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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

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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

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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

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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