

States, 2. University of Alaska Fairbanks, Fairbanks, Alaska, United States

Cross-cultural research has shown marked variation in health outcomes across the world's older adult populations. Indeed, older adults in the Circumpolar North experience a variety of health disparities. Because aging is a biological process rooted in sociocultural context, there exists great variation in the ways older adults define and experience healthy, or "successful," aging in their communities. The aim of this analysis was to synthesize qualitative research among older residents (aged 50+ years) in the Circumpolar North to identify a definition of healthy aging common in the region. The Circumpolar North is defined as the Arctic and subarctic regions of Canada, Finland, Denmark, Greenland & the Faroe Islands, Iceland, Norway, Russia, Sweden, and the United States. A thorough review was conducted across a variety of academic search databases for peer-reviewed, qualitative studies conducted among community-dwelling older adults. The search strategy initially identified 194 articles; 22 articles met the inclusion criteria. Included studies were coded and analyzed using Grounded Theory to examine underlying themes of healthy aging in the Circumpolar North. The findings reveal the importance older adults place on incorporating social, environmental, and personal resilience factors into multidimensional models of healthy aging. This research also highlights the need for increased translational research with populations in the Circumpolar North that are under-represented in the gerontological literature.

MEASURING SOCIOECONOMIC STATUS IN OLDER POPULATIONS: A SCOPING REVIEW AND INTERNATIONAL PERSPECTIVE

Gemma F. Spiers,¹ Barbara Hanratty,¹ Fiona E. Matthews,¹ E Moffatt,¹ and A Kingston¹, 1. Newcastle University, Newcastle upon Tyne, United Kingdom

Socioeconomic status (SES) is often measured using indicators that are less relevant to older populations. Building on earlier debates about these issues, an up-to-date, critical review of contemporary evidence and approaches is needed. A key question is how these challenges might vary between countries and different socio-cultural contexts. An international systematic scoping review was undertaken to a) identify which measures of SES have been used in studies of older adults' health, healthcare utilization and social care utilization, and b) critically appraise the application and validity of these measures in older populations. Systematic searches were conducted in five databases (Medline, Scopus, EMBASE, PsychInfo, Web of Science and Health Management Information Consortium) in May 2018. Studies were eligible if they reported data about the relationship between a measure of SES and self-rated health, healthcare use or social care use for people aged 60+ years, and were published after 2000 in a high-income country (as defined by the Organisation for Economic Cooperation and Development). Sixty-two studies across seventeen countries were included. Measures used included: education (n=41), income (n=37), subjective SES (n=8), occupational or employment (n=10), area deprivation (n=10), combined wealth (n=7), home ownership (n=13), and housing conditions (n=2). A minority (n=7) used a range of proxy variables. The challenges of applying these measures to older populations

will be considered. Attention is given to how these challenges may differ by country, whilst considering the added complexities of age, gender and socio-cultural context. Implications for future research on older adults' health inequalities are discussed.

CHANGES IN DEPRESSIVE SYMPTOMS IN EAST ASIA: A COORDINATED ANALYSIS OF THREE LONGITUDINAL STUDIES

Takeshi Nakagawa,¹ Jinmyoung Cho,² and Dannie Yeung³, 1. National Center for Geriatrics and Gerontology, Aichi, Japan, 2. Baylor Scott & White Health, Temple, Texas, United States, 3. City University of Hong Kong, Hong Kong, Hong Kong

Evidence for changes in depressive symptoms is relatively sparse in Asian populations. We examined changes in depressive symptoms in China, Korea, and Japan. Data were derived from three longitudinal studies with three measurement waves: the China Health and Retirement Longitudinal Study (CHARLS between 2011—2015), the Korean Longitudinal Study of Aging (KLoSA between 2006—2010), and the Japanese Study of Aging and Retirement (JSTAR between 2007—2011). Participants aged 50—75 years were included in the analysis (CHARLS: n = 10,385; KLoSA: n = 6,683; JSTAR: n = 3,004). Multilevel analyses were conducted separately for each country to examine trajectories of depressive symptoms, controlling for age, age squared, gender, education, marital status, activities of daily living, and morbidity as covariates. Depressive symptoms were measured by the 10-item CES—D. The CES—D score was scaled to a T score metric (M = 50, SD = 10) using the score at wave 1 in each country as a reference. Trends in depressive symptoms varied across countries, with stability in China but increase in Korea and Japan (Estimate = -0.05, 0.69, 0.40, respectively). Older Koreans reported higher levels of depressive symptoms than younger adults, whereas a reverse pattern was shown in China. Age differences were not found in Japan. Higher levels of education were associated with lower levels of depressive symptoms in China and Korea, whereas the opposite association emerged in Japan. These country differences will be discussed through the lens of societal and economic factors (e.g., welfare systems and economic recession).

COGNITION, SELF-RATED COGNITIVE HEALTH, AND CONCERNS ABOUT ALZHEIMER'S DISEASE IN OLDER KOREAN AMERICANS

Yuri Jang,¹ Nan Sook Park,² David Chiriboga,² Hyunwoo Yoon,³ and Min-Kyoung Rhee¹, 1. University of Southern California, Los Angeles, California, United States, 2. University of South Florida, Tampa, Florida, United States, 3. Texas State University, San Marcos, Texas, United States

Responding to the dearth of research on cognitive health in older ethnic minorities, the present study explored the associations among cognitive performance, self-rated cognitive health, and concerns about Alzheimer's Disease (AD) in older Korean Americans. We hypothesized that (1) cognitive performance and self-rated cognitive health would be moderately associated; (2) both cognitive performance and self-rated cognitive health would be associated with concerns about AD; and (3) the effect of cognitive performance on

concerns about AD would be mediated by self-rated cognitive health. Analyses of the survey data of 2,150 older Korean Americans (mean age = 73.2) residing in five states provided support for the hypotheses. Cognitive performance, measured with a Korean version of the Mini-Mental State Exam (MMSE), and a single item asking respondents to rate their overall cognitive status on a 5-point scale (excellent/very good/good/fair/poor) were moderately associated. Both poor performance in the MMSE and negative ratings of cognitive health status were associated with increased concerns about AD. Mediation analyses using the macro PROCESS showed that the indirect effect of cognitive performance on the concerns about AD through self-rated cognitive health ($-.01$ [.002]) was significant (bias corrected 95% confidence interval for the indirect effect = $-.02$, $-.01$). That is, the effect of cognitive performance on the concerns about AD was mediated by individuals' subjective evaluations of their cognitive health. Findings not only help better understand the psychological mechanisms that underlie cognitive health and AD concerns but also suggest avenues for interventions.

LANGUAGE USE, LITERACY SKILLS, AND ONLINE HEALTH INFORMATION-SEEKING IN LATER LIFE AMONG HISPANICS IN THE U.S.

Roberto J. Millar,¹ Shalini Sahoo,² Takashi Yamashita,¹ and Phyllis Cummins,³ 1. *University of Maryland Baltimore County, Baltimore, Maryland, United States*, 2. *University of Maryland, Baltimore, Baltimore, Maryland, United States*, 3. *Scripps Gerontology Center, Miami University, Oxford, Ohio, United States*

Online platforms, which are often in English, have become a common source of health information. Accordingly, language skills have been shown to be important for health information-seeking. In the United States, the use of online health information is generally low among Hispanics, particularly those with limited English proficiency. What is less clear, however, is how different measures of English proficiency may be linked to online health information seeking in later life. This study examines the associations between language spoken at home, literacy skills, and online health information seeking among middle age and older Hispanics in the U.S. Data of Hispanic adults aged 40 years and older ($n = 315$) come from the 2012/2014 Program for International Assessment of Adult Competencies (PIAAC). We used binary logistic regression models with complex sampling weights to examine online health information seeking as a function of primary language use at home (Spanish vs. English) and literacy skill assessment scores (low – high: 0 – 500 points). Results indicated that speaking Spanish at home ($OR = 0.317$, $p < 0.05$) is a negative predictor, and greater literacy skills ($OR = 1.011$, $p < 0.05$) is a positive predictor of online health information seeking. Findings from this study clarify possible health information disadvantages by limited English proficiency and lower literacy skills. We discuss how the impact of primary language use and literacy skills should be incorporated into future health communication and policy initiatives to address the barriers to health information among middle-aged and older Hispanic adults.

AVOIDANT FILIAL PIETY IN KOREAN IMMIGRANT FAMILIES: WHEN DO WE TALK ABOUT MOM AND DAD?

Joonsik Yoon¹, 1. *Syracuse University, Syracuse, New York, United States*

Parental caregiving for older adults is a challenge to most families, not only because of intangible factors such as role-reversals in family dynamics, but due to the many practical difficulties involved. At the same time, family members are important sources of support and care even in wealthy countries with established and relatively efficient social services for the older population. For migrant families from East Asia, where adult children have emigrated while their parents have remained in the country of origin, the distance and the transnational nature of the family ties present additional complications to the challenge of providing parental care within a highly filial culture. In this qualitative study, first-generation Korean Americans were interviewed in open-ended, in-depth interviews about their experiences and concerns surrounding transnational parental caregiving. The results show that none of the study participants or their families plan for parental care. Although most respondents expressed concerns over potential future care needs of their parents, none of them had taken steps to address those concerns or discussed the matter with other family members, who were equally reticent to discuss it. This was even though many stated that they were specifically worried about how to care for their parents in times of need given that they lived far away in another country. The discussion explores why migrant families consistently avoid what they themselves acknowledge to be an important, even necessary, discussion their families ought to have.

AIR QUALITY AND WELL-BEING AMONG MIDDLE-AGED AND OLDER ADULTS IN EAST ASIA

Takashi Yamashita,¹ Giyeon Kim,² Darren Liu,³ and Anthony R. Bardo⁴, 1. *University of Maryland, Baltimore County, Baltimore, Maryland, United States*, 2. *Chung-Ang University, Seoul, Korea, Republic of*, 3. *Des Moines University, Des Moines, Iowa, United States*, 4. *University of Kentucky, Lexington, Kentucky, United States*

There is a well-established link between air quality, an important component of one's local living environment, and well-being. However, the link between well-being and air quality is largely based on findings from western nations, and evidence from East Asia (where air pollution is a major challenge) is scant. Thus, the present study sheds much needed light on the association between well-being and air quality in four East Asian countries (i.e., China, Japan, South Korea, and Taiwan). Data for this study were drawn from the internationally representative 2010 East Asian Social Survey Health Module. The sample was limited to middle-age and older adults (i.e., 50 years and older) to account for differential exposure across the life course ($N = 4,052$). Linear regression models with robust standard error estimation and full information maximum likelihood were used to examine associations between four well-being indicators (self-rated health, SF-12 physical health and mental health, and happiness) and self-reported air quality. Results showed that air quality was negatively associated with well-being across East Asian nations --- with self-rated health in Japan ($b = -0.09$, p