WEALTH, HEALTH, AND DISABILITY GAPS AT MIDLIFE: IMPLICATIONS FOR DISPARATE RETIREMENT OUTCOME

Stephen Crystal, Rutgers University, New Brunswick, New Jersey, United States

Late-life economic outcomes in coming years will be strongly shaped by the impact of economic and health experience for cohorts now at midlife. These cohorts have experienced lagging and increasingly disparate wealth accumulation, along with challenges to health and earning potential that augur highly disparate retirement futures. For example, analyses of Survey of Consumer Finances data indicate that in 2016, members of Generation X had mean assets that were only 39% those of the boomers in that year. Increasing risk of “deaths of despair” among individuals in midlife have been accompanied by increases in disability that threaten the ability of those members of these cohorts who are not in the educationally advantaged minority to achieve secure retirement futures, particularly in the context of increasing employment precarity. This presentation will review recent findings on midlife wealth and health inequality, implications for retirement futures, and policy choices facing a new Presidential administration.

SESSION 5570 (SYMPOSIUM)

ESPO/ BEHAVIORAL AND SOCIAL SCIENCES SECTION SYMPOSIUM: PROMOTING BEHAVIORS THAT SUPPORT HEALTHY AGING

Chair: Elliane Irani
Co-Chair: Briana Sprague
Discussant: Luke Stoeckel

Maintaining healthy behaviors has been linked to positive emotional and physical health outcomes. Older adults are at a greater risk for functional decline and can benefit from the protective effects of health behaviors. The purpose of this symposium is to present and highlight: (1) innovative research linking health behaviors and health outcomes among older adults, and (2) work of emerging scholars in the Behavioral and Social Sciences (BSS) section. The papers highlight findings from descriptive studies and randomized trials testing behavioral health interventions. O’Brien and Hess describe patterns of engagement in health-promoting activities and highlight mediating and moderator factors. Fausto and colleagues report on physical activity and cognitive health benefits of a multi-level intervention focused on heart and brain health for older African American residents of public and subsidized housing. Still and colleagues assess the efficacy of a multi-component technology-based intervention on hypertension self-management in African American older adults. Nehrkorn-Bailey and colleagues report on the pilot testing of AgingPLUS, an intervention targeting attitudinal and motivational barriers to physical activity and highlight improvements in grip strength and blood pressure. Lastly, Wierenga and colleagues test an emotion regulation intervention following a cardiac event and highlight the intervention’s potential efficacy in improving mental health and physical activity. These papers underscore the importance of promoting healthy behaviors in older adults and the need for large-scale interventions that support healthy aging.

RACISM AND CUMULATIVE DIS/ADVANTAGE IN HEALTHCARE ACCESS: IMPLICATIONS FOR THE LIFE COURSE

Dale Dannefer, CWRU, Cleveland, Ohio, United States

Despite its origins in the study of race in America in Gunnar Myrdal’s American Dilemma, research on cumulative dis/advantage (CDA) and the life course has paid little attention to the significance of racism in the overall production and patterning of CDA. Building on recent work that has reviewed the life-course implications of the inscribing of racist interests in social policy, this paper explores the life-course implications of race bias in another domain, specifically the domain of medical diagnosis, where algorithm formulas have been shown to disadvantage black patients based on economic and other parameters. Even with training, experimental evidence comparing human and AI diagnostics have demonstrated that despite improvements, residual racism is evident in differential diagnoses. We consider the life-course implications of this and similar race-based differentials in organizational decision-making as a component in systems of cumulating dis/advantage.

EQUIVALENT PATHWAYS? COMPARISON OF JOB HISTORY FOR HIGH SCHOOL GRADUATES VERSUS GED RECIPIENTS

Wenxuan Huang, CASE WESTERN RESERVE UNIVERSITY, Cleveland, Ohio, United States

Successful integration into the paid labor market serves as a critical milestone to adulthood. Yet, this school-to-work transition has become harder to reach due to the increasing precarity in the youth labor market. Using data from the NLSY’97, this study compares the job histories of young adults whose terminal education credentials are high school diploma versus GED. I conducted sequence analysis of school-to-work states from age 16 to 30 between these two education groups. Findings show that GED holders are more likely to be exposed to enduring negative labor force status (e.g., periods of unemployment) than the high school graduates. Over half of the GED recipients experience precarious early career characterized by interruptions and long-term inactivity. Despite being “equivalent” to a high school diploma, the GED diploma does not translate into the same opportunity structure as the high school degree, launching a cumulative disadvantage process in the early life course.

wealth gap grows for young people and seems to accelerate faster over the life course. While rising inequality has taken its toll on Baby Boomers, we have become acutely aware of the increasing economic pressures across the entire life course (work precarity; student loans) that will manifest in the greatest degree of inequality in older adulthood seen to date. This session explores the forces that have shaped the degree of inequality among current older adults and are setting the stage for future cohorts of older adults. Presenters will explore several aspects of this issue: the growing state of the “risk retirement,” the impact of income inequality on later-life wealth and health, the structural racism written into economic policies intended to help Americans accumulate wealth and maintain health, and the market disadvantage for GED recipients compared to high school diploma recipients.

GSA 2020 Annual Scientific Meeting
As discussant, Atienza will assess the strengths and limitations of these papers, and consider how emerging scholars can contribute to the field.

**TITLE**
Elliane Irani, Case Western Reserve University, Ohio, United States

**abstract**

EXAMINING THE IMPACT OF AGING-RELATED MINDSETS AND MOTIVATION ON ACTIVITY ENGAGEMENT IN OLDER ADULTS
Erica O'Brien,1 and Thomas Hess,2 1. Pennsylvania State University, University Park, Pennsylvania, United States, 2. North Carolina State University, Raleigh, North Carolina, United States

This study examined short- and long-term patterns of engagement in health-promoting activities due to implicit beliefs about cognitive aging (mindsets) and Need for Cognition (NFC; motivation) in older adults. Prior research suggests higher NFC and growth-oriented mindsets bolster participation by enhancing perceived benefits and minimizing perceived costs of engagement. Survey responses across three bursts of an ongoing longitudinal study (N=678-725 observations) were collected from 148 people aged between 64 and 81 and subjected to three-level multi-level analyses. Results show naturally-occurring, weekly variations in NFC and mindsets that also contribute to short-term variation in activity frequency, diversity, and selectivity. Additionally, NFC and age significantly mediated and moderated the effect of mindsets on some outcomes, respectively. Initial findings highlight the value of taking a dynamic approach and using Selective Engagement Theory to understand activity maintenance. They may also inform efforts to develop interventions that promote healthful behaviors in later life.

INCREASING PHYSICAL ACTIVITY AND REDUCING DEMENTIA RISK IN OLDER AFRICAN AMERICAN RESIDENTS OF PUBLIC HOUSING
Bernadette Fausto,1 Paul Duberstein,2 Shou-En Lu,2 and Mark Gluck,1 1. Rutgers University, Newark, New Jersey, United States, 2. Rutgers University School of Public Health, Piscataway, New Jersey, United States

Older African Americans—especially those with lower income and those living in urban public housing—have a greater risk of Alzheimer’s disease (AD) compared to the general population. Inadequate levels of physical activity and aerobic exercise are thought to be among the probable causes for increased AD risk. Based on our preliminary data, we hypothesize that a cluster-randomized multi-level intervention in low-income public housing, focused on heart and brain health, can produce participant-level increases in physical activity among participants enrolled in an aerobic exercise class after six months (primary outcome) that are maintained at one year, as well as housing-level changes in attitudes and beliefs about physical activity and exercise participation among housing residents, both exposed and not exposed to the participant-level intervention as well as participant-level improvements in cognition and brain health evincive of decreased risk for AD.

USING TECHNOLOGY TO SUPPORT SELF-MANAGING HYPERTENSION IN AFRICAN AMERICANS
Carolyn Still,1 Phuong Dang,2 and Abdus Sattar,1 1. Case Western Reserve University, Cleveland, Ohio, United States, 2. Case Western Reserve University, Frances Payne Bolton School of Nursing, Richmond Heights, Ohio, United States

The purpose of this study was to examine the effects of a community and technology-based intervention to support self-managing hypertension in African American (AA). Sixty AA with hypertension were randomly assigned to Coachman (a technology-based intervention) or Enhanced Usual Care. COACHMAN is comprised of blood pressure (BP) monitoring with study issued monitor, six-weeks of web-based education, training to use a medication management application, and nurse counseling. Data were collected on contextual factors (demographics, perceived social support), process factors (hypertension knowledge, self-efficacy, technology use/adoptation), and proximal health behaviors (medication adherence, diet, exercise) at baseline, and 8 and 12 weeks. While mean difference in BP reduction was not statistically significant, we found that half of the subjects randomized to the intervention group had an average systolic BP reduction of 13.5 mmHg that we would regard as clinically significant. Interventions that incorporate mHealth can support self-managing hypertension in AA, and improve BP.

IMPROVING HAND-GRIP STRENGTH AND BLOOD PRESSURE IN ADULTS: RESULTS FROM AN AGINGPLUS PILOT STUDY
Abigail Nehrkorn-Bailey, Garrett Forsyth, Barry Braun, Kimberly Burke, and Manfred Diehl, Colorado State University, Fort Collins, Colorado, United States

Based on adult inactivity, a new intervention named AgingPLUS was created, targeting motivational barriers to physical activity. Data come from a pilot study (N = 116), with 56 participants randomized to the AgingPLUS group (Mage = 63.52 years, SD = 7.89 years), and 60 randomized to the active control group (Mage = 63.06 years, SD = 8.30 years). Multi-group linear growth curve analyses examined improvements in hand-grip strength and blood pressure from pretest (Week 0) to immediate (Week 4) and delayed posttest (Week 8). Findings showed that only participants in the AgingPLUS group had significant improvements in hand-grip strength for the right (B = 1.73, p < .001) and left hand (B = 1.73, p < .001), as well as significant reductions in systolic (B = -3.28, p < .05) and diastolic blood pressure (B = -1.92, p < .01). These findings provide support for the efficacy of AgingPLUS.

EMOTION REGULATION TRAINING MAY IMPROVE STRESS, DEPRESSION, ANXIETY, AND PHYSICAL ACTIVITY
Kelly Wierenga,1 David Fresco,2 Megan Alder,3 and Shirley Moore,4 1. Indiana University, Indianapolis, Indiana, United States, 2. University of Michigan, Ann Arbor, Michigan, United States, 3. Case Western Reserve University, Cleveland, Ohio, United States, 4. Case Western Reserve University, Shaker Heights, Ohio, United States

The purpose of this two-arm randomized controlled pilot study was to assess initial efficacy of the theoretically-based