

## RACIAL DISPARITIES IN RURAL-URBAN MORTALITY GAP IN THE UNITED STATES: A 24-YEAR LONGITUDINAL STUDY

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Although overall life expectancy in the US has improved rapidly over the course of the 20th century and the racial gap in all-cause mortality has declined in recent decades, geographical disparities in mortality have increased in the last three decades. This research aims to study racial and geographical disparities by comparing the race and sex-specific mortality trends of the US rural and urban populations. We created a longitudinal county level analytic file of the US population 65 years and older, over the period of 1968 to 2015 obtained from CDC-WONDER and Area Health Resources Files. First, we used an OLS regression of age-adjusted mortality rate onto year indicators interaction with race and gender to depict the race and sex-specific trend in age-adjusted mortality rates. We also estimated the change in mortality rate over time, for each race and gender, relative to values in 1968. Finally, we estimated race and sex specific trend in rural-urban mortality gap using state fixed effects regression. Our results indicate that racial gap in mortality rates has only declined in urban areas. Mortality rates of the whites in rural areas declined more rapidly than their Black counterparts, resulting in a gap that has been widening in the last three decades. The racial gap has increased considerably for males residing in rural counties not adjacent to an urban county. Thus, racial disparity in mortality has increased in rural areas, with a considerable widening between white and black male population living in the more remote rural areas.

## UNDERSTANDING NON-MEDICAL COSTS FOR HEALTH CARE: EVIDENCE FROM INPATIENT CARE FOR OLDER PEOPLE IN CHINA

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Non-medical costs can constitute a substantial part of total health care costs, especially for older people. Costs associated with carers, travel, food and accommodation for family members accompanying and caring for older people during their medical visits can be hefty. This study seeks to examine the effects of non-medical costs on catastrophic health payments and health payment-induced poverty among older people in rural and urban China. Using data from the China Health and Retirement Longitudinal Survey 2015, this study finds that inpatient costs account for a significant proportion of household expenditure, and non-medical costs can account for approximately 18% of total costs. That share is highest for those who belong to the lowest wealth groups. Non-medical costs increase the chances of older people incurring catastrophic health payments and suffering from health payment-induced poverty. Such effects are more concentrated among the poor than the rich. The results also show that the rural population are more likely to incur catastrophic health payments and suffer from health payment induced poverty compared to the urban population. This paper urges policy makers to consider reimbursing the non-medical costs

of patient care, improving health care systems in general and for the rural populations specifically.

## WEALTH PROFILES AND VARIATIONS BY GENDER AND RACE: A GROWTH-MIXTURE MULTIGROUP COMPARISON

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Wealth is fundamentally affected by various life course characteristics. However, little is known about the role of life course factors in shaping wealth trajectories in later life. This study explored how the longitudinal profiles of wealth varied by gender and race (white and non-white populations). Data came from the 2004-2014 Health and Retirement Study with 16,189 older adults aged 51 and older. With corrections for clustered effect within household, this study used growth mixture modeling (GMM) to identify the longitudinal patterns of wealth, and how these profiles varied by these two important life course attributes. The model began with a separate GMM model for race and gender to investigate the optimal latent class model. These results were combined using multi-group approach to incrementally examine the gender and race invariance using configural (same form), structural (same trajectory mean), dispersion (same trajectory variance), and distributional (same latent class size) test. Results identified four distinct wealth profiles—Stable high, Low and increasing, Stable low, and High but decline—for each race and gender category. The multigroup GMM analyses revealed that the wealth profiles varied by gender and race, but the degrees of variation differed a great deal, with results supporting a dispersion model for gender but a configural model for race. Results indicate that race has a stronger effect in shaping wealth development compared to gender. The findings suggest that understanding wealth disparities in later life could be facilitated by examining how wealth varies by gender and race.

## WHAT ARE THE PATHWAYS TO RETIREMENT: DO HEALTH AND COHORT MATTER?

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Studies about retirement often neglect ethnic identity. Yet, racial and ethnic inequality plays an important role in retirement decisions. For instance, minorities are less likely to continue working in old age beyond the normal retirement age because of some individual factors such as poor or fair health, cognitive impairment, functional limitation (Green, 2005; Ghilarducci & Moore, 2015; Mudrazija, 2010), physical limitations (Radl, 2014; Solem et al., 2016; Pienta & Hayward, 2002), retirement benefit and eligibility of pension (Radl, 2014; Honig, 1996). This research examined the influence of ethnicity on whether working for people aged above 60 in Taiwan. In addition to testing the pathways to retirement, we scrutinized how occupational sector mediates the likelihood of ethnic effect on retirement. After comparing two cohorts from the dataset “Taiwan Longitudinal Study in Aging”, we found that working in public sector, white-collar workers, being a Mainlander, being non-married, higher education, self-reported bad health and functional limitation are all associated with the higher likelihood of retirement. Finding suggested that the incentive structure of the public pension for public sector workers, who are mostly