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SUBJECTIVE SOCIAL STATUS MODERATES BACK PAIN AND MENTAL HEALTH: A LONGITUDINAL ANALYSIS OF OLDER MEN

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is how life-course SES affects physical health. This study aimed to examine the effects of childhood and adulthood SES and social mobility on morbidity and all-cause mortality. Data were drawn from the Midlife in the United States study (MIDUS, $N = 7,108$, ages 25-74 years, 88.4% of White, 51.6% of female). Childhood and adulthood SES were assessed at baseline (i.e., 1995-1996). Mortality was tracked through June of 2018 ($N = 1,425$ deceased). The number of comorbidities was assessed at baseline and the third wave of MIDUS in 2013-2014 ($N = 2,786$). Results showed that lower childhood SES was associated with a larger increase in the number of comorbidities at the third wave of MIDUS and higher mortality risk ($ps < .05$). However, when including adulthood SES in the model, adulthood SES, but not childhood SES, was associated with morbidity and mortality ($ps < .01$). Childhood SES was indirectly associated with morbidity and mortality through adulthood SES ($ps < .01$). Participants achieving upward mobility (i.e., low childhood SES, high adulthood SES) had a smaller increase in the number of comorbidities and lower mortality risk ($ps < .01$) than those reporting persistent low SES in childhood and adulthood. These findings indicate the unique effect of adulthood SES on physical health and highlight the potential health benefits of upward mobility in middle-aged and older US adults.

LONGING FOR LOVE: FINANCIAL STRAIN AND LATER LIFE MENTAL HEALTH IN THE US

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Objectives: Emotional support has been consistently identified as a mechanism through which socioeconomic resources influence mental health outcomes. Despite emerging evidence that compassionate love has a beneficial effect on mental health, its distribution across levels of financial strain and subsequent role in mediating the effect of financial strain on later life mental health have yet to be examined.

Methods: Based on our nationwide web-based survey of adults aged 50 years and older ($n=1751$), we conducted a mediation analysis to estimate the direct and indirect effects (via two mediators, feeling loved and emotional support) of financial strain on depressive symptoms and anxiety.

Results: We documented a statistically significant overall effect of financial strain on depressive symptoms ($b=0.14$, $p\text{-value} < 0.001$) and anxiety ($b=0.196$, $p\text{-value} < 0.001$). We found a statistically significant path-specific effect (from financial hardship) through compassionate love alone on depressive symptoms ($b=0.018$, $p\text{-value}=0.003$) and anxiety ($b=0.016$, $p\text{-value}=0.005$), but did not find effects for paths through emotional support. There was also a significant direct effect of financial strain on both depressive symptoms and anxiety. **Discussion:** Our study advances a new line of research by looking at the role of compassionate love in transmitting the effects of financial strain on mental health in later life. Findings suggest that the detrimental effect of financial hardship on mental health operates through its negative

effect on the receipt of compassionate love, rather than by its impact on emotional support.

SUBJECTIVE SOCIAL STATUS MODERATES BACK PAIN AND MENTAL HEALTH: A LONGITUDINAL ANALYSIS OF OLDER MEN

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Objectives: This study tested the longitudinal relationship between back pain and mental health and examined the moderating role of subjective social status (SSS). **Method.** Community-dwelling older men from the MrOS Study provided four study visits of data collected between 2000-2016 (15,975 observations nested within 5,979 participants). Back pain frequency and severity were assessed at visits 1-4. General mental health was measured at each visit by the 12-item Short Form Survey Mental Component Score (SF-12 MCS; higher scores representing better mental health). National and community SSS were assessed at visits 1 and 3 with the MacArthur Scale. Growth curve models tested longitudinal within-person change associations after accounting for the repeated measures within each person. Age was used as the primary time variable. **Results.** At baseline, those with higher back pain-frequency/severity reported lower SF-12 MCS. After accounting for this between-person difference, there were bidirectional within-person associations between back pain frequency/severity and SF-12 MCS. On follow-up visits when back pain frequency/severity increased from baseline, participants reported lower SF-12 MCS ($p < .001$). On follow-up visits when SF-12 MCS decreased from baseline, participants also reported higher back pain frequency/severity ($p < .001$). Higher national and community SSS at baseline and having increases or consistently higher SSS over time attenuated the negative relationships between back pain frequency/severity and SF-12 MCS. Results were consistent after controlling for an extensive list of baseline health covariates and pain medications. **Discussion.** These findings highlight how self-perceived social status may buffer the relationship between greater back pain frequency/severity and lower mental health.

MULTIMORBIDITY AND ITS ASSOCIATION OF WIDOWHOOD, RACE, AND ETHNICITY IN OLDER ADULTS

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Living with chronic disease is common in later life and over 60% of adults 65+ have two or more conditions. Spousal loss, also common in late adulthood, is linked to chronic diseases, like heart attacks, cardiovascular disease, and strokes. This study examines the associations between