

for $p < 0.05$. Results: Within-FPN FC significantly increased ($t(9) = 2.35$, $p = 0.043$, $d = 0.70$) from pre ($M=0.49\pm0.15$) to post-intervention ($M=0.59\pm0.13$). In the DMN, we observed moderate effect size changes in the ratio of the FC between-networks by the FC within-networks ($M_{diff} = 0.10$; $95\%CI = -0.01; 0.21$, $p = 0.08$, $d = 0.64$). Conclusions: The BAILAMOS™ program increased within-FPN FC, which is a cognitive-control network related to adaptive control and flexibility. Moderate changes between- vs. within-DMN FC suggest BAILAMOS™ also increased whole-brain DMN integration. Taken together, results might signal that Latin dance can combat the disruption of FC between the DMN and other networks, and within-FPN, which are associated with cognitive decline.

SESSION 3008 (PAPER)

RACE, SOCIETY, AND HEALTH OUTCOMES

CHANGING EDUCATIONAL GRADIENTS IN LIFE EXPECTANCY WITH AND WITHOUT DISEASE AMONG U.S. OLDER ADULTS FROM 2000 TO 2010

Matthew Farina,¹ Phillip Cantu,² and Mark Hayward¹
 1. *University of Texas at Austin, Austin, Texas, United States*, 2. *The University of Texas Medical Branch at Galveston, Galveston, Texas, United States*

Recent research has documented increasing education inequality in life expectancy among U.S. adults; however, much is unknown about other health status changes. The objective of study is to assess how healthy and unhealthy life expectancies, as classified by common chronic diseases, has changed for older adults across education groups. Data come from the Health and Retirement Study and National Vital Statistics. We created prevalence-based life tables using the Sullivan method to assess sex-specific life expectancies for stroke, heart disease, cancer, and arthritis by education group. In general, unhealthy life expectancy increased with each condition across education groups. However, the increases in unhealthy life expectancy varied greatly. While stroke increased by half a year across education groups, life expectancy with diabetes increased by 3 to 4 years. In contrast, the evidence for healthy life expectancy provides mixed results. Across chronic diseases, healthy life expectancy decreased by 1 to 3 years for respondents without a 4-year degree. Conversely, healthy life expectancy increased for the college educated by .5 to 3 years. While previous research shows increases in life expectancy for the most educated, trends in life expectancy with chronic conditions is less positive: not all additional years are lived in good health. In addition to documenting life expectancy changes across education groups, research assessing health of older adults should consider the changing inequality across a variety of health conditions, which will have broad implications for population aging and policy intervention.

EXPLORING ACCULTURATION EXPERIENCES OF KOREAN IMMIGRANT OLDER ADULTS THROUGH EXPRESSIVE WRITING

Stephanie Rhee, *University of Wisconsin-Green Bay, Green Bay, Wisconsin, United States*

Korean immigrant older adults residing in areas without well-established Korean ethnic enclaves experience acculturative stress and depressive symptoms due to their lingual and cultural barriers. Expressive writing can be used as a culturally sensitive intervention to help those immigrants disclose their deepest thoughts and feelings related to their immigration and acculturation experiences. This study gathered qualitative data from the author's experimental study using expressive writing for first-generation Korean immigrant adults 60 to 88 years of age residing in Midwestern cities. Participants were instructed to write for 15-20 minutes per day in three consecutive days at their convenience in a comfortable and private setting and asked to return their writings by mail. A total of 22 participants returned their writings: 14 wrote about their past and current stressful experiences related to their immigration and acculturation, while eight wrote about their daily lives. Eight themes emerged from thematic coding processes guided by the grounded theory approach: (1) survival, resilience, hardiness, tenacity, pride; (2) lingual barriers; (3) religious faith; (4) gender difference in roles and values; (5) racial discrimination; (6) traditional strategies of acculturation; (7) family and intergenerational gap; and (8) aging. The themes illustrate the participants' lifelong efforts to shape their unique voices through heart-wrenching struggles, haunting wounds, and ethnic pride and resilience. The study findings suggest that culturally relevant programs and services are needed to facilitate social relationships and reduce lingual and cultural barriers for Korean immigrant older adults residing in non-ethnic enclaves.

HIGH SCHOOL QUALITY AND 56-YEAR ALL-CAUSE MORTALITY RISK ACROSS RACE AND ETHNICITY

Dominika Seblova,¹ Kelly Peters,² Susan Lapham,² Laura Zahodne,³ Tara Gruenewald,⁴ Maria Glymour,⁵ Benjamin Chapman,⁶ and Jennifer Manly,⁷ 1. *Columbia University Medical Center, New York, New York, United States*, 2. *American Institutes for Research, Washington, District of Columbia, United States*, 3. *University of Michigan, Ann Arbor, Michigan, United States*, 4. *Chapman University, Orange, California, United States*, 5. *University of California, San Francisco, California, United States*, 6. *University of Rochester Medical Center, Rochester, New York, United States*, 7. *Columbia University, New York, New York, United States*

Having more years of education is independently associated with lower mortality, but it is unclear whether other attributes of schooling matter. We examined the association of high school quality and all-cause mortality across race/ethnicity. In 1960, about 5% of US high schools participated in Project Talent (PT), which collected information about students and their schools. Over 21,000 PT respondents were followed for mortality into their eighth decade of life using the National Death Index. A school quality factor, capturing term length, class size, and teacher qualifications, was used as the main predictor. First, we estimated overall and sex-stratified Cox proportional hazards models with standard errors clustered at the school level, adjusting for age, sex, composite measure of parental socioeconomic status, and 1960 cognitive ability. Second, we added an interaction between school quality and race/ethnicity.

Among this diverse cohort (60% non-Hispanic Whites, 23% non-Hispanic Blacks, 7% Hispanics, 10% classified as another race/s) there were 3,476 deaths (16.5%). School quality was highest for Hispanic respondents and lowest for non-Hispanic Blacks. Non-Hispanic Blacks also had the highest mortality risk. In the whole sample, school quality was not associated with mortality risk. However, higher school quality was associated with lower mortality among those classified as another race/s (HR 0.75, 95% CI: 0.56-0.99). For non-Hispanic Blacks and Whites, the HR point estimates were unreliable, but suggest that higher school quality is associated with increased mortality. Future work will disentangle these differences in association of school quality across race/ethnicity and examine cause-specific mortality.

THE HEALTH AND WELL-BEING OF AFRICAN-AMERICAN OLDER ADULTS WITH A HISTORY OF INCARCERATION

Rodlescia Sneed, *Michigan State University, Flint, Michigan, United States*

African-Americans are overrepresented in the criminal justice system. Longer prison stays and release programs for older prisoners may result in an increased number of community-dwelling older adults with a history of incarceration. In recent years, there has been a substantial increase in research on health-related outcomes for currently incarcerated older adults; however, there has been little inquiry into outcomes for formerly incarcerated African-American older adults following community re-entry. In this study, we used secondary data from the Health and Retirement Study to describe employment, economic, and health-related outcomes in this population. Twelve percent of the 2238 African-Americans in our sample had been previously incarcerated. Those who had been previously incarcerated had higher rates of lung disease, arthritis, back problems, mobility problems, and mental health issues than their counterparts. They also had higher rates of hospitalization and lower use of dental health services. Further, while they did not experience lower employment rates than those with no criminal history, those who had been incarcerated had more physically demanding jobs and reported greater economic strain. Given the disproportionate incarceration rates among African-Americans, the aging of the prison population, and the increase in community re-entry for older prisoners, research that explores factors that impact the health and well-being of formerly incarcerated individuals has broad impact. Future work should focus on addressing the needs of this vulnerable population of African-American older adults.

SESSION 3009 (PAPER)

GENDER- AND SEX-CENTERED TOPICS IN AGING

CAN WOMEN HAVE IT ALL: MARRIAGE, FAMILY, CAREER, AND GOOD HEALTH?

Julene Cooney, *Syracuse University, Manlius, New York, United States*

Women in the U.S. have been earning more education than their male peers since the mid-1990's. High power

career positions that have historically been dominated by men are increasingly being filled by women. At the same time, since 2000, the U.S. workforce participation rate for women aged 25 – 55 has leveled off and begun to fall. Called the “mommy-wars” in the media, a heated debate has ensued between those women who feel that the role of mother should preempt seemingly selfish desires to engage in career work, while others firmly believe that it is possible to have it all; work, marriage and family. The purpose of this research project is to determine the health implications of each lifestyle for women later in life. Using the Health and Retirement Study, I compare self-rated health trajectories for the subset of women who are married, have children, and have attended college – those who are most likely to have the option to “opt-out” of the workforce for a stay-at-home mother lifestyle. Controlling for income and childhood health, and using growth curves and multivariate regression, preliminary results indicate that educated, married women who work full-time and raise children are the healthiest after age 50, while educated, married women who stay home with their children and do not work are the least healthy. In addition, these health trajectories have changed little since the 1950's, even as cultural expectations for women have shifted.

CARDIOVASCULAR HEALTH AT THE INTERSECTION OF RACE AND GENDER: LIFE-COURSE PROCESSES TO REDUCE HEALTH DISPARITIES

Chioun Lee,¹ Soojin Park,¹ and Jennifer Boylan,²

1. *University of California, Riverside, Riverside, California, United States*, 2. *University of Colorado Denver, Denver, Colorado, United States*

Objective: Higher cardiovascular health (CVH) scores are significantly associated with reductions in aging-related disease and mortality but racial minorities exhibit poor CVH. We examine the degree to which (a) disparities in CVH exist at the intersection of race and gender and (b) CVH disparities would be reduced if marginalized groups had the same levels of resources and adversities as privileged groups. Methods: We used biomarker subsamples from the Midlife in the United States (MIDUS) core study and Refresher studies (N=1,948). Causal decomposition analysis was implemented to test hypothetical interventions to equalize the distribution of early-life adversities (ELAs), perceived discrimination, or adult SES between marginalized and privileged groups. We conducted sensitivity analyses to determine to what degree unmeasured confounders would invalidate our findings. Results: White women have the highest CVH score, followed by White men, Black men, and Black women. Intervening on ELAs reduces the disparities: White men vs. Black women (30% of reduction) and White women vs. Black women (15%). Intervening on adult SES provides large disparity reductions: White men vs. Black men (79%), White men vs. Black women (70%), White women vs. Black men (25%), and White women vs. Black women (32%). Among these combinations, interventions on ELAs and adult SES are robust to unmeasured confounders. However, intervening on discrimination makes little change in initial disparities. Discussion: Economic security in midlife for Blacks helps reduce racial disparities in cardiovascular health. Preventing exposure to ELAs among Black women may reduce their vulnerability to cardiovascular disease, compared to Whites.