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

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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 HEPESE

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

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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% (±0.46SD) for Mexicans in Mexico and 36.3% (±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 *GSA 2020 Annual Scientific Meeting*