approaches to research and education. Applying these strategies can provide guidance on how to best facilitate inclusive and equitable research, collaborative partnerships, and equitable healthcare for everyone, especially those from populations often underrepresented.

FROM CARE MANAGER TO RESEARCHER: ADDRESSING HEALTH DISPARITIES IN LONG-TERM SERVICES AND SUPPORTS
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Racial and socioeconomic disparities are prevalent in long-term services and supports (LTSS). There is a need for innovative research with practical application informing aging and disability policies to reduce health care disparities for older adults and people with disabilities using LTSS. This presentation will provide an overview of the career trajectory of Dr. Chanee Fabius, whose research agenda is informed by applied care management experience, where she helped older adults remain at home and delay the need for nursing home care. She will also present findings from work that (1) examines networks of care used by older adults (e.g., paid care and/or support from family and unpaid caregivers) and how they vary by race and socioeconomic status and (2) describes the effect of LTSS utilization on quality of life and health service utilization across diverse groups of older adults.

ANTI-RACISM AND HEALTH EQUITY AS MISSING VALUES TO PRODUCTIVE AGING: IMPLICATIONS FOR EMERGING PROFESSIONALS
Ernest Gonzales, New York University, New York, New York, United States

Productive aging scholarship has grown in scope and rigor over the last four decades, yet anti-racism and health equity have not been formally integrated into the conceptual framework. Furthermore, there is a dearth of research that explicates heterogeneity among a growing diverse older adult population. This presentation will integrate anti-racism and health equity as core values to productive aging scholarship in order to explore risk and protective factors to employment, volunteering, and caregiving among a growing diverse older adult population. Part of this presentation will include major findings from longitudinal population-based studies as well as key findings from a Consensus Statement by the National Academies of Sciences, Engineering, and Medicine (NASEM) on work and retirement trajectories. Dr. Gonzales will also share professional strategies (e.g., grant submissions, publishing, teaching) with ESPO members who want to center anti-racism, health equity, and social justice in their scholarship.

Session 3225 (Paper)

FAMILY AND INTERGENERATIONAL RELATIONSHIPS I

CHANGES IN GRANDPARENTING DURING THE PANDEMIC AND EFFECTS ON MENTAL HEALTH: EVIDENCE FROM ENGLAND
Giorgio Di Gessa,1 Valeria Bordone,2 and Bruno Arpino,3

Policies aiming at reducing rates of hospitalisation and death from Covid-19 encouraged older people to reduce their physical contacts. For grandparents in England, this meant that provision of care for grandchildren was allowed only under very limited circumstances. To date, evidence on changes in grandparenting during the pandemic is scarce and little is known about whether and to what extent reduction in grandchild care provision impacted grandparents’ mental health. Using pre-pandemic data from Wave 9 (2018/19) and the second Covid-19 sub-study (November/December 2020) of the English Longitudinal Study of Ageing, we first described changes in grandparenting since the start of the pandemic. Then, using regression models, we investigated associations between changes in grandparenting and mental health (depression, quality of life, life satisfaction, and anxiety) during the pandemic, while controlling for pre-pandemic levels of the outcome variables. Almost a third of grandparents reported that the amount of grandchild care during the pandemic reduced or stopped altogether, whereas 10% provided as much or more care compared to pre-pandemic levels, mostly to help parents while working. Compared to grandparents who provided grandchild care at some point during the pandemic, those who stopped altogether were more likely to report poorer mental health, even taking into account pre-pandemic health. A reduction in grandparenting was only marginally associated with higher depression. Although policies to limit physical contacts and shield older people reduced their risks of getting ill from Covid-19, our study shows the consequences of stopping childcare provision in terms of poorer mental health among grandparents.

CHILDHOOD ABUSE AND CAREGIVING FOR PERPETRATING PARENTS: IMPACTS ON ADULT CHILD WELL-BEING
Jaime Goldberg,1 Jooyoung Kong,1 and Sara Moorman,2
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Combining the stress process model of caregiving and life course perspective, this study examined the long-term influences of childhood abuse on perpetrating parent-adult child relationships and adult child well-being in the context of caregiving. Using a sample of family caregivers from the Wisconsin Longitudinal Study (969 caregivers of mothers; 280 caregivers of fathers), we investigated whether contact frequency and emotional closeness with an abusive parent mediate the longitudinal effects of parental childhood abuse on adult child caregivers’ depressive symptoms and the moderating effects of self-acceptance and mastery on this mediational association. Key findings indicate that maternal childhood abuse may negatively affect emotional closeness between an adult child caregiver and perpetrating mother (b = -0.24, p < .001). This could lead the adult child caregiver to experience increased depressive symptoms (b = 0.02, p < .05). Although the mediation paths for the effect of maternal childhood abuse on depressive symptoms via emotional closeness with mothers did not differ by caregivers’ level of psychological resources, we found that psychological resources significantly moderated the association between maternal