Conclusions: Numerous changes in driving behaviors over time were predicted by increased hippocampal and whole brain atrophy as well as lower cognitive reserve scores proxied by the WRAT 4. These changes show that those with lower brain and cognitive reserve are more likely to restrict their driving behavior and adapt their daily behaviors as they age. These results suggest older adults with lower brain and cognitive reserve are more likely to avoid highways where speeding and aggressive maneuvers are more frequent.

Categories: Aging Keyword 1: driving Keyword 2: cognitive reserve Keyword 3: aging (normal) Correspondence: Samantha Murphy Department of Neurology, Washington University School of Medicine msamantha@wustl.edu

59 An Examination of the Moderating Effect of Self-Efficacy on the Association Between Health Literacy and Healthy Activity Engagement in Older Adults

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Objective: Engagement in activities that promote overall brain health and well-being is often a key step in reducing risks to cognitive health in older adults. Given that higher health literacy has been found to be associated with healthier lifestyles, it is unsurprising that it has been the focus of many studies and programs aimed at improving the health outcomes of older adults. An equally important factor to consider when it comes to such efforts is the role of moderating variables in the relationship between health literacy and engagement in healthy behaviors. The present study examined the moderating effect of self-efficacy, a variable that has been shown to be positively associated with both health literacy and health behaviors. We hypothesized that increased self-efficacy will strengthen the relationship between health literacy and healthy activity engagement in a sample of community-living older adults. Participants and Methods: Forty-nine older adults (age: M = 64.35, SD = 8.00; education: M

= 16.39, SD = 2.37; 87.76% female) completed a health literacy measure (Newest Vital Sign: NVS), a self-efficacy questionnaire (General Self-Efficacy Scale; GSE), and a lifestyle behaviors questionnaire (Healthy Aging Activity Engagement Scale; HAAE). The NVS is a performance-based measure in which participants are asked to interpret the verbal and numerical information of a nutrition label to make health-related decisions. The GSE is a selfreport measure that evaluates one's belief in their ability to handle challenges, solve problems, and accomplish goals. The HAAE is a self-report measure that assesses one's engagement in healthy activities across multiple health domains.

Results: To examine whether self-efficacy moderates the relationship between health literacy and healthy activity engagement, a moderation analysis was conducted using Hayes' PROCESS macro for SPSS with age and education included in the model as covariates. The results revealed no significant interaction between health literacy and selfefficacy, b = 0.23, p = .59, 95% CI [-0.60 to 1.05].

Conclusions: Contrary to expectations, in the present sample, the degree of self-efficacy was not a condition under which level of health literacy exerted its influence on healthy activity engagement in older adults. Future studies with larger and more nationally representative samples are needed to explore self-efficacy and other potential moderating factors in order to identify individual characteristics that support older adults' adoption and engagement in health-promoting behaviors.

Categories: Aging Keyword 1: aging (normal) Keyword 2: quality of life Keyword 3: self-report Correspondence: Samina Rahman, Washington State University, samina.rahman@wsu.edu

60 The Impact of Retirement Status on Cognitive Dysfunction in Alzheimer's Disease

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