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.

Session 3190 (Paper)

Developmental Change Over the Life Course

CHILD’S DEVELOPMENTAL DISABILITIES AND PARENTAL HEALTH IN LATER LIFE: DO PARENTAL RACE AND GENDER MATTER?
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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
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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
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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>0.05). 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, and Laura Zahodne, University of Michigan, 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 education quality, school type, and reporting three or more adults in the household. Indirect effects through educational attainment were observed for elementary school region, education quality, racial diversity of school, and mother’s education. School context appears to more consistently predict later-life cognition than household context, highlighting the potential long-term benefits of school-level interventions for cognitive aging. Future research should consider causal relationships among household-level and school-level contextual factors, as well as additional mediators beyond educational attainment.

**Session 3195 (Symposium)**

**DISRUPTION TO TRANSFORMATION: AGING IN THE NEW NORMAL: NIA SESSION FOR EARLY-CAREER RESEARCHERS**

Chair: Melinda Kelley  
Discussant: Melinda Kelley

The National Institute on Aging (NIA) at the National Institutes of Health, Department of Health and Human Services, supports biomedical and behavioral research with a lifespan focus. NIA research seeks to understand the basic processes of aging, improve prevention and treatment of diseases in later life, improve the health of older persons, in addition to a focus on Alzheimer’s disease and related dementias. The NIA also supports the training and career development of scientists focusing on aging research and the development of research resources. This symposium, meant for junior faculty and emerging scholars, will provide an update on the latest research findings from the NIA followed by a segment on funding mechanisms and strategies.

**OVERVIEW OF NIA RESEARCH AND PRIORITIES**  
Richard Hodes, *National Institute on Aging, Bethesda, Maryland, United States*

Dr. Hodes will provide an overview of NIA’s structure and mission, in addition to discussing research foci from across the Institute’s scientific divisions.

**HOW TO GET AN NIA GRANT**

Kenneth Santora, *National Institute on Aging, Bethesda, Maryland, United States*

Dr. Santora will provide an overview of the NIA application process and will share information on relevant policy changes.

**Session 3200 (Symposium)**

**EMERGING CONCEPTS IN DYADIC RESEARCH**

Chair: Karen Lyons  
Discussant: Amy Rauer

This session includes four papers that explore and expand upon emerging concepts in dyadic research in health, illness, and end-of-life. First, Dr. Karen Lyons and colleagues examine the concept of dyadic mental health in mid-late life couples living with lung cancer. The paper examines the impact of having optimal versus poor dyadic mental health at diagnosis on the physical health of the couple over time, but also explores the ways we examine the concept of dyadic health in research and potential implications of these methods. Second, Dr. Lyndsey Miller and colleagues take a dyadic approach to understanding the roles of social activity and connectedness on depressive symptoms in a sample of community-dwelling older couples. The paper not only highlights important gender differences, but also the salient role of incongruent dyadic physical health. Third, Dr. Ranak Trivedi and colleagues describe the findings of a novel pilot intervention targeted at improving dyadic self-management in care dyads where one member is a Veteran with chronic conditions. The paper draws upon concepts of collaboration and dyadic coping to conceptualize self-management as a dyadic phenomenon. Finally, Dr. Buck and colleagues explore the novel concept of dyadic dissolution in a sample of family caregivers after the death of their care partner. The paper explores the concept as a cognitive and affective process with implications for how the surviving partner adapts over time. Speakers and Discussant, Dr. Amy Rauer, will focus on implications of these concepts for advancing dyadic science of health and illness across the lifespan.

**THE ROLE OF OPTIMAL DYADIC MENTAL HEALTH IN COUPLES LIVING WITH LUNG CANCER: INTERDEPENDENCE, CONGRUENCE, OR BALANCE?**

Karen Lyons,1 and Lyndsey Miller.2  
1. Boston College, Chestnut Hill, Massachusetts, United States, 2. School of Nursing, Oregon Health & Science University, Oregon, United States

Optimizing dyadic health is a central goal of dyadic frameworks. Yet, research has focused on interdependent individual health or the transactional nature of health within dyads. Emerging research has explored dyadic health through the lens of congruence and balance. This longitudinal study examined dyadic mental health in 76 couples (M = 67.88 ± 11.54) during the first year of lung cancer. As expected, multilevel modeling found mental and physical