recognizing a happy face), Basic-ToM (e.g., perspective-taking and false-belief reasoning), and Advanced-ToM (e.g., inferring second-order emotion and false belief). All participants completed a Theory-of-Mind Task Battery consisting of three subscales that assessed the three levels of ToM, where participants viewed vignettes and answered questions about the protagonists' feelings and beliefs. Overall, younger adults outperformed older adults on the battery, $F(1,29) = 7.34, p = .011$. However, a significant interaction between age and ToM levels ($p = .010$) revealed that Early and Advanced ToM ($ps > .25$) were not as affected by age as Basic ToM ($p = .007$). Older adults have difficulty in inferring others' perspectives/beliefs while their attributions of emotion and higher-order false beliefs are relatively preserved compared to the younger adults. These findings provide important insights into the impact of age on various levels of ToM and could help inform early detection of ToM decline in normal aging.

**DOES INSTRUCTION IMPROVE OLDER ADULTS’ KNOWLEDGE OF MEMORY AGING?**

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Memory loss happens in later life. For cognitively healthy older adults, deficits in memory in everyday life may be frustrating, but are less severe compared to the memory dysfunction observed in persons with progressive dementia syndromes, such as Alzheimer’s disease (AD). Normal memory aging has been defined as benign memory deficits due to genuine maturational processes in otherwise healthy older adults. Pathological memory aging has been defined as memory dysfunction due to non-normative factors such as disease or trauma to the brain (Cherry & Smith, 1998). In the present research, we examined the effects of instruction on knowledge of memory aging issues among community-dwelling older adults. Participants ranged in age from 59 to 94 years. All were enrolled in a six-week lecture series on cognition in later life. They completed the Knowledge of Memory Aging Questionnaire (KMAQ: Cherry, Brigman, Hawley, & Reese, 2003) before and after the series. Results indicated that their knowledge of pathological memory aging was greater than their knowledge of normal memory aging, as expected. Importantly, both normal and pathological types of knowledge were impacted by instruction, as post-test scores were higher than pre-test scores for both scales. In addition, a select set of items reflecting ageist views were also impacted by instruction; scores on this subset were significantly improved (less reflective of ageist stereotypes) at the end of the lecture series. Implications for the design of educational programs on adult cognition for community-dwelling older adults are considered.

**EARLY-TO LATE-LIFE ENVIRONMENTAL FACTORS AND LATE-LIFE GLOBAL COGNITION: THE SONIC STUDY**

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Life environment across the life course—such as engagement in late-life leisure activity (LA), primary occupation, and early-life education—have been reported to be associated with better late-life cognitive outcomes. However, few studies have included all these factors from the past to the present due to the time-consuming procedure to measure all factors. This study examined (1) whether late-life LA is associated with better late-life cognition, after considering other life environments and (2) whether occupation, education, and childhood intelligence quotient have indirect effects on the late-life cognition through late-life LA. We used baseline data from the groups of 70- and 80-year-olds in the SONIC study ($N = 1721$). Global cognition was measured using the Montreal Cognitive Assessment. As for LA, participants were asked for yes/no answers to questions regarding their engagement in 158 activities. A latent factor representing LA was used in the analyses. We retrospectively evaluated the complexity of work with data, people, and things. As early-life environments, education and language and arithmetic abilities during elementary school were included in the analyses. Age and gender were controlled. A structural equation model showed that late-life LA was significantly associated with higher global cognition, even after controlling for all past factors (RMSEA = .050, GFI = .973, AGFI = .947). Sobel tests showed significant indirect effects of occupation, education, and childhood abilities on cognitive function. Results were robust across age and gender. It is suggested that engagement in LA explains individual differences in late-life cognitive function.

**EVIDENCE FOR AN AGE-RELATED POSITIVITY EFFECT IN METACOGNITIVE CONFIDENCE JUDGMENTS**

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We examined age differences in metacognitive monitoring of emotionally-valenced stimuli. If older adults (OAs) are more focused on emotionally meaningful goals in late life (Carstensen, 2006), then they should demonstrate attentional and memory biases for positive stimuli over neutral and negative stimuli and, arguably, these cognitive biases should be reflected in their metacognitive judgments of learning. Judgments of learning (JOLs) for memory of positive, negative, and neutral words were collected. Younger adults (YAs) aged 18-23 years and OAs aged 65-90 years ($N = 85$) studied words in each valence category and made immediate JOLs, followed by a two-alternative forced choice (2AFC) recognition memory task. Analyses of JOLs revealed evidence for a positivity effect (Mather & Carstensen, 2005) in metacognitive confidence for OAs and an emotional salience effect in YAs (Tauber & Dunlosky, 2012; Zimmerman & Kelley, 2010). Predictably, YAs recognized more words than OAs, but valence did not affect number of words recognized and valence did not moderate age differences in recognition memory ($p = .553$). Memory monitoring as measured by resolution accuracy was equivalent in YAs and OAs (Hertzog
HEART AND MIND: ESSENTIAL COMPONENTS IN SOUND DECISION-MAKING
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Consumer tasks permit an ecologically-valid context in which to examine the contributions of affective and cognitive resources to decision-making processes and outcomes. Although previous work shows that cognitive factors are important when individuals make decisions (Patrick et al., 2013; Queen et al.), the role of affective components is less clear. We examine these issues in two studies. Study 1 used data from 1000+ adults to inform a cluster analysis examining affective aspects (importance, meaningfulness) of making different types of decisions. A 4-cluster solution resulted. In Study 2, we used affective cluster membership and cognitive performance as predictors of experimental decision-making outcomes among a subset of participants (N = 60). Results of the regression (F(4, 56) = 6.51, p < .01, R2 = .25) revealed that both the affective clusters (b = .37, p = .01) and cognitive ability (b = -.30, p = .04) uniquely contributed to the variance explained in decision quality. Age did not uniquely contribute. Results are discussed in the context of developing measures that enable us to move the field forward.

INFORMATION AVOIDANCE IN DECISION MAKING: DO THE REASONS VARY BY AGE?
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Older adults make up the majority of the U.S. patient population and age differences in information avoidance have potential implications for their ability to participate in informed medical decision making. Meta-analytic evidence suggests that older adults seek less information before making a decision than younger adults do (Mata & Nunes, 2010). However, age differences in explicit information avoidance have yet to be quantified. We hypothesized that older adults would avoid decision-relevant information more strongly than younger adults do. We also examined the self-reported reasons for information avoidance and hypothesized that older adults would express more concern about unwanted information influencing their affect (Reed & Carstensen, 2012) and decision preferences (Mather, 2006), both of which are known predictors of information avoidance (Woolley & Risen, 2018). To test these assumptions, we conducted a pre-registered online study involving three different health-related decision scenarios. For each scenario, an adult lifespan sample (N=195, Mage=52.95, 50% female, 71% non-Hispanic White) chose to either receive or avoid information. Responses were highly correlated across scenarios and results were pooled into a single avoidance measure. Analyses indicated that concerns about consequences for decision preferences positively predicted decision avoidance (p<.001), whereas concerns about consequences for affect did not (p=.079). Contrary to predictions, older age was not significantly associated with information avoidance (p=.827). Further, self-reported concerns about the influence of unwanted information on affect and decision preferences were negatively associated with age (p<.001). This suggests that interventions to foster pre-decisional information seeking should be tailored to the target age group.

JOB STRAIN AND LATE-LIFE COGNITION: FINDINGS FROM THE PUERTO RICAN ELDERLY HEALTH CONDITIONS STUDY
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Chronic stress at work, represented by job strain, has been associated with adverse late-life cognitive outcomes in the United States and Western Europe. We examined the relationship between job strain and change in cognition in a less affluent, Hispanic sample of adults aged 60-100 from mainland Puerto Rico. Job strain indicators (i.e., job demands/job control/job strain) were quantified from (a) standardized occupation-based job strain scores from Karasek’s Job Content Questionnaire (JCQ: n=1102), and (b) O*Net variables forming factors of job demands and job control (n=1639). Occupation information, covariates, and cognition came from the Puerto Rican Elderly Health Conditions (PREHCO) Study conducted in 2002-2003, with cognition follow-up in 2006-2007. All analyses controlled for age, sex, baseline depressive symptoms, baseline financial problems, and childhood economic hardship. Across both operationalizations of job strain indicators, higher job control was associated with less decline in late-life cognition (JCQ: b=.18, p<.05; O*Net: b=.31, p<.001) until controlling for education (JCQ: b=.09, p=.248; O*Net: b=.12, p=.097). Job strain was associated with more decline in cognition (JCQ: b=-.75, p<.05; O*Net: b=-.87, p<.05) until controlling for education (JCQ: b=-.49, p=.098; O*Net: b=-.46, p=.262). For Karasek’s measure, the relationships were driven by more educated participants. Job control was related to less cognitive decline whereas strain related to more decline among older Puerto Ricans over four years, whether assessed with JCQ-based or O*Net-based scores. However, education emerged as more important for change in late-life cognition than job strain indicators overall, suggesting results that diverge from countries with higher average socioeconomic status.

MOVEMENT THERAPY AND COGNITIVE FUNCTION IN MIDDLE-AGED AND OLDER ADULTS: A 10-YEAR STUDY
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Cognitive function is an important component of healthy aging and physical activities have been shown to support GSA 2020 Annual Scientific Meeting