Interviews with a national sample of community-based outpatient clinic providers described highly-rural Veterans who are “off the grid.” These Veterans, by choice and/or circumstance, do not have access to reliable internet, associated devices or knowledge/skills. Providers described the difficulties of connecting with these Veterans even by phone. The healthcare shift to virtual telehealth modalities in response to COVID-19 highlights the digital divide as a social determinant of health. For “off-the-grid” Veterans, past experiences and present-day circumstances converge to perpetuate and exacerbate inequalities in accessing healthcare. Their situation underscores that telehealth is not a panacea for increasing access to care and confronts us with the moral imperative to reach those with whom it may be most difficult to connect to span social, geographic and digital divides.

A STRATEGY MATCHING TOOL FOR BOOSTING IMPLEMENTATION OF GERIATRIC TELEHEALTH SERVICES IN RURAL CBOCS
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Fifteen Veterans Administration Medical Centers (VAMCs) offer geriatric specialty care telehealth services through a hub and spoke model to patients at affiliated community-based outpatient clinics (CBOCs). These services are not used to the extent they could be. Through interviews with 50 staff and providers at rural CBOCs we identified several implementation facilitators and barriers. CBOC-level barriers included space constraints, low staffing, internet connection issues, and limited knowledge of services available and referral processes. Patient-level barriers included discomfort with technology, cognitive decline, and inability to travel to the CBOC. We found that champions within the CBOC and iterative, targeted outreach from the hub helped facilitate uptake of services. We entered the identified barriers into the CFIR-ERIC (Consolidated Framework for Implementation Research-Expert Recommendations for Implementing Change) Implementation Strategy Matching Tool to help generate targeted strategies that will be used to refine each hub’s implementation approach.

Session 1460 (Symposium)

SLEEP, LIFESTYLE, AND SOCIOECONOMIC MARKERS OF MENTAL AGING AND WELL-BEING: LESSONS FROM ENGLAND, CHINA, AND JAPAN
Chair: Andrew Steptoe

Healthy ageing has become a popular topic worldwide. We investigated the role of sleep, leisure activities, and socioeconomic inequalities in relation to cognitive decline, wellbeing, and quality of life in data from the English Longitudinal Study of Ageing (ELSA), Chinese Health and Retirement Longitudinal Study (CHARLS), and Japanese Study of Aging and Retirement (JSTAR), national representative samples of England, China and Japan, respectively. We found an inverted U-shaped association between sleep quality and memory in English adults and a positive dose-response association in Chinese older adults (Brocklebank). In another examination, we found that younger English individuals playing games had lower quality-of-life than older participants who game, and this association is more pronounced for widowed individuals than others (Almeida-Meza). Cognitive impairment and dementia represent significant challenges worldwide. In a cross-country investigation, we found that the prevalence of MCI was twice as great in England compared with Japan, but that the two nations differ slightly across socioeconomic correlates (Gireesh). In another cross-country comparison between England and China, we found that the rate of memory change appeared socioeconomically patterned, primarily by education and area-based characteristics (urban vs. rural), with a more substantial impact on rural China inequalities compared to England (Cadar). Our results indicate more robust educational and geographical disparities in China and increased occupational impact among English and Japanese participants. Our findings highlight the imperative need for policy interventions and tailored strategies to protect those particularly disadvantaged in England and China.

SLEEP QUALITY AND COGNITIVE DECLINE: A CROSS-COUNTRY COMPARISON BETWEEN ENGLAND AND CHINA
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Too little or too much sleep is associated with accelerated cognitive decline in older adults. However, sleep duration does not capture other sleep problems prevalent in older adults, such as difficulties with falling or staying asleep. Less is known about the impact of sleep quality on cognitive ageing, and if this relationship differs between England and China. Therefore, the aim of this study is to examine the relationship of self-reported sleep quality with cognitive performance and rate of change over 6-7 years follow-up in two nationally-representative samples of English and Chinese older adults. The primary outcome was a memory score (range 0-20), which was assessed using immediate and delayed 10-word recall tests in both cohorts. The results of bivariate descriptive analyses at baseline suggest there may be an inverted U-shaped association between sleep quality and memory in English older adults, and a positive dose-response association in Chinese older adults.

ONLINE GAMING AND WELL-BEING IN THE ENGLISH LONGITUDINAL STUDY OF AGEING
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Play is considered an important contributor to healthy ageing. Using data from 3,067 participants aged 50+ from the English Longitudinal Study of Ageing, we explored online gaming assessed at wave 6 (2012/13) and quality-of-life, loneliness, and depression at wave 9 (2018/19). Covariates...
were age, sex, marital status, education, work status, depression, self-rated health, physical activity, smoking and alcohol consumption. We found that 22% of respondents engaged in gaming. Interaction analyses indicated that for younger individuals (< 65 years), gaming predicted lower scores in the self-realization sub-scale of the quality-of-life scale in comparison to older gamers. Furthermore, there was a significant association between gaming and lower quality-of-life for widowed individuals only, particularly in terms of autonomy, self-realization, and pleasure. There were non-significant associations between gaming and loneliness and depression. Online gaming might be independently associated with lower levels of quality of life, especially for younger and widowed adults.

SOCIOECONOMIC INEQUALITIES AND MILD COGNITIVE IMPAIRMENT: EVIDENCE FROM ENGLAND AND JAPAN

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Japan is the world’s fastest ageing population, with a higher prevalence of dementia than in the UK. Less clear is the role of socioeconomic inequalities in neurocognitive disorders between these countries. This study aims to assess comparatively the relationship between education, a marker of cognitive reserve, and income in relation to mild cognitive impairment (MCI) and dementia in England and Japan. We ascertained MCI using a validated algorithm based on one standard deviation below the mean on two standardised cognitive tests. Multinomial logistic regression models were used to study the associations between socioeconomic markers and MCI/dementia. The prevalence of MCI was almost twice as high among English adults compared to Japanese. Results suggest that nations are similar in overall socioeconomic inequalities of MCI/dementia, but this might differ across socioeconomic markers. Considerable variability in the health inequalities could be attributed to the country-specific socio-cultural-political factors, which remains to be further explored.

SOCIOECONOMIC DETERMINANTS OF COGNITIVE AGING: A CROSS-COUNTRY COMPARISON BETWEEN ENGLAND AND CHINA

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Lower educational attainment is associated with a higher risk of dementia and a steeper cognitive decline in older adults. However, less clear is how other socioeconomic markers contribute to cognitive ageing and if these socioeconomic influences on cognitive ageing differ between England and China. We examined the relationship of education, household wealth, and urbanicity with cognitive performance and rate of change over 7-8 years follow up in the English Longitudinal Study of Ageing and Chinese Health and Retirement Longitudinal Study, national representative samples of England and China. We found that the rate of cognitive change appears to be socioeconomically patterned, primarily by education and area-based characteristics (urban vs rural), with a stronger impact of inequalities seen in rural China. Public health strategies for preventing cognitive decline and dementia should target socioeconomic gaps to reduce health disparities and protect those particularly disadvantaged in England and China.

Session 1465 (Paper)

SOCIAL ISOLATION AND MENTAL HEALTH

CATASTROPHIC HEALTH EXPENDITURES AND MENTAL HEALTH IN OLDER CHINESE PEOPLE: THE ROLE OF SOCIAL HEALTH INSURANCE

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Catastrophic health expenditure (CHE) has considerable effects on household living standards, but little is known regarding the impacts of CHE on people’s mental health. Using China as an example, this study examines the association between CHE and mental health and investigates whether and to what extent social health insurance (SHI) can lessen the impacts of CHE on mental health among older people aged over 60 in China. The data come from three waves of the China Health and Retirement Longitudinal Study (CHARLS 2011, 2013, and 2015, N = 13,166). We built fixed-effects quantile regression models to analyse the data. We found that incurring CHE has significantly detrimental effects on older people’s mental health, whereas the SHI demonstrates a protective effect. The observed protective effects of SHI are the strongest among those with relatively mild mental health problems, i.e., people whose CES-D scores are below the 50th percentile. Our findings provide empirical evidence that encourages the integration of psychologically informed approaches in health services. We also urge governments in low- and middle-income countries to consider more generous health financing mechanisms for those with higher healthcare needs.

LIVING ARRANGEMENTS AND PSYCHOSOCIAL WELL-BEING AMONG OLDER ADULTS: EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY

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Despite growing attention to the association between living arrangements and health outcomes, less is known about how emotional well-being and life satisfaction vary by living arrangements. Using data from the 2014 and 2016 Leave Behind Questionnaires from the Health and Retirement Survey (N = 13,275), we estimated generalized linear regression models comparing emotional well-being (a