participants were over 60 years old, half were women, and the majority of participants were full-time workers (81.8%). The dependent variable was expected years until retirement which was measured as a continuous variable, asking when the respondent thinks he/she will stop work or retire. Controlling for age, race, marital status, education, health, full time, and a number of children, the results revealed that males expect to work 1.2 years longer than women. Yet women have reasons for working longer that are not found among men. Older age and poor health predict a sooner retirement for both men and women. Yet women differed from men in wanting longer work lives if they are African American, employed part-time, and have large families. Women are living longer than men, and the labor participation of women is increasing. Older women will have more challenge in preparing for retirement than men due to their greater need to extend work to secure income. Gender differences in expectation for retirement financial security and their effect on retirement timing. Deserves future research, to understand women’s decision making at this life stage.

HOME CARE EXECUTIVES SAY MEDICARE HOME HEALTH PAYMENT SYSTEM ENCOURAGES LESS-IS-BETTER PRACTICE
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There has been an increasing trend for Congress and the Centers for Medicare and Medicaid Services (CMS) to add non-skilled services to coverage under Medicare Advantage and Medicaid inpatient hospital. At the same time there has been a 75% decline in home health aide visits, the only Medicare home health non-skilled service, as a percentage of all Medicare home health visits from 2000-2016. A literature review indicates no studies addressing the potential factors accounting from these seemingly contradictory trends. The present study is based on interviews of five Chief Executive Officers (CEOs), five Chief Financial Officers (CFOs), and eight Chief Nursing Officers (CNOs) from Medicare-certified home health agencies between October 2017-July 2018. Results indicated agreement among interviewees on three themes: the Medicare home health relies on a medical model which focuses on intermittent skilled care; the Medicare home health prospective payment system (PPS) exacerbated the focus on skilled care by rewarding higher reimbursement for skilled care based episodes; and a synergy has evolved of “less is better” regarding utilization of home health aide services and reimbursement. Policymakers are urged to consider adding coverage of non-skilled services under Medicare home health, similar to Medicare Advantage, by funding demonstration projects with appropriate changes in reimbursement.

SELECTION 1380 (POSTER)

LGBT+ AND SEXUALITY

SEXUALLY TRANSMITTED INFECTION KNOWLEDGE AMONG OLDER ADULTS: PSYCHOMETRICS AND TEST-RETEST RELIABILITY
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GSA 2019 Annual Scientific Meeting

Sexually transmitted infections (STI) among older adults have dramatically increased in recent years, especially among those who are widowed and divorced. The purposes of this study were to: (1) identify STI-related knowledge among older adults; (2) report the psychometric properties of a tool commonly used to assess STI-related knowledge among youth and young adults; and (3) determine the test-retest reliability of the tool. Data were analyzed from 43 adults between the ages of 65 and 94 using a 27-item Sexually Transmitted Disease Knowledge Questionnaire (STD-KQ). Participants completed identical instruments on two separate days with approximately two weeks between. After responses were coded for correctness, composite scores were created. Cronbach’s reliability coefficients were calculated to determine response consistency, and Pearson’s r coefficients were used to assess test-retest reliability. Of 27 possible correct answers, participants reported an average of 11.6 (±6.6) correct responses on Day 1 and 11.7 (±7.3) correct responses on Day 2. Cronbach’s alpha coefficients for the 27-item composite scale were high for both days (0.89 and 0.92, respectively), which indicates strong response consistency. Pearson’s r coefficients were high between responses for all but three of the 27 items when assessed separately. Findings suggest the utility of the STD-KQ to assess STI knowledge among older adults. However, the consistently low knowledge scores highlight the need for educational interventions among this population.

OLDER LESBIAN HEALTH VIA RELATIONSHIP STATUS: HEALTH CONDITIONS AND HEALTH BEHAVIORS
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Existing research has demonstrated that those in committed relationships are healthier than those who are not. However, very little research on same-sex relationships and particularly older lesbian relationships exists. The current study fills the gap by providing a health profile of lesbians in different relationship status, including partnered, widowed, casual dating, single—not dating, and celibate. The outcomes include diagnosed health conditions (include arthritis, high blood pressure, diabetes, depression, heart problems, and stroke) and health behaviors (exercise, smoking, and drinking). Data are from an original sample of 456 older lesbians aged 55 and over. Convenience sampling was adopted for this hard-to-reach population. Bivariate analysis results showed that widowed and celibate lesbians are more likely to report depression than other relationship groups. No disparity was found regarding health behaviors among different relationship groups. To further understand the unique group identifying as celibate, multivariate logistic regression analysis
was performed to examine celibacy’s impact on lesbians’ reported depression after controlling for demographics and reported physical health. Multiple imputations was performed to handle missing values. Results showed that being celibate was associated with higher odds of reporting depression compared with having a partner or casually dating. Being celibate was also associated with lower odds of reporting depression compared with widows and singles who are not dating. To our knowledge, this study is the first to examine in detail the health consequence of different relationship status among older American lesbians. Findings have important implications for health promotion among older lesbians.

REJECTION SENSITIVITY AS A MEDIATOR OF PERCEIVED SOCIAL ACCEPTANCE OF LGBTQ OLDER ADULTS
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As the US population becomes older and more diverse, examinations exploring intersections of identity become increasingly important. Specifically, lesbian, gay, bisexual and transgender (LGBT) adults face unique challenges as they move into late life including issues related to caregiving, social isolation, and access to competent care. As such, understanding the role of moderating psychological factors, such as rejection sensitivity, within this population becomes instrumental to providing appropriate healthcare. Thus the purpose of this review is to (a) increase understanding of role of rejection sensitivity in LGBT older adults (b) understand the effect of treatment setting on this relationship. Source documents for this literature review were identified through PsycInfo, PsyARTICLES and Google Scholar using the following keywords, and combinations: “Older Adult,” “Gerontology,” “LGBTQ,” “gay,” “sexual minority,” “Rejection Sensitivity,” and “Social Acceptance”. Consistent with a thorough analysis, all English-Language articles were read, as were the full articles of those texts that appeared relevant to this literature review. After applying relevant inclusion criteria (i.e. young age), 6 texts warranted inclusion including: 2 books and 4 articles. A thorough review of the literature revealed that internalized homonegativity and rejection sensitivity mediate the degree of emotional dysregulation, internalization of symptoms and rejection-based proximal stress across multiple settings. However, the impact of these relationships in long-term care settings remains unknown. Implications of the current presentation include improving awareness of psychological health factors in LGBT older adults and provision of recommendations to reduce barriers to optimal care.

LGBT WIDOWHOOD: THE ASSOCIATION BETWEEN PARTNER LOSS AND PSYCHOLOGICAL WELL-BEING
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Death of a partner – one of the most stressful events many people will ever experience – has profound effects on psychological well-being. However, research on widowhood focuses almost exclusively on heterosexual couples, with little known about these studies’ applicability to the LGBT population. Further, the few studies of partner loss among LGBT individuals are qualitative and many focus on gay men. As a result, little is known about the effects of partner loss in this population as a whole or among other sexual minorities, including lesbians, bisexuals, and transgender individuals. Addressing this issue, our study examines the association between partner loss and psychological well-being using data from the 2010 Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS) (n=2,322), the largest nationally representative sample of LGBT middle-aged and older adults. We use OLS regression to examine the association between partner loss and psychological well-being across all three measures. However, the association is significantly weaker in models controlling for current partner status. In models predicting depressive symptoms and loneliness, partner loss no longer reaches significance, though it remains significant in the model predicting subjective mental health. Results suggest that current partner status more strongly impacts psychological well-being than does partner loss, though further research is needed to identify how, for whom, and under what circumstances the negative effects of partner loss may linger.

SEX AND THE BIOPSYCHOSOCIAL MODEL: SEXUAL ACTIVITY AND GENDER DISPARITY IN OLDER ADULTS
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The biopsychosocial model emphasizes relational factors such as quality and availability as key components to older adult sexual activity (Gillespie, 2017). Supporting these findings, a previous study found that older adults aged 65 and over reported having more sex in the past six months but fewer sexual partners in the past year than younger adults. The current study seeks to further explore sexual activity by gender specifically, number of sex partners in the last year, and frequency of sex over the past six months in older adults. To better understand sexual activity and gender differences, 499 (male=59.7%, female 40.3%) participants aged 65 to 93 were selected from the de-identified Survey of Midlife in the US database (MIDUS-3). A Welch T-test was used examining sexual activity among older adults based on gender. Results indicated that the number of sex partners within the past year was similar for females (M=1.10, SD=.49) and males (M=1.04, SD=.28), t(477)=1.62, p=.10, d=.07. Further, results indicated sex frequency within the last six months was similar between females (M=3.41, SD=1.55) and males (M=3.66, SD=1.48), t(415)=1.76, p=.08, d=.14. Contrary to previous research, the present findings suggest there are no gender differences in number of sex partners or sex frequency for older adults. The current findings draw attention to potential discrepancies within this under-explored subject area. While implications of these findings can improve communication regarding sexual health, future research should focus on how aspects of the biopsychosocial model can be a protective factor for the sexual health of older adults.