

grandparents suggest that participants improved their use of effective selection strategies to set priorities and pursue goals related to their wellbeing and the quality of their relationship with grandchildren. Their pre-post test scores also indicated a higher level of parental efficacy, social relations and confidence in organizing their time and priorities. Results indicate that focusing on solution-oriented strategies may empower grandparents to improve their psychological adjustment and take care of their needs.

#### **SOCIAL INTELLIGENCE TRAINING FOR CUSTODIAL GRANDMOTHER-ADOLESCENT GRANDCHILDREN DYADS**

Britney A. Webster,<sup>1</sup> Greg Smith,<sup>1</sup> and Frank Infurna<sup>2</sup>, 1. *Kent State University, Kent, Ohio, United States*, 2. *Arizona State University, Tempe, Arizona, United States*

Custodial grandmothers (CGMs) and adolescent custodial grandchildren (ACG) face risk of poorer social skills and competencies due to early life adversities which have downstream negative consequences for mental and physical health. We describe an RCT examining the efficacy of an online social intelligence intervention (SII) at improving the emotional, interpersonal, and physical well-being of CGM-ACG dyads through mutual enhancement of their social competencies. Our SII is particularly valuable for these dyads because it enhances their social competencies and relationships, thereby leading to positive outcomes. Additionally, adolescence is a critical period for developing social competencies, largely through interactions with female caregivers. Our longitudinal mixed-methods approach addresses four aims: (1) Investigating if SII improves social competencies and overall well-being through both actor and partner effects; (2) Exploring moderators of SII efficacy; (3) Studying qualitatively how dyads view SII as changing their lives; and (4) Conducting a SII cost-benefit analysis. [Funded by R01AG054571]

### **SESSION 1465 (SYMPOSIUM)**

#### **HAPPY WHERE I AM: HOME AND COMMUNITY PREFERENCES, TELEHEALTH, SOCIAL ISOLATION, AND WELLNESS OF OLDER RURAL RESIDENTS**

Chair: Cassandra Cantave Burton, *AARP, Washington, D.C., United States*

About 16 percent of adults 50-plus and 25 percent of 65-plus adults reside in rural areas or small towns in the United States. The percentage increases to rural communities could mean a higher prevalence of chronic disease, a higher disability rate, a lower prevalence of healthy behaviors, and a widening gap in life expectancy relative to the nation as a whole. Moreover, rural areas face additional obstacles and challenges such: Difficulty forming community partnerships because of proximity challenges; migration of younger individuals to cities for career and social opportunities, resulting in a smaller pool of potential caregivers; an aging housing stock that also may be unsafe and in need of repair; and inadequate resources available to meet the broad range of needs among older adults. AARP has been engaged with policy makers and community members to ensure that older residents who live in rural areas have access to community

supports so they can remain in their homes and communities and have the services that they need as they get older. Presenters in this symposium will present data supporting AARP's work to better the lives of older rural residents. Findings from AARP studies on home and community preferences, social isolation, telehealth and broadband access, and brain health will be presented.

#### **FACTORS CONTRIBUTING TO SOCIAL ISOLATION AMONG OLDER RURAL RESIDENTS**

Cassandra Cantave Burton<sup>1</sup>, 1. *AARP, Washington, D.C., United States*

AARP research finds one-third of adults age 45 and older consider themselves lonely. Analysis from the National Survey of Adults Age 45-plus on Loneliness and Social Connections will be presented. Findings indicate that sixty-one percent of respondents who have never spoken to a neighbor are lonely, compared with 33 percent who have spoken to a neighbor. Individuals earning less than \$25,000, caregivers and LGBTQ people are more likely to be lonely. Moreover, the structure of one's community also plays an important role in predicting loneliness and was significantly related to a person feeling lonely.

#### **HAPPY IN MY HOME AND COMMUNITY: PREFERENCES OF OLDER RURAL RESIDENTS**

Joanne V. Binette<sup>1</sup>, 1. *AARP, Washington, District of Columbia, United States*

AARP will introduce research on rural residents from the 2018 Home and Community Preferences Survey of Adults Age 18 and Older that shows the importance of making communities places where rural residents can successfully age throughout all stages of life. This data will provide useful insights regarding what adults who live in rural areas want and need in their communities to positively contribute to their overall health and well-being and keep them actively engaged and involved in their community. The survey data can serve as a key tool for communities to understand what rural residents view as important for successfully aging in place and strategies that communities might employ to create community supports and services conducive for older rural residents.

#### **WHO, ME, WORRIED?: A LOOK AT BRAIN HEALTH AND STRESS AMONG RESIDENTS IN GEOGRAPHICALLY DIFFERENT AREAS**

Katherine Bridges<sup>1</sup>, 1. *AARP, Washington, District of Columbia, United States*

The 2018 AARP Brain Health and Mental Well-Being Survey reveals Millennials (age 22 to 37) have the highest level of stress while those in the Silent/Greatest Generation (over 73) have the lowest. Adults in their 50s and beyond have higher average mental well-being scores compared to younger adults. On a scale of mental well-being with an average score of 52, the average well-being for those age 18-39 is about 50, compared to about 54 for those 60 and older. This presentation will highlight generational difference in mental well-being and will examine community difference for older adults particularly those who reside in metropolitan areas compared to non-metropolitan areas.