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Chronic conditions require on-going continuous management and preventive treatment. Over 80% of adults aged 65 and older have multiple chronic conditions. Concerns have arisen about how the COVID-19 pandemic is affecting the management of chronic conditions. Delay, avoidance, and poor management of healthcare during the COVID-19 pandemic may increase the risk of unnecessary hospitalizations and mortality. This study aims to understand the impact of COVID-19 on healthcare access in a U.S. sample of Americans 50 years of age or older. Participants completed an online survey about healthcare access and other risk factors during the COVID-19 pandemic. Multinomial regression analysis examined the results of two key access points: healthcare provider /doctor (n=468) and medication (n=754). One-half (56%) of those who needed access to a provider were able to be seen. Participants who were older, had multiple chronic conditions, and those with a provider were more likely to have access. However, when individuals with more chronic conditions did not have access, they indicated that this lack of access was due to COVID-19. When not receiving access to medications, unemployed participants attributed the lack of access more often to COVID-19 than other reasons. These findings demonstrate an important lack of access to providers and medication among older adults during the pandemic. In multivariate models, this lack of access was most often due to COVID-19, in addition to traditional factors such as insurance, employment, and medical and behavioral comorbidity. Interventions are needed to lower access barriers to care even further during COVID-19.

CAREGIVING DURING COVID-19: A MULTI-STATE QUALITATIVE STUDY OF FAMILY CAREGIVER EXPERIENCES AND DECISION MAKING

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COVID-19 poses unique challenges to family caregivers. This study explores how family caregivers for older adults with cognitive impairments experience and make decisions about caregiving during a global pandemic. Using purposive sampling, 63 family caregivers across eight states participated in open-ended qualitative interviews (2019-2020), until thematic saturation was reached. Questions broadly examined caregivers' experiences and decisions, focusing on decisions made around type of care setting. Questions about responses to the Pandemic were added as events unfolded. States were selected to represent variation in Home and Community Based Service (HCBS) expenditures as a percentage of total Medicaid long-term services and supports expenditures. Family caregivers experienced significant concern about COVID-19 itself, and about the indirect consequences of caregiving caused by the pandemic. Caregivers also displayed flexibility and adaptability in ceasing selected services, contingently continuing services, and utilizing telemedicine and

other remote healthcare interventions to protect their loved ones. Many family caregivers utilized remote health care tools such as telemedicine, no-contact prescription and grocery delivery. Such measures improved service access and reduced caregiver workload. Given the persistent challenges posed by COVID-19, long-term service organizations have an opportunity to enhance their policies to meet the needs of caregivers and those they care for. There is a need to expand telemedicine and other remote healthcare tools, while adapting these technologies to the needs of families. Also, procedures are needed for safe pathways to utilize HCBS and nursing care during a pandemic including communication supports, sufficient PPE, increased staffing, and utilization of evidence-based protocols.

HOW HAS COVID-19 IMPACTED OLDER ADULTS AND THEIR NEEDS FOR SERVICES?

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COVID-19 has had profound effects on older adults and will have lasting impacts on their preferences and needs for services, including those offered by Meals on Wheels and other community organizations. Organizations serving older adults would benefit from insights about how to prioritize resources and services to address older adults' needs during the pandemic and beyond. On behalf of Meals on Wheels America, NORC at the University of Chicago conducted a study to explore COVID-19's impacts on older adults and older adults' needs during the pandemic. We conducted two data collection activities with adults age 60 and older: a nationally representative survey with 1,535 respondents and 24 interviews. Results indicated that COVID-19 has affected older adults' physical and mental health, social connectedness, employment, and use of services and technology. Informal networks of family members and friends are a source of assistance for 50% of older adults during the pandemic. Impacts of COVID-19 differed by income, rurality, disability status, and living situation. Findings documented the extent to which older adults had unmet needs during the pandemic, such as activities to help keep busy at home and affordable food to meet dietary needs. Survey respondents who have a lower income, are 75 and older, live alone, and who are Black were more likely to have unmet needs. Findings suggested a need to strengthen partnerships among organizations that serve older adults to address diverse needs, conduct ongoing assessments of older adults' needs and preferences, and enhance assistance for informal support networks.

LONGITUDINAL EFFECTS OF COPING STRATEGIES ON MENTAL HEALTH OF OLDER ADULTS LIVING ALONE DURING THE COVID-19 PANDEMIC

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The COVID-19 pandemic and related social distancing measures have posed a significant threat to the mental health of older adults, particularly those living alone. Accordingly, the World Health Organization implemented the #HealthyAtHome program, encouraging people to keep in regular contact with loved ones, stay physically active, and keep a regular routine. The current study aims to examine a micro-longitudinal link between positive coping strategies (e.g., exercise, meditation, relaxation, and virtual social contacts) and depressive symptoms among older adults who live alone during the COVID-19 pandemic. We used 21 biweekly waves of longitudinal data from the Understanding America Study (UAS) collected between April 2020 and February 2021 (N=839, observation=16,256). The multilevel models with correlated random effects were estimated to examine lagged effects of coping strategies (t-1) on depressive symptoms (t). The analysis used the xthybrid command with clustered standard errors in Stata 15.1. The results show that exercise (b=-.10, p=0.02), relaxation (b=-.02, p=0.01), and virtual social contacts (b=-.01, p=0.01) were predictive of lower depressive symptoms even after controlling for time-invariant and time-varying covariates. Meditation, however, was associated with higher depressive symptoms (b=.01, p=0.02). The results show that modifiable lifestyle factors, such as taking time to exercise or relax, may enhance mental health and well-being for older adults living alone. Virtual social contacts such as video calls could be an effective way to keep older adults socially connected and emotionally healthy.

SOCIAL ISOLATION AND COVID-19 MITIGATION: PERSPECTIVES OF KEY INFORMANTS IN THE UNITED STATES AND JAPAN

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The deleterious health effects of social isolation and loneliness among older adults have been well-established and were exacerbated by the forced separation for those at health risk of contracting the COVID-19 virus. Both the United States and Japan are experiencing phenomenal growth of the older adult population; Japan is considered a “super-aged” society, with the highest proportion of people aged 65 and older in the world. This study examined how COVID-19 and mitigation measures may have affected services for older adults. We conducted key informant interviews with specialists in aging and older adult care in both Japan (n=5) and the United States (n=14). All interviews were conducted over Zoom and lasted 30-60 minutes. The research team transcribed and checked the interviews for accuracy and conducted multiple coding sessions to identify, sort, and consolidate the codes using Atlas.ti. Key themes in both countries that emerged included the many cracks in the system of programs and services for older adults, the inaccessibility to technology and the internet, and the particular difficulties of socioeconomic inequities, especially for those living alone. Older adults were motivated to become more technologically proficient and local communities came forward to help provide support. One key informant from

the U.S. noted that their organization experienced a 600% increase in interest among volunteers as a result of the pandemic. Despite the many challenges of the pandemic, many silver linings emerged. One participant poetically stated, “I think that’s human nature – when you have no other choice, you find a way.”

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Depression and Outcomes

ANTIDEPRESSANT USE AND RISK OF SUICIDAL BEHAVIOR IN OLDER PERSONS WITH DEPRESSION: A COHORT STUDY IN HONG KONG

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Background: Depression is highly prevalent in older adults and requires treatment. However, debate persists on whether antidepressant use is associated with an elevated risk of suicidal behavior. This study aims to examine the short- and long-term risk of suicidal behavior by various classes of antidepressants in older persons with depression. Methods: Persons aged 40 years and above and received a clinical diagnosis of depression between January 1, 2001, and December 31, 2016 were identified from the Clinical Data Analysis and Reporting System in Hong Kong. The risk of suicidal behavior in persons who were prescribed antidepressants was compared with persons who were not prescribed any antidepressant drugs. Antidepressants were classified as tricyclic and related antidepressant drugs (TCAs), selective serotonin reuptake inhibitors (SSRIs), noradrenergic and specific serotonergic antidepressants (NaSSAs), serotonin-norepinephrine reuptake inhibitors (SNRIs) and others. Incidence and adjusted hazard ratio (aHR) of subsequent self-harm and suicide within one-year and the whole study period were estimated by age groups. Results: A total of 34,927 persons aged 40-64 years, and 19,300 persons aged 65+ years were included. In the younger age group, the highest short-term and long-term risks were found in others (aHR, 2.33; 1.02-5.34) and NaSSAs (2.88; 2.15-3.86), respectively. In the older age group, no significant association was observed between antidepressant use and suicidal behavior across all antidepressant classes. Conclusion: The self-harm and suicide associated risks vary across antidepressant classes and age groups. Cautions are always needed for antidepressant prescriptions.

ASSOCIATION OF EARLY-LIFE FAMILY AND NEIGHBORHOOD CIRCUMSTANCES WITH DEPRESSIVE SYMPTOMS IN CHINESE OLDER ADULTS

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A growing body of literature suggests that early life circumstances can influence mental health throughout the