the perspectives of the residents themselves have been largely overlooked and excluded. The aim of this study is to identify and understand the barriers and embedded institutional logics in the news reporting process of LTC that prevent residents from being included and interviewed. Using a purposive sampling strategy, the researchers conducted 26 semi-structured interviews with LTC administrators (n=7), journalists on the topics of aging and LTC (n=7), and older residents living in LTC settings (n=12) in the United States. Thematic analysis is applied to the data to qualitatively extract the guiding logics frameworks of each stakeholder group. Findings are grouped into the following four themes: (1) residents are not considered "experts" by reporters and are therefore not a prioritized source of information; (2) facility administrators fear for the facility’s public image & reputation and do not enthusiastically cooperate with inquiring reporters; (3) facilities were in physical lockdown for several months during the COVID-19 pandemic, and (4) residents feel forgotten and unheard. Implications of this study point to the social exclusion of older residents living in LTC and reductive reporting that fails to capture their nuanced and dynamic lived experiences.

IMPROVING SERVICES TO LGBTQ+ OLDER ADULTS: NEEDS OF MICHIGAN LONG-TERM CARE PROVIDERS
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Long term care (LTC) providers need information about providing competent care to LGBTQ+ older adults. Providers who are not educated can inadvertently provide biased care. Our research identified preferences for education among providers of LTC services in Michigan (MI). In this descriptive cross sectional study we used an online survey to collect data from MI facilities (N= 429). Survey items included facility characteristics, diversity training history, perceived need for training on LGBTQ+ older adults, barriers to training, interest in additional training on LGBTQ+ older adults and LTC, and training preferences. Results were obtained from 71 facilities. Thirty-seven percent of responses came from direct care workers, 63% from administrators. There was good support for diversity training, with 24% stating diversity training was “somewhat important” and 74% stating it was “very important”. A majority (63%) had had some diversity training in the past year. Most (72%) endorsed the need and desire for more training on LGBTQ+ aging. More content on transgender older adults and concerns such as room assignments, dementia, and use of pronouns were identified. Barriers to training included: cost, availability of trainers with the appropriate expertise, ability to reach large numbers of employees, staff turnover, bias and ignorance among staff and residents, and need to provide rationale for this type of training. Most endorsed a mixed type of training and a training length between 1 and 3 hours. Diversity training is critical to LTC and needs to be expanded to include needs of the aging LGBTQ+ community.

OLDER BLACK LESBIANS’ NEEDS AND EXPECTATIONS IN RELATION TO LONG-TERM CARE FACILITY USE
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The older adult sexual minority (SM) population encompasses a vast array of individuals from diverse backgrounds. However, there is a dearth of gerontological research that focuses on the experiences of SM subgroups, particularly older Black lesbians. The purpose of this study was to explore older Black lesbians’ needs and expectations in relation to the utilization of long-term care (LTC) facilities. We conducted secondary data analysis using data from 14 focus groups (n=100) that discussed health and aging with older Black lesbians. Transcriptions were analyzed in NVivo 12 using content analysis and structural coding. Three major themes were identified in relation to needs and expectations for LTC facility use: (1) consideration of or plans established to utilize a LTC facility, (2) concern for care facility environment, and (3) a desire to build one’s own community instead of LTC use. Within these themes, prominent topics included having to rely on LTC due to a lack of family or social support, the possibility of being isolated and stifling their lesbian identity and creating communities of mutual support to avoid facility-based care. These findings illustrate how older Black lesbians are planning for a potential need for LTC, their concerns about utilizing LTC, and alternative approaches to avoid LTC use. There remains a continued need for LTC communities that are inclusive and supportive of SM older adults as well as more SM-only communities where older adults can live openly and authentically.

RACIAL AND ETHNIC DIFFERENCES IN PARTICIPANT EXPERIENCE OF HOME- AND COMMUNITY-BASED SERVICES
Howard Degenholtz, University of Pittsburgh, Pittsburgh, Pennsylvania, United States

It is widely recognized that racial and ethnic minorities experience lower quality of care and worse health outcomes across a wide range of health services and long-term care settings. However, less is known about racial and ethnic differences in home and community-based services (HCBS). This study used the HCBS version of the Consumer Assessment of Health Providers Survey (CAHPS) to examine participant experience of care in a large, statewide Medicaid program. The CAHPS-HCBS is a validated measure of quality of HCBS that supplements measures of health outcomes and provides policy makers with critical data on system performance. As part of a larger evaluation of Pennsylvania’s transition to Managed care for users of HCBS, representative samples of older adults were interviewed before and after the program was implemented. This study takes advantage of the phased implementation of managed care to estimate the causal effect of the program on differences in participant experience by racial and ethnic group. In general, non-Hispanic whites rated their overall satisfaction with HCBS lower than non-Hispanic Black and Hispanic people. The implementation of Managed care was associated with improvements in non-Hispanic Black and Hispanic ratings of personal care and service coordination, but not that of non-Hispanic whites. One implication of
these findings is that managed care organizations can have positive impact on participant experience. The CAHPS-HCBS instrument is publicly available and can be used by state agencies to monitor racial and ethnic disparities in participant experience.

UNDER THE SAME ROOF: GRANDPARENTAL CO-RESIDENCE AND CO-PARENTING PATTERNS IN MODERN CHINESE FAMILIES
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This study aimed to examine the role of grandparental co-residence in shaping coparenting patterns in the Chinese family context. Using a sample of 5,795 children (Mean age = 6.74 years; SD = 3.82) from the China Family Panel Studies 2012-2018, we offered a novel typology of six coparenting patterns based on daytime and nighttime childcare information: a) grandparental care only (15.4%); b) grandparent-parent coparenting (10.9%); c) parental care only (44.5%); d) grandparent-private coparenting (4.2%); e) parent-private coparenting (16%); and f) private care only (e.g., paid nanny, nursery schools/kindergartens, and others, 9.1%). Fixed-effects multinominal logistic regression was applied to investigate the effects of grandparental co-residence on daytime and nighttime childcare, and on daily coparenting patterns over time, controlling for a set of child and parental characteristics and family conditions. Grandmother co-residence contributed to both daytime and nighttime grandparenting, while grandfather co-residence increased the likelihood of grandparenting and private care during the daytime. In terms of daily coparenting, grandmother co-residence was associated with increased probability of grandparent-parent coparenting as well as grandparent-private coparenting, while grandfather co-residence merely increased the likelihood of parent-private coparenting. It also found that child’s experience of separation with mother during the last year and mother’s employment were two key determinants of coparenting behavior in Chinese families. Findings suggest that co-residing grandparents, particularly grandmothers, may function as a kind of supplementary care resource in response to the lack of maternal childcare resulted from migration and labor force participation.

SESSION 1410 (SYMPOSIUM)
EARLY-LIFE EDUCATION AND COGNITIVE AGING: DOES CONTENT, LOCATION, AND HISTORICAL CONTEXT MATTER?
Chair: Jacqui Smith Discussant: Laura Zahodne

Life course and cognitive aging theories about the sources of subgroup and individual differences in susceptibility to cognitive impairment frequently highlight the significance of early-life education, defined in research by total years of school and highest degree. A more nuanced approach could shed light on why and for whom educational matters for brain aging processes. For example, one year of school in the 1930s may not be the same as one year in the 1960s, or in different school types and states in this historical period. In addition, post-high school training and degrees differ in content. Each paper in this symposium uses early-life education history and late-life cognitive data from the Health and Retirement Study (HRS). Speakers discuss what guided their selection of specific education content, location, contexts and analytic strategy. Williams-Farrelly asks how individuals characterized by privileged high school educational experiences in the period from 1930 to the 1960s benefited in terms of social mobility and later-life cognitive functioning. Nkwata, in contrast, focuses on early-life education experiences that potentially limit the skills acquired together with exposure to family adversity and stress. Yu utilizes sequence analysis to identify and examine the association between late-life cognition and variations in patterns of K-12 education defined by duration and order of racial/ethnic composition. Walsemann and colleagues ask if state-level differences in the timing and implementation of school desegregation policies explain Black-White disparities in the transition to cognitive impairment in the US South. The session concludes with an integrative discussion by Zahodne.

SOCIOECONOMIC PRIVILEGE IN CHILDHOOD AND LATER LIFE COGNITION
Monica Williams-Farrelly, University of Michigan, Ann Arbor, Michigan, United States

Prior studies have demonstrated the effects of early socioeconomic status on later life cognition; yet the degree to which this effect operates directly, or indirectly through adult factors, is not well documented. Drawing from accumulation theories, we use longitudinal data from the Health and Retirement Study and its Life History Mail Survey (N=11,761) to examine the extent to which childhood socioeconomic privilege protects against later life cognitive decline and whether this effect is direct or indirect through measures of adult socioeconomic position. Analyses reveal that, among childhood privilege measures, consistent attendance in private school, participation in college preparation, foreign language, and multiple clubs in high school were most protective of later life cognition. The effect of cumulative childhood privilege on later life cognition is both direct and indirect through increased wealth and education credentials and the strength of this relationship is particularly robust for those demonstrating upward social mobility.

EARLY-LIFE EDUCATIONAL EXPERIENCES, TOXIC STRESS, AND RISK OF NEUROCOGNITIVE IMPAIRMENT AMONG US ADULTS OVER AGE 50
Allan Nkwata, University of Michigan, Ann Arbor, Michigan, United States

Increasing evidence suggests that the risk of cognitive impairment in later life in the US has been declining in recent years. However, factors associated with this decline are not fully understood. This study aims to examine whether educational history, including college attainment and adverse childhood experiences (ACEs) are associated with neurocognitive impairment (NI) among midlife and older US adults. We will use data from the Health and Retirement Study (HRS) along with information on respondents’ early educational experiences collected in the 2015 and 2017 HRS Life History Mail Survey to examine whether school context, educational content, academic ability, and ACEs are associated with NI. We will further explore ACEs as potential modifiers/mediators of the relationship between educational history and NI in our sample. Multivariable logistic regression models will estimate odds ratios (ORs) and 95% confidence intervals (CI)