

health experiences such as bereavement. Furthermore, in the assessment of ACEs among Black and other people of color, it could be important to include childhood racial violence.

MINORITY STRESS IN THE CONTEXT OF THE DISABLEMENT PROCESS MODEL

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The changing demographics and growing diversity in the United States pose significant challenges for researchers, particularly scholarship involving sexual minority adults' health and aging processes. Not much is known about how all minority stressors could lead to a disability. Sexual minority adults are at a greater risk of developing a disability later in life than their heterosexual counterparts (Fredriksen-Goldsen, Kim, & Barkan, 2012). Drawing from critical components of the disablement process model (Verbrugge & Jette, 1994), this dissertation sought to understand the relationship between minority stress and disability status among sexual minority adults 50 years and older. Minority stress in the context of the disablement process model is a social condition. While exploring the relationship between minority stress and disability status, intra-individual factors and extra-individual factors were assessed to see if they mediated the relationship between minority stress and disability status among sexual minorities 50 years and older. Discrimination is significantly associated with having a disability. None of the intra-individual factors and extra-individual factors mediated the relationship between minority stress and disability; however, several intra- and extra-individual were associated with greater or lesser odds of experiencing a disability. This dissertation concluded that discrimination is associated with disability status among sexual minority adults 50 years and older. On the other hand, the disablement process model does not support minority stress as a social condition leading to a disability. On the other hand, this dissertation's results support the ideology that experiencing discrimination is associated with a disability.

MOTIVATION TO LEARN AT THE INTERSECTIONS OF AGE, GENDER, AND RACE

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Continuing adult education and training, or lifelong learning, has become increasingly important to fully engage in rapidly changing technology and information-rich societies. However, without motivation to learn (MtL), lifelong learning participation is unlikely to occur. Although previous research has identified lifelong learning gaps by various demographic characteristics, including age, gender, and race/ethnicity, little is known about the intersectionality or differences in MtL across specific sub-groups (e.g., older Black women vs. older Black men) at the national level. The current study analyzed U.S. data from the 2012/2014/2017 Program for International Assessment of Adult Competencies (PIAAC) to examine MtL at the intersections of age (five 10-year age groups), gender (women vs. men), and race (White vs. Black). The previously established 4-item latent MtL construct was

evaluated for twenty sub-groups using the alignment optimization method, which is a machine learning algorithm for latent mean estimation and simultaneous multiple group comparisons. Results showed that the latent MtL construct was validly measured across the sub-groups, and the estimated sub-group means were then used to develop a national MtL profile. Overall, older adults tended to have lower MtL than younger age groups. Notably, compared to than older Black men age 66+ years, older White men aged 55-65 and 66+ years old had lower MtL (latent mean differences of -0.29 and -0.41, respectively, $p < .05$). Additionally, older Black women had significantly lower MtL than older Black men (latent mean difference = -0.50, $p < .05$). The national MtL profiles, the intersectionality and policy implications were discussed.

MULTIMORBIDITY TRAJECTORY CLASSES AS PREDICTED BY RACE, ETHNICITY, AND SOCIAL RELATIONSHIP QUALITY

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Growth mixture modeling was used to classify multimorbidity (≥ 2 chronic conditions) trajectories over a 10-year period (2006-2016) in the Health and Retirement Study (N = 7,151, mean age = 68.6 years). Race/ethnicity (non-Hispanic Black, Hispanic, non-Hispanic White) and social relationship quality (positive social support and negative social exchanges, such as criticisms) were then used to predict trajectory class membership, controlling for age, sex, education, and wealth. We identified three trajectory classes: initial low levels and rapid accumulation of multimorbidity (increasing: 12.6%), initial high levels and gradual accumulation of multimorbidity (high: 19.5%), and initial low levels and gradual accumulation of multimorbidity (low: 67.9%). Blacks were more than twice as likely to be in the increasing (OR = 2.04, CI[1.29,3.21]) and high (OR = 2.28 CI[1.58,3.206]) multimorbidity groups compared with Whites, but there were no significant differences between Hispanics and Whites for either trajectory class (OR = .84 CI[.47,1.51] and OR = .74 CI[.41,1.34], respectively). Increments in perceived support were associated with significantly lower risk of membership in the increasing (OR = .59, CI[.46,.78]) and high classes (OR = .54 CI[.42,.69]), and increments in negative exchanges were associated with significantly higher risk of membership in the increasing (OR = 1.64 CI[1.19,2.25]) and high classes (OR = 2.22 CI[1.64,3.00]). These results provide important new information for understanding health disparities and the role of social relationships associated with multimorbidity in middle and later life that may aid in identifying those most at risk and suggesting possible interventions for mitigating that risk.

PERSPECTIVES ON AGING WELL AMONG OLDER BLACK WOMEN IN THE US

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