SESSION 2205 (SYMPOSIUM)

CUMULATIVE ADVANTAGE IN CHANGING ECONOMIC TIMES: STRESS, DISTRESS, AND FUTURE PROSPECTS FOR AGING COHORTS

Chair: Dale Dannenfier, Department of Sociology, Case Western Reserve University, Cleveland, Ohio, United States
Co-Chair: Stephen Crystal, Rutgers University, New Brunswick, New Jersey, United States
Discussant: Angela O’Rand, Department of Sociology, Duke University, Durham, North Carolina, United States

Processes of cumulative dis/advantage operate within cohorts and across historical time. In the ongoing dance of age, cohort and period, each cohort encounters distinctive social and economic environments at particular ages that may ameliorate or exacerbate the cumulative and systemic processes of inequality production that operate over its collective life course. We explore issues of current and future late-life inequality and its consequences. As overall income inequality has grown, what are the likely consequences for late-life outcomes? How have cohorts currently in midlife been affected by the Great Recession of 2008 and subsequent recovery? What are the mental and physical consequences of these developments, and to what extent can they be ameliorated by interventions in middle and later adulthood? This symposium addresses how variation in economic circumstances and social and psychological stresses may affect outcomes over the life course, and how these complex, interacting processes can be best conceptualized and examined. One paper examines the impact of the Great Recession and subsequent events on the intracohort distribution of income, suggesting inordinate setbacks during the Recession with likely long-term effects for economically vulnerable subpopulations. Another explores the role of psychosocial stressors in the process of cumulative dis/advantage, focusing on linkages between functional limitations and psychological well-being in later life, and how these linkages are amplified by diverse dimensions of disadvantage (e.g., education, employment; coping strategies; caregiving). A third paper examines the intergenerational dimensions of cumulative advantage processes. Finally, contrasting theoretical frameworks for apprehending life-course processes and historical change will be explored.

LATENCY/PATHWAYS, FUNCTIONALISM/MORPHOGENESIS: CONTRASTING PARADIGMS OF LIFE-COURSE INEQUALITY AND CHANGE

Dale Dannenfier1, 1. Department of Sociology, Case Western Reserve University, Cleveland, Ohio, United States

Attention to dis/advantage during childhood has become a major interest of life-course studies. It has been a force in advancing attention to inequality over the undifferentiated “normal aging” versions of life-course and gerontological research, making clear the irreducible importance of the presence/absence of key resources in accounting for life-course outcomes, from early onward. Explanatory strategies set forth within this work often contrast “latency/early origins” models (with explanation anchored in the early years) with “pathways” models (which examine the independent effects of adult life-course circumstances). This paper argues that these two types of models actually are aligned with distinct conceptual paradigms that imply fundamentally different understandings of aging in society (“functionalist/organismic” and “systemic/morphogenetic”). The differential implications of these two models for the relation of cumulative dis/advantage and social change is explored.

CUMULATIVE DIS/ADVANTAGE, COHORTS, AND ECONOMIC SHOCKS BEFORE AND AFTER: LIFE COURSE INEQUALITY AND THE RECESSION

Stephen Crystal,1 and Naomi Zewde2, 1. Rutgers University, New Brunswick, New Jersey, United States, 2. School of Social Work, Columbia University, New York, New York, United States

We examined age/cohort profiles of income inequality in the Survey of Consumer Finances for 2007, 2010, and 2016. Overall, the Gini coefficient decreased somewhat following the 2008 onset of the Recession, but rebounded by 2016 to a higher level than the 2007 baseline. Within-cohort inequality trends from 2007-2016 differed considerably across cohorts. For late baby boomers and millennials, inequality increased sharply – from .56 to .67 for the 1963-1972 birth cohort and from .49 to .60 for the 1973-1982 birth cohort. Inequality was higher at baseline for early baby boomers than later cohorts but did not increase as they moved into midlife and early later life. The Great Recession, with its large drops in asset values, initially led to slight reductions in inequality, but this effect was temporary. Late boomers and millennials experienced sharp increases in inequality following the Recession, presaging a very high-inequality late-life experience for these cohorts.

UNDERSTANDING THE ROLE OF STRESS PROCESSES IN CUMULATIVE DIS/ADVANTAGE PROCESSES

Deborah Carr1, 1. Boston University, Boston, Massachusetts, United States

In my book Golden Years (2019), I argue that the psychosocial consequences of normal biological processes of aging are intensified for those who have had lives of disadvantage, just as the harmful consequences of life-course disadvantages are particularly acute for those experiencing age-related physical health declines. In this paper, I discuss the role of stress processes, including stress proliferation and amplification, as possible mechanisms contributing to cumulative dis/advantage. I evaluate these ideas empirically by focusing on the linkages between functional limitations and psychological well-being in later life, and explore the extent to which these linkages are amplified diverse indicators of life course disadvantage including low education; poor-quality employment; avoidant coping strategies; and family-related strains including intensive caregiving. Analyses are based on data from the Midlife in the United States (MIDUS) study. I discuss the implications of incorporating stress process models in cumulative dis/advantage research.

CUMULATIVE DIS/ADVANTAGE IN HEALTH AS AN INTERGENERATIONAL PROCESS

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Empirical applications of cumulative dis/advantage primarily focus on accumulative processes within an individual
SESSION 2210 (SYMPOSIUM)

CURRENT EFFORTS TO UNDERSTAND AND IMPROVE OLDER ADULTS’ FUNCTIONAL RECOVERY AFTER HIP FRACTURE

Chair: Richard H. Fortinsky, University of Connecticut School of Medicine, Farmington, Connecticut, United States
Discussant: Nancy Latham, Brigham and Women’s Hospital, Boston, Massachusetts, United States

The annual number of hip fractures in the US is projected to increase from 258,000 in 2010 to 458,000 by 2050. Globally, annual hip fractures are projected to reach 4.5 million by 2050. Yet the majority of older adults experience long-term mobility disability following hip fracture and do not return to pre-fracture functional capacity. Published reviews have concluded there is insufficient evidence regarding effectiveness of interventions designed to reduce residual disability and enhance mobility post-hip fracture. This Symposium features current efforts to understand and improve functional recovery post-hip fracture. Dr. Magaziner will present results from the recently-completed Community Ambulation Project (CAP), a multi-site randomized trial in which two in-home physical therapy interventions were compared: PUSH, which included aerobic conditioning, strengthening, balance and functional training; and PULSE, which included transcutaneous electrical nerve stimulation, flexibility and active range of motion exercises. Dr. Fortinsky will present CAP data examining the role of psychological resilience, optimism, depression, and balance confidence on mobility measures. Dr. Gruber-Baldini will present CAP data examining differences between PUSH and PULSE on study participants’ cognition and the impact of cognition on community ambulation. Dr. Binder will present the study design and early results from the STEP-HI study, a multi-site randomized trial evaluating whether structured exercise and topical testosterone therapy can improve function post-hip fracture among older women. Discussant Dr. Latham will comment on design, results, and implications of these two studies for research, policy, and practice intended to improve older adults’ recovery after hip fracture.

A MULTI-COMPONENT HOME-BASED PHYSICAL THERAPY INTERVENTION FOR IMPROVING COMMUNITY AMBULATION AFTER HIP FRACTURE

Jay S. Magaziner1, J. University of Maryland Baltimore School of Medicine, Baltimore, Maryland, United States

Presented is a two-group RCT evaluating a multi-component exercise program for hip fracture patients to determine if it is effective in improving the ability to walk independently in the community. Hip fracture patients age 260 years (N=210) were assessed and randomized within 26 weeks of hospitalization, and reassessed 16 and 40 weeks later. The primary outcome was ability to walk 300m in six minutes. PUSH (active treatment) included aerobic conditioning, strengthening, balance and functional training. PULSE (attention control) included transcutaneous electrical nerve stimulation, flexibility and active range of motion exercises. Both groups received 2-3 visits per week for 16 weeks in their residences from a physical therapist. 22/96 in PUSH (22.9%) and 18/101 in PULSE (17.8%) (difference 5.1%; 95% CI: -6.1%, 16.3%; P=.37) became community ambulators. We conclude that advancing substantial proportions of hip fracture patients to community ambulation will require more than the intervention evaluated in this study.

PSYCHOLOGICAL FACTORS ASSOCIATED WITH AMBULATION PERFORMANCE AFTER HIP FRACTURE AMONG HOME-DWELLING OLDER ADULTS

Richard H. Fortinsky1, J. University of Connecticut School of Medicine, Farmington, Connecticut, United States

Many older adults fail to resume optimal community living after hip fracture due to sustained limitations in ambulation capacity, yet reasons remain poorly understood. Roles of psychological factors in affecting ambulation performance post-hip fracture remain particularly understudied; depression has been associated with poorer self-reported functional status, and little is known about self-perceived balance confidence, resilience, and optimism. This presentation reports associations between each psychological factor, measured at CAP baseline, and gait speed and walking endurance, measured at baseline and 16 weeks later. In the CAP cohort (N=210), baseline mean/sd 4-meter gait speed (gs), 50-foot walk gs, and 6-minute walk distance were: 0.60/0.19 meters per second (mps); 0.67/0.20 mps; and 186.9/55.4 meters, respectively. In multivariate models, balance confidence was positively associated with all baseline ambulation measures (p<0.001 in all models), and resilience was positively associated with all 16-week follow-up ambulation measures (p>0.05 in all models). Implications of results will be discussed.

IMPACT OF THE MULTI-COMPONENT HOME-BASED PHYSICAL THERAPY INTERVENTION ON COGNITIVE OUTCOMES IN THE CAP TRIAL

Ann Gruber-Baldini1, J. University of Maryland Baltimore School of Medicine, Baltimore, Maryland, United States

Cognitive impairment after hip fracture influences recovery and some RCTs suggest aerobic and resistance exercise may improve cognition. This presentation examines differences in PUSH versus PULSE on cognition and the impact of cognition on community ambulation. In CAP, the

GSA 2019 Annual Scientific Meeting