

however, may translate into how one views and navigates sexual health changes. A sample of participants ( $N = 706$ ; Mage = 52.72 years,  $SD = 9.57$ , range = 36-79; 60.8% male) was recruited through Amazon's Mechanical Turk to complete a survey on sexual beliefs about age and aging. Participants completed two versions of the Relative Sexual Attitudes Scale (RASA), wherein they were prompted to consider either "someone their own age" or "an older person" in response to items assessing sexual attitudes. Multi-group confirmatory factor analysis was used to confirm the original five-factor structure, reduce the total items from 31 to 25, and establish measurement equivalence for the 36-54 year-old and 55+ year-old samples. Through a series of profile analyses investigating each subscale, scores did not significantly differ between the two prompts, although significant age-group differences were found with the 36-54 year-old age group reporting more open attitudes than the 55+ year-old age group across all subscales, except the traditional mores subscale. Sexual attitude subscale scores also differed by gender, engagement in partnered sexual activity, and whether one had spoken to a health professional about their sexual health in the past year. The findings support use of the RASA for adults 36 and older and highlight applications to understanding differences in sexual health into later life.

#### LACKING WARMTH AND COMPETENCE: HOW YOUNGER ADULTS UTILIZE "OK BOOMER" ACCORDING TO THE STEREOTYPE CONTENT MODEL

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Younger adults have coined the popular retort "OK Boomer," referring to the 76 million Baby Boomers born between 1946-1964. The Stereotype Content Model (SCM) is a framework used to assess stereotypical perceptions of various groups, and older adults generally fall in the paternalistic "high warmth/low competence" quadrant. The stereotypes behind "OK Boomer" could correspond to any of the four quadrants of the SCM. The present study's goals were to determine the parameters for using the phrase, how hostile and benevolent ageism may underlie its use, and whether or not the eponymous "Boomer" fits into the same cluster in the SCM as older adults in general. In a sample of 316 participants (18-33;  $M = 23$ ;  $SD = 5.25$ ), we found that age was related to using "OK Boomer" such that being younger is associated with feeling more comfortable using the phrase in front of anyone ( $r = -.208$ ,  $p < .01$ ), using the phrase more frequently ( $r = -.218$ ,  $p < .01$ ), and sharing "OK Boomer" memes, pictures, and jokes online ( $r = -.203$ ,  $p < .01$ ). Hostile ageism, but not benevolent, was associated with an increased likelihood of saying "OK Boomer" in front of anyone ( $r = .256$ ,  $p < .01$ ), to use it more frequently ( $r = .242$ ,  $p < .01$ ), and to share "OK Boomer" jokes online ( $r = .301$ ,  $p < .01$ ). Content analysis results indicate that "OK Boomer" does not correspond to the paternalistic quadrant of the SCM due to Boomers' perceived low warmth.

#### POSITIVE AND NEGATIVE AFFECT INFLUENCES ATTITUDES TOWARD AGING

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The Aging Semantic Differential (ASD; Rosencranz & McNevin, 1969) is one of the most widely used measures in the aging literature to measure attitudes rather than knowledge or beliefs about aging. Originally 32-items the ASD has been reduced through careful factor analysis to 20-items representing 4 factors representing: Instrumentality, Autonomy, Acceptability, and Integrity. Latent summary scores were created for each factor, with lower scores representing more positive attitude toward older adults. Despite its widespread use there are no published studies that examine the relationships between the four ASD factors and Positive and Negative affect. Positive and Negative affect are related to and represent the core aspects of Extraversion and Neuroticism. The prime objective of this study was to assess the relationships between Positive and Negative affect and the four ASD factors. The sample comprises 1189 undergraduate participants with a mean age of 22.02 ( $SD=6.27$ ). The sample included 611 men and 578 women. Results showed the path model fitted the data well ( $CFI = 953$ ,  $TLI = .944$ ,  $RMSEA = 0.066$ ,  $SRMR = 0.035$ ). Positive affect was significantly related to Instrumentality, Acceptability, and Integrity ( $\beta = -0.073$ ,  $(SE = 0.034)$ ;  $p = 0.034$ ;  $\beta = -0.141$  ( $SE = 0.033$ ),  $p = 0.0001$ ;  $\beta = -0.146$  ( $SE = 0.032$ ),  $p = 0.0001$ ). These results show that higher positive affect was related to more positive beliefs about Instrumentality, Acceptability, and Integrity. Negative affect was significantly related to Integrity ( $\beta = 0.079$ ,  $(SE = 0.032)$ ;  $p = 0.012$ ) indicating that greater negative affect was related to more negative beliefs about bodily integrity.

#### SELF-PERCEPTIONS OF AGING AMONG DEMENTIA CAREGIVERS: EVIDENCE FROM THE UK PROTECT STUDY

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Contact with older adults impact the perceptions people have towards their own aging self (Jarrott & Savla, 2015) and how they prepare for their own age-related change (Kornadt et al., 2015). Caregivers have close, intimate contact with older adults, yet no research explores how that contact may impact caregivers' perceptions of their own aging. In this exploratory study, we compare perceptions of one's own aging between current and previous formal caregivers, non-formal caregivers, and never-caregivers. We utilized data from 1978 informal caregivers, 247 formal caregivers, and 5586 never-caregivers of the 2019 wave of the UK Protect Study. We conducted ANCOVA tests to compare global levels of Awareness of Age-Related Change (AARC) gains and losses, AARC gains and losses specific to cognition, attitudes towards one's own aging, and felt age across the three subgroups of participants with different caregiving roles. Omnibus results suggested that there were significant group differences ( $p < .05$ ) in global levels of AARC gains and losses, AARC gains specific to cognition, and attitudes towards one's own aging ( $p < .05$ ) for female, but not male, caregivers. However, effect sizes were either small or negligible. Therefore, despite frequent contact with older adults, dementia caregivers may not have

better or worse self-perceptions of aging than non-caregivers. Such findings may be reflective of intergenerational ambivalence, and future work should consider how the nature of the caregiving situation (i.e. relationship quality, intensity of the care, caregiver burden) shapes caregivers' perceptions of their own aging, especially over time as caregivers navigate their own aging processes.

#### SUBJECTIVE AGING IN CONTEXT: NEIGHBORHOOD SOCIAL ENVIRONMENT AND SELF-PERCEPTIONS OF AGING AMONG OLDER ADULTS

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Self-perception of aging (SPA), one's attitude toward one's own aging, has been associated with health and well-being in later life. Whereas existing literature identifies individual-level predictors of SPA (e.g., education and health), little is known about the role of neighborhood context. The present study examines whether 1) neighborhood social environment is related to SPA and 2) age moderates this relationship. Our analytic sample includes 11,394 adults aged 50+ from the 2014 and 2016 waves of the Health and Retirement Study (Mean Age=68, SD=10.14, range 50-98). Indicators of neighborhood social environment include (a) perceived neighborhood social cohesion (the trust and social ties among community residents), (b) neighborhood friends, and (c) relatives living in the neighborhood. Regression analyses were performed to investigate the associations of each neighborhood-level indicator with the positive and negative dimensions of SPA. The models controlled for demographic, socio-economic, and health covariates. Greater neighborhood social cohesion ( $B=0.13$ ,  $SE=0.01$ ,  $p<.001$ ) and having neighborhood friends ( $B=0.14$ ,  $SE=0.02$ ,  $p<0.001$ ) were associated with higher levels of the positive SPA. As for the negative dimension of SPA, neighborhood social cohesion was the only significant predictor ( $B=-0.13$ ,  $SE=0.01$ ,  $p<0.001$ ). Furthermore, we found significant interaction effects between neighborhood social cohesion and age: higher neighborhood cohesion was associated with more positive ( $B=-.003$ ,  $SE=.00$ ,  $p<.001$ ) and less negative SPA ratings ( $B=-.003$ ,  $SE=.00$ ,  $p<.001$ ) at younger ages than older ages. Our findings provide insights into how neighborhood social context shapes subjective aging, suggesting that a socially cohesive neighborhood may promote more favorable perceptions of aging, particularly for younger residents.

#### THE IMPACT OF MENTAL HEALTH STIGMA AND AGEISM ON STUDENTS' INTENTION TO WORK WITH OLDER ADULTS: A MIXED METHODS DESIGN

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Approximately 20% of older adults have a mental or neurological disorder which can cause significant disability. With a growing older adult population, there is a need for providers receiving specialized training in aging to provide

quality care. However, there continues to be shortages of students seeking careers in geriatrics and especially in working with older individuals with mental health (MH) concerns. The present study explored the relationship between MH stigma, ageism and intention to work with older adults among undergraduate students. Undergraduate students ( $N=188$ ) completed a battery of questionnaires including intention to work with older adults, positive and negative attitude towards older adults, and open-ended questions exploring MH stigma views. Regression results indicated that MH stigma, positive, and negative attitudes significantly predicted intention to work with older adults, ( $F(3, 182) = 8.51$ ,  $p = .000$ ). Examination of the coefficients revealed that positive attitudes significantly predicted intention to work with older adults ( $t=4.38$ ,  $p=.000$ ), and MH stigma demonstrated a trend towards significance ( $t=1.90$ ,  $p=.059$ ). Open-ended responses were analyzed using qualitative description methods which revealed themes consistent with negative and positive stereotypes, MH problems going undetected, and need for additional support in recognizing and treating MH conditions among older adults. Positive attitudes are an important predictor in students' intention to work with older adults, and MH stigma may be an important factor to explore further. Qualitative themes also describe how MH concerns are an important area to focus on among older adults, although there continues to be evidence of aging stereotypes.

#### THE ROLE OF AGING ANXIETY, AGEISM, AND HEALTH LOCUS OF CONTROL ON MIDDLE-AGED ADULTS HEALTH OUTCOMES AND BEHAVIORS

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Older adults with more ageist attitudes and aging anxiety and who endorse an external health locus of control (HLOC) have poorer mental and physical health and less engagement in healthy behaviors than those who report less ageist attitudes, aging anxiety, and endorse an internal HLOC. However, middle-aged adults have not been examined in this literature. Using Terror Management Theory as a framework, this study examined the relationship of middle-aged adults' aging anxiety, ageist attitudes, and HLOC with health behaviors and mental and physical health outcomes. 391 middle-aged participants (40-55 years) completed measures of ageist attitudes, aging anxiety, HLOC (Internal, External, and Powerful Other), engagement in health behaviors, mental health, and physical health. The path analysis model demonstrated acceptable fit,  $\chi^2(2)=7.794$ ,  $p=.02$ , CFI=.99, TLI=.92, RMSEA=.09). For health behaviors, eight of the 10 paths were significant; higher aging anxiety, higher ageist attitudes, and less endorsement of internal HLOC were related to less engagement in healthy behaviors. For mental health and physical health, five of the 10 paths were significant; in general, higher aging anxiety, higher ageist attitudes, and less endorsement of internal HLOC were related to poorer mental and physical health. This study demonstrated that middle-aged adults' aging anxiety, ageist attitudes, and health locus of control are related to their health behaviors and mental and physical health. Furthermore, higher endorsement of specific forms of ageist attitudes and aging anxiety were related to worse reported mental and physical health and to