HETEROGENEITY IN PROGRESSION OF COGNITIVE IMPAIRMENT AND VARIATIONS IN HEALTH EXPENDITURES AND HEALTH SERVICES USE

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Cognitive aging and disease (e.g., dementia) are leading public health issues as longevity increases and the US population ages. We fit generalized linear models using data from the longitudinal Health and Retirement Study (2008-2014) on (Unweighted N=1,884) participants 70-years and older who met criteria for cognitive impairment not dementia (CIND), based on Aging, Demographics, and Memory Study specification, at baseline (2008) to test how impairment reversibility, stability, and transition to dementia over 8-years affect change in biennial hospitalizations, nursing-home use, and out-of-pocket expenditures (OOP). Over 8-years, 13% reverted to normal cognition, 20% remained as CIND, 21% transitioned to dementia, and 46% died. In these groups, average OOP spending at baseline was $2311 (SE=$225), $2722 (SE=$278), $2180 (SE=$228), and $3653 (SE=$322), respectively. Average OOP spending increased to $3,095, $4,720, and $11,548 by the 8th year for those that reverted, stayed stable, and transitioned, respectively. Average OOP spending at the wave preceding death was $11,600. We observed substantial increases in nursing home use that were particularly pronounced among those that transitioned to dementia (Baseline Probability=0.04 increasing to 0.37 over 8-years) or died (0.09 increasing to 0.35 over 6-years), and similar but less pronounced differences in patterns of inpatient hospitalizations. Estimates were only slightly modified through adjustments to sociodemographic characteristics and comorbid conditions. We discuss how healthcare policy and clinical interventions focusing on early identification of impairment can potentially lead to improved and more efficient healthcare if better understanding of heterogeneities in impairment and cognitive disease progression is achieved.

WHO ANSWERS THE HOUSEHOLD FINANCIAL QUESTIONS: ANALYSIS OF STABILITY AND CHANGE

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There is limited research on who acts as household financial respondents (FR) for couples who are responding to surveys. The purpose of this study was to determine the amount of stability and change in FR, as well as predictors of FR status and change of FR status. Methodology: This study analyzed data from Health Retirement Study from 2006 to 2014. The sample comprised of 6,755 households of couples over the age of 50. Data were analyzed using Hierarchical Linear Modeling (HLM). Results: The results indicated that 18.13% households experienced one or more transitions of the financial respondent. Black non-Hispanics, males, those with higher education, earning a greater percent of the household’s income and those with higher cognitive ability were more likely to be the financial respondent than their counterparts. Higher depression (OR=1.22, p<.01) and lower cognitive ability (OR= 1.06, p<.01) were factors that predicted changes in the household’s financial respondent. Health (number of chronic conditions, self-rated health) and percentage of the household earnings are not significant in the change of financial respondent. Discussion: Change of respondent may result in differences in reporting of household financial resources in longitudinal studies. Changes in respondent may also be indicative of a more Egalitarian household, or serve as an early sign of changes in family dynamics or roles. As changes in mental health and cognitive ability may prompt a change of financial respondent, this highlights the importance of both spouses being financially literate and aware of the family’s economic resources, investments and obligations.

ECONOMIC HARDSHIP INDICATORS ARE DIFFERENTIALLY ASSOCIATED WITH ADVERSE HEALTH OUTCOMES IN OLDER ADULTS

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Previous studies have shown that higher levels of economic hardship in older adults is associated with increased odds of adverse health outcomes such as insomnia, anxiety, and depressive symptoms. The objective of this study was to determine if there was a differential association between individual measures of economic hardship and aforementioned adverse health outcomes. Cross-sectional analysis was conducted using data from the 2012 National Health and Aging Trends Study (NHATS). Logistic models were developed to assess the association between each of the four measures of economic hardship and three previously reported adverse health outcomes. Participants were asked if in the last month they did not have enough money for food, utility bills, mortgage/rent, or medical bills/prescription drugs. Measures of adverse health outcomes were symptoms of depression, anxiety, and insomnia. There were 7,075 community dwelling older adults aged 65 and older in the 2012 NHATS data. Results indicated that those who skipped meals were more likely to have depression, anxiety, and insomnia symptoms than those who did not skip meals. After adjusting for race, age, gender, education, and comorbid health conditions, skipping meals was associated with depression (OR=4.11, p<.000), anxiety (OR=2.81, p<.01), and insomnia (OR=2.16, p<.05). These results were higher and more statistically significant than the other measures of economic hardship. These findings are relevant to population-based efforts of nutrition interventions to improve quality of life in aging populations.

SESSION 865 (POSTER)

EMPLOYMENT AND RETIREMENT

PHASED RETIREMENT IN OLDER AMERICAN WORKERS

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Older workers are engaging in “phased retirement” in which they transition from full-time working status to part-time working and eventually retire at a later age. This study investigated whether phased retirement was financially and psychologically beneficial for middle-aged and older adults in the United States. The current study examined data on financial and psychological well-being and retirement

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transitions (i.e., immediate retirement and phased retirement) from the Health and Retirement Study (HRS) at two time points, four years apart. We analyzed 5,106 middle-aged and older adults from the 2010 and 2014 waves of the HRS data set using chi-square and one-way analysis of variance tests. Our results showed that 66.8% of respondents remained full-time working, while 12.7% of respondents chose phased retirement and 15.2% of respondents jumped straight into retirement. Our findings suggest that phased retirement is beneficial for older Americans financially and psychologically. Specifically, the level of total household financial wealth was significantly higher for those who chose phased retirement than immediate retirees from workforce. In terms of psychological perspectives, immediate retirees experienced more depressive symptoms than those who chose phased retirement. Our findings could help individuals and households to be better equipped when preparing for retirement. Our findings could also provide a basis for further research into phased retirement and its impact on well-being in middle-aged and older Americans. Furthermore, policymakers could be better informed about retirement trends and create policies based on our findings to better help older individuals and households be financially and psychologically prepared for retirement.

A VIEW OF OLDER ADULTS’ DEMOGRAPHIC, HEALTH, AND ECONOMIC PROFILES BY RETIREMENT CHOICE STATUS

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Gerontologist, economists, and other scientists have documented that involuntary or forced retirement is a more common occurrence among middle-aged adults than previously thought. Prevailing research has further indicated that involuntary retirement and off-time transitions are associated with poorer physical and mental well-being in later life. However, few studies have sought to gain a comprehensive understanding of who compromises the population of involuntary retirees and how these individuals compare to voluntary retirees. This study used the 2014 wave of the Health and Retirement Study (N=9,409) to analyze a United States representative sample of fully retired individuals aged 55 and older in order to develop a demographic, health, and economic profile of voluntary versus involuntary retirees. Analyses showed that that male, younger age group, minority race, separated/divorced, less educated, and south and west region residing individuals have significantly greater representation in the involuntary retirement group compared to the voluntary retirement group. Further, involuntary retirees reported significantly poorer physical and mental health and fewer financial resources than voluntary retirees. A supplementary longitudinal analyses also revealed that while health steadily declines for both of the retirement choice status groups, involuntary retirees maintained significantly poorer health than voluntary retirees over time. Observations from this study highlight the importance of identifying predictors of involuntary retirement and utilizing longitudinal analyses to gain greater insight into how health and economic characteristics factor into retirement decisions as well as how retirement decisions impact future health and economic characteristics.

UNFULFILLED PROMISES OF WORKING IN LATER LIFE OF NEW ZEALAND WOMEN

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This critical study on women and work-life extension compared motivations, needs satisfaction, barriers and resources faced by ethnically diverse women in high and low status occupations. Twenty-seven women (mean age = 64; age range 55 to 79 years) who at 55 years or older, had changed careers or places of employment, or who had retired and currently volunteer were interviewed. Four were Asian/Pacific Islanders, seven Māori and 16 European New Zealanders. Themes were compared between women in low and high status occupations. Instrumental motivations were most common among women in lower-status occupations and entrepreneurs whereas idealistic motivations were more prevalent with higher-status occupations and volunteer posts. Themes related to needs satisfaction show that work met basic and security needs among lower-status occupations but self-actualization needs were expressed more frequently in higher-status occupation. Feelings of belonging and a sense of achievement were cited by most participants. Themes relating to barriers faced by participants in lower-status occupations and by minority women include inadequate skills and access to information, and racial, ageist, and sexist discrimination. Themes also revealed multiple sources of supports: employers provided training and managerial support, and for some non-profits, a collaborative working atmosphere and co-workers who met older workers’ needs for belonging and sense of achievement, and who potentially, as a unit, could advocate for better working conditions for older workers. Work-life extension has the potential for creating classes of older female workers with differential access to work opportunities and level of aspirations achievable.

AGE AND OCCUPATIONAL TIME PERSPECTIVE ARE ASSOCIATED WITH PREFERENCE FOR HELPING OTHERS AT WORK

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Workforces today are more age-diverse than ever before. Despite widespread beliefs that older workers are less productive than younger workers, when productivity is measured at the team level, the presence of older workers appears to positively contribute to productivity. Underlying reasons for this finding have been poorly understood. Socioemotional selectivity theory (SST) posits that goals change with age and that when time-horizons grow increasingly limited people prefer activities that hold meaning in their pursuit, such as helping others. Reasoning from SST, we hypothesized that age is associated with a preference for helping colleagues. We further hypothesized that expanding time-horizons would reduce age differences such that both younger and older people would prefer projects that help colleagues. 555 workers, aged 20-75, were assigned to one of three experimental conditions where time-horizons were expanded, constrained or...