Research has shown that diverse activity engagement has positive effects on cognitive functioning in older age. However, it is unknown whether the positive effect holds within persons across days and across people. We examined daily within-person association between activity diversity and working memory in older age and effects of potential moderators therein. We examined 16-day smartphone-based ambulatory assessment data from 150 older adults (aged 65+). Participants reported their present activities and completed working memory tasks seven times per day. Within persons, higher daily activity diversity was positively associated with higher daily working memory. Moreover, the prior day’s activity diversity led to that day’s higher working memory, but not vice versa. We did not find any moderating effects of age, education, or fluid and crystallized intelligence. Our results strengthen the evidence on the beneficial effect of activity diversity on cognitive performance. Results are discussed in the context of cognitive reserve theory.

CAREGIVER HEALTH LITERACY AS A MODIFIABLE TARGET TO PROMOTE OLDER ADULT HEALTH
Rachel O’Connor, Morgan Eifler, Lauren Opasnick, Laura Curtis, Julia Yoshino Benavente, Lee Lindquist, and Michael Wolf, Northwestern University, Chicago, Illinois, United States

Many older adults receive assistance in managing chronic conditions. Yet complicating the utility of caregiver support is whether caregivers have sufficient skills to aid in a patient’s self-care. Health literacy (HL) is an important determinant of older adults’ health outcomes, but few studies have examined caregiver HL and patient outcomes. We interviewed 162 patient-caregiver dyads during an ongoing cognitive aging cohort study to examine associations between caregiver HL, measured using the Newest Vital Sign, and older adults’ health outcomes. Physical function and mental health symptoms were assessed using PROMIS short form assessments. Patients’ also self-reported emergency department (ED) visits and hospitalizations over the past 12 months. Chi-square and t-tests were performed, as appropriate. Patients were on average 73 years old and managing 4 comorbidities. The majority were female (70%), identified as Black (35%) or White (60%). Caregivers’ mean age was 64 years; half were female (56%) and had limited HL (48%). Limited caregiver HL was associated with poorer physical function (M=43.0 (8.5) vs. M=46.0 (9.1), p=0.05), greater comorbidities (M=4.0 (1.9) vs M=3.3 (1.8), p=0.02) and more ED visits in the past year (36.7% vs. 19.3%, p=0.01). No differences by caregiver HL were observed for patients’ mental health or hospitalization. Findings suggest that caregivers with limited HL are caring for medically complex patients, and further research should examine whether limited caregiver HL leads to poorer self-management of chronic conditions. The development of HL training for caregivers may better equip them to assist older adults and improve older adult health.

EXPLORING EXPERIENCES OF PAIN MANAGEMENT AMONG FAMILY CAREGIVERS OF COMMUNITY-DWELLING OLDER ADULTS WITH DEMENTIA
Hui Zhao1, Pamela Kulbok2, Ishan Williams2, Carol Manning2, and Rafael Romo1, 1. James Madison University, Harrisonburg, Virginia, United States, 2. UVA,