relationship between network-related stressors, mood, and life satisfaction. This protective effect was uniform for both older and younger adults, and across boys/men and girls/women. Overall, the present study suggested the importance of physical activity, even that of general step count, on buffering daily stress on daily mood and general life satisfaction for participants at multiple phases of the lifespan.

DEPENDENCY, MORTALITY, INVISIBILITY: LINKING CHILDHOOD DISABILITY WITH LIFE COURSE HEALTH OUTCOMES
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People who experienced disability in childhood are living longer. It is not clear if longer lives indicate better health and less dependency, or if longer life is accompanied by increased disability. We addressed that question by studying the joint dynamics of mortality and dependency. This population is “invisible” in most national surveys, which do not ask about childhood disability. We evaluated special education history as an indicator of childhood disability, and used that indicator to estimate dependency and life expectancy throughout adult life. Data: Panel Study of Income Dynamics and the Health and Retirement Study (n=20,563). Activities of daily living (ADLs), instrumental ADLs, and cognition defined five functioning levels including dependency and death. Multinomial logistic Markov models estimated probabilities for transitioning among the levels, with or without a history of childhood disability, adjusted for demographics. We used the probabilities in microsimulations, creating large populations of completed lives, identifying dependency at each age for each individual. Analysis showed special education history was a valid indicator of childhood disability; 13% had such history. With parent education less than high school, remaining life at age 20 was 46.0 years for people with that history, 58.3 for others; corresponding results with parent’s bachelor’s degree: 48.3 and 60.7 (p<0.05). Corresponding population percentages dependent 5+ years were: 15.2% and 3.8%, 13.1% and 3.8% (all p<0.05). Special education history can indicate childhood disability. People with that history had significantly more dependency than others, and shorter lives. Accommodations and interventions can improve their health and functioning.

DISCREPANCIES IN OBJECTIVE AND SUBJECTIVE FINE MOTOR ABILITIES IN OCTOGENARIANS
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Older individuals may have discrepancies between self-reported and performance-based abilities on activities of daily living (ADL). We examined objective and self-reported fine motor abilities (FMA). FMA are required for many ADLs, but are examined less frequently than gross-motor tasks in this population. We used two waves of the population-based OCTO-Twin study including mono-/dizygotic Swedish twins, aged 80+. One twin was randomly selected for analyses (baseline N=262; wave 2 N=198; Meanage =83.27; SDage=2.90; 66.4% female). Participants self-reported their ability to manipulate things with hands (cannot do, some problem, no problem) and completed a timed FMA assessment including five everyday tasks (e.g. inserting a key in a lock). Slow performance was coded as 1+ SD from the mean (=80+ seconds). At baseline, 65.8% of slow performers reported ‘no problems’ with hand manipulation. Over two waves (two years), a two-factor ANOVA (including slowness-by-perception interaction) supported a significant difference in total motor task performance between slow performers reporting ‘no problems’ and fast performers reporting ‘no problems’, for both rate of change (diff = 26 seconds, p<0.0001) and wave 2 level (diff = 50 seconds, p<0.0001). 82% of slow performers at wave 2 reported ‘no problems’, which is surprising given that they had become even slower over the past two years. Findings suggest that objective FMA measures are needed, as self-report is inaccurate and not prognostic. Future work will examine if discrepancies in performance/perceived FMA predict poorer outcomes, and/or if reporting ‘no problems’ despite slower performance is protective against cognitive adaptation to slowing.

HEALTH BEHAVIORS IN THE LGB+ POPULATION: VARIATION ACROSS ADULTHOOD
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Health behaviors, which predict physical and mental health, are patterned by social factors, with some groups engaging in more health-enhancing behaviors than others. LGB+ people face more economic and social barriers to participation in healthy behaviors, along with the stress of discrimination that could lead to unhealthy behaviors to cope. Although some studies have examined variation in health behaviors by sexual identity, they focus almost exclusively on adolescents and young adults. However, such differences may decline across adulthood, as stress related to sexual identity declines with age among LGB+ individuals. Addressing this issue, we use data from the National Health Interview Survey (2016-2018) to examine differences by sexual identity in substance use, weight-related behaviors, healthcare utilization, and sleep. We compare the patterns across three age groups – young, middle-aged, and older adults. Results for each health behavior reveal that differences by sexual identity are indeed greatest among young adults. The magnitude is smaller in middle age, and no significant differences by sexual minority status are observed at older ages.

THE POSITIVE AND NEGATIVE AFFECT RELATION IN THE CONTEXT OF STRESS AND AGE
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Research suggests that the within-person inverse relationship between negative affect (NA) and positive affect (PA) indicates poorer emotional well-being, and this interaffect correlation fluctuates in relation to the context of the individual. Specifically, age, stress, and global PA all relate to changes in the interaffect correlation. The current study uses comprehensive data from the Notre Dame Study of Health & Well Being (NDHWB), which allows us to uniquely examine between-person differences in within-person change