

unemployed, especially for women in their 50s, as well as increases in the proportions reporting they are NILF-Other, especially for Asian and Hispanic women, with small increases for Asian and Hispanic men as well. There is little change in age-graded reports of being retired, regardless of gender or race/ethnicity, though there are education-level effects.

#### LONG-TERM EFFECTS OF SOCIAL INSURANCE ON ADULT MORTALITY: EVIDENCE FROM THREE SOCIAL PROGRAMS IN MEXICO

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Research on the mortality effects of social insurance programs for older adults has generated conflicting results. Some studies suggest important health benefits, others find no effects, and still others find unintended adverse effects potentially linked to pathways such as increased obesity. Evidence has focused predominantly on short-run effects rather than net long-run mortality effects and their effects on the health of older adults has been particularly understudied. Mexico offers a unique opportunity for studying the long-run effects of social programs on adult mortality. Within a ten-year period, Mexico introduced the following influential social insurance programs: Progresa conditional cash transfer (CCT) program in 1997, 70 y más unconditional cash transfer (UCT) program for older persons in 2007, and Seguro Popular, a public health insurance program (PHI) for the uninsured, in 2004. In this paper we analyze effects on mortality for middle-age and older adults, by gender, 10-20 years after program implementation.

#### CHANGES IN SOCIODEMOGRAPHIC AND DISEASE PREVALENCE AMONG FIVE BIRTH COHORTS OF OLDER LATINOS

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Latinos are often treated as an amalgamated group without respect to Latinos' composition included in sampling designs in different periods. This matters because the Latino population is continuously changing over time with respect to migration patterns, socioeconomic status, sociocultural characteristics, and geographic dispersion across the U.S., which may influence disease patterns in later life. We use data from the Health and Retirement Study and the National Health Interview Survey to investigate changes in older Latinos' composition by examining five birth cohorts. Results indicate that there have been significant demographic and health changes over time among older Latinos, with later-born cohorts more racially and ethnically diverse, more educated, and exhibiting a higher prevalence of hypertension, diabetes, and obesity. Understanding these shifting dynamics is imperative for crafting strategies and public policies that meet this group's health needs, reduce the cost of health care, and increase the quality of life for older Latinos.

#### INFLUENCE OF LABOR MARKET DISPARITIES ON SEX AND GENDER INEQUALITIES IN COGNITIVE DECLINE

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State-level labor market disparities have been linked to health outcomes. The current study examines how labor market disparities may shape different patterns of sex/gender inequalities in cognition across race/ethnicity, place, and time. We leverage cognitive outcome data from multiple cohort and nationally representative longitudinal studies, as well as historical data on labor force participation and occupational status from IPUMS CPS. Multilevel modeling analyses was used to examine heterogeneity in sex/gender inequalities in cognitive trajectories within and between race/ethnicity and U.S. state of birth and determine whether such variability is explained by a state-level labor market opportunity composite. We expect women to demonstrate an advantage over men on cognitive measures. Women's advantage will be more pronounced in states with a small sex/gender gap in labor market opportunities and less pronounced in states with a large gap. The magnitude of this advantage will be greater for White women compared with Black women.

#### HOUSEHOLD STRUCTURE AND OLDER PERSONS

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This research explores the life circumstances of older persons (aged 60 years and above), focusing on the sociodemographic and socioeconomic conditions of those who live alone. We situate the living arrangements of older persons within the global context of changing household structures in 76 countries from all regions of the world. Older persons who live alone are among those most likely to need governmental and other forms of social support. The analysis presented here is crucial for supporting policy responses to the needs of older persons, including the special attention they require during the current COVID-19 crisis. It also supports the operationalization of the Madrid International Plan of Action on Ageing (MIPAA)(United Nations, 2002), the realization of United Nations Principles for Older Persons (United Nations, 1991), and the broader framework of the Programme of Action of the International Conference on Population and Development(ICPA-POA).

### Session 4270 (Paper)

#### Local, State, and Federal Policies

#### COMMUNITY OPTIONS TO FUND AGING SERVICES: A NATIONAL STUDY TO TRACK LOCAL INITIATIVES

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The majority of federal support for older people needing in-home services and supports comes from the Medicaid