Activity analysis showed that omitted variable bias is extremely higher SES in adulthood (~10%). A formal strategy of sensitivity analysis assessed whether adult socioeconomic status (SES) mediates the relationship between childhood disadvantage and later-life multimorbidity. Mediation analysis assessed whether adult socioeconomic status (SES) mediated the relationship between childhood disadvantage and chronic conditions. We found that individual and combined measures of childhood disadvantage were associated with the total number of chronic conditions, even after control measures of childhood disadvantage were associated with chronic conditions. We found that individual and combined measures of childhood disadvantage both mediated the relationship between childhood disadvantage and later-life multimorbidity.

Aging (ELSI). We employed survey-weighted Ordinary Least Squares regression to estimate the effects of individual and combined measures of childhood disadvantage on the total number of chronic conditions, even after control measures of childhood disadvantage were associated with obesity. Results showed significant increases in the total number of chronic conditions in later life. Mediation analysis assessed whether adult socioeconomic status (SES) mediated the relationship between childhood disadvantage and later-life multimorbidity.

CHILDHOOD DISADVANTAGE AND LATER-LIFE MULTIMORBIDITY: DEMONSTRATING ROBUSTNESS UNDER IMPERFECT IDENTIFICATION

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This study assesses the relationship between indicators of early childhood disadvantage and later-life multimorbidity within a nationally representative sample of Brazilians aged 50 and over (n = 9,412). Data come from the baseline assessment (2015/2016) of the Brazilian Longitudinal Study of Aging (ELSI). We employed survey-weighted Ordinary Least Squares regression to estimate the effects of individual and combined measures of childhood disadvantage on the total number of chronic conditions in later life. Mediation analysis assessed whether adult socioeconomic status (SES) mediated the relationship between childhood disadvantage and chronic conditions. We found that individual and combined measures of childhood disadvantage were associated with the total number of chronic conditions, even after controlling for potential confounders. Mediation analysis suggested that part of the effect of childhood adversity is mediated by higher SES in adulthood (~10%). A formal strategy of sensitivity analysis showed that omitted variable bias is extremely unlikely. To rule out the observed effect, an unobserved hypothetical confounder would need the explanatory power of the residual variance of both the independent and the dependent variables that is at least 30 times larger than that of BMI or 5 times larger than the explanatory power of age. Results should inform efforts to strengthen interventions targeting early childhood development and to improve other key inputs (such as education) to enhance adult SES and lessen the impact of early life stressors on health in older adulthood.

FOOD INSECURITY, FOOD ENVIRONMENTS, AND DISPARITIES IN DIET QUALITY AND OBESITY

Yeon Jin Choi, University of Southern California, Los Angeles, California, United States

Food insecurity is a public health concern that is associated with poor diet and obesity. Poor food environments with low access to healthy, affordable food may amplify the negative impact of food insecurity on diet and obesity. This study aims to investigate whether food insecurity and food environments are jointly associated with an increased risk of poor diet quality and obesity. We used data from a nationally representative sample of 6,395 older adults in the Health and Retirement Study Health Care and Nutrition Survey and the National Neighborhood Data Archive. Weighted regression models were estimated to examine the relationship between food insecurity and food environments with diet quality and obesity. Both food insecurity and poor food environment were associated with lower healthy eating index scores, indicating poorer quality diet. Food insecure older adults were more likely to be obese than food secure older adults and poor food environments exacerbated the negative impact of food insecurity on obesity risk. However, there was no statistical difference in obesity risk by food environment among food secure respondents. Findings from this study highlight the negative impact of limited access to healthy food due to financial difficulties and/or poor food environments on diet quality and obesity risk. Providing financial or nutritional supports along with efforts to promote healthy food environments may reduce disparities in diet quality and obesity. Special support should be provided to food insecure older adults with poor food environment, those at the greatest risk of poor diet quality and obesity.

GENDER, TOBACCO CONTROL POLICIES, AND RECALCITRANT SMOKING AMONG OLDER ADULTS IN 20 EUROPEAN COUNTRIES

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Little is known about sociodemographic and macro-level predictors of “recalcitrant smoking,” defined as persistent smoking when one has developed a health condition that is likely caused by smoking. We aim to investigate the impact of gender, education, and tobacco control policies on recalcitrant smoking among older adults in Europe from 2006 through 2013. Data from 33,839 respondents—aged 50 years and older with a smoking history and at least one smoking-related health condition—were pooled from the 2006–07, 2011, and 2013 waves of three harmonized longitudinal studies on ageing (SHARE, ELSA, and TILDA). We fitted gender-specific logistic regression models with two-way fixed effects and tested interaction terms between gender, tobacco control
policies, and education, adjusting for age, marital status, GDP per capita, smoking prevalence, country, and year-fixed effects. Compared to men and individuals with higher levels of education, women and less educated individuals were more likely to be recalcitrant smokers. The association between education and recalcitrant smoking was stronger for women than men. The inverse association between the TCS and recalcitrant smoking was stronger for those having upper secondary education (for men: OR = 0.905, CI = 0.849–0.965; for women: OR = 0.897, CI = 0.834–0.964) and tertiary education (for men: OR = 0.802, CI = 0.717–0.898; for women: OR = 0.739, CI = 0.603–0.907), compared to those having less than upper secondary. As women and less educated individuals are vulnerable to recalcitrant smoking, future policies targeting these marginalized groups are needed to prevent recalcitrant smoking in old age.

THE ASSOCIATION BETWEEN THE USE OF DIGITAL HEALTH MANAGEMENT TOOLS AND SUBJECTIVE WELL-BEING AMONG OLDER ADULTS
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This study aims to examine the association between the use of digital health management tools and subjective well-being in later life. Research is limited about technology use (e.g., participation in online wellness program, finding medical information, using devices to monitor health) among community dwelling older adults. This study used data from the Health and Retirement study 2012 Module “Technology Use: Barriers and Benefits” (N = 1,416). We used multiple regression methods to test the association between technology use and subjective well-being (i.e., self-rated health, life satisfaction, and depressive symptoms). Over half of the participants reported using technology (58%). The mean age for this group was 68.7 (SD 9.6). Majority of the respondents were female (55%). About 18% were non-Hispanic Blacks, 2% were non-Hispanic other, 11% were Hispanic, and 68% were non-Hispanic Whites. For this sample of technology users, the usage of digital health management included online exercise programs (16%), online wellness programs or health monitoring programs (7%), searching for medical and health information online (43%), digital devices to monitor health (31%), and physical activity-based video game such as Wii Fit (7%). Over 88% of the sample have used at least one of these formats to monitor their health. Results from regression models suggested that the use of any digital health management tools was related to fewer depressive symptoms and better self-reported health. Findings from this study provide insight into how digital health management can protect older adults from poor subjective well-being in later life.

Session 4260 (Symposium)

INTERPRETING THE EMERGING DISCOURSE AROUND ELDERHOOD: LIFE STAGE, ANTI-AGEISM STRATEGY, OR SOMETHING ELSE?
Chair: Jenny Inker
The emerging discourse around elderhood hints at the possibility of a later life stage characterized by a focus on balancing development and decline, with potential to empower elders. However, little agreement exists about whether elderhood is a valid and useful construct. The first presenter questions the aging “mystique” through an analysis of the concepts of elderhood, sageing, croning, and eldering in popular and academic literature, underscoring the importance of avoiding othering and critically thinking beyond labels, even if positive. The second presenter explores the concept of agency in later life through a feminist philosophical lens, arguing that confrontations with one’s existential vulnerability need not be an obstacle to agency in elderhood, but rather can inspire alternative conceptualizations of it. The third presenter contrasts his personal and professional experiences of studying cultural aspects of aging, concluding that elderhood is neither a stage of a life nor a rite of passage but rather an individual, voluntaristic process. The fourth presenter explores 943 texts written by Finnish older adults, finding that the writers creatively position themselves as a group of older persons with a special contribution to make to society, even where elderhood is not explicitly mentioned, and potentially offer an alternative view to countering ageism. The fifth and final presenter explores a novel elderhood video intervention among first-year medical students (N = 585). Thematic findings of neutrality, elderhood as development, elderhood as othering, and elderhood as an opportunity to reframe stigma suggest that elderhood may be a viable and productive anti-ageism strategy.

THE ELDERHOOD MYSTIQUE
Kate de Medeiros, Miami University, Oxford, Ohio, United States
While elderhood recognizes untapped potential and continued growth and creativity in later life, it also risks becoming a dismissive label that positions older people as different, otherworldly, and mysterious. By analyzing the concept of elderhood and similar movements (e.g., sageing, croning, eldering) in popular and academic literature, paying close attention to how elderhood is defined and framed, I found that elderhood has a role in some religious and cultural practices. However, newer approaches to elderhood have emerged from middle aged writers who imagine an idealized role in later life – the elderhood mystique. Often grounded in introspective passivity and selflessness, elderhood parallels Kathleen Woodward’s depiction of wisdom as a disempowering label that discourages activism and resistance by older people. Subsequently, elderhood and wisdom risk becoming new forms of othering or exclusion. Overall, findings underscore the importance of critical analysis of age-related terms, regardless of how positive they seem.

ELDERHOOD, AGENCY AND EXISTENTIAL VULNERABILITY
H.E. Laceulle, University of Humanistic Studies, Utrecht, Netherlands, Utrecht, Netherlands
Popular conceptualizations of elderhood often use a spiritually inspired language of personal growth and wisdom. These conceptualizations are rightly critical of the language of activity and productivity that abounds in dominant successful aging discourses. Instead, the emphasis is placed on embracing our diminishing strength and increasing