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This study investigated the association between widowhood and depressive symptoms and the extent to which the association is contingent upon immigration status, functional limitations, financial strains, and intergenerational support, among older Mexican Americans. A sample of 344 parent-child dyads reported by 83 older adults in a city of West Texas completed the measures for socioeconomic status and depressive symptoms. Clustered regression analysis showed that widowhood elevated the risk of depressive symptoms. Living with functional limitations, having more children and residing in the same city with children exacerbated the adverse effects of widowhood on depressive symptoms. Residing in the same city with children increased the detrimental effects of widowhood on the depressive symptoms among men, whereas this pattern did not appear among women. The findings highlight the heterogeneity of depressive symptoms among the widowed Mexican American older adults.

LONGITUDINAL INTERRELATIONSHIP BETWEEN SENSORY LOSS, SOCIAL SUPPORT, LONELINESS, AND COGNITION

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This study aims to understand the roles that psychosocial factors play on the longitudinal associations between sensory (including hearing and vision) loss and cognitive decline. Specifically, we hypothesized that (1) loneliness mediates the associations between sensory loss and cognitive decline; and (2) social support moderates the associations between sensory loss and cognitive decline. We used longitudinal parallel process (LPP) modeling with data from the Health and Retirement Study (HRS) and the Aging, Demographics, and Memory study (ADAMS). Age variable centered at its mean age of 82. In the most parsimonious model, loneliness fully mediated the associations between vision loss and the average cognitive status at age 82 ($p < .05$). Social support moderated the associations between vision loss and the average cognitive status at age 82 ($\beta = .14, p < .05$). No moderation or mediation effect was found for the psychosocial factors on the associations between hearing loss and cognition.

COMMUNITY-LEVEL SOCIAL CAPITAL AND COGNITIVE FUNCTION AMONG OLDER ADULTS IN FIVE LOW- AND MIDDLE-INCOME COUNTRIES

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This study aims to investigate which community social capital components are associated with a higher likelihood

of cognitive functions across economically and culturally distinctive low- and middle-income countries (LMICs). We used cross-sectional survey data from the World Health Organization's Study on global AGEing and adult health (SAGE) 2007-2010. Associations between community-level social capital indicators and global cognitive scores were examined using ordinary least squares regressions and random-effects meta-analyses. The pooled analysis and meta-analyses of within-country effects indicated that trust in neighbors and coworkers were positively associated with cognitive functions for all these countries, whereas the significant effect of perceived neighborhood safety was only found in South Africa and China. Community participation approached a null effect only in South Africa. This finding explains how community social capital may contribute to better cognitive function through community environments, health systems, and availability of public resources.

SESSION 4120 (SYMPOSIUM)

EXPLORING THE MULTIDIMENSIONAL BIOPSYCHOSOCIAL PATHWAYS LINKING SOCIAL STATUS AND HEALTH AMONG OLDER ADULTS

Chair: Heather R. Farmer, *Duke University, Durham, North Carolina, United States*

Co-Chair: Amy Thierry, *Xavier University of Louisiana, New Orleans, Louisiana, United States*

Discussant: Linda A. Wray, *Pennsylvania State University, University Park PA, United States*

An abundant literature has documented the social patterning of health, where those with lower social status experience poorer outcomes relative to those with higher status. This symposium examines how social status (e.g., age, race/ethnicity, gender, and SES) impacts various aspects of midlife and older adults' lives and their psychological and physical health. The research presented in this symposium lend support to utilizing a biopsychosocial framework for understanding mechanisms of health and aging. First, Heather Farmer et al. will explore race and gender differences in elevated C-reactive protein (CRP), a marker of inflammation linked to poor acute and chronic outcomes, using data from the Health and Retirement Study (HRS). Linda Wray and Amy Thierry will use HRS data to test whether race/ethnicity and sex interact to produce unequal outcomes in functional status. Jen Wong et al. will utilize data from the Midlife in the United States (MIDUS) survey to investigate the moderating influences of age, gender, marital status, and social support on caregiving and psychological well-being. Collin Mueller and Heather Farmer will use HRS data to examine how perceptions of unfair treatment are associated with healthcare satisfaction and self-rated health across Black, Latinx, and White subpopulations. Taken together, this work highlights the need for a comprehensive approach to better address physical and mental health disparities over the life course. After attending this session, participants will have a stronger understanding of how social status shapes important outcomes in older adults' lives and some of the mechanisms responsible for these variations.