and values); meso-level factors (e.g., coursework in aging and academic major/discipline); and, macro-level factors (e.g., societal and cultural values, media, activism, and advocacy). As an adaptable teaching exercise for all levels of students, this poster presents a novel framework to support students’ exploration and cultivation of their unique gerontological voice. Through this three-level scaffolded discovery, students across disciplines strengthen their awareness and understanding of their distinct voice and build confidence to activate around aging-related issues pertinent to their specific interests and passions. From personal to global, this guided introspective exercise provides an opportunity for students to focus and embed their voice into the larger tapestry of gerontology, an inclusive community rich with perspective and diversity. Encouraging the development of students is an essential part of building social capital which is instrumental to the creation of strong networks to serve older adults through a multitude of disciplines.

FINANCIAL HARDSHIP IN OLDER CHINESE CANCER SURVIVORS
Mingzhu Su,1 Nengliang Yao,1 and Xiaojie Sun,1
1. Shandong University, Jinan, Shandong, China

Purpose: To estimate the proportion of Chinese cancer survivors experienced financial hardship and then examine whether older age was associated with financial hardship.

Methods: We surveyed 965 cancer survivors 30 to 64 years of age and 643 cancer survivors age >=65 years in China. Cancer survivors were asked whether (1) they have borrowed money because of cancer, its treatment, and lasting effects of treatment and (2) they have forgone some cancer-related medical care because of cost. Multi-variable logistic regression models were used to examine factors associated with financial hardship. Results: About 44% of cancer survivors older than 65 borrowed money because of cancer, and 18% had borrowed more than 20,000 CNY (about 2,900USD, the disposable personal income in China in 2015 was about 22,000 CNY). In contrast, 54% of younger patients (P<0.01) had cancer-related debts, and 32% had to borrow more than 20,000 CNY. About 11% of cancer survivors have forgone cancer care in both age groups. The logistic regression analyses show that being 65 or older was 43% less likely to report cancer-related debts than younger patients (OR=0.57, 95% CI: 0.44-0.73). Among older cancer survivors, those who were older than 75, female, and had Urban Employee Medical Insurance and higher family income were less likely to report financial hardship.

Conclusion: Older cancer survivors in China experience significant financial hardship, but not as striking as younger patients. Additional research is needed to analyze whether older age was associated with financial hardship.

EVALUATING ITEM NONRESPONSE IN A LIFE HISTORY CALENDAR: AN ANALYSIS OF MEMORY EFFECTS
Mengyao Hu,1 Roberto Melipillán,2 Xinyu Zhang,1 and Jacqui Smith1, 1. University of Michigan, Ann Arbor, Michigan, United States, 2. UNIVERSIDAD DEL DESARROLLO, Concepción, Chile

Memory decline contributes to response inaccuracy and can produce item missing data, especially in retrospective surveys with older adults. Event history calendars, or the life grid approaches, are commonly used to obtain retrospective life history data. As indicated in previous literature, this approach can assist respondents’ memory retrieval. Despite its wide use, the important issue of item nonresponse due to memory effects in life grid questions has received little attention. Autobiographical memory (AM) research has shown that there are two interconnected long-term memory systems: episodic memories of event details from specific remote times in an individual’s life; and semantic memories of the important facts and themes that define an individual’s life history. Episodic and semantic AM may introduce different levels of difficulty in retrieving memory and thus contribute to different levels of missing data. This study examines the effects of both item-level predictors (e.g., types of memories) and respondent-level predictors (e.g., cognitive status, age, and health status) on the likelihood of item missing data in life grid questions. We analyzed missing data in the 2017 Health and Retirement Study (HRS) Life History Mail Survey (n = 3,844), using multilevel logistic regression. The results revealed higher rates of item missing for episodic memories, and that overall respondents’ cognitive status was significantly associated with their likelihood of providing item missing data. Recent residential information was better recalled than childhood information. These results have implications for life course analysis of exposures linked to residential histories.

SEX IN NURSING HOMES: A PRELIMINARY ANALYSIS OF INTERVIEWS WITH COMMUNITY-DWELLING ADULTS
Rachael Spalding,1 Emma Katz,1 and Barry Edelstein1, 1. West Virginia University, Morgantown, West Virginia, United States

Most older adults living in long-term care settings (LTCs) indicate that expressing their sexuality is important to them (Doll, 2013). However, negative views of late-life sexuality persist in the United States (Robinson & Molzahn, 2007), particularly among nursing staff in LTCs. Staff often express discomfort regarding residents’ sexual lives (Bouman, Arcelus, & Benbow, 2007), despite the fact that LTCs are residents’ homes where private behaviors such as sexual activity might be expected to occur. Little is known about the general public’s attitudes towards sexual behaviors in LTCs. Attitudes of LTC residents’ family members is particularly important, as they are most likely to visit residents and to care about their quality of life, in turn informing facility policies and management. In this study, we took preliminary steps toward gathering this information by focusing on attitudes of community-dwelling adults. Using an iterative approach, we conducted semi-structured interviews with community-dwelling adults (n = 9; age range = 18 – 65 years) regarding their beliefs about romantic relationships and sexual behaviors among LTC residents. Major themes were identified through thematic content analysis. Participants indicated favorable attitudes towards residents’ sexual expression as a means of combatting loneliness and fostering emotional intimacy. Other themes included residents’ rights to privacy, potential risks of sexual behavior, and the need to
PERCEIVED CONTROL AND CORTISOL STRESS REACTIVITY: VARIATIONS BY AGE, RACE, AND FACETS OF CONTROL

Jin-Hui Wen,1 and Nancy L. Sin2, 1. University of British Columbia, British Columbia, Canada, 2. University of British Columbia, Vancouver, British Columbia, Canada

Greater perceived control is associated with better aging-related health outcomes, and these associations have previously been shown to differ based on sociodemographics. Physiological stress responses—including cortisol reactivity to stressors—may underlie the link between perceived control and health. The goal of this study was to evaluate the associations of perceived control and its facets (personal mastery and perceived constraints) with cortisol reactivity to acute laboratory stressors, in addition to the moderating roles of age and race. Participants (N = 737) ages 25-75 completed a perceived control questionnaire and two lab-based stress tasks. Salivary cortisol was collected pre- and post-stressor exposure. The results showed no main effects of perceived control, personal mastery, nor perceived constraints on salivary cortisol reactivity to stressors. However, age and race moderated the association between perceived constraints and post-stressor cortisol level, adjusting for baseline cortisol, sociodemographics, and health covariates. Among white participants, younger adults who reported higher constraints had elevated cortisol responses compared to those who reported lower constraints, whereas constraints were unrelated to cortisol reactivity among midlife and older adults. Among black participants, perceived control and its subscales were unrelated to cortisol, regardless of age. These findings suggest that older age buffers against the association between constraints and stress reactivity, but this buffering effect is only evident for white participants. Future research on the role of perceived control in stress and health should consider the importance of racial differences, facets of control, and age variations.

THE MEDIATING EFFECTS OF LIFESTYLES AND HEALTH CAPABILITIES ON THE RELATIONSHIP BETWEEN AGING AND LIFE SATISFACTION

Dongwook Cho1, 1. Alcorn State University, Lorman, Mississippi, United States

The importance of life satisfaction has been getting significant attention as the older population has increased rapidly. There are many studies to examine the relationship between older adults’ past and current lifestyles and life satisfaction levels that resulted to be either positively or negatively associated with it. It is also well documented in the literature that aging is negatively associated with life satisfaction level due to the decrease in health capabilities. However, little study has been researched the direct and indirect relationships among advancing age, lifestyles, health capabilities, and life satisfaction levels. The purpose of the study was to examine the mediating effects of lifestyles and health capabilities on the relationship between aging and older adults’ life satisfaction levels. A total of 290 older adults completed the self-administered questionnaire of lifestyles and life satisfaction levels and their health capability assessments were evaluated at three clinical research centers in the U.S. Multiple regression test was utilized to analyze the data. The results showed the direct effects of advancing age [B=1.196, t=2.608, p=.010] and engagement in exercise or physical activity [B=2.684, t=3.071, p=.002] on life satisfaction levels among older adults. However, there were no mediating effects of lifestyles and health assessments on the relationship between age difference and life satisfaction levels among older adults. The results suggest the advancing age itself would be the strongest factor in older adults’ life satisfaction. Additionally, the findings also suggest that exercise and physical activity can enhance older adults’ life satisfaction levels as a supplemental factor.

EXPERIENCES AND FACILITATORS OF FALLS PREVENTION AMONG ETHNICALLY DIVERSE OLDER ADULTS: A QUALITATIVE STUDY

Ladda Thiamwong,1 and Norma E. Conner2, 1. College of Nursing, University of Central Florida, Orlando, Florida, United States, 2. University of Central Florida, Orlando, Florida, United States

Background: Falls increase as people age and decrease the quality of life. Even though fall interventions have received great attention, fall incidence rates have still arisen. In order for older adults to reap the benefits of evidence-based fall interventions, a challenge of implementation in the real world and right context must be met. Understanding experiences, facilitators, and barriers of fall prevention among four major ethnic groups in the United States could be extremely valuable. Objective: The aim of this study was to describe experiences and highlight facilitators and barriers on fall and fear of falling interventions among ethnically diverse community-dwelling older adults. Methods: Four ethnically specified (African American, Asian, Hispanic and Non-Hispanic White) focus groups were conducted. A total of 28 older adults and four family caregivers were interviewed. Interviews covered experiences on falls and fear of falling, attitudes, factors, consequences, risk assessment, and interventions. Data were organized and analyzed with the NVivo software. Results: Falls related experiences and behaviors were multifaceted and varied. Three themes related to falls experiences and behaviors were identified, 1) falls prevention versus fear of falling amplification; 2) role identity, culture and family considerations; and 3) take care of you, take care of me. Facilitators of fall prevention were integration of individual learning within a group meeting, providing appropriate assistive devices and promoting environmental safety. Barriers were inconsistent fall risk assessments, low fall risk awareness and acknowledgment, and balance and visual impairment.

DEVELOPMENT OF A TAILORED EDUCATIONAL PROGRAM TO ASSESS FALL RISK AND PREVENT FALLS FOR DIVERSE OLDER ADULTS.

Ladda Thiamwong,1 and Norma E. Conner2, 1. College of Nursing, University of Central Florida, Orlando, Florida, United States, 2. University of Central Florida, Orlando, Florida, United States

Background: Falls increase as people age and decrease the quality of life. Even though fall interventions have received great attention, fall incidence rates have still arisen. In order for older adults to reap the benefits of evidence-based fall interventions, a challenge of implementation in the real world and right context must be met. Understanding experiences, facilitators, and barriers of fall prevention among four major ethnic groups in the United States could be extremely valuable. Objective: The aim of this study was to describe experiences and highlight facilitators and barriers on fall and fear of falling interventions among ethnically diverse community-dwelling older adults. Methods: Four ethnically specified (African American, Asian, Hispanic and Non-Hispanic White) focus groups were conducted. A total of 28 older adults and four family caregivers were interviewed. Interviews covered experiences on falls and fear of falling, attitudes, factors, consequences, risk assessment, and interventions. Data were organized and analyzed with the NVivo software. Results: Falls related experiences and behaviors were multifaceted and varied. Three themes related to falls experiences and behaviors were identified, 1) falls prevention versus fear of falling amplification; 2) role identity, culture and family considerations; and 3) take care of you, take care of me. Facilitators of fall prevention were integration of individual learning within a group meeting, providing appropriate assistive devices and promoting environmental safety. Barriers were inconsistent fall risk assessments, low fall risk awareness and acknowledgment, and balance and visual impairment.