memory. Sociodemographic information and health behaviors were used as covariates. Regression models were fitted to examine the moderation roles of country and gender in health trajectory in later life. Results indicate self-reported health and mental health remained steady while functional ability and memory declined across late life span. Older Chinese and Mexican respondents had poorer health status than their British and American counterparts consistently except for memory in the Mexican data. Cumulative health gaps between developing and developed countries existed only for functional ability. Females in the four countries had poorer health than their male counterparts except their memory status. We conclude that CDA explains only the temporal decline of functional ability and its increasing gaps in later life between countries. Health inequality between countries could be attributed to the limited availability of healthcare and social resources in developing countries. However, other health status, including general health and mental health, depend more on individuals' intrinsic capacity and human agency.

HARDWIRED BIOLOGY AND LIGHT-BULB MOMENTS: DIVERGENT DISCOURSES AND LIFE TRAJECTORIES OF OLDER BISEXUAL WOMEN

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Older bisexual women report a less positive sense of their sexual identity, less belonging in LGBTQ communities, and worse mental health outcomes compared to lesbian counterparts. These patterns are consistent with those identified among younger bisexual cohorts and appear to be connected to how bisexual identities are perceived and experienced; however, sexual identities take on unique meaning by gender and age and across historical contexts. To explore how older bisexual women construct and make meaning out of bisexual identities, this study applied a Foucauldian discursive and critical feminist conceptual framing to examine semi-structured interviews with bisexual women ages 60 and older (N=13). Findings reveal two divergent groups of women, the Early Emergers and Mature Migrators, who differ in their constructions of bisexuality and the timing of their first experienced attractions to other women. While the Early Emergers construct bisexuality as a stable, "hardwired" biological concept, the Mature Migrators challenge this narrative by emphasizing the fluidity of sexuality through discourses of migration spurred by "light bulb" moments in which they first recognized their attractions to women. This study illustrates the contributions of discourse analysis in revealing nuanced constructions of life course histories as well as the need for acknowledgment of life context in research and practice with older bisexual individuals. Scholars and practitioners must intentionally critique and contribute to discourses of bisexuality in later life.

PERCEIVED DISCRIMINATION, ANGER CONTROL, AND INFLAMMATION IN MIDLIFE: THE ROLE OF EARLY-LIFE ADVERSITY

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Early life adversity has severe consequences for adult biological health particularly in minority group individuals. Two ways in which it may be possible to reduce these negative consequences on adult health are individual differences in perceived discrimination due to early life adversities and learning internal skills (i.e. anger control) to help cope with early life adversities and perceived discrimination. The current study utilized 2,118 participants (55% female) from the MIDUS Projects. Early life adversities included three constructs: low socioeconomic status, family instability, and abuse (sexual, physical, and emotional). The best-fitting model from the latent class analyses revealed four distinct groups: 1) no early life adversities group, 2) low socioeconomic status only group, 3) low socioeconomic status and family instability group, and 4) all three early life adversities group. Minority groups were more likely to reside in the all three early life adversities group. Perceived discrimination was measured via two pathways: lifetime discrimination and daily discrimination. Anger control (one measure of an internal skill one learns to cope with early life adversities and perceived discrimination) was assessed with an anger-control scale. Inflammation markers were used as an indicator of biological health. Experiencing more early life adversities was related to greater inflammation and this relationship was partially explained via the pathway of greater early life adversities, greater perceived lifetime/daily discrimination, worse anger control, and greater inflammation. The findings support the need for a more holistic measure of early life adversities as it has a clear impact on adult inflammation.

THE RELATIONSHIP OF THE TRAJECTORY OF COMORBIDITY ON FUNCTIONAL STATUS IN A COMMUNITY SAMPLE OF ELDERS

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The Duke Established Populations for the Epidemiologic Study of the Elderly (EPESE) study is a 1:7 random sample elderly over 65YO at baseline living in the Piedmont NC, followed yearly for 10 years beginning in1986. There were 4162 participants at baseline of which slightly over 1100 were still alive and responding at year 10. The participants self-reported on 5 comorbidities (cancer, high BP, diabetes, stroke and heart attack) at each year, as well as 4 functional scales - Katz, Rosow-Breslau, Nagi, and IADL scales. Using Mixed Models, the slope (trajectory) and intercept (level) of comorbidity over 10 years was estimated for each person, and correlated with the function scales in the final year. Correlations of the final comorbidity trajectory with the 4 functions levels ranged between 0.12 and 0.18, the trajectory with function ranged between 0.15 and 0.27. All p-values<0.0001. The first Canonical Correlate of function with comorbidity was 0.28 (p<0.0001). Slope and intercept were related jointly to each outcome and multivariately (p<0.001 for the joint effects, controlling for race, gender, age, and years of education. The multimorbidity relationship with function differed by race (omnibus p-value for the raceXmultimorbidity interaction p=0.03 (by Wilk's Lambda),