GENDER DIFFERENCES IN THE LIFE COURSE 
EFFECTS OF UNEMPLOYMENT ON MID- AND LATER-LIFE HEALTH 
AMAL HARRATI,1 and Peter Heburn,2 1. Stanford University, Berkeley, California, United States, 2. Princeton University, Princeton, New Jersey, United States 

There is substantial evidence that unemployment is associated with adverse health. Given different lifetime employment patterns, these effects may differ between men and women. However, current studies often only characterize unemployment as a one-time shock, and measure the effects on health shortly thereafter. Using unique data available from The National Longitudinal Study of Youth 1979, we characterize employment trajectories for a nationally-representative sample of American men and women for every week of their lives between the ages of 18 and 50 years old. We then explore associations between unemployment and a number of health conditions including cancer, hypertension, diabetes, and depression at age 50—when the onset of chronic health conditions often begins—to examine the cumulative effects of unemployment over the life course on later-life health. We find that men and women have different patterns of lifetime unemployment and that these patterns have strong associations with poorer health at age 50.

WHO’S HURT MOST BY ECONOMIC SHOCK? EXPLORING HETEROGENEITY IN THE HEALTH-RELATED EFFECTS OF WEALTH LOSS 
Joseph Wolfe, University of Alabama at Birmingham, Birmingham, Alabama, United States 

Prior research finds evidence of an effect of negative economic shocks on health, but this growing area has not fully investigated variation in this effect. A large number of people from diverse backgrounds experience a substantial financial setback of some type, and differences related to one’s gender, race/ethnicity, and socioeconomic status (SES) may influence the consequences of economic shocks on one’s life such that the health-related effects of shocks vary systematically in the U.S. population. Thus, this study aims to identify the effects of multiple economic shocks on health in middle adulthood, and whether the effects of shocks on health vary by one’s underlying propensity to experience the shock. The analysis uses newly developed statistical techniques from causal inference literature and over twenty-five years of biographical information from the NLSY79. Results from the analysis help shed light on important variation in the association between negative economic shocks and health.

PARENT AND CHILD FACTORS THAT PREDICT WHO HELPS YOUNG ADULT CHILDREN PAY FOR COLLEGE 
Katrina Walsemann,1 Calley Fisk,1 and Jennifer Ailshire,2 1. University of South Carolina, Columbia, South Carolina, United States, 2. University of Southern California, Los Angeles, California, United States 

In recent decades, the cost of higher education has exceeded the pace of inflation while wages have stagnated or declined. As such, young adult children may increasingly look to their parents and other family members, including grandparents, to help them pay for college. We use data from the National Longitudinal Survey of Youth 1979 to determine who financially contributes to a young adult child’s college education, restricting our sample to mid-life parents with at least one biological child who attended a 2-year or 4-year college and completed the college expenditures module in 2014 (n=3,525). For each college-going child, parents reported who paid for the student’s tuition – student, parents, grandparents, other family members, or a combination of these. Using multinomial logistic regression, we will estimate who paid for college as a function of parents’ social and economic characteristics when the child was 16 and the child’s gender and birth order.

INFORMAL CAREGIVING AND HEALTH IN MIDDLE AND LATE ADULTHOOD 
Joy Bohyun Jang, and Sandra Tang, University of Michigan, Ann Arbor, Michigan, United States 

With average life expectancy increasing, informal caregiving has become increasingly common among aging families. Much of the research in this area suggests that informal caregiving is associated with negative psychological and physical health outcomes for the caregiver. However, there is an emerging body of work indicating that negative associations may be overstated, and that the associations may vary by gender and race. Using NLSY79 who completed Age 50 Health Module (n=7,844), we will examine how informal caregiving is associated with health in mid/late adulthood and how the association varies by race and gender of the caregiver. Preliminary results showed that caregivers (10.6% of the sample) were less likely to report good health than non-caregivers (OR=0.43, p<0.001) but African-American caregivers were more likely to report good health than other racial groups (OR=1.43, p<0.05). Our findings will contribute to better understanding of the role of informal caregiving in older adults’ health.

THE RELATIONSHIP BETWEEN FEMALE LABOR SUPPLY AND CAREGIVING OVER THE LIFE CYCLE 
Alison Aughinbaugh, BLS, Washington, District of Columbia, United States 

I examine the effects of caring for others on female labor supply over the life-cycle using a fixed effect model. The data come from the National Longitudinal Survey of Youth 1979 (NLSY79), which collects information about the care of each child during his first three years and the care provided to household members during a woman’s 50s. The NLSY79 data show that women’s labor supply drops around the time a child is born and then rises, with over 50 percent working by time their children reach age 2. In addition, these data show that during their 50s, about 9 percent of women provide care to someone living in their household and that these female caregivers spend about 40 hours per week providing care. Time spent in caregiving may affect time in the labor force, and hence the ability to invest in a career and accumulate work experience and wage growth.

SESSION 5565 (SYMPOSIUM) 
ECONOMIC INEQUALITY OVER THE LIFE COURSE: CAUSES AND EFFECTS OF CUMULATIVE DISADVANTAGE PROCESSES 
Chair: Jessica Kelley 
Co-Chair: Stephen Crystal 
Discussant: Jessica Kelley 

Economic inequality has grown rapidly in all age groups in the past several decades. In each successive cohort, the
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 disadvantage 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, and 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.

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 experience precarity in their young adult years, with higher rates of unemployment, periods of unemployment, and layoff. 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, 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.