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 re-
ported 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' experi-
experiences supports prior evidence of sexual fluidity and context-
dependence. By questioning societal expectations around
sexuality and body image, participants illustrated the po-
tential of counternarratives to combat dominant beliefs and
stereotypes about midlife women's sexuality. To improve
sexual health and education, psychoeducational interven-
tions and improved training for healthcare professionals are
needed.

SEXUAL MOTIVES, SEXUAL FREQUENCY, AND
SEXUAL SATISFACTION AMONG MIDDLE-AGED
DIFFERENT-SEX AND SAME-SEX COUPLES
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Reasons for having sex and frequency of sex are signifi-
cant correlates of sexual satisfaction. However, the possible
interplay between sexual motives and sexual frequency re-
 mains unexplored. Also, prior studies on sexual satisfac-
tion 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 mo-
tives 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 sa-
tisfaction 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 con-
sidering 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?
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The interrelatedness between social determinants of
health impedes researchers to identify important social fac-
tors for cardiovascular health. Additionally, it remains largely
unknown whether a derivable social environment could
offset the genetic risk for cardiovascular events. We de-
veloped 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 poly-
genic 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 (eco-

omics, 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 inci-
dence 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 gen-
etic 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 in-
creased risk of MI associated with genetics among Whites.

ASSOCIATION BETWEEN VIOLENT CRIME INCIDENT
PROXIMITY AND COGNITIVE FUNCTION IN OLDER
AFRICAN AMERICANS
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Research on Area Deprivation Index (ADI) suggests that
the built environment and neighborhood stressors (e.g., vi-
olen crime incidents) play a role in later-life cognitive func-
tion. However, most of the research linking ADI and cognitive
function was conducted on majority White American sam-
ples. Further, while ADI is useful in facilitating efficient in-
tegration of social determinants of health (SDOH) into models
of cognitive aging, it does not account for the impact of micro-level measures of neighborhood stressors on cognitive function. Therefore, the purpose of the current study was to determine whether violent crime incident proximity (VCIP) contributes to later-life cognitive function above and beyond ADI in older African Americans. Participants (N=147; M=68.34) from an ongoing study, Pathways to Healthy Aging in African Americans—a Rutgers University-Newark community partnership fostered over 16 years of community engagement, health education, and public service—responded to measures of cognitive ability, SDOH, and demographic details. The results show that VCIP is a trending predictor of cognitive performance, when adjusting for age, gender, education, depression, and ADI. The result aligns with our hypothesis that individuals living in areas with greater VCIP will have poorer performance on cognitive tasks. Our findings suggest that for African Americans in an urban setting, hyper-local VCIP appears to be more useful at capturing the impact of neighborhood disadvantage on cognitive decline and Alzheimer’s disease risk. Therefore, for later-life cognitive health in African Americans, it is important to consider micro-level measures of neighborhood stressors such as VCIP.

CHILDHOOD PHYSICAL ABUSE INCREASES THE RISK OF SUBJECTIVE MEMORY IMPAIRMENT
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Subjective memory impairment, defined as self-reported difficulties in recall and learning, doubles the risk of Alzheimer’s Disease and related dementia, despite being weakly related to objective memory decline. Because of its strong stability over time, it may be possible that subjective memory impairment reflects earlier life risk factors for dementia such as adverse childhood experiences. It is reported that over a fifth of older adults worldwide experienced physical abuse during childhood. Previous cross-sectional studies suggest physical abuse is associated with later cognitive impairment. Still unclear, are the longitudinal associations between childhood abuse and subjective memory impairment in later life. Using a sample of adults drawn from the Health and Retirement Study (n = 19,185, Mage = 67.05, SD = 11.33) we assessed associations between reported physical abuse by a parent before the age of 18 and subjective memory impairment (current memory problems and perceived memory decline) over periods of up to 18 years. Generalized linear mixed models examined longitudinal associations between childhood physical abuse and subjective memory impairment while controlling for depressive symptoms and other empirically relevant covariates. Experiencing childhood physical abuse was associated with increased likelihood of reporting more current memory problems (OR = 1.17, 95% CI 1.04, 1.33) and perceived memory decline in later life (OR = 1.27, 95% CI 1.13, 1.43). Findings suggest childhood physical abuse is associated with subjective memory impairment, a strong predictor of dementia. Understanding early life conditions, including adverse childhood experiences may help explain associations between subjective memory impairment and dementia risk.

IS THE HEALTH OF OLDER AMERICANS WITH A GED EQUIVALENT TO THEIR PEERS WITH A HIGH SCHOOL DIPLOMA?
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Previous research has found higher levels of educational attainment to be strongly associated with better health outcomes in later life, such as better cognitive functioning and fewer functional and sensory impairments. However, most studies have grouped General Educational Development (GED) recipients with high school graduates, neglecting potential differences in socioeconomic status, health behaviours, and health outcomes among these two groups. The aim of the current study is to identify differences in the age-sex-race-poverty adjusted prevalence and odds of cognitive impairment, hearing impairment, vision impairment, limitations in activities of daily living (ADLs), and ambulation limitations among three groups of older American adults: high school dropouts, GED recipients, and high school graduates with no post-secondary education. The present study uses secondary analysis of the 2017 American Community Survey, a nationally representative survey of community-dwelling and institutionalized older adults aged 65 years and older, of whom 20,489 were GED recipients, 154,892 had a high school diploma and 49,912 had finished grade 8 but had not completed high school. Our findings indicate that there is a gradient in health outcomes among Americans aged 65-84, with the highest prevalence and odds of cognitive impairment, hearing impairment, vision impairment, ADL limitations, and ambulation limitations occurring among high school dropouts, followed by GED recipients, and the lowest prevalence among high school graduates. These findings suggest that although GED recipients have better health outcomes than high school dropouts, there is still a significant disparity in health status between GED recipients and high school graduates.

HISTORY OF JOB STRAIN AND RISK OF LATE-LIFE DEPENDENCY: A NATIONWIDE SWEDISH REGISTER-BASED STUDY
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There is substantial evidence that work plays a significant role in post-retirement health. Yet little is known about its role in when late-life dependency may occur. We examined associations between job strain and the risk of entering late-life dependency. Individually linked nationwide Swedish registers were used to identify people 70+ alive in January 2014, and who did not experience the outcome (late-life dependency) during two months prior to the start of the follow-up. Late-life