

stress and another cortisol stress biomarker—cortisol reactivity to an acute stress event. Byrd and colleagues round out the symposium with a presentation on the directionality of relationships between perceived stress and depressive symptoms contributing to health disparities among Blacks. Discussant Jackson will explore implications of these studies for more nuanced research related to mechanisms of health disparities and for more targeted approaches to the prevention of health disparities among older adults.

MECHANISMS OF CARDIOMETABOLIC DISPARITIES: STRESSOR CHARACTERISTICS LINKED TO HPA-AXIS DYSREGULATION

Julie Ober Allen,¹ Briana Mezuk,² Tomohiro Ko,² Jane Rafferty,³ Jamie Abelson,³ Viktoryia Kalesnikava,⁴ and James Jackson,⁴ 1. *University of Oklahoma, Ann Arbor, Michigan, United States*, 2. *University of Michigan School of Public Health, Ann Arbor, Michigan, United States*, 3. *University of Michigan ISR, Ann Arbor, Michigan, United States*, 4. *University of Michigan, Ann Arbor, Michigan, United States*

Diurnal cortisol slopes are stress-sensitive HPA-axis biomarkers implicated in cardiometabolic health outcomes and disparities. This study used two longitudinal cohort studies (CREATE and TRIAD) with harmonized variables to comprehensively examine what types of exposure to stressors are most salient for cortisol dysregulation in later life, and whether the characteristics of stressor exposure accounts for Black-White disparities in cortisol dysregulation (merged sample N=209, 65% male, mean age 61, 17% Black). Black participants reported greater stressor exposure than Whites along some dimensions (e.g., # recent major stressors, appraised severity of lifetime stressors, all $p < .02$) but comparable exposure in others (e.g., # of lifetime stressors and life domains). Stressor exposure measures that captured psychological components (i.e., appraised severity, psychological distress) and pervasiveness (i.e., # life domains with major stressors) were more closely related to cortisol dysregulation than more objective measures (e.g., # of recent /lifetime stressors). Everyday discrimination was associated with racial disparities.

DO DEPRESSIVE SYMPTOMS SHAPE BLACKS' PERCEPTIONS OF STRESS OVER TIME?

DeAnnah Byrd,¹ Roland Thorpe,² and Keith Whitfield,¹ 1. *Wayne State University, Detroit, Michigan, United States*, 2. *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

The established association between stress and depression is typically examined only in one direction and cross-sectionally. Data from the Baltimore Study of Black Aging-Patterns of Cognitive Aging was used to longitudinally examine the bi-directional relationships between (1) stress-depression and (2) depression-stress, and age as a modifier. The sample consisted of 602 community-dwelling Blacks, aged 48-92 years at baseline and 450 at follow-up 33 months later. While the stress-depression relationship was non-significant; the depression-stress was ($b = 0.236$, $p < 0.000$) and this association varied by age with the impact of baseline depression on changes in stress greatest among Blacks in their 60's versus those in their 50's ($b = 0.257$,

$p = 0.002$), controlling for model covariates. Findings highlight the importance of depression in shaping Blacks' perception of stress over time. Future work should continue to identify stress and mental health risk factors that contribute to poor health and health disparities in older Blacks.

WHICH CONTEXTUAL FEATURES PREDICT PHYSIOLOGICAL STRESS REACTIVITY IN MIDLIFE TO LATE LIFE?

Viktoryia Kalesnikava, *University of Michigan, Ann Arbor, Michigan, United States*

Chronic stress creates vulnerability to adverse mental and physical health outcomes in later life. While claims about the negative effects of stress on health are primarily based on self-report, it is unclear how subjective stress measures (chronic or perceived stress) and other environmental or individual characteristics (neighborhood, social and health behaviors) relate to physiological stress response. This study examines which contextual features contribute to differences in physiological stress reactivity among adults at risk of type II diabetes (Richmond Stress and Sugar Study, $n = 125$, aged 40-70). Psycho-social stress was induced via Trier Social Stress Test. Using advanced selection methods, we simultaneously explore multiple predictors and illustrate how different sets of risk and protective factors contribute to normal or abnormal stress reactivity profiles. Preliminary results suggest that the top five important predictors are education, contact with friends, perceived stress, ruminative coping, and sedentary behavior. Implications for research and targeted interventions are discussed.

SESSION 5505 (SYMPOSIUM)

COGNITIVE AGING IN THE UNITED STATES AND MEXICO

Chair: Sunshine Rote

Co-Chair: Jacqueline Angel

Discussant: Fernando Torres-Gil

The Latino population is rapidly aging, with the number of adults 65 and older expected to increase by more than six times to 17.5 million by 2050. Mexico's population is also aging and will increase by 227 percent over the next 25 years. We focus on the consequences of rising longevity and increasing numbers of older Latinos living with dementia both in the U.S. and in Mexico. Providing cost-effective and appropriate services to aging Latinos with dementia will require a clear understanding of the intra-diversity among this group in different social and national circumstances. The purpose of this symposium is the understand how migration between and within countries and other social and health factors (e.g., diabetes) impact risk for cognitive impairment and dementia using three national datasets: the HRS, MHAS, and HEPESE. Four paper presentations and one discussant will examine several thematic issues as they relate to cognitive aging for Latinos, including: (1) cross-national estimates of dementia prevalence in Mexico and the U.S.; (2) the healthy immigrant effect and health convergence hypothesis for cognitive impairment for Latinos in the U.S. and Mexico; and (3) implications of these trends for long-term care service needs for Latinos living with dementia in the U.S. and Mexico. The resulting discussion will provide new empirical

and theoretical insights on the determinants of cognitive aging for this population. It will also inform debates and aid in implementing innovative strategies and solutions to mitigate risk for impairment and improve dementia care for older Latinos.

AGE OF MIGRATION AND COGNITIVE LIFE EXPECTANCIES AMONG OLDER LATINOS: EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY

Marc Garcia, *University of Nebraska, Lincoln, Nebraska, United States*

This study used data from the Health and Retirement Study (1998-2014) to estimate Sullivan-based life tables of cognitively intact, cognitively impaired/no dementia (CIND), and dementia life expectancies by nativity, age of migration, and sex for older Latinos residing in the United States. Results show foreign-born Latinos, regardless of age of migration or sex, spend a greater number of years after age 50 with CIND compared to U.S.-born Latinos. Furthermore, we document an advantage in total life expectancy and cognitively intact life expectancy among mid-life immigrant men relative to their U.S.-born counterparts. The robust relationship between nativity, age of migration, and cognitive health suggests that the foreign-born may place particularly serious burdens on families and the government. This issue merits special attention in the development of community-based long-term care programs to appropriately target the specific needs of different subgroups of older Latinos who are entering into their last decades of life.

RURAL AND URBAN DWELLING ACROSS THE LIFE-COURSE AND LATE-LIFE COGNITIVE ABILITY IN MEXICO

Joseph Saenz, *University of Southern California, Los Angeles, California, United States*

BACKGROUND: Research has consistently suggested urban dwelling in late adulthood is associated with better cognitive ability. Whether early life rural/urban dwelling and its interaction with late-life rural/urban dwelling relate with late-life cognitive ability in the context of Mexico is not well understood. **METHOD:** Data comes from the 2003 Mexican Health and Aging Study. Early life rural/urban was assessed as respondents' reports of growing up in an urban/rural area. Current rural/urban was assessed by locality size (greater/fewer than 100,000 residents). **RESULTS:** Both early life and current rural residence were associated with poorer cognitive ability independent of education, literacy, early life SES and health, income/wealth, healthcare access, health, and health behaviors. Compared to individuals who always lived in rural areas, rural to urban migration was associated with better cognitive ability. **DISCUSSION:** In addition to current rural/urban dwelling, researchers should consider where individuals lived in early life and migration across the life-course.

DIABETES, DISABILITY, AND DEMENTIA RISK: RESULTS FROM THE HEPESSE

Elizabeth Vasquez,¹ meghana Gadgil,² Weihu Zhang,³ and Jacqueline L Angel,⁴ 1. *University at Albany (SUNY), Rensselaer, New York, United States*, 2. *Dell Medical School - University of Texas, Austin, Texas, United States*, 3. *Albany University, Rensselaer, New York, United States*, 4. *The University of Texas at Austin, LBJ School of Public Affairs, Austin, Texas, United States*

The relationship between cognitive function, diabetes and disability among the oldest-old remains largely unexplored, particularly in the Latino population. This study examines dementia risk and diabetes status in a Mexican-origin older adult sample. The data are drawn from eight waves (1993-2013) of the Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE; N=3,039, mean age at baseline=73.6 (± 6.8)). We use multivariable Cox proportional hazards models to predict the relation between diabetes and time to incident dementia (MMSE<24, 1+ IADL), with risk adjustment for age of migration, socioeconomic status, acculturation, and health. Diabetes prevalence at baseline was 27.8%. Diabetes was associated with a higher risk of developing dementia (HR)=1.22, $p < 0.001$). Foreign-born older adults who migrated at ages 20-49 had a higher survival probability of being dementia-free (HR=0.84, $p = 0.001$). Our results further highlight the importance of evaluating differences in the cognitive outcomes of Mexican origin older adults.

LIKELY DEMENTIA AND ITS IMPLICATION FOR SUPPORT AMONG THE OLDEST-OLD IN MEXICO AND THE UNITED STATES

Mariana Lopez-Ortega,¹ Silvia Mejia,² Emma Aguila,³ Luis Gutiérrez-Robledo,⁴ William Vega,⁵ Flavia Andrade,⁶ Stephanie Grasso,⁷ and Jacqueline Angel,⁸ 1. *National Institute of Geriatrics, Mexico, Mexico City, Mexico*, 2. *El Colegio De La Frontera Norte, Tijuana, Baja California, Mexico*, 3. *University of Southern California, Los Angeles, California, United States*, 4. *The National Institute of Geriatrics, Mexico City, Distrito Federal, Mexico*, 5. *Florida International University, Miami, Florida, United States*, 6. *University of Illinois, Urbana, Illinois, United States*, 7. *University of Texas at Austin, Austin, Texas, United States*, 8. *The University of Texas at Austin, Austin, Texas, United States*

This study examines sources of vulnerabilities to dementia in low resource populations in two specific contexts—Mexico and the United States. Data are drawn from comparable waves of the Mexican Health and Aging Study (MHAS) and the Hispanic Established Populations for the Epidemiologic Study of the Elderly (H-EPESE) in 2012, which include representative samples of the oldest-old (82 and over), the fastest growing segment of the populations worldwide. Likely dementia prevalence is 30.9% ($\pm 0.46SD$) for Mexicans in Mexico and 36.3% ($\pm 0.48SD$) for Mexicans in the U.S. Odds of likely dementia in both populations were increased by age, living in extended households, depressive symptoms, and Seguro Popular and Medicaid receipt. Being female and having comorbid cardiovascular conditions were also associated with likely dementia but only for older Mexicans. There is a need to strengthen the caregiving capacity of memory care services in low resource communities in Mexico and the U.S.

SESSION 5510 (SYMPOSIUM)

COMMUNICATION AND LANGUAGE: WHY AGE MATTERS

Chair: Alison Chasteen

Co-Chair: Sali Tagliamonte

In line with this year's 75th anniversary theme, we will show why aging matters for communication and language. Specifically, in this symposium we will show how aging