

in later life; however, recent research on the early origins of adult health shows the importance of considering distal risk factors, including those from childhood. This research uses data from the Health and Retirement study (2004) to examine whether childhood misfortune predicts developing a mobility limitation in later life. A series of logistic regression models were estimated to test whether six domains of childhood misfortune (socioeconomic status, infectious disease, chronic disease, impairments, risky adolescent behavior, and risky parental behavior) raised the risk of a mobility limitation, defined by reporting difficulty in performing at least one of five lower body mobility tasks, among persons 51 years or older. After adjusting for demographic factors and adult health behaviors, respondents who experienced misfortune in socioeconomic status, impairments, and two or more risky parental or adolescent behaviors in childhood were more likely to have a mobility limitation in mid-late adulthood, but these relationships were partially mediated by presence of chronic disease, pain, and depression. These findings reveal that experiencing childhood misfortune heightens the risk of chronic disease, which serves as an early catalyst of the disablement process.

CHILDHOOD SOCIOECONOMIC STATUS AND ADULT ISCHEMIC HEART DISEASE: A LIFE COURSE PATHWAY MODEL OF HEALTH

P. Morton¹, K.F. Ferraro², S. Mustillo³, 1. *Rice University, Houston, Texas*, 2. *Purdue University, West Lafayette, Indiana*, 3. *Notre Dame University, Notre Dame, Indiana*

There is a well-established relationship between childhood socioeconomic status (SES) and adult health, but how early-life conditions are able to influence health and aging in later-life is less clear. To elucidate this process, this study investigated how childhood SES influences ischemic heart disease (IHD)—a common disease among older adults—through multiple paths of adult health lifestyles, SES, and chronic inflammation. Guided by two interdisciplinary life course perspectives, this study hypothesized that socioeconomic disadvantage during childhood would lead to unhealthy lifestyles and lower SES in adulthood, which would lead to chronic inflammation that would subsequently raise the risk of IHD. Data came from six waves of the Health and Retirement Study between 2004 and 2014, comprising a sample of 11,697 U.S. men and women aged 51 and older. A series of Cox proportional hazards models examined the relationship between childhood SES and adult IHD. Statistical tests of mediation were conducted to determine whether adult health lifestyles, SES, and chronic inflammation mediated the relationship between childhood SES and adult IHD. Findings revealed that lower childhood SES raised IHD risk by directly impacting adult health lifestyles and SES, which subsequently led to higher levels of systemic inflammation, resulting in onset of IHD. These findings clarify how childhood SES impacts health among older adults. Using multiple mediating domains to assess the long-term effects of early-life conditions can enhance U.S. health policy in an effort to reduce the associated disease burden of childhood SES.

EXPLORING CUMULATIVE DISADVANTAGE, TELOMERE LENGTH, AND BREAST CANCER AMONG BLACK AND WHITE WOMEN

K. Latham-Mintus¹, T. Weathers², A. Irby-Shasani², S.M. Bigatti², A. Storniolo², L. Robison², I. Telomere Laboratory², 1. *Department of Sociology, Indiana University-Purdue University--Indianapolis, Indianapolis, Indiana*, 2. *Indiana University-Purdue University Indianapolis, Indianapolis, Indiana*

Objectives: Cumulative disadvantage (CD) is a concept that recognizes the influence of social determinants on health over the lifecourse—emphasizing accumulated stressors as contributors to physiological damage. The shortening of telomeres has been found to have a direct relationship with increased cancer incidence and overall health. The purpose of this research is to develop a triangulated and biologically validated CD instrument to explore breast cancer disparities among Black and White women.

Methods: We recruited a purposeful sample of 15 White and 15 Black pre-menopausal women (ages 25–50 years) who had donated normal tissue to the Susan G. Komen Tissue Bank. Semi-structured qualitative interviews, designed to investigate participants' exposure to lifetime stressors, were conducted. Drawing from the qualitative interviews and previous research, a quantitative survey instrument was developed to capture the range of stressors experienced by our sample of women. All respondents completed the quantitative survey and their telomere length was assessed using DNA extracted from peripheral blood leukocytes.

Results: Qualitative and quantitative assessments of CD were consistent across childhood, adult, and lifetime stressors. Black respondents reported more childhood stressors ($t=-2.28, p=0.03$), adult stressors ($t=-1.87, p=0.07$), and lifetime stressors ($t=-2.17, p=0.04$); however, there were no significant differences in subjective assessments of the perceived impact of stress on health. There was some evidence of shortened telomere length among Black respondents with more CD.

Discussion: Preliminary analyses provide evidence of triangulation. Future research will further explore associations between CD and telomere length among a larger sample ($N=100$) of Black and White American women.

DOES FINANCIAL STRAIN DURING THE GREAT RECESSION COMPROMISE THE SOMATIC WELL-BEING OF OLDER ADULTS?

L.R. Wilkinson, *Sociology, Baylor University, Waco, Texas*

Studies to date provide growing evidence of the toll the Great Recession has taken on the lives of older adults. Drawing on a sample of older adults from the Health and Retirement Study ($N = 5,071$), this study poses two main research questions: Does financial strain increase acute physical symptoms among older adults? If so, does this relationship vary by age? There has been considerable debate on the extent to which the recession affected older adults, but so far research has failed to distinguish between two defining categories of older adults: under age 65 and aged 65 and older. There are marked differences between these two age groups that may shape their evaluations of financial strain, including access to resources. Guided by cumulative inequality theory, I anticipated that financial strain would