

Forty-four million US licensed drivers are ≥ 65 years old and at higher crash risk. Decision-making about stopping or continuing driving is difficult and often involves family and friends. This study examines if decision conflict about changing driving habits is associated between older adult drivers and their study partners (SPs) (i.e., family member or friend). Data were from a multi-site trial assessing a driving decision aid. Decision conflict about stopping or continuing driving for drivers and their SPs were measured with the Decision Conflict Scale (DCS). Dyadic associations between drivers' and SPs' DCS scores pre- and post-decision aid implementation were analyzed using an actor-partner interdependence model. Among 228 driver-SP dyads, driver mean (SD) age was 77.1 (5.1) years; 50.0% female; 98.7% non-Hispanic; 94.7% white; and 97.8% urban-dwelling. SPs mean age was 66.1 years (13.9); 65.8% female; 95.6% non-Hispanic; 92.1% white; and commonly the driver's spouse (54.6%) or adult child (21.1%). Most drivers (71.7%) and SPs (63.3%) had baseline DCS scores < 25 (drivers mean 18.5 (SD 12.3); SPs 20.5 (16.8)), suggesting low decision conflict. DCS was correlated within dyads at baseline ($r=0.18$, $p < 0.01$), and baseline DCS was associated with post-decision aid DCS ($p < 0.001$ for SPs [$\beta=0.73$] and drivers [$\beta=0.73$]). While SPs' baseline DCS was not associated with drivers' post-decision aid DCS, drivers' baseline DCS and SPs' post-decision DCS were ($\beta=0.10$; $p=0.036$). Higher decision conflict about driving felt by older drivers is frequently shared by their SPs, in whom decision conflict may persist even after a driving decision aid intervention.

EMPATHIC RESPONSE AND MARITAL QUALITY FOR SAME- AND DIFFERENT-SEX MIDLIFE COUPLES: MEDIATING ROLE OF DYADIC COPING

Susanna Joo,¹ Hye Won Chai,² Jihye Lee,¹ Hyoun K. Kim,¹ and Debra Umberson², 1. *Yonsei University, Seoul, Seoul-t'ukpyolsi, Republic of Korea*, 2. *The University of Texas at Austin, Austin, Texas, United States*

Dyadic coping is a daily interpersonal process that married couples use to manage stress and maintain their marriage. However, little is known about its mediating role in the association between empathic response and marital quality among same-sex and different-sex couples. This study aimed to examine the extent to which dyadic coping mediates the association between empathic response and marital quality, focusing on middle-aged men and women in same-sex and different-sex marriages. We used dyadic data from the Health and Relationships Project (HARP), including 124 gay, 171 lesbian, and 124 straight couples. Results from the actor-partner interdependence mediation model (APIMeM) showed that dyadic coping within couples mediated the association between empathic response and marital quality for all couple types (i.e., gay, lesbian, and straight couples). More empathic response was associated with better dyadic coping, which led to higher marital quality. While such mediated paths did not differ significantly between gay and lesbian couples, direct associations between empathic responses and marital quality were only significant among lesbian couples. Additionally, there were gendered patterns within straight couples; while female spouses' empathic response was associated with their and their male spouses' marital quality through the couple's dyadic coping, such a mediated path

was not significant for male spouses' empathic response. These findings suggest dyadic coping as an effective strategy for enhancing marital quality among same-sex and different-sex married couples, but the mediating role of dyadic coping is gendered in different-sex marriages.

PERCEIVED FINANCIAL VULNERABILITY, WEALTH, AND WEALTH CHANGE: THE HEALTH AND RETIREMENT STUDY

Madison Maynard,¹ Emily Flores,² Daniel Paulson,¹ and Peter Lichtenberg², 1. *University of Central Florida, Orlando, Florida, United States*, 2. *Wayne State University, Detroit, Michigan, United States*

Financial vulnerability among older adults is an escalating social concern given all too frequent financial exploitation of this population. The 6-item Perceived Financial Vulnerability (PFV) was derived from the 56-item Lichtenberg Financial Decision Rating Scale to examine awareness and psychological vulnerability regarding finances. It was included as an experimental module in the Health and Retirement Study (HRS) in 2018. Prior findings have identified significant associations of PFV with wealth, demographics, and health status. The goals of the current study were to examine the relationship between wealth, changes in wealth, and perceived financial vulnerability. The sample included 1156 respondents to the HRS. Respondents were 57.5% female and 77.2% Caucasian. Average age was 68.28 (SD = 10.74) and average years of education was 13.11 (SD = 2.88). The PFV demonstrated adequate internal consistency ($\alpha = .60$). Total assets at baseline (2016) and change in total assets over two waves (2016 to 2018) were independently stratified into deciles and used as primary predictors of perceived financial vulnerability in 2018. A multiple linear regression model was conducted to examine these relationships. Consistent with previous findings, demographics ($R^2=0.04$, $F(5,1150)=10.07$, $p < .001$) and baseline wealth ($B= -0.20$, $SE=0.02$, $p < .001$) predicted PFV scores. Subsequent addition of wealth change ($B=-0.06$, $SE=0.02$, $p=.002$) significantly contributed to overall variance accounted for ($p < .01$). Negative wealth change over two years and low baseline wealth related to higher PFV. These findings support the construct and the PFV measure as valid and informative.

INADEQUATE PHYSICAL ACTIVITY ON HEALTHCARE EXPENDITURES AMONG MIDDLE AGE AND OLDER WORKING ADULTS IN THAILAND

Katika Akksilp,¹ Wanrudee Isaranuwatthai,² Yot Teerawattananon,² and Cynthia Chen³, 1. *National University of Singapore, Singapore, Singapore*, 2. *Health Intervention and Technology Assessment Program, Muang Nonthaburi, Nonthaburi, Thailand*, 3. *National University of Singapore, Singapore, Singapore*

Physical inactivity is a significant risk factor for developing non-communicable diseases. This study estimates the additional health costs due to physical inactivity in Thai middle age and older working adults. We included participants aged 40 years and above from the Physical Activity at Work study, who had valid physical activity data from ActiGraph. Health costs were collected using the Health and Welfare Survey and the Work Productivity and Activity Impairment Questionnaire in Thailand. Direct and