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Successful aging (SA) is the capacity of older people to thrive despite age-related changes and/or declines. Although our previous research found that older (age ≥ 50) women living with HIV (OWLH) can achieve SA, considerable barriers remain. The purpose of this qualitative study was to identify specific barriers to SA among OWLH. Our sample consisted of 29 OWLH recruited between October 2018 and March 2019 at two sites of Women's Interagency HIV Study (WIHS): Atlanta, GA and Brooklyn, NY. These participants were assigned to either semi-structured interviews (N=17: 8 interviews in Brooklyn and 9 in Atlanta) or focus group discussions (FGD: 1 FGD in Atlanta with 5 participants, and 1 FGD in Brooklyn with 7 participants). Our FGD and Interview Guides included questions focused on barriers to SA. Participants were, on average, 58 years old (range 50-73), 86% Black, 83% single, and 62% with annual income \leq \$12,000. All interviews and FGD were transcribed and coded using MAXQDA software. We used thematic coding within constructivist approach. Several themes emerged identifying the following SA barriers: multiple chronic conditions and pain (e.g., arthritis, neuropathy); polypharmacy and side effects of HIV medications ("it's wearing on me"); HIV-related stigma and loneliness ("I think my children would judge me if I would tell them I have it HIV"); substance use, giving up on yourself ("just sitting around, not doing anything"); and lack of access to resources and services (e.g., mental health providers, support groups). Our findings will help designing public health interventions promoting SA among OWLH.

OLDER ADULT SEXUALITY, PARTNERSHIP, AND HEALTH: COHORT COMPARISONS OF BABY BOOMERS AND TRADITIONALISTS

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This paper updates prior work on older adult sexuality, partnership, and health by examining the most current wave of the National Social Life, Health, and Aging Project (2015-16), a population-based study of health and social factors on a national scale. Comparing data from Wave I, Cohort 1 (2005-06) and Wave I, Cohort 2 (2015-16), we ask whether there are differences in partnership, sexual behaviors and health outcomes between two cohorts ('Traditionalists' vs. 'Baby Boomers'). Additionally, we examine whether sexual frequency is related to physical health, particularly the health conditions of arthritis, diabetes, cognitive impairment, and prior stroke, in both cohorts. We find significant differences between cohorts through a logistic model. For Traditionalists, age, gender, education level, partnership status and diabetes were all significantly related to sexual activity ($p < 0.001$). Older adults were less sexually active; men were more sexually active; the higher educated were more sexually active; diabetes patients were less sexually active; and partnered were more sexually active. For Baby Boomers, only age and partnership status were significantly related to sexual activity ($p < 0.001$); gender and diabetes diagnosis were also related ($p < 0.005$). Significantly, partnership status for Boomers is negatively related to sexual activity; the other three relationships – age is related to less sexual activity, men have slightly higher sexual activity, and diabetes was related to less sexual activity – were as expected. Importantly, our findings may

imply that partnership or marriage is not as significant to sexual activity, or to health outcomes, as previously believed.

PSYCHOSOCIAL MECHANISMS OF SUCCESSFUL AGING AMONG OLDER WOMEN LIVING WITH HIV: A STRUCTURAL EQUATION MODEL

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Although older women living with HIV (OWLH) face challenges related to the intersection of HIV and aging, our published research found significant prevalence of self-rated successful aging (SRSA) in a sample of OWLH enrolled in the Women's Interagency HIV Study (WIHS). Studies in other populations link SRSA to positive psychosocial factors but little is known about SRSA mechanisms among OWLH. The purpose of this study is to test a conceptual psychosocial model of SRSA. Our sample (N=356) included OWLH enrolled in WIHS who participated in the "From Surviving to Thriving" (FROST) substudy and completed psychosocial and cognitive assessments: average age 56.5 years, 73% Black, 55% with annual income \leq \$12,000, 74% having 3 or more comorbidities, median CD4=673 cells/ml (Q1=486; Q3=880). SRSA was assessed using a research-based 10-point scale (higher scores=better outcomes). We conducted adjusted structural equation modeling. The global model included two latent variables -- protective attributes (composite of positive psychosocial factors: resilience, personal mastery, optimism, spirituality) and negative affect (composite of negative psychosocial factors: anxiety, depression, loneliness, internalized HIV-related stigma). The model showed good fit ($\chi^2(65)=72.3$, $p=0.25$; RMSE=0.02; CFI=0.99) and explained 21% of variance in SRSA. Increased protective attributes were associated with improved SRSA both directly ($p < 0.01$) and indirectly, via improved coping with stress ($p < 0.001$). While negative affect did not have a direct effect on SRSA, it was indirectly associated with worsened SRSA via diminished protective attributes ($p < 0.001$). Findings suggest the need for interventions enhancing positive and mitigating negative psychosocial factors to promote SRSA among OWLH.

THE DEVELOPMENT OF A SCALE TO MEASURE HIV-PREVENTION FACTORS IN ADULTS AGE 50 AND OLDER

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