

the presence of the epidemic in the US was recognized in mid-March. The objective was to determine to what extent the restrictions resulting from the presence of a new disease was affecting older adults in their daily lives, and in their plans for the future. All respondents were over the age of 60 and half were more than 80 years old. Two-thirds lived by themselves; most others lived with a husband or wife. Respondents for the most part were following guidelines to wear masks, practice social distancing and avoid close contact with persons outside their homes, including other family members. Over half had already made dramatic changes in their daily activities. Some found an opportunity to develop new skills, had connected with people from the past, or had become more introspective. Others, while exhibiting some of the same characteristics, were more focused on the restrictions they faced, and were more aware than ever of the limited amount of time left in their lives. Differences between respondents in the emphasis of their perspectives are explored, by age, gender, and other characteristics.

WORSENING MENTAL HEALTH AND SELF-RATED HEALTH IN OLDER INCARCERATED PERSONS DURING THE COVID-19 PANDEMIC

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Incarcerated persons age 50 and older comprise one of society's most vulnerable groups given high rates of chronic illness, estrangement from family/friends, and suicide. Consequently, the mental health impact of COVID-19 on this population may be especially salient. Using data from the ongoing Aging Inmates' Suicidal Ideation and Depression study (Aging INSIDE), we determined change in older incarcerated persons' mental health (anxiety and depression symptoms) and change in self-rated health (SRH) from before to during the COVID-19 pandemic, and evaluated how these variables were related. Of the 202 still-incarcerated Aging INSIDE participants, 157 (77%) completed Check-In Surveys between August-September 2020. Participants were 96% male, racially diverse (41% White, 41% Black, 18% Hispanic/Other) and average age was 56.0(±5.8) years. From before to during the COVID-19 pandemic, average anxiety symptom scores, assessed by the GAD-7, increased (worsened) (from 6.4±5.7 to 7.8±6.6; $p<0.001$), average depressive symptoms scores, measured by the PHQ-8, increased (worsened) (from 5.5±6.0 to 8.1±6.5; $p<0.001$), and average SRH decreased (worsened) (from 3.0±0.2 to 2.6±0.2; $p<0.001$). Worsening anxiety led to worsening depressive symptoms (direct effect = 0.339; $p<0.05$). A mediation model controlling for age, race, chronic conditions, years until release, and change in social support score found a total effect of change in anxiety on SRH change of -0.04 ($p<0.001$), of which 34.2% flows indirectly through change in depression ($p<0.001$). Older incarcerated persons experienced worsening mental health and SRH during the COVID-19 pandemic. Future research will determine if mental health and SRH improve following vaccination and return to "normal" procedures.

Session 4205 (Symposium)

CROSS-NATIONAL PERSPECTIVES ON HEALTH AND WELL-BEING IN LATER LIFE

Chair: Jennifer Ailshire Discussant: Yuan Zhang

Cross-national comparisons are increasingly being used to re-evaluate whether our theories of aging are dependent on sociocultural context and to develop new insights into both long-standing and emerging issues in aging. The papers in this symposium use harmonized data from the Gateway to Global Aging to examine a range of topics in aging and provide new insights into key questions in aging research. Liu et al., determine whether social relationships mediate the association between early life adversity and later life health and well-being using longitudinal data from the U.S. and England. Considering multiple domains of the social determinants of health, such as socioeconomic status, social relationships, and health care access, Cho et al. identify which are related to self-rated health in China, Japan, and South Korea. Cheng et al. test the age-as-leveler hypothesis for explaining how socioeconomic differentials in health change in older ages in China and 19 European countries to determine if the protective effect of socioeconomic status on multi-morbidity changes with age. Harmonized data facilitate international comparisons papers, but additional efforts are sometimes needed to calibrate specific measures across international surveys. A major challenge in cross-national aging research, for instance, has been the limited ability to compare cognition across countries. Nichols and colleagues present a novel method for cocalibration of cognitive function across the U.S., England, and India that could be used for additional cross-national comparative research. The papers in this symposium demonstrate both the potential and challenges of cross-national studies of health and well-being among older adults.

EARLY ADVERSITY AND LATER HEALTH: THE PATHWAY OF SOCIAL RELATIONSHIPS IN ADULTHOOD IN HRS AND ELSA

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Early adversity is associated with compromised health and well-being in later life, but whether social functioning mediate the association is unclear. We examined 2 longitudinal samples of older adults (≥ 50 years) whose baseline surveys were between 2006 and 2008 with follow-up until 2016 in the Health and Retirement Study (HRS, $n = 15,946$) and its sister study in England (ELSA, $n = 9,692$). Health outcomes included depressive symptoms, chronic health conditions, and subjective memory complaints. Social relationships were measured by contacts, relationship strains, and feelings of loneliness. Early adversity was measured by parental physical abuse and alcohol and drug problems in

the family before the age of 16. Patterns of association were similar in these 2 samples, where social contacts decreased over time, while relationship strains and loneliness increased especially for older adults with early trauma, which in turn mediated the associations between early adversity and poorer later health.

SOCIOECONOMIC STATUS AND LATER-LIFE HEALTH: LONGITUDINAL EVIDENCE FROM EUROPE AND CHINA

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Scholars are divided as to how the protective effect of SES on health (the SES-health gradient) varies over the later-life course: The age-as-leveler perspective suggests that the SES-health gradient weakens with age, whereas the cumulative (dis)advantages perspective suggests that it strengthens with age. To clarify this, we used SHARE 2004-2017 (73,407 respondents from 19 European countries) and CHARLS 2011-2018 (8,370 Chinese respondents). Congruent with the age-as-leveler perspective, growth curve models revealed that the overall protective effect of SES on multimorbidity was weaker for older than younger adults (the country-specific effects were significant in two thirds of the case). We interpret this as a selection effect. However, the within-participant protective effect of SES on multimorbidity did not vary over the later-life course (the country-specific effects were nonsignificant in the majority of the case). Findings suggest that extant cross-sectional studies should be interpreted with caution and that longitudinal, cross-national studies are needed.

INFLUENCE OF SOCIAL DETERMINANTS ON SELF-RATED HEALTH IN THREE COUNTRIES OF EAST ASIA

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This study aims to compare five domains of social determinants and their associations with self-rated health (SRH) among older adults in China, Japan, and Korea, where they share some cultural values but the development and conditions of economic status, health care system, and education system vary. A total of 10,111 participants aged 65 years and older were included from three harmonized datasets at baseline CHARLS, KLoSA, and JSTAR. Guided by the Healthy People 2020 Framework, five domains of social determinants were included: education levels, economic stability (total income, working for pay), social and community context (social engagement, living with children), health care access (medical center utilization), and neighborhood (rural vs. urban). Regression models showed that working for pay, social engagement, and medical center utilization were significant predictors for SRH in three countries. However, unique predictors have also been observed in China and Korea, which will be discussed in the presentation.

CO-CALIBRATION OF COGNITIVE DOMAINS ACROSS DIFFERENT COUNTRIES WITHOUT COMMON LINKING ITEMS

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Modern psychometric methods allow for cocalibration of cognition across cross-national surveys, given the presence of common tests across studies. For narrow cognitive domains, there may not be common tests due to cultural and linguistic differences in testing. We developed a novel method to facilitate cocalibration that entails (1) identifying a common score across studies highly correlated with the focal domain; (2) deriving scores separately in each study for the domain of interest; and (3) applying stratified equipercentile equating to equate domain scores in (2) to the distribution of the common metric in (1). We tested this method by equating executive functioning in the Harmonized Cognitive Assessment Protocols (HCAP) in the US (N=3496), India (N=4096), and England (N=1273). The method preserves the rank order of executive functioning derived separately ($r>0.99$ in England; $r>0.99$ in India), while preserving between-study differences observed in general cognitive functioning. We discuss limitations and future directions.

Session 4210 (Symposium)

CULTURAL ADAPTATIONS TO RECRUITMENT STRATEGIES AND COMMUNITY-BASED INTERVENTIONS FOR DEMENTIA CAREGIVERS

Chair: Lauren Parker Co-Chair: Katherine Marx
Discussant: Maria Aranda

Nearly 30 years after the 1993 National Institute of Health Revitalization Act, minority groups' low participation in research remains (which required the inclusion of women and racial/ethnic minority groups into government-funded clinical trials). This is particularly the case for participation in research on Alzheimer's Disease and related dementias (ADRD). Deeply rooted historical race-based mistreatment in research and in the health care system at large persist as barriers to low-participation of minorities (i.e. Black/African American, Hispanic/Latino) and immigrants in research studies, who remain at disparate risk for adverse ADRD health outcomes and expedited mortality. The use of culturally adapted approaches in recruitment strategies and community-based interventions might be helpful to encourage the participation of underrepresented groups into research. As such, this presentation highlights three studies that seek to use cultural adaptation to inform recruitment strategies and community-based interventions. First, Dr. Parker will present how tenets from Critical Race Theory can be used to inform culturally-adapted recruitment strategies of Black/African American caregivers into community-based research by drawing upon two ongoing studies: a randomized trial providing caregiver support through Adult Day Services (ADS) and the evaluation of impact of ADS on stress levels of Black/African American using biomarker measures.