the United States. Nursing homes (NHs) have reported over 130,000 COVID-19 deaths (or one-fourth of all US deaths) circa March 2021, a high share of the nation's total death count (CMS COVID-19 NH Data). These inequities partially driven by barriers to care, segregation and structural racism have resulted in the unequal impact of COVID-19 across NHs (Li et al., 2020). In this presentation, I will describe NHs that disproportionally care for minority residents and the effect of NH composition on COVID-19-related mortality and outcomes. In 2020, minority older adults were less likely to have access to high quality facilities. From June – August, NHs with a high proportion of minority residents reported higher COVID-19 mortality rates per 1000 residents. Equal access to high quality of care across the life-course among racial and ethnic groups is needed.

### THE INTERSECTION OF RACE AND ETHNICITY, NATIVITY, AND SEX ON COGNITIVE TRAJECTORIES OF OLDER ADULTS IN THE UNITED STATES

Marc Garcia,[1] and Wassim Tarraf,[2] *1. Syracuse University, Syracuse, New York, United States, 2. Institute of Gerontology & Department of Healthcare Sciences, Wayne State University, Detroit, Michigan, United States*

We used longitudinal data from the Health and Retirement Study (1998-2016) to estimate sex-specific age-graded changes in global cognition and memory among White, Black, and U.S.- and foreign-born Latino adults 51 years and older. Among males, racial/ethnic and nativity differences in cognitive function were mainly evident at younger ages, particularly for Blacks compared to Whites. We found no evidence to support male racial/ethnic or nativity differentials in trajectories of cognitive aging. For women, older Blacks and U.S.-Born Latinas, and to a lesser degree foreign-born Latinas, had lower cognitive function at younger ages. However, White women showed more pronounced cognitive aging in comparison to U.S.- and foreign-born Latinas. Results applied to both global and memory outcomes. Our findings support calls for nuanced considerations of racial/ethnic and nativity effects on cognitive aging and ADRDs. Continued monitoring of differential cognitive aging trends is warranted as the vascular and neurologic sequelae of COVID-19 manifests.

### HOW BIOMARKER-BASED DIAGNOSIS AND TREATMENT AFFECT ALZHEIMER'S STIGMA: RESULTS OF A RANDOMIZED TRIAL

Shana Stites,[1] Jeanine Gill,[1] Emily Largent,[1] Kristin Harkins,[1] Abba Krieger,[2] and Jason Karlawish,[1] *1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. Wharton School of Business, Philadelphia, Pennsylvania, United States*

Alzheimer's disease (AD) causes progressive disability and, ultimately, death. Currently no therapy can delay or slow cognitive and functional decline. This prognosis contributes to the general public's negative reactions—discrimination, pity, and social distance—toward individuals with AD and their families. But what if, using AD biomarker tests, diagnosis was made earlier and treatment was available? Stigma of AD might change. This project aimed to discover how diagnosis and treatment of AD before the onset of cognitive impairment would change public stigma, and how these effects might differ in ethnoracial populations. Comparisons of 12 experimental conditions (i.e., 2 (biomarker test result) x 2 (treatment availability) x 3 (cognitive impairment: none, mild, moderate)) are conducted in two independent samples of self-identified White (N=800) and Black (N=800) Americans. Findings anticipate the translation of the preclinical AD construct into care and will inform public policies and interventions to mitigate public stigma of AD.

## Session 2415 (Symposium)

### GENDER, FAMILY HISTORIES, AND LATE-LIFE ECONOMIC WELL-BEING

Chair: Deborah Carr
Co-Chair: Pamela Smock
Discussant: Teresa Ghilarducci
Text TK.

### MARITAL HISTORIES AND LATE-LIFE ECONOMIC SECURITY: DO SOCIAL SECURITY BENEFITS RULES PERPETUATE DISPARITIES?

Deborah Carr, *Boston University, Boston, Massachusetts, United States*

Disparities in late-life economic security persist along the lines of gender, marital status, race, and educational attainment. We propose that these disparities are partly due to the fact that Social Security benefits are structured such that never-married, divorced, and cohabiting persons, those who were widowed prematurely, or were in a dual-earner couple face benefit penalties. Drawing on data from the Wisconsin Longitudinal Study (WLS), a study that has followed men and women from age 18 (in 1957) through age 72 (in 2011), we examine disparities in Social Security earnings and poverty risk on the basis of gender and marital histories. Our results reveal a large disadvantage for divorced and never-married persons (relative to their married counterparts), with women and those divorced two or more times experiencing the largest toll. We discuss the implications of our results for revamping Social Security to better meet the needs of 21st century families.

### HOW MARITAL STATUS SHAPES GRANDPARENTING CHILDREN WITH DISABILITIES

Madonna Harrington Meyer, *Sociology, Syracuse, New York, United States*

How does marital status shape grandparent care work when grandchildren have disabilities? Based on 50 in-depth interviews with grandparents who provide various types of care for grandchildren with disabilities, we find that marital status shapes care work in three distinct ways: (1) Many who are married describe both grandparents working as a team to provide vital care; (2) Some who are married describe spouses, primarily grandfathers, who are either unable or unwilling to provide care; and (3) Many who are not married, primarily grandmothers, describe providing relatively high levels of care and support despite relatively low resources. While nearly all report a great deal of joy and satisfaction with their care work, those who are single, have greater care responsibilities, and fewer resources are more likely to report adverse social, emotional, physical, and financial impacts. More robust social policies could alleviate the impact of marital status on grandparent care work.