

[MCI] and 10 with mild dementia) and their care partners were enrolled. Eighteen participants were randomly assigned to the treatment and 7 to the control group. The treatment group received educational materials, an electronic toothbrush, coaching on communication and goal setting, and individualized instruction on oral hygiene technique. The control group received educational materials and an electronic toothbrush. There were 3-data collection points: baseline, the end of the 3-month intervention, and 3-month after the intervention. The intervention improved participants' oral hygiene (based on clinical measure of plaque index and gingival bleeding) for both groups; with more improvement in the treatment group. Improvement was greater for MCI than for mild dementia participants. This intervention showed promising results for a larger trial.

RECIPROCAL RELATIONSHIP BETWEEN COGNITION AND EDENTULISM AMONG MIDDLE-AGED AND OLDER ADULTS IN CHINA

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While empirical evidence shows that cognitive function affects oral health and vice versa, there is a lack of empirical evidence to test the reciprocal relationship between these two indicators. This study aimed to examine this relationship among middle-aged and older adults in China. Data were derived from the 2011 and 2015 waves of the China Health and Retirement Longitudinal study. A two-wave cross-lag analysis was adopted to test the hypothesized model. Cognitive function in 2011 was found to be a significant predictor of complete tooth loss in 2015. Furthermore, complete tooth loss in 2011 was found to be a significant predictor of cognitive cognition in 2015. This finding demonstrates the reciprocal relationship between cognitive function and oral health. This study highlights the importance of improving both cognitive health and oral health for middle-aged and older adults. Policy and intervention implications are discussed.

SOCIAL COHESION AND ORAL HEALTH PROBLEMS AMONG U.S. OLDER CHINESE ADULTS

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This study examined the relationship between social cohesion (i.e., sense of community and neighborhood cohesion) and self-reported number of oral health problems and further investigated the potential moderating role of cognitive function in such a relationship among U.S. older Chinese adults. Data came from baseline of the Population Study of Chinese Elderly in Chicago between 2011 and 2013 (N = 3,157). Stepwise negative binomial regression models with interaction terms were used. Individuals with a stronger sense of community had 1% less risk of having oral health problems (RR = .99; 95% CI = .98, .99; p < .001). Individuals experiencing a stronger neighborhood cohesion

had a 11% reduction in risk of having oral health problems (RR = .89; 95% CI = .86, .92; p < .001). To promote optimal oral health, interventions need to account for individuals' perception and actual integration with their neighborhood and communities.

ORAL HEALTH AND COGNITION AMONG U.S. COMMUNITY-DWELLING CHINESE OLDER ADULTS

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The purpose of this study was to examine the associations between tooth/gums symptoms and changes in cognitive function. We used data from the Population Study of Chinese Elderly in Chicago, a two-wave epidemiological study of 2,713 U.S. Chinese older adults. We selected self-reported oral (tooth and gum) symptoms as independent variables. We measured global function and three cognitive domains: episodic memory, executive function and working memory. Adjusting for sociodemographic and health-related characteristics, participants who reported having teeth symptoms at baseline, experienced their global cognition and episodic memory decrease (both p < 0.05). Participants who reported having teeth symptoms at baseline, experienced a faster rate of decline in global cognition for every additional year. However, this effect disappeared once we adjusted for all covariates. We found no significant relationship between baseline gum symptoms and change of cognitive function. Future research directions, clinical and policy implications will be discussed.

SESSION 1440 (SYMPOSIUM)

CUMULATIVE DISADVANTAGE OF EARLY-LIFE ADVERSITY AND HEALTH IN MIDLIFE AND LATER ADULTHOOD

Chair: Jooyoung Kong, *University of Wisconsin-Madison, Madison, United States*

Co-Chair: Agus Surachman, *The Pennsylvania State University, University Park, Pennsylvania, United States*

Discussant: Deborah Carr, *Boston University, Boston, Massachusetts, United States*

Cumulative dis/advantage (CDA) framework is one of the most influential theoretical frameworks in understanding how early adversity creates health disparities across adulthood. The CDA model posits that adverse experiences early in life may lead to subsequent adversities over time and accumulates across the life course. Various studies have shown that middle-aged and later adulthood are periods when accumulated disadvantages proliferate, resulting in heightened risks for an individual's health and well-being. This symposium includes four presentations that build on such existing knowledge, and its primary aim was to further examine the complexity of how various types of adverse childhood experiences may influence physical and psychological health

in middle and later adulthood. This symposium addresses a wide range of early adversities, including low socioeconomic status, parental maltreatment, and household dysfunctions. The four presentations also focus on examining various aspects of physical and psychological health outcomes in later adulthood, including measures of body mass index, physical functional ability, somatic symptoms, and clinical risk for rapid declines in kidney function. Furthermore, these presentations will demonstrate the utilization of innovative and robust methodological approaches, including latent class analysis, multilevel structural equation modeling, and latent growth modeling on examining the association between early life adversity on the long-term trajectory of change in health status using large-scale longitudinal data. Lastly, this symposium consists of an outstanding group of multidisciplinary presenters with diverse backgrounds who aim to enhance the understanding of the processes and mechanisms of CDA and how they affect individuals' life courses.

LATENT CLASS ANALYSIS OF RE-EXPERIENCING VIOLENCE ACROSS THE LIFE COURSE

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Guided by the cumulative disadvantage hypothesis, the present study examines recurrent victimization experiences across the life course and their impact on psychological health in later life. Using data from the 2010-2011 Wisconsin Longitudinal Study, we explored the latent structure of histories of childhood maltreatment (i.e., neglect, emotional/physical abuse, witness of domestic violence) and elder abuse victimization among 5,968 older adults (average age of 71 years). We also investigated whether membership in specific latent classes, particularly experiencing both childhood and elder victimization, would be associated with psychological functioning in late life. We identified five latent classes: "Never victimized" (66% of respondents), "Abused as child" (16%), "Abused and neglected as child" (9%), "Abused as elder" (6%), and "Abused as child and elder" (2%). Also, the "abused as child and elder" class consistently was associated with negative psychological outcomes (i.e., distress and somatic symptom severity) and lower levels of psychological well-being.

LIFE COURSE PATHWAYS OF CHILDHOOD SOCIOECONOMIC STATUS TOWARD CLINICAL RISK FACTORS FOR WORSE KIDNEY FUNCTION

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This study examines the roles of daily stress processes as a possible mediator of how life course socioeconomic inequality is reproduced in day-to-day experiences and creates disparities in clinical risk for rapid kidney function declines in adulthood. Data are from 1174 middle and older adults (56% female; ages 40–84, $M_{age} = 56.2$) who participated in

the MIDUS study wave 2 and Refresher. We found significant pathways that childhood SES was associated with education and adult SES, adult SES was associated with exposure to daily stressors and daily stressor reactivity to negative affect, positive affect, and somatic symptom. In turn, higher report of daily somatic symptom and lower report of daily positive affect were associated with higher CKD risk factors. Finally, childhood SES was directly associated with CKD risk factors. Childhood SES is associated with clinical risks for rapid kidney function decline through direct association and life course accumulation.

CHILDHOOD MISFORTUNE PREDICTS LIFESPAN HEALTH INTO LATE ADULTHOOD

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Childhood misfortune encompasses a diverse set of negative early life experiences that have damaging effects on lifespan development. We extended this topic by examining how early life misfortunes predicted changes in measures of physical functioning (FUNC) and body mass index (BMI) in adulthood (ages 25-75). We used 3-wave data ($N = 6,000$) from the Midlife Development in the U.S. study across 20 years. Unconditional latent growth curve models (adjusting for age, sex, education) suggested significant ($p < .05$) mean-level change and variability in change for FUNC (Int = 1.47; Slope = 0.24) and BMI (Int = 26.71; Slope = 0.90). Higher levels of childhood misfortune (e.g., abuse, financial strain) significantly predicted worse FUNC (Int = 0.05; Slope = 0.02) and higher BMIs (Int = 0.24; Slope = 0.07) at baseline and steeper increases over time. Findings underscore the need to address adult health problems that emerge much earlier in life.

EXAMINING CUMULATIVE INEQUALITY IN THE ASSOCIATION BETWEEN CHILDHOOD SES AND BMI FROM MIDLIFE TO OLD AGE

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Socioeconomic status (SES) is among the strongest determinants of body mass index (BMI). For older populations, selection bias is a large barrier to assessing cumulative disadvantages. We investigated the extent to which childhood SES affects BMI from midlife to old age and gender differences in the association. Data come from Midlife in the U.S. We used latent growth models to estimate BMI trajectory over a period of 20 years and examined results under different missing data patterns. Compared to individuals from higher childhood SES, those from lower childhood SES have higher BMI in midlife and experience a faster increase in BMI between midlife and old age. The observed associations remain significant even after controlling for midlife SES. After addressing nonrandom selection, the gap in BMI between high and low childhood SES widens from midlife to old age for women. The findings provide new evidence of cumulative inequality among older adults.