

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)