

this association. Data were from monthly online questionnaires in the COVID-19 Coping Study of US adults aged ≥ 55 from April/May-September/October 2020 ($n=4,383$). Depressive symptoms were measured by the 8-item CES-D, and social isolation as “high” vs. “low” based on contact with family, friends, social organizations, and living alone. In multivariable mixed-effects models, comorbidity (≥ 2 vs. < 2 chronic conditions) was associated with greater depressive symptoms at baseline ($\beta=0.50$; 95% CI: 0.36-0.64), this association varied negligibly by social isolation. Differences in depressive symptoms by comorbidity status at pandemic onset were consistent over the six-month follow-up. This study indicates that middle-aged and older US adults with comorbidities experienced persistently elevated depressive symptoms during the COVID-19 pandemic.

PHYSICAL ISOLATION AND MENTAL HEALTH AMONG OLDER U.S. ADULTS IN THE COVID-19 COPING STUDY

Carly Joseph,¹ Brendan O'Shea,² Jessica Finlay,² and Lindsay Kobayashi,² 1. *Central Michigan University, Ann Arbor, Michigan, United States*, 2. *University of Michigan, Ann Arbor, Michigan, United States*

The ongoing COVID-19 pandemic has set an urgent need to understand the impact of physical isolation on mental health. We aimed to investigate the relationships between physical isolation during the period when many US states had shelter-in-place orders (April-May 2020) and subsequent longitudinal trajectories of mental health in middle-aged and older adults (aged 55+, $N=3,978$) over a six-month follow-up (April to October 2020). We used population and attrition-weighted multivariable linear mixed-effects models. At baseline, 7 days/week of physical isolation (vs. 0 days/week) was associated with elevated depressive symptoms ($\beta=0.82$; 95% CI: 0.04-1.60), and all of 1-3, 4-6, and 7 days/week of physical isolation (vs. 0 days/week) were associated with elevated anxiety symptoms and loneliness. Physical isolation was not associated with changes in mental health symptoms over time. These findings highlight the need to prioritize opportunities for in-person connection for middle-aged and older adults when safe to do so.

PRE-PANDEMIC SOCIAL ISOLATION: PROTECTION OR VULNERABILITY IN THE TIME OF COVID?

Lydia Li, *University of Michigan, Ann Arbor, Michigan, United States*

How do older adults at risk of social isolation before the pandemic fare during the COVID-19 outbreak? Using data from two waves (Round 9 [2019] and COVID-19 Supplement) of the National Health and Aging Trend Study (NHATS), we examined the relationship between pre-pandemic social isolation and psychological distress during the outbreak among community-living older adults (age 65+). Results show that the most socially integrated respondents had more PTSD ($\beta=1.47$, $SE=.37$, $p<.001$) and depression/anxiety ($\beta=.34$, $SE=.11$, $p=.002$) symptoms than the most isolated. Older adults who were not homebound had more PTSD ($\beta=2.0$, $SE=.76$, $p=.01$) and depression/anxiety ($\beta=1.05$, $SE=.20$, $p<.001$) than the completely homebound. With shelter-in-place and social distancing requirements, older adults who have been socially active and integrated may experience high-stress

levels and may need extra support to adjust to the changes. Relatively, those who have been very isolated and homebound may experience fewer changes in their lives.

Session 1150 (Paper)

Social Participation

EXPERIENCE DESIGN STUDIO FOR SOCIAL CONNECTION OF OLDER ADULTS

Cheryl Der Ananian,¹ G. Mauricio Mejía,¹ and Brad Doebbeling,² 1. *Arizona State University, Phoenix, Arizona, United States*, 2. *College of Health Solutions, Arizona State University, Phoenix, Arizona, United States*

Social isolation and loneliness are pressing health concerns in older adults, likely exacerbated by social distancing guidelines enacted during COVID-19. Creating effective interventions to address health issues is challenging. Design is an alternative approach to create innovative interventions and to test their preliminary potential. In the present case study, we describe the processes and outcomes of a four-week project in a graduate design studio. Students were asked to develop a prototype for an intervention using digital technologies to increase social connectedness among older adults. This was an interdisciplinary process guided by faculty with expertise in design (Mejía), healthcare redesign (Doebbeling), and gerontology (Der Ananian). In the first week, the faculty helped the students understand the design goals, the implications of social isolation and loneliness, and technology use in older adults. In the second week, students conducted user interviews. In the third week, students set the problem by defining a specific potential audience and context. They also prototyped two preliminary concepts using storyboards and received feedback from the faculty. In the last week, students presented refined prototypes with storyboards, user flows, and interface mockups. Student design ideas included an audio story-sharing app that facilitates conversations and new friendships, an assistance digital service for immigrant older adults that need support with language or cultural challenges, and an art and crafts subscription service with a sharing platform to connect older adults with similar interests. The students' design projects provided innovative technological approaches for improving social connections and could be used in future R&D.

LATE WORKING LIFE PATTERNS IN SWEDEN

Gölin Öylü,¹ Susanne Kelfve,² and Andreas Motel-Klingebiel,³ 1. *Linköping University, Norrköping, Ostergötlands Lan, Sweden*, 2. *Linköping University, Norrköping, Ostergötlands Lan, Sweden*, 3. *Linköping University, Linköping University, Ostergötlands Lan, Sweden*

Late working life patterns differ across different social groups and birth cohorts. The mechanisms of these participation differences and role of working life policies can be understood better by using additional working life indicators and historical perspective. This paper investigates how late working life patterns of different age, gender, education groups and birth cohorts are structured in Sweden using participation, employment type, employment break and exit trajectories of different groups. Using Swedish National