

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 resting-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 BTACTION (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,