

Using data from the 2007 to 2016 waves of the Survey of Consumer Finances, we examine the trajectory of inequality for the overall population and by cohort in years spanning the Great Recession and subsequent recovery. We find that increases in per-capita income and wealth observed at the population-level during the recovery were not reflected among households below the median, leading to increasing inequality. Within cohorts, we observe growing inequality within cohorts in their primary working years. Findings are consistent with a model of integrative cumulative disadvantage, which predicts increasing within-cohort inequality over the life course influenced both by persistent micro- and macro-level processes of increasing heterogeneity. Our analyses highlight the potential role of extreme business cycle fluctuations, booms and busts, to exacerbate this underlying process.

TRAJECTORIES, TURNING POINTS, AND INTERRUPTIONS: HOW SOCIAL INEQUALITY SHAPES WOMEN'S LATER-LIFE HEALTH

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We explore women's health in midlife and later life at the nexus of structural sexism and the life course perspective, applying Dannefer's (2018) concept of life course reflexivity, which emphasizes social dynamism with potential health-changing 'input' at all ages. We present three types of reflexive changes in the gendered life course that shape women's health as they age: (1) trajectories of lifetime labor market disadvantage leading to limited health-protective resources in later life; (2) turning points in family structure and need, with draining caregiving demands; (3) interruptions in midlife, such as divorce, erasing the social and economic benefits of marriage. We provide support for critical arguments that theoretical work on the life course has too-often utilized the 'privileged' or the 'male' life course with insufficient attention to structural sexism as a fundamental cause of women's health disparities in later life.

Session 4305 (Paper)

Successful Aging in Place

FUNCTIONAL MRI TO ASSESS DECISION-MAKING CAPACITY OF OLDER ADULTS WITH DEMENTIA: A PROOF OF CONCEPT STUDY

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Assessment of decision-making capacity is essential to respect older adult dignity, particularly concerning major decision such as ageing in place. To date, it is the clinician's assessment, based on a global analysis of his clinical evaluation and neuropsychological tasks, which enables decision-making assessment. Given the difficulty it represents, and the ethical and societal issues raised, the research question concerns the contribution of neuro-imaging technologies as an aid to the evaluation of decision-making capacity. We included in our proof-of-concept study 4 healthy older patients and 2 older patients with dementia (mild stage) followed in a memory clinic. Each of the participants completed

neuropsychological tests with a focus on executive functions, anosognosia and judgemental skills. Next, they performed a decision-making task, the Balloon Assessment Risk Task (BART) in functional MRI, and, finally, they participated in a semi-structured interview completed with interview of their caregiver. For both patients, their referring geriatrician was questioned a priori on his assessment of their decision-making capacity. The results showed a common activation pattern in functional MRI between the patient considered competent in decision-making and the healthy subjects, unlike the patient who was not clinically competent. The qualitative analysis highlighted major anosognosia in both pathological situations, but decision-making in everyday life situations differed between the 2 patients. This study shows the feasibility, on a sensitive topic, to explore the potential contribution of functional neuroimaging and semi-directed interviews as tools. It also demonstrates the value of conducting mixed research, combining neurosciences and social science to explore complex clinical issues.

I WOULDN'T SEARCH THAT WITH MY MOBILE PHONE: CREDIBILITY AND TRUST IN OHIRS AMONG LOWER-INCOME BLACK OLDER ADULTS

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Online health information resources (OHIRs) such as conversational assistants and smart devices that provide access to consumer health information in the home are promoted as viable options for older adults to independently manage health. However, there is question as to how well these devices are perceived to meet the needs of marginalized populations such as lower-income Black older adults who often experience lower digital literacy or technology proficiency. We examined the experiences of 34 lower-income Black older adults aged 65-83 from Chicago and Detroit with various OHIRs and explored whether conversational resources were perceived to better support health information seeking compared to traditional online web searching. In a three-phase study, participants tracked their experiences with various OHIRs and documented health-related questions in a health diary. Participants were then interviewed about their diaries in focus groups and semi-structured interviews, followed by a technology critique and co-design session to re-envision a more usable and engaging conversational device. We present preliminary results of the themes that emerged from our analysis: cultural variables in health information seeking practices, perceptions of credibility, likelihood of use, and system accessibility. Participants indicated that their trust of different resources depended on the type of information sought, and that conversational assistants would be a useful resource that require less technology proficiency, even among those with lower e-health literacy. Although our findings indicate that familiarity and trust were salient constructs associated with perceptions of OHIRs, these devices may address digital literacy and technology familiarity with certain design considerations.

MIGRATION AND AGING IN THE RIGHT PLACE: OLDER PUERTO RICAN ADULTS' NARRATIVES

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