

(n=2071), conducted throughout the pandemic (2019 to 2021), this poster presentation sheds light on the pandemic experiences of older American adults with and without disability or chronic disease. Interesting findings are discussed across age groups and by gender. Overall, the results show notable differences in the social connection experiences of older adults with a disability or chronic disease (n=571) pre-and-post the national shutdown, along with differences in the accessibility of household items, staple foods, and medical care in the wake of the 2020 U.S. national shutdown. The implications of these findings are discussed in the context of related literature.

ASSOCIATIONS BETWEEN COVID-19 RELATED STRESS, COVID-19 EXPERIENCES, AND MENTAL HEALTH RISKS IN OLDER PEOPLE

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There is increasing recognition of the need to understand the mechanism of psychological impact brought by COVID-19. The present research used the Delphi technique to develop a COVID-19-Related Stress Scale for older people in Hong Kong (CSS-old) (study one) and examined its associations with COVID-19 experiences and mental health risks (study two). In study one, 17 helping professionals and 20 service users co-developed an 8-item CSS-old through four rounds of Delphi. In study two, a cross-sectional telephone survey was conducted between April and June 2022 among 4,921 older people (age \geq 60) recruited through community centres. Respondents were assessed using Patient Health Questionnaire-2 (PHQ-2), Generalized Anxiety Disorder 2-item (GAD-2), and CSS-old; their experiences with COVID-19 (infection, close friend/family infection) and demographical information were collected. A three-factor solution of CSS-old was identified after dropping one item ($X^2(df) = 83.53(11)$, CFI=0.996, TLI=0.993, RMSEA=0.037): (1) disruption to routines; (2) fear of infecting families/friends; and (3) concern for the community's health. Structural equation modelling analyses revealed that being female ($B=0.45$), having close friend/family infected ($B=1.10$) and having a pre-existing mental health condition ($B=1.87$) were positively associated with COVID-19-related stress. Infection of COVID-19 (BPHQ=0.22; BGAD=0.24) and a pre-existing mental health condition (BPHQ=0.71; BGAD=0.59) had direct associations with depressive and anxiety symptoms; COVID-19-related stress mediated the relationship between close friend/family infection with depressive ($B=0.20$) and anxiety symptoms ($B=0.21$, all $p < 0.05$). These results suggest that older people's COVID-19-related stress is beyond infection of the disease, and different experiences with COVID-19 may increase depression and anxiety risks through different pathways.

COMPARING INFORMANT BASED MEASURES OF COGNITIVE FUNCTIONING BETWEEN THE US AND MEXICO

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Informant reports are important for understanding cognitive impairment and dementia in older populations. Recently, several population-based aging studies have included harmonized direct and informant assessments to assess the prevalence of dementia globally as part of the international Harmonized Cognitive Assessment Protocol (HCAP). However, the social and cultural contexts of nations, sociodemographic characteristics of informants, and the subject-informant relationship may affect the meaning and accuracy of informant reports of cognitive decline and functioning. This study examines the extent to which informant characteristics and the informant-respondent relationships are associated with informant-reported cognitive function in the United States and Mexico. Data are from the 2016 US Health and Retirement Study (HRS) HCAP (Nf 2,918) and the Ancillary Study of Cognitive Aging in Mexico (Mex-Cog) (Nf 1,750). Informant-reported cognitive function was measured by the informant Community Screening Instrument for Dementia (CSI-D). Linear regression is used to assess the association of informant characteristics and the informant-participant relationship with the total CSI-D score. We find older Americans have worse informant-reported cognitive functioning but higher directly-assessed cognitive functioning than Mexicans. Nearly 80% of informants lived with the subject in Mexico, compared to less than half in the US. In both countries, older informants, children and other family members (compared to spouse) report less cognitive impairment. In Mexico, female informants reported more impairment. In the US, coresident informants reported more impairment. This research shows how social environments influence informant reporting. Understanding heterogeneity in informants is vital when examining informant measures of cognitive function in cross-countries studies.

A CROSSWALK OF COMMONLY USED FRAILTY SCALES

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Several validated scales have been developed to measure frailty, yet it remains unknown how these measures are related. We used data from 7,070 community-dwelling older adults who participated in National Health and Aging Trend Study round 5 to construct a crosswalk among frailty measures. We operationalized the 60-item Frailty Index (FI), Study of Osteoporotic Fracture (SOF) Index, FRAIL Scale, Frailty Phenotype, Clinical Frailty Scale (CFS), Vulnerable Elder Survey-13 (VES-13), Tilburg Frailty Indicator (TFI), Groningen Frailty Indicator (GFI), and Edmonton Frailty Scale (EFS). Missing data, needed for the calculation of frailty scores, were imputed using multiple imputation by chained equations method. We then linked the scores of each frailty