based on in-person interviews with 321 cancer survivors. The findings illustrate the importance of medical professionals providing wholistic after-care that is inclusive of aging survivors’ sexual health, relationships, and perception of self.

INFORMATION SEEKING IN OLDER ADULT RURAL CANCER SURVIVORS: UNMET NEEDS AND SEARCH EXPERIENCES
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Cancer survivors over the age of sixty-five have specialized supportive care needs related to maintaining their health and quality of life after treatment. However, cancer survivors living in rural areas may experience barriers like limited digital infrastructure and/or low health literacy when attempting to access necessary informational resources. This project sought to identify older adult rural cancer survivors’ domains of unmet informational support and experiences searching for supportive informational resources. Data from a survey administered to cancer survivors (N=292 with complete age data) in rural areas of Western New York (RUCA codes 7-10) were analyzed using descriptive statistics. Variables of interest included Internet access, information-seeking activities, cancer-related topics of interest, and information search experiences. Fifty-four percent of participants in the sample self-identified as over the age of 65. Among older adult cancer survivors, 62% reported using the Internet. The following topics were identified as unmet cancer survivorship information needs: (1) decreasing the risk of cancer recurrence, (2) new symptoms that warrant contacting one’s doctor, and (3) medical advances in treatment. Most older adult respondents (70%) were confident in their ability to find needed health information but 40% were concerned about the quality of the information they found and 31% found their search experience frustrating. While rural cancer survivors have access to digital resources and report confidence in their ability to find survivorship information, our findings highlight the need for tailored information on cancer survivorship and interventions to support information appraisal and selecting high quality informational sources.

SESSION 6440 (POSTER)

COGNITION AND LIFECOURSE DEVELOPMENT

POTENTIAL PREDICTORS OF HEALTH LITERACY IN OLDER ADULTS
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Objective: Being able to effectively communicate health care needs and understanding health-related information is particularly important as people grow older. In this study, we sought to identify the factors related to subjective health literacy among older adults.

Methods: We examined eight potential predictors of health literacy: subjective memory, cognition, objective health literacy, self-rated health, age, sex, race, education, depression. Our data was derived from a large sample (N = 1,272) of participants aged 50 and older who took part in the Health and Retirement Study (HRS; 2008 wave and 2009 internet survey).

Results: Controlling for all other variables, subjective memory (b = .15, p = .02) was positively and self-rated health (b = -.09, p < 0.001) was negatively associated with subjective health literacy. Neither objective health literacy, cognition, nor age were significantly associated with subjective health literacy. Women reported better health literacy than did men (b = .09, p = 0.01). The predictors in this model explained 9% of variation in subjective health literacy.

Discussion: These findings may be better understood as we take into consideration the interplay between health literacy, cognition, education, and subjective memory established in extant literature. We discuss the implications of our findings as they relate to healthcare decision-making as well as plans for future research.

ADHD POLYGENIC RISK AND COGNITIVE PERFORMANCE IN LATER LIFE
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Attention-Deficit/Hyperactivity Disorder (ADHD) affects approximately 4.4% of adults in the US and impacts multiple domains of daily life including education, workplace performance and interpersonal relationships. Although an increasing number of individuals with ADHD are now entering later life, there is very little research on how ADHD risk may impact cognitive function during aging. As such, there is value in understanding the association between polygenic risk for ADHD and cognition during different stages of later life. This study utilized data from the Health and Retirement Study which surveys 37,000 Americans biennially and aimed to determine if there was an influence of ADHD risk on cognitive performance when individuals were young-old (ages 65-74) or middle-old (ages 75-84). Only participants who responded in 2006, 2016, and to the Venous Blood Study were selected. The resulting sample size of 403 African-ancestry individuals (AA) and 2286 European-ancestry individuals (EA) was compared on executive function-focused measures as well as delayed recall measures. Results showed that there was no significant effect of ADHD risk on memory-related measures at both time-points for AA and EA individuals. However, there was a statistically significant association between ADHD risk and performance on the executive function measure for EA older adults who were middle-old (p = 0.028), but not when they were young-old; no such association was observed for AA adults. This finding suggests that ADHD risk may influence cognition among older adults and has significant implications for treatment and care of individuals with ADHD throughout the life course.

LONGITUDINAL EFFECTS OF HYPERTENSION ON COGNITIVE PERFORMANCE IN OLDER ADULTS
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Hypertension impacts many older adults, but it is still not clear whether it has a negative effect on cognitive
performance in older adults. The purpose of this study was to assess the longitudinal effect of hypertension on cognition in older adults (Mage=75.6 years, SD=8.3). Participants came from the National Alzheimer’s Coordinating Center database. The cognitive assessment included the MoCA, Digit Span, Trail-Making Test A and B, WAIS-R Digit Symbol, Category Fluency, and Letter Fluency. Linear mixed effects modeling examined the random and fixed effects of clinician-assessed hypertension, months since first study visit, sex, age, and the interaction between hypertension and time since first visit on cognitive performance across five annual study visits. Results showed that hypertension had a significant main effect on Category Fluency, Trails B, Letter Fluency, and Digit Span–Forward and Backward. However, effect sizes were quite small ($\eta^2$ range: $3.93\times10^{-4} - 1.73\times10^{-3}$). Main effects of age and months since first visit were significant predictors of all cognitive measures, such that older age was associated with worse cognitive performance and more months since the first visit was associated with better cognitive performance. This positive association is perhaps suggestive of practice effects across study visits. A significant interaction between hypertension and months since first visit for Category Fluency and Trails B showed that hypertensives and non-hypertensives performed differently at the initial visit but similarly by the last visit. However, effect sizes were small ($\eta^2$ range: $3.86-9.64\times10^{-4}$). These results suggest hypertension effects on cognition in older adults are minimal.

LIFE COURSE CONDITIONS AND COGNITION IN A NATIONALLY REPRESENTATIVE SURVEY OF OLDER ADULTS
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By the time people reach older adulthood, their cognitive function may be conserved, or in decline, in part due to their social experiences over their entire life course. Researchers have gained a greater understanding, over recent decades, of the importance of life-course events for cognition in later life. Nevertheless, our understanding of many of these factors, especially in childhood, remains limited. Drawing upon Round 2 of the National Social Life, Health, and Aging Project (NSHAP; N=3,377), and data linked to the 2010 census, the 1940s census, and air pollution data, we undertake a whole-life-course approach to understanding the determinants of cognitive function in older adults. Building on the work of the Lancet Commission on risk factors for dementia, we considered health conditions, low education, incarceration, and brain injury (ever); poor health behaviors and low social contact (current); and air pollution (average over past five years). We also considered adverse childhood experiences, and home conditions in 1940. Similar to other studies, we found that female gender, identifying as white, and being born in the US were significantly associated with better cognitive function. Higher depression and lower social contact were associated with worse cognition. There were no significant associations between cognition and early childhood factors - with the exception that growing up in an urban area was associated with better cognitive function. Experiencing jail time was also negatively associated with cognitive function. Findings point towards the need for a more expansive consideration of life course conditions, as they impact cognition in late life.

COGNITIVE RESERVE, PHYSICAL HEALTH, AND COGNITIVE FUNCTIONING IN OLDER ADULTS
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Prior research has shown positive relationships between cognitive reserve (CR), physical health, and cognition, meaning that higher levels of physical health and CR are associated with higher cognitive functioning and vice versa. A group of community-dwelling older adults (N = 45, mean age = 70.5 years) completed a measure of CR (Life Experiences Questionnaire; LEQ), as well as cognitive tests, with number of physician diagnosed health conditions and number of medications measuring physical health. Initially, we ran correlations with the intention of running a mediation model (physical health factor as the independent variable, LEQ as the mediator, and cognitive test scores as dependent variables). Significant correlations were found between physical health and CR ($r = -0.44$, $p = .01$) with a medium effect size, and between CR and some test scores. However, there were no correlations between physical health and cognitive scores. Therefore, using linear regression analyses, the LEQ significantly predicted scores on some tests of executive functioning (DKEFS: Colour-Word Interference Test; Trial 3: $F(1,39) = 7.42$, $p = .010$), and processing speed (DKEFS: combined colour naming/reading: $F(1,32) = 4.32$, $p = .046$). However, the LEQ did not significantly predict verbal fluency, any set-switching tests, or a set-switching and inhibition test. Additionally, when physical health was added to the model, there was no significant improvement. The results suggest that CR may predict some types of executive functioning test scores, but not other executive functioning tests. Additionally, physical health did not predict cognitive test scores in this sample.

AGING AND LONGITUDINAL EFFECTS ON NUMERACY
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Numeracy, the ability to competently make use of numbers and numerical information, is a skill associated with diverse positive outcomes across the lifespan. Numeracy is related to increases in education attainment, economic success, and the quality of health and financial decisions (e.g., Chesney, Bjälkebring, & Peters, 2015; Reyna et al., 2009; Smith, McArdle, & Willis, 2010). More generally, numeracy correlates positively with measures of fluid and crystallized intelligence, but accounts for a unique portion of the variance in models predicting risk comprehension (Cokely et al., 2012) and performance in many decision-making tasks (e.g., Peters et al., 2006; Peters, 2012). Age effects on cognitive functioning are well established, generally describing declines in fluid abilities and increases or stability in crystallized abilities (for a review, see Salthouse 2010), but little is known about the longitudinal trajectory of numeracy into