memory problem diagnoses for this specific generation, for males and females alike.

HEALTH AND FINANCIAL RISK-TAKING PROPENSITY DURING THE COVID-19 PANDEMIC: DIFFERENCES BY AGE AND TIME

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The COVID-19 pandemic has presented a global health threat of unprecedented magnitude and had a devastating impact on the world's economy. Accordingly, the riskiness of decisions related to health and finance may have increased. However, health and financial threats have differentially affected different age groups. For example, COVID-19 posed a greater health threat to older adults (65+ years) than younger or middle-aged adults, whereas financial threat due to the pandemic affected younger and middle-aged adults more than older adults. This study examined differences in the levels of health and financial risk-taking propensity by time of the pandemic and age group: young (18-39 years), middle-aged (40-64 years), and older adults (65+ years). A sample of 488 individuals residing in the US (245 Woman; Mage = 51.07, SD = 15.99) completed three waves of surveys in March, April, and May 2020. We found that risk-taking propensity for both health and financial decisions decreased over time. The risk-taking propensity was significantly lower in April and May than March, but risk-taking propensity in April and May did not significantly differ. The three age groups were all significantly different than each other in both health and financial risk-taking propensity at all three waves. Younger adults reported higher risk-taking propensity than older and middle-aged adults, and middle-aged adults reported higher risk-taking propensity than older adults. The findings indicate that the pandemic may have influenced all individuals to take less risks in the fields of health and finance regardless of their age.

HOUSING COST BURDEN AND WELL-BEING IN OLDER ADULTS MODERATED BY NEIGHBORHOOD COHESION AND DISORDER

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Although aging in the community promotes well-being in older adults, contextual factors (e.g., housing cost burden, neighborhood cohesion, neighborhood disorder) may impact this relationship. Identifying such risk factors represents a first step toward improving older adult well-being. NHATS data (Rounds 5–8) were used to answer two research questions (RQs). RQ1: "Is housing cost burden significantly associated with well-being?" RQ2: "Is this association further moderated by neighborhood cohesion and neighborhood disorder?" Participants were 18,311 adults ≥ 65 years old. Well-being was assessed by summing 11 commonly identified indicators. Two items were merged to assess housing cost burden (categories: "no burden," "no money for utilities," "no money for rent," and "no money for utilities or rent"). Neighborhood cohesion and disorder were combined (categories: "no cohesion, no disorder," "yes cohesion, no disorder," "no cohesion, yes disorder," and "yes cohesion, yes disorder"). Both RQs were assessed through a random coefficient model controlling for established covariates. RQ1 results revealed that, compared to "no burden," "no money for utilities or rent" (B = –1.22, p = .003) and "no money for rent" (B = –1.50, p = .007) were significantly associated with well-being. RQ2 results revealed that "no cohesion, no disorder" significantly moderated the association between "no money for utilities or rent" and well-being (B = –2.44, p = .011). These results indicate that increased housing cost burden is associated with decreased well-being, especially for those reporting no neighborhood cohesion. Future research should examine neighborhood-level protective factors promoting cohesion for older adults to support well-being.

HOW DO FAMILY CAREGIVERS' VALUES INFLUENCE PAIN MANAGEMENT FOR OLDER ADULTS WITH DEMENTIA?

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Professional caregivers rely on formal training when managing pain among patients with dementia, but family caregivers (FCGs) lack this foundation. Instead, FCGs use informal sources that may reflect a values-driven decision-making process. Few studies have examined how FGCs' personal values impact pain management for dementia patients. We sought to examine the influence of personal values on pain management among FCGs for community-dwelling older adults with dementia using qualitative descriptive methods. Twenty-five adult FCGs, aged from 29 to 95, were recruited in central Virginia. Participants were predominantly white, married, female, and high school graduates. We conducted semi-structured interviews that were audio recorded and analyzed using constant comparative analysis. Four themes emerged: 1) Priority for pain management: when quality of life is valued over other factors (i.e., length of life), priorities focused on no pain, leading to better pain management; 2) Moral perspectives: negative views toward drugs, especially opioids, led to less use and greater report of pain; 3) Beliefs about alternative therapy: negative views led to less likely use of non-traditional approaches and reports of more pain, and 4) Personal experience of pain: past personal experiences of pain (negative or positive) influenced the priority placed on pain management and the FCG's ability to provide effective pain management. The diverse views held by FCGs demonstrate a value-based process and suggest a modifiable factor in pain management. Helping FCGs reflect biases while reinforcing values that improve pain management would lead to improve pain and quality of life for older adults with dementia.

HOW LONELY ARE OLDER AMERICANS ACT NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM PARTICIPANTS?

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