was associated with depressive symptoms and worsening depressive symptoms for older men and women, and we tested whether the national COVID-19 mortality rate in their country had an additive, or multiplicative, influence. COVID-19 bereavement from the death of a relative or friend is associated with significantly higher odds of reporting depressive symptoms, and reporting that these symptoms have recently worsened since the outbreak of COVID-19. Net of personal loss, living in a country with the highest COVID-19 mortality rate corresponds further with women's depressive symptoms; however, living in the midst of more COVID-19 deaths does not alter the implications of personal loss for depressive symptoms. COVID-19 deaths have lingering mental health implications for surviving older adults. Even as the collective toll of the crisis is apparent, bereaved older adults are in particular need of mental health support.

FINANCIAL HARDSHIP AND THE PAIN OF SOCIAL DISCONNECTION DURING THE COVID-19 PANDEMIC IN THE UNITED STATES

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Considerable scholarly attention has been directed at increasing social isolation and loneliness during the COVID-19 pandemic, and their adverse impact on later life psychological well-being. Notably absent is the focus on financial hardship in the context of overlapping unprecedented economic and public health crisis. It is unclear whether loneliness continues to differ across different levels of financial hardship even amidst immense uncertainty, social isolation, and anxiety induced by the pandemic. Based on our nationwide web-based survey of adults aged 50 years and older (n=1861), we used ordinal logistic regression to examine the influence of financial hardship on loneliness and assessed the role of socioeconomic status (SES), emotional support, and health status in contributing to such influence. We found significantly higher odds of greater loneliness (β = .28, p < .001) among individuals who reported experiencing greater financial hardship. Among two measures of SES, only household income contributed substantially to the influence of financial hardship on loneliness. We documented significantly lower emotional support and greater health disadvantage among individuals experiencing greater financial hardship. Consideration of emotional support and health status explained the remaining influence of financial hardship, due to their association with both financial hardship and loneliness. Despite a sense of shared vulnerability and social isolation across the general population, our findings suggest that SES inequalities in later life loneliness are maintained even in the midst of the pandemic.

REPRESENTING DUTCH OLDER ADULTS DURING COVID-19: WHAT CAN WE LEARN?

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From the very beginning of the COVID-19 pandemic older adults have been at the heart of public debate. Early articles argued that public representation of older persons displayed a a resurgence of ageist stereotypes and beliefs in (inter)national media (e.g. Ayalon et al. 2020, Fraser et al 2020, Lichtenstein 2020, Sotomayer et al. 2020). Yet studies confirming this are absent up to now. In this paper, we present findings on the representation of Dutch older adults during the first six months of the COVID-19 crisis in The Netherlands. We analysed 1141 articles about older adults of the five largest newspapers using quantitative content analyses and discourse analysis to systematically explore patterns, sentiments and meaning in the articles. We show that the majority of these articles were published in general news and that older adults were rarely (2%) cited in these articles. Most prominent adjectives were vulnerable and weak. Most prominent substantives were attention, long-term care facility and loneliness. The sentiment was largely negative. Additionally, we find three discursive frames predominate: 'an older people's disease', 'vulnerability' and 'solidarity'. This evidences that the Dutch reporting on older adults during COVID-19 reproduced a discourse of dependency highlighting and further emphasizing the sociopolitical context before COVID-19 while drawing out earlier ageist tendencies. On the basis of our findings and drawing on advisory experiences, we discuss implications for policy, education and practice and how we can reframe and differently address older adults specifically in terms of language and their more (un)conscious positioning in (public) debate.

Session 1365 (Symposium)

CREATING VIRTUAL COMMUNITY FOR OLDER ADULTS: DURING THE COVID-19 PANDEMIC AND BEYOND

Chair: Lawrence Kosick
Co-Chair: Jennifer Hunt
Discussant: Erica Solway

Combining data on health and well-being from the University of Michigan National Poll on Healthy Aging (NPHA) with case studies and data from GetSetUp, a virtual online learning community, and the Michigan Department of Health and Human Services (MDHHS), this symposium will highlight how virtual community can be created and supported during the COVID-19 pandemic and beyond. Polling data on loneliness and physical environments demonstrate the need for opportunities for connection before and during the pandemic. Other polling data from the NPHA shows telehealth visits increased significantly as did the use of video chat technology. These findings suggest that comfort with technology may help support aging in place. GetSetUp helps to make this possible with customized learning to help older adults overcome hurdles to tech adoption and use. GetSetUp classes focus on supporting social connection and providing information on resources and services. Beyond the pandemic, these services will remain critical for many older adults, including those facing mobility limitations, those with limited community, and those looking to diversify their networks. The Senior Deputy Director of Aging and Adult