

men in Canada and England/Northern Ireland. These results suggest that women with similar skills lagged their male counterparts in income in specific sub-populations in specific countries. We provide possible explanations for these differences and conclude with implications for policy and practice.

SESSION 515 (PAPER)

ECONOMIC OPPORTUNITIES AND CHALLENGES ACROSS THE LIFE COURSE

INFLUENCE OF ECONOMIC WELL-BEING ON HEALTH, AND MODERATING EFFECT OF SOCIAL ENGAGEMENT AMONG OLDER CAMBODIANS

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Similar to other post-conflict nations in Southeast Asia, impacts of civil wars and violence, coupled with the present poverty, place older Cambodians in vulnerable health conditions. Older Cambodians have limited access to basic healthcare and decent living conditions. To date, little research has been conducted to understand their health and related determinants. This study aimed to examine the influence of economic wellbeing and the moderating effect of social engagement on the physical health of older Cambodians. Data came from Survey of Elderly Cambodia (2004), the only existing nationally representative dataset of older Cambodians age 60 and above (N=1,273). Economic wellbeing was measured in two dimensions: (1) subjective economic wellbeing with three indicators of self-rated economic satisfaction and (2) objective economic wellbeing with household item possession and current housing conditions. Social engagement was examined with four types of engagement in the community. For physical health, the number of health complaints was examined. Results of Poisson regression showed objective economic wellbeing, such as access to basic household items and decent housing conditions, was significantly related to physical health ($p < .001$). However, we found no role of social engagement in the association between the subjective economic wellbeing and health. Furthermore, social engagement has a significant moderating effect on the association between objective economic wellbeing and physical health ($p < .001$), controlling for all covariates. For anti-poverty and health policy development for older Cambodians, a promising intervention effort may focus on the ways to facilitate social engagement in later years.

NATURALLY OCCURRING VARIABILITY IN FINANCIAL STRESS AND INFLAMMATORY BIOMARKERS AMONG OLDER ADULTS

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Financial strain (i.e. difficulty making ends meet) is associated with earlier disability and mortality among older adults, but inflammatory response to financial stress is untested. This study leverages monthly increases in financial stress among older adults receiving Social Security payments monthly on the 3rd. The Health ABC Study randomly sampled black and white adults aged 70-79 free of disability from Memphis, TN and Pittsburgh, PA in 1997 and 1998. Baseline biomarkers included TNF α , IL-6, CRP, and soluble receptors were measured for about half the sample (IL-2, IL-6, and TNF α Type I and II). Days since Social Security payment was calculated using clinic visit date, which naturally varied in the sample. Restricted cubic spline models stratified by financial strain status tested hypothesized associations, adjusting for financial strain scores, food insecurity, employment status and monthly invariant potential confounders (age, gender, number of inflammatory conditions, waist circumference and anti-inflammatory medications). Among those with financial strain, each additional day since payment was associated with higher TNF- α levels during first week of the month ($n=1,633$, coefficient=0.0830, $p=0.030$) and higher IL-6 soluble receptor levels during the last week of the month ($n=828$, coefficient=12033.44, $p=0.037$), but not with other biomarkers nor during the middle of the month. Days since payment was not associated with biomarkers among those without financial strain. These results suggest upregulation of pro-inflammatory and not anti-inflammatory pathways during the beginning and end of the month among financially strained older adults. Financial strain is modifiable and these results call attention to addressing it.

OLD-AGE DEPRESSIVE SYMPTOMS: THE ROLE OF EARLY-LIFE FINANCIAL STRAIN AND LATE-LIFE SOCIAL ENGAGEMENT

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It remains unclear if childhood socioeconomic disadvantage is associated with depression in old age. This study aims to investigate the effect of childhood financial strain on depressive symptoms in old age, and to examine whether late-life social engagement modifies this association. Data from the Swedish National study of Aging and Care in Kungsholmen, a community-based longitudinal study of aging, spanning clinical assessments over 15 years of follow-up were used. Information on financial strain in childhood was collected at baseline. Repeated measures of the Montgomery-Åsberg Depression Rating Scale were used to define depressive trajectories. A social engagement index comprised information on baseline social network and leisure activities. Linear mixed models were used to estimate depressive trajectories. Childhood financial strain was associated with a higher level of depressive symptoms ($\beta = 0.36$; $p < 0.05$), but not the rate of symptom accumulation over time. Relative to those with a combination of no financial strain and active social engagement, the level of depressive symptoms was progressively