

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 ( $p>.05$ ). 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

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