory, executive function, attention, spatial ability, orientation, and language tasks. Functional ability was informant-reported. We used confirmatory factor analysis to test factorial invariance across gender and compare latent means to determine which group had lower means, consistent with greater dementia likelihood. Model fitting results suggest metric invariance of the LDI but only partial scalar invariance across gender. Latent mean differences in the LDI were observed ( $M_{diff} = .39$ ,  $SE = 0.19$ ,  $p = .042$ ), with women lower, on average, than men. Correlations between LDI and dementia diagnosis were stronger for both men ( $r = -.82$ ) and women ( $r = -.85$ ) than correlations between dementia and Mini-Mental Status Exam scores ( $-.69$  and  $-.73$ , respectively). The LDI may be reliably and validly used to measure and compare dementia likelihood in men and women. Results suggest lower LDI scores in women, indicating greater dementia likelihood. Gender differences may be partially attributed to differences in measurement properties of items, possibly due to gender differences in educational returns and employment factors.

#### MEASURING COVID-RELATED AGEISM

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Prejudice, discrimination, and negative stereotypes based on age (ageism) are long-standing and strongly implicated in poor health outcomes and limited access to health care for older adults. Recent writings suggest the COVID-19 pandemic raised the specter of ageism to an entirely new level. Do these observations reflect an exaggeration of "usual" ageism or a unique manifestation of intergenerational tension rooted in resentments of younger people concerning COVID-related disruptions in their lives believed to be primarily a function of older people's vulnerability to the disease phenomenon? To address this question, the purpose of this study was to develop and test an instrument to measure ageist tendencies associated with the COVID-19 pandemic. Scale items, written to reflect attitudes about paternalism, inconvenience, and sacrifice, were assessed for content validity. Then the 12-item scale was administered to 227 undergraduate and graduate students in the health and social sciences. Analysis showed items have strong internal consistency and concurrent and discriminant validity. Importantly the scale explained unique variance over and above other standard measures of ageism. Ageism is deeply embedded in global and U.S. culture and strongly related to negative outcomes. This scale will assist researchers investigating the ageist consequences of the current pandemic and help us to monitor what could be long-term residual ageist effects of the COVID pandemic.