Residents of long-term care settings and their family caregivers have been severely impacted by the COVID-19 pandemic. The present mixed-methods study examines trajectories of well-being pre- and post-pandemic onset for caregivers of persons with dementia living in residential long-term care. Participants were taking part in, or had recently completed, an ongoing intervention trial to support families transitioning a relative into long-term care. Beginning in summer 2020, we started assessing caregivers’ COVID-19-related experiences and added three surveys spanning 4-months beyond the 12-month parent study period to capture caregivers’ adjustment throughout the pandemic. Using latent growth curve models, we estimated caregivers’ (N = 104) trajectories of depressive symptoms, burden, and self-efficacy before and during the pandemic. We also tested whether the counseling intervention had protective effects for participants in the treatment group, and examined moderators including long-term care facility size, care recipient’s dementia and health status, and quality of staff interactions.

OPTIMISM IS PROSPECTIVELY ASSOCIATED WITH RESILIENCE DURING THE COVID-19 PANDEMIC
Jeewon Oh,¹ Mariah Purol,¹ Eric Kim,² and William Chopik,¹ 1. Michigan State University, East Lansing, Michigan, United States, 2. University of British Columbia, Vancouver, British Columbia, Canada

Emerging research has identified how protective factors—like optimism—are associated with resilience to stress during the COVID-19 pandemic. However, the majority of research is cross-sectional, which creates ambiguity around the causal direction because these very protective factors might have also changed due to the pandemic. In the current study, we used longitudinal data from the Health and Retirement Study (N = 921; Mage = 64.54, SD = 10.71; 59.6% female; 57.5% White) to examine how optimism measured in 2016 predicted adjustment during the pandemic (in 2020). Higher baseline levels of optimism were subsequently associated with less worry and stress resulting from changes in social contacts (βs > 1.10), less loneliness and not feeling overwhelmed (βs > 1.16), and greater COVID-related resilience and benefit-finding (β = .21). The findings will be discussed in the context of mechanisms that facilitate the protective functions of optimism and other psychological characteristics.

AGING IN PLACE SINCE THE COVID-19 PANDEMIC ONSET: A QUALITATIVE STUDY OF NEIGHBORHOOD ENGAGEMENT
Lindsay Kobayashi,¹ Melissa Cannon,² Gabriella Meltzer,¹ and Jessica Finlay,¹, 1. University of Michigan, Ann Arbor, Michigan, United States, 2. Western Oregon University, Independence, Oregon, United States, 3. Department of Social and Behavioral Sciences, New York University, New York, United States

The COVID-19 pandemic may fundamentally change neighborhood environments and ways of aging in place. This research aimed to investigate perceptions of and engagement in neighborhoods since the pandemic onset among online survey respondents of the COVID-19 Coping Study. We analyzed a random stratified sample of 500 open-ended responses collected July-September 2020 with quotas for age, gender, race/ethnicity, and education to match the US population aged 55+. Qualitative thematic analysis identified both increased and decreased local activity and varying levels of social interaction, support, and civic engagement. Community characteristics including age structure, socioeconomic diversity, density, housing patterns, weather, and social infrastructure were related to neighborhood perceptions. These interacted with personal characteristics such as duration of residence, living arrangements, family closeness, health status, and preferred lifestyle. Results highlight coping strategies among aging adults and their neighbors, sources of individual and community vulnerability, and opportunities to strengthen social infrastructure and resiliency within neighborhoods.

DOES PERSONALITY SHAPE COVID-19 RESPONSES IN OLDER ADULTS?
Damaris Aschwanden,¹ Angelina Sutin,² Amanda Sesker,² Ji Hyun Lee,² Martina Luchetti,² Yannick Stephan,¹ and Antonio Terracciano,¹ 1. Florida State University, Tallahassee, Florida, United States, 2. Florida State University College of Medicine, Tallahassee, Florida, United States, 3. University of Montpellier, Montpellier, Languedoc-Roussillon, France, 4. FLORIDA STATE UNIVERSITY, Florida State University, Florida, United States

Knowing how personality plays out in a pandemic can provide guidance to improve public health messaging. In a sample of 2066 participants (Mage = 51.42; 48.5% female), we examined whether personality is associated with concerns, precautions, preparations, and duration estimates of the COVID-19 pandemic. Personality traits were measured before the pandemic; responses were assessed in late March 2020. We investigated whether age moderates the trait-response associations because older adults are at higher risk for severe complications of COVID-19. Among the 65-96-year-olds, higher conscientiousness was associated with more preparations, higher openness was associated with greater concerns, and both higher openness and agreeableness were related to more preparations and longer duration estimates. This pattern has implications: If all older adults took COVID-19 seriously, individual differences in personality should not matter; however, our findings indicate that they do matter and could be considered in the development of personality-tailored communication to older adults.

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DEVELOPMENTAL CHANGE OVER THE LIFE COURSE

CHILD’S DEVELOPMENTAL DISABILITIES AND PARENTAL HEALTH IN LATER LIFE: DO PARENTAL RACE AND GENDER MATTER?
Juha Lee,¹ Manjing Gao,² and Chioun Lee,³ 1. University of California, Riverside, Anahiem, California, United States, 2. University of California, Riverside, Riverside, California, United States

Parents, particularly mothers, who experienced early life adversities (ELAs) are more likely to have a child with developmental disabilities (DD). We have little knowledge about how parental health varies across race-gender groups among those with a DD child and the role of ELAs in the associations. Using Black and White adults (n = 8,778; 25% Blacks) from
the Midlife in the United States (MIDUS) study, we examine racial disparities in the impact of having a child with DD (vs. having healthy children) on parental health outcomes. This study questions (1) the extent to which parents’ ELAs (e.g., poverty and abuse) are associated with having a child with DD and (2) how considering early-life factors reveals racial and gender disparities in the impact of having a child with DD. We found that as the number of ELAs increases, the probability of having a healthy child decreases for all race-gender groups, but most dramatically for Black women. Having a DD has adverse effects on chronic illnesses and functional limitations more for mothers than fathers. Black women are most adversely affected, with no effect on Black men. There is no gender difference in the impact of having a DD child on depressive symptoms, yet White parents are more vulnerable than Black parents. After controlling for ELAs, the adverse effects of having a DD child on both physical and mental health remain significant. Future research should identify life-course circumstances that reveal why the impact of having a DD child varies by race and gender.

CHILDHOOD LEAD EXPOSURE AND COGNITIVE FUNCTIONING AMONG OLDER ADULTS: EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY
Haena Lee,1 Mark Lee,2 and John Robert Warren,2
1. University of Southern California, Los Angeles, California, United States, 2. University of Minnesota, Minneapolis, Minnesota, United States

Many children born in the early 20th century were exposed to water-borne lead, a neurotoxin that negatively impacts brain development. While lead exposure has been linked to poor cognition among children and young adults, no population-level research has examined the long-term implications of lead exposure for cognitive functioning in later life. Our study is the first to address this gap by utilizing novel data linkages between the 1940 U.S. Census and the Health and Retirement Study (HRS). Our sample includes respondents who were under age 17 (born 1924-1940) by the time of the decennial enumeration on April 1, 1940. Given that the dominant source of lead exposure was water during this period, we assessed lead exposure by using water chemistry and piping material data for each HRS respondent’s city of residence in 1940. Late-life cognitive functioning for HRS participants (observed 1998-2016) was measured using the Telephone Interview for Cognitive Status. We find that lead exposure during childhood is significantly and negatively associated with cognitive functioning in later life. HRS participants who lived in cities with lead pipes and acidic or alkaline water—the conditions required for lead to leech into municipal water—showed lower levels of cognitive functioning decades later as compared to other participants. This association persisted net of race, gender, childhood socioeconomic status and childhood health. However, the association was largely accounted for by adjusting for educational attainment. This implies that childhood lead exposure impacts later-life cognition via its effect on educational attainment.

CHILDHOOD PHYSICAL ABUSE CASTS A VERY LONG SHADOW: PHYSICAL AND MENTAL ILLNESS AMONG OLDER ADULTS
Esme Fuller-Thomson,1 and Anna S. Buhrmann,2
1. University of Toronto, Toronto, Ontario, Canada, 2. McMaster University, McMaster University, Hamilton, Ontario, Canada

A burgeoning literature indicates adverse childhood experiences (ACEs) are associated with chronic illness. Most research, to date, has not focused on health outcomes among older adults. The objectives of the current study were to identify the prevalence and adjusted odds of two mental health and six physical health conditions among survivors of childhood physical abuse (CPA) who were aged 60 and older (n=409) in comparison to their peers who had not been physically abused (n=4,659). Data were drawn from a representative sample of older British Columbians in the Canadian Community Health Survey. Logistic regression analyses took into account sex, race, age, immigration status, marital status, education, income, smoking, obesity, binge drinking and number of other ACEs. For 3 health outcomes, CPA survivors had adjusted odds ratio more than twice that of their peers (Anxiety OR=2.22; 95% CI=1.46, 3.38; Depression OR=2.17; 95% CI=1.57, 3.01; COPD OR=2.03; 95% CI=1.40, 2.94). For CPA survivors, the adjusted odds ratios were more than 50% higher for cancer (OR=1.71; 95% CI=1.31, 2.24), migraine (OR=1.67; 95% CI=1.15, 2.45) and debilitating chronic pain (OR=1.58; 95% CI=1.22, 2.03) and 33% higher for arthritis (OR=1.33; 95% CI=1.05, 1.69). CPA was not significantly associated with either heart disease or diabetes (p>0.5). The association between CPA and two mental health and four physical health outcomes remained significant, even after controlling for sociodemographic characteristics, health behaviors and other ACEs. Further research is needed to investigate potential pathways through which childhood physical abuse is linked to a wide range of chronic later-life health problems.

LINKS BETWEEN EARLY-LIFE CONTEXTUAL FACTORS AND LATER-LIFE COGNITION AND THE ROLE OF EDUCATIONAL ATTAINMENT
Jordan Palms,1 and Laura Zahodne,2
1. University of Michigan, Ann Arbor, Michigan, United States, 2. Clinical Science, Ann Arbor, Michigan, United States

Educational attainment is a well-documented predictor of later-life cognition, but less is known about upstream contextual factors. This study aimed to identify which early-life contextual factors uniquely predict later-life global cognition and whether educational attainment mediates these relationships. Participants were drawn from the Michigan Cognitive Aging Project (N=461; Mage=63.51; SDage=3.13; 50% non-Hispanic Black). School-level contextual factors included U.S. region during elementary school (Midwest, South, Northeast), racial diversity of school (mostly White, mostly Black, diverse), self-reported education quality, and school type (public versus private). Household-level contextual factors included mother’s and/or father’s education, number of adults (1, 2, 3+), and number of children. Later-life global cognition was operationalized with a composite score derived from a comprehensive neuropsychological battery. A mediation model controlling for sociodemographics estimated total, direct, and indirect effects of contextual factors through educational attainment (years). Lower education quality, attending a mostly Black or diverse school, attending a public school, and reporting three or more adults in the household were each associated with lower cognition. After accounting for educational attainment, associations remained for...