

BRFSS (N=308,029). Results show that, whereas structural racism is consistently associated with worse mental health for Black people, it is either unrelated to health or predictive of better health among Whites. Findings highlight the utility of rigorously conceptualizing and measuring structural racism and its impact on health among older adults.

PROMOTING POSITIVE AGING IN COMMUNITY-DWELLING SOUTH ASIAN AMERICANS: AN EXPLORATORY QUALITATIVE STUDY

Mushira Khan¹, Sheetal Shah², and Ajla Basic¹, *1. Mather Institute, Evanston, Illinois, United States, 2. University of California (Davis), Sacramento, California, United States*

Between 2010 and 2017, South Asians were the fastest-growing major ethnic minority group in the US, growing at a rate of 40% over the previous decade (SAALT, 2019). This exponential growth, along with a rapidly aging US population, implies that a significant proportion of the South Asian American population will be 65 years or older in the coming years; yet research on the lived experiences/needs of older South Asian Americans is limited. To address this gap, this qualitative study explored barriers and facilitators to healthy or positive aging in a sample of community-dwelling South Asian Americans 50 years and older. In-depth, semi-structured interviews were conducted with 32 South Asian American older adults (18 women and 14 men). Thematic analysis of the interview data showed that level of acculturation, proficiency in English, cultural beliefs/practices, awareness about available health and social services, degree of religiosity, and the density of social networks were key determinants of healthy aging. Compared to those who were US-born or had immigrated earlier in life, participants who had immigrated later in life (post-retirement) appeared more financially and/or emotionally dependent on their adult children and expressed ambivalence vis-à-vis future caregiving arrangements and intergenerational co-residence. Nearly all participants shared that helping their adult children with childcare, cooking, or other household chores gave them a sense of purpose and made them feel valued. Study findings suggest that along with culturally appropriate programs and policies to support healthy aging, increased volunteering opportunities may enhance subjective well-being in South Asian American older adults.

SESSION 6190 (POSTER)

SEXUAL HEALTH IN LATER LIFE

HETERONORMATIVE DEFINITIONS OF SEX: IMPLICATIONS FOR LGBT+ WOMEN'S PREVENTIVE HEALTHCARE

Jessica Noblitt, and Anne Barrett, *Florida State University, Tallahassee, Florida, United States*

The dominant cultural definitions of sex, which is heteronormative, has implications for preventive health screening among LGB+ women. Medical recommendations for women's screening exclude some same-sex behaviors from this definition, and they center on reproduction – both of which can discourage LGB+ women's preventive health screening. Qualitative studies have found that sexual

minority women, as well as their doctors, are less likely to see sexual health exams as important for sexual minority women's healthcare because many are not engaging in penile-vaginal intercourse. However, we are aware of no study that has used a large, nationally representative dataset to examine potential differences in health screening by sexual identity. We used data from the National Health Interview Survey (2018; n=1394) to examine differences by sexual identity in having Pap tests and mammograms. We found that sexual minority women were about 40% less likely than heterosexual women to have ever had a Pap test. Moreover, among sexual minority women, lesbian women were about 50% less likely than bisexual women to have ever had one. Sexual minority women also were 22% less likely than heterosexual women to have had a Pap test in the last 12 months. Differences by sexual identity in receiving mammograms were less striking. We found, however, that bisexuals were 25% less likely than lesbians to have ever had a mammogram. In addition, these differences in health screening were more pronounced in younger than older women.

SEXUAL ACTIVITY OF OLDER ADULTS: WE'RE ASKING THE WRONG QUESTIONS

Janie Steckenrider, *Loyola Marymount University, Los Angeles, California, United States*

Sexual activity of older adults is an under researched area as most surveys on sexual behavior end at age 60 reflecting the myth that older adults are not sexually active. Only recently has survey data asked specifically about sexual activity of those ages 60 to 95. Their consensus is over half of males and a third of females over 70 are sexually active. Most striking is the current body of research almost exclusively defines sexual activity measured as partnered sexual behaviors of intercourse, fondling, kissing, touching. Given the reality for many older adults lacking an active sex partner due to death, sexual dysfunction, or serious illness, the aim of this study was to determine if the right survey questions are being asked for older adults. Seven major surveys, underlying most current research, were analyzed regarding solitary sex (masturbation) compared to partnered sex. Results of this study found extensive questioning about aspects of partnered sex including pleasure, satisfaction, pain, relationship status, sexual functioning, anxiety, individual sexual acts, etc. compared to only two questions about masturbation, both only about frequency. The psychological and physiological benefits of sexual activity, both partnered and solo sex, are well documented and correlate with higher life satisfaction for older adults. Sexual activity needs to be redefined to also include solitary sex and this begins by asking the right questions. This study has implications for the need to bring a broader perspective in promoting a healthy sex life among older adults, defined both as partnered and solitary sex.

CONTEXT-DEPENDENT SEXUAL CHANGES DURING WOMEN'S MIDLIFE TRANSITIONS

Amber Watts, and Sarah Jen, *University of Kansas, Lawrence, Kansas, United States*

For women, midlife represents an important stage of transition, including shifts in physiological, social, and sexual experiences. Prior research demonstrates that women's sexuality is more dynamic and context-dependent than

men's. Most research focused on women's sexuality in mid- to later-life emphasizes physiological changes, while largely ignoring changes stemming from social, psychological, and relational contexts. The present study examined midlife women's diverse sexual experiences within the context of their lives. We conducted semi-structured interviews with 27 women, ages 39-57 and used interpretive phenomenological analysis to investigate perceptions and interpretations of midlife sexual experiences and changes. Themes included changes in sexual engagement, unwanted sexual experiences, body image, and sexual healthcare. Participants reported changes in frequency of sex and sexual desire within the context of their diverse social roles and identities, prior intimate relationships, and sexual health. Women contrasted perceptions of their own bodies with societal perceptions of sexiness. Frequently reported negative experiences with sexual healthcare informed a distrust of healthcare systems. The diverse and changing nature of participants' experiences supports prior evidence of sexual fluidity and context-dependence. By questioning societal expectations around sexuality and body image, participants illustrated the potential of counternarratives to combat dominant beliefs and stereotypes about midlife women's sexuality. To improve sexual health and education, psychoeducational interventions and improved training for healthcare professionals are needed.

SEXUAL MOTIVES, SEXUAL FREQUENCY, AND SEXUAL SATISFACTION AMONG MIDDLE-AGED DIFFERENT-SEX AND SAME-SEX COUPLES

Hye Won Chai, Sara Mernitz, and Debra Umberson, *The University of Texas at Austin, Austin, Texas, United States*

Reasons for having sex and frequency of sex are significant correlates of sexual satisfaction. However, the possible interplay between sexual motives and sexual frequency remains unexplored. Also, prior studies on sexual satisfaction largely focused on heterosexual couples and less is known about the experiences of same-sex couples. Using dyadic survey data collected from 838 middle-aged spouses in 419 gay, lesbian, and heterosexual marriages, this study examined whether the associations between sexual motives and sexual satisfaction differed by sexual frequency and whether these dynamics varied across gay, lesbian, and heterosexual couples. Results showed that intrinsic sexual motives (e.g., for enjoyment and pleasure) were associated with higher sexual satisfaction only in the context of more frequent sex, and this association did not differ for same- and different-sex couples. On the other hand, extrinsic sexual motives (e.g., to please spouse) were associated with lower levels of sexual satisfaction in the context of high-frequency sex only among men married to men and women married to men, wherein the association was stronger for heterosexual couples compared to same-sex couples. These associations were not significant with less frequent sex. Results suggest that while frequent engagement in sex with intrinsic sexual motives benefits middle-aged adults' sexual satisfaction regardless of relationship type, the sexual satisfaction of individuals married to men is vulnerable to the negative consequences of engaging in sex due to external pressure. These findings highlight the importance of considering how sexual experiences of men and women in

midlife same-sex marriages compare to those of different-sex marriages.

SESSION 6200 (POSTER)

SOCIAL DETERMINANTS OF HEALTH (POSTERS)

CAN SOCIAL ENVIRONMENT OFFSET THE GENETIC RISK OF MYOCARDIAL INFARCTION AMONG OLDER ADULTS?

Chenkai Wu¹, and Chen Sheng², *1. Duke Kunshan University, Kunshan, Jiangsu, China (People's Republic), 2. Fudan University, Shanghai, Shanghai, China (People's Republic)*

The interrelatedness between social determinants of health impedes researchers to identify important social factors for cardiovascular health. Additionally, it remains largely unknown whether a derivable social environment could offset the genetic risk for cardiovascular events. We developed a polysocial score approach to quantify the aggregate effect of social factors on myocardial infarction (MI). We also examined the association of polysocial score and polygenic risk scores (PGS), and their interaction, on MI. Data are from the Health and Retirement Study, a longitudinal cohort of a nationally representative sample of Black and White Americans with pre-calculated PGS for MI (N=6,036). We included 24 social factors from five categories (economic stability, neighborhood environment, education, community, and social context, and healthcare system) and used forward stepwise regression to screen for important ones. Polysocial score was created using 14 social factors and was classified as low (< 28), intermediate (29-39), and high (40+). The incidence of MI was 4.5, 8.5, 10.5 per 1000 person-years among Whites with a low, intermediate, and high PGS, respectively; no graded association was found among Blacks. Polysocial score stratified the rate of MI in each tertile of PGS among Whites. We found a significant additive interaction between PGS and polysocial score. The difference in MI rate was 10.3 per 1000 person-years among individuals with a high genetic risk, while the difference significantly reduced to 3.5 per 1000 person-years among those with a low genetic risk. Desirable social environment could possibly offset the increased risk of MI associated with genetics among Whites.

ASSOCIATION BETWEEN VIOLENT CRIME INCIDENT PROXIMITY AND COGNITIVE FUNCTION IN OLDER AFRICAN AMERICANS

Genesis Tan¹, Alejandro Gimenez-Santana¹, Zuzanna Osiecka¹, Darlington Esiaka², Bernadette Fausto¹, and Mark Gluck¹, *1. Rutgers University - Newark, Newark, New Jersey, United States, 2. Robert Wood Johnson Medical School, Rutgers University, Newark, New Jersey, United States*

Research on Area Deprivation Index (ADI) suggests that the built environment and neighborhood stressors (e.g., violent crime incidents) play a role in later-life cognitive function. However, most of the research linking ADI and cognitive function was conducted on majority White American samples. Further, while ADI is useful in facilitating efficient integration of social determinants of health (SDOH) into models