Adults aged 50 and older are at risk for human immunodeficiency virus (HIV) infection. Currently, there are no measures specifically aimed at middle-aged and older adults to assess their HIV risk. Existing measures have been created for and mostly tested in adolescent and young adult populations. The purpose of this study was to modify and test existing instruments related to HIV prevention factors with an older adult population. Two rounds of an expert panel (N = 10) review were conducted to assess items from the Condom Use Self-Efficacy Scale and the Sexual Risks Scale for their applicability to older adults. Any items with content validity at the item level <0.78 were either discarded or modified. New items were also added. The final adapted HIV prevention scale had 31 items and was administered via an online survey. Single adults (N = 252) aged 50 to 85 who had been on at least one date over the past year participated in the study. The HIV prevention scale underwent confirmatory factor analysis. Model fit was estimated using maximum likelihood and standardized estimates were used for factor loadings. The items loaded on eight factors in three models: Model 1 (Mechanics, Advocacy, Intoxicants); Model 2 (Attitudes, Normative Beliefs, Perceived Susceptibility); and Model 3 (Intention, Expectations). There was adequate to excellent model fit. However, there were multiple correlations of error variances suggesting that while the items are appropriate for an older adult population, the scale will need adaptations prior to using for further data collection.

THE SENIOR SEX EDUCATION EXPERIENCE STUDY: QUALITATIVE DATA FROM DEVELOPING AN ADULT SEX EDUCATION PROGRAM

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Older adults (OAs) account for an unprecedented proportion of STDs but receive limited sex education. We present preliminary data from the SEXEE study developing a sex education intervention for OAs 50+. The sample consisted of 17 OAs, ages 53 to 77, (M = 65, SD = 7.6; 64.7% female; 94.1% Caucasian) and seven primary care physicians, geriatricians, and other specialists (e.g. gynecologists), sampled purposively. Physicians completed a semi-structured interview to describe their experiences discussing sexual health with OAs, identify barriers to those discussions, and elicit recommendations for an educational curriculum. OAs participated in three separate focus groups to determine their interest in and suggestions for the intervention. Qualitative data underwent thematic coding separately by two researchers, with a third researcher resolving any discrepancy. One physician (14%) reported routinely assessing adults’ sexual health; others only in the context of a specific presenting concern (e.g. ED). Though the physicians considered sexuality important component of QoL, many reported barriers to assessment and treatment, including insufficient time, training, and knowledge; concerns about personal and patient discomfort; and patient complexity. Of the OAs interviewed, 15 (88%) endorsed high interest in attending a sex education program. The most commonly recommended educational topics among physicians and OAs included: sexual changes with aging and management strategies; STDs and risk factors; tools for enlarging the sexual repertoire, myths about late life-sexuality; masturbation, and dating. Findings extend previous observations about clinical barriers to sexual health discussions and provide new insights for developing a sex education intervention for this population.

SESSION 3005 (PAPER)

COGNITIVE FUNCTIONING

FAMILY CAREGIVER MENTAL HEALTH: LINKING FAMILY CARE REGIME, INTERSECTIONALITY, AND STRESS PROCESS FRAMEWORKS

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Although the implications of family care regime, social location, and stress process factors for the mental health of family caregivers have been well-documented individually, there is a lack of research that integrates these factors. Yet, linking family care regime and intersectionality approaches to stress process theorizing provides us with one possible explanation of the mechanisms potentially linking family care regime and intersecting structural inequalities to mental health outcomes. This paper draws on pooled data from the 2012 and 2016 European Quality of Life Surveys (EQLS - N=6,007) to assess direct and indirect associations between family care regime and the self-reported mental health (SRMH) of family caregivers, together with the additive and interactive associations involving social location (gender, age, socio-economic status, and marital status), and stress process factors (stressors and resources). The results of a series of weighted least squares regression analyses reveal that family care regime has a direct association with SRMH and that social location and stress process factors partially mediate this association. Additionally, the results suggest that additive and interactive social location factors have direct associations with SRMH and that stress process factors also partially mediate the association. Lastly, stress process factors are associated with SRMH as expected. Overall, our findings provide initial support for the value of linking family care regime, intersectionality and stress process frameworks for an understanding of the mental health implications of family caregiving.

INITIAL RESULTS FROM AN EVERYDAY MEMORY AND METACOGNITIVE INTERVENTION FOR OLDER ADULTS

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We report results from a new intervention study implementing an Everyday Memory and Metacognitive Intervention (EMMI). This intervention trains older adults
on self-regulatory procedures for achieving everyday life goals by implementing a metacognitive perspective where participants learn mindful control over life tasks that place demands on planning and memory (e.g., learning new names and managing prospective memory demands). Fifty-three participants, age range 65 to 83, were assigned to either the EMMI treatment group (n = 32, mean age = 70.13, SD = 3.2) or a waitlist control group (n = 21, mean age = 71.76, SD = 4.7). Individuals with probable memory impairments, as indexed by low MOCA scores, were excluded from the study. Outcomes included daily diary reports of everyday memory errors and a prospective memory telephone task. EMMI participants had fewer reported memory errors per day (M = 0.42) than controls (M = 0.64), one-tailed p = .03. EMMI participants also performed better than controls on the telephone task outcome variables: total number of phone calls completed and mean absolute deviation of calls times from scheduled times for successfully completed calls (p < .001). Subjective outcomes, including personal memory beliefs, life satisfaction, and perceived stress, showed greater pretest-posttest improvement in the EMMI group compared to the control group. This study is a successful initial demonstration of the efficacy of our intervention for improving everyday cognition in older adults and highlights the possibility of improving success in memory-demanding everyday life contexts, thereby contributing to resilient aging in an older population.

**PATHWAY ANALYSIS OF LEISURE ACTIVITY AND COGNITIVE FUNCTION IN THE LONG LIFE FAMILY STUDY**

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Familial longevity and greater involvement in activities purported to build cognitive reserve (e.g., education, cognitively stimulating leisure activity) have both been associated with better cognitive function in later life, yet little is known about how these protective factors relate with one another. In this work, we modeled the associations among familial longevity, proxies of cognitive reserve, and cognitive function in the Long Life Family Study (LLFS). We assessed cognitive function using a comprehensive battery of neuropsychological tests (i.e., Digit-Spans, California Verbal Learning Test, Rey-Osterrieth Complex Figure, phonemic fluency, category fluency, Word Generation, DKEFS Sorting Test, and logical memory) in a subset of LLFS family members and a referent cohort (N = 314, mean age 75.7 ± 14.6 years). To model these associations, we used a series of Bayesian hierarchical regression pathways that incorporate a random effect for family relatedness, adjusted by age and sex. All continuous variables were rescaled and bounded to be approximately between (0,1) in order to standardize regression coefficients and to allow for an asymmetrical beta-distribution. Controlling for education level, age, and sex, referents had greater engagement in late-life cognitive activities compared to LLFS family members, β = 0.38 (95% CI: 0.18 to 0.57). In turn, those with higher markers of cognitive reserve exhibited better neuropsychological performance. Despite LLFS family members having lower participation in cognitively stimulating leisure activities, there were no differences between LLFS family members and referents on cognitive test performance. These results suggest long-lived family members may have more unique pathways (i.e., genetic/environmental) that preserve cognition later in life.

**THALAMIC VOLUME MEDIATES ASSOCIATIONS BETWEEN CARDIORESPIRATORY FITNESS AND MEMORY IN PEOPLE WITH PARKINSON’S**

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Cognitive deficits occur in patients with Parkinson’s disease (PD), and cardiorespiratory fitness (CRF) is associated with both current and future cognitive decline in this disease. The underlying neurobiological factors explaining this relationship, however, are not well known. In this cross-sectional study we examined the associations between CRF and cognitive performance and whether such associations were mediated by grey matter volumes of basal ganglia structures. A total of 33 individuals with PD underwent structural magnetic resonance imaging (sMRI), CRF evaluation (VO2max), and neuropsychological assessment. Composite scores of episodic memory, executive functioning, attention, language, and visuospatial functioning were generated. Brain MRI morphological measurements was performed with the Freesurfer image analysis suite. Structural equation models were constructed to examine whether sMRI volume estimates of basal ganglia structures, specifically the thalamus and pallidum, mediated associations between VO2 max and cognitive performance while adjusting for age, education, PD disease duration, sex, and intracranial volume. Higher VO2max was associated with better episodic memory (Standardized β = 0.390; p = 0.009), executive functioning (Standardized β = 0.263; p = 0.021), and visuospatial performance (β = 0.408; p = 0.004). Higher VO2max was associated with larger thalamic (Standardized β = 0.602; p < 0.001) and pallidum (Standardized β = 0.539; p < 0.001) volumes. Thalamic volume significantly mediated the association between higher VO2max and better episodic memory (indirect effect = 0.209) and visuospatial ability (indirect effect = 0.178) performance (p<.05). The pallidum did not significantly mediate associations between VO2 max and cognitive outcomes. These results suggest the thalamus plays an important role in the association between CRF episodic memory and visuospatial functioning in individuals with PD.