

predictors for increased care management needs include advanced age, multiple comorbidities, frequent care transitions, and private insurance coverage, but the association of objectively measured functional assessments and care management hour utilization is unknown. This secondary data analysis aimed to identify factors that predict the amount of care management service among low-income older adults enrolled in a care management program. We used de-identified care management data from the electronic health record at 1 social service agency. We used multivariate regression to predict the number of hours of care management utilization from demographics, comorbidities, intake ADLs/IADLs, physical health, and self-reported quality of life. We found moderate to strong correlations between physical health and quality of life ($r=0.58$) and activities of daily living and instrumental activities of daily living ($r=0.81$). Baseline self-reported quality of life predicted the number of hours of care management utilization ($p=.03$; $\beta = 6.75$). Quality of life can be useful in predicting the number of service hours that a particular client may require from a care management program and should be considered as an intake question to assist social service providers in allocating hours adequately to clients.

STRENGTHS-BASED INTERPROFESSIONAL PRACTICE AND EDUCATION: TRANSFORMING CARE THROUGH DISRUPTION

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This is a conceptual paper proposing a new model of Strengths-Based Interprofessional Practice and Education (SB-IPE), incorporating appreciative inquiry and narrative, and its application to improve health and social care practice and policy for older adults. Within people, families, communities, and teams are people who understand their assets and culture, hold a collective wisdom derived from their individual biographies and shared history, and are deeply invested in their success. This wisdom and experience can be mined for strengths and best practices to improve health and social care for older adults and their families. The conceptual framework of the model and relationship between concepts are explained, reviewing and synthesizing relevant literature on the strengths perspective, interprofessional practice and education, evolution of the patient voice, appreciative inquiry, and narrative to leverage the voices and experiences of older adults, their families, and interprofessional teams. Providing person-, family-, and community-centered health and social care through SB-IPE involves eliciting, listening to, and processing stories and narratives, then coalescing and co-creating person/family/team narratives throughout the trajectory of care. Appreciate inquiry and narrative can be harnessed to imagine an improved experience of care for older adults and their families. Incorporating the potential disruption of the voices and perspectives of older adults and their families offers value for health and social care delivery and policy innovation. Application of the SB-IPE model holds promise for harnessing these voices and collective experiences leading from disruption to transformation of health and social care practice, health professions education, policy, and research.

Session 4570 (Symposium)

HOW DOES AGING IN PLACE HELP US UNDERSTAND LONELINESS DURING THE COVID-19 PANDEMIC?

Chair: Judith Robertson Phillips Co-Chair: Cassandra Ford
Discussant: Thomas Prohaska

Co-sponsored by the Disasters and Older Adults, Loneliness and Social Isolation, and Rural Aging Interest Groups, five presenters will highlight multiple circumstances regarding the intersection of social isolation or loneliness and the impact of COVID-19. Haverhals and colleagues interviewed veterans and their caregivers to identify the impact of changes in care delivery and social isolation as a result of the pandemic. Findings indicated differences in feelings of isolation among individuals living in their own home or assisted living facilities. Hua et al. examined whether individuals in long-term care communities were lonelier than individuals in the community during the pandemic using data from the NHATS COVID-19 module with higher levels of loneliness reported from individuals living in more restricted communities. Henning-Smith and colleagues explored differences in social activities among rural and urban participants in the COVID-19 Coping Study. Their study provides awareness into the ways rural and urban older adults stayed connected during the pandemic. Peterson et al. examined the effect of COVID-19 on care in Florida nursing homes and assisted living communities and on residents' anxiety with higher levels of anxiety reported by residents in nursing homes. Using the Coping with Loneliness, Isolation and COVID19 Global Survey, O'Sullivan and colleagues utilized the lens of 'place' to examine factors associated with those experiencing loneliness and/or social isolation during the pandemic with insights from a public health perspective. Collectively, these presenters will provide evidence of the challenges associated with older adults' social isolation and loneliness throughout the COVID-19 pandemic.

DOES PLACE MATTER WHEN UNDERSTANDING LONELINESS AND SOCIAL ISOLATION?

Annette Burns,¹ Christina Victor,² Thomas Prohaska,³ Brian Lawlor,⁴ Gerry Leavey,⁵ and Roger O'Sullivan,⁶
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Physical distancing and restriction of movements as measures to prevent the spread of Covid-19 required people to change their work, home and social lives. Loneliness and social isolation have emerged as key public health issues during the pandemic. Traditionally when considering loneliness the focus is often on individual factors rather than within the context of structural and environmental dimensions. This paper will utilise data from the Coping with Loneliness, Isolation and Covid-19 global online survey which had over 20,000 global responses from people aged 18+ in 2020. Analysis will use the lens of 'place' and the 5-item UCLA scale and 6-item Lubben social network scale to understand the social

and demographic characteristics and structural and environmental factors associated with those experiencing loneliness and/or social isolation in rural and urban areas both before and during the pandemic. The paper will conclude with key messages from a public health perspective.

LONELINESS AND SOCIAL CONNECTEDNESS AMONG RURAL OLDER ADULTS SINCE THE COVID-19 PANDEMIC ONSET

Gabriella Meltzer,¹ Lindsay Kobayashi,² Jessica Finlay,² and Carrie Henning-Smith,³ 1. *Department of Social and Behavioral Sciences, New York University, New York, United States*, 2. *University of Michigan, Ann Arbor, Michigan, United States*, 3. *University of Minnesota School of Public Health, Minneapolis, Minnesota, United States*

Rural areas have a higher proportion of older adults aging in place. Rural areas also face structural barriers to supporting social connectedness among older adults, including transportation barriers, greater geographic distances, and access to technological connectivity. This research aims to discuss rural-specific risks of loneliness and social isolation among older adults, as well as rural/urban differences in loneliness and social isolation among older adults using the national COVID-19 Coping Study. Cross-sectional bivariate analyses highlight rural/urban differences in social activities during the pandemic. For example, rural older adults were more likely to use social media daily, compared with urban older adults (67% vs. 61%, $p < 0.05$), but were less likely to have phone or video calls with others daily (21% vs. 26%, $p < 0.001$). We will also share results of differences within rural older adults in loneliness, isolation, and social activities by socio-demographic characteristics in order to design targeted interventions to improve connectedness.

SOCIAL ISOLATION IN LONG-TERM CARE FACILITIES RELATED TO COVID-19: EFFECT ON RESIDENT ANXIETY AND CARE

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Loneliness is a common problem in long-term care. It has been associated with a higher risk of depression, aggressive behaviors, and anxiety and may be a risk factor for cognitive decline. Loneliness can exacerbate social isolation. The COVID-19 emergency brought on measures in Florida, beginning in March 2020, to separate nursing home (NH) and assisted living community (ALC) residents from each other and family members to limit virus spread. This study examines results of a survey with Florida NH (N=59) and ALC (N=117) administrators concerning effects of these measures. Scaled (1-5, lowest to highest) data indicate that resident anxiety was higher in NHs (M=3.40) than ALCs (M=3.17). Care disruptions related to limited resident-to-resident contact also were worse in NHs (M=3.74) than in ALCs (M=3.21), while care disruptions related to loss of family support were higher among ALCs (M=3.19) than in NHs (M=2.86). Implications of these findings will be discussed.

IMPACT OF SOCIAL ISOLATION DUE TO COVID-19 ON VA HOME-BASED PRIMARY CARE VETERANS AND CAREGIVERS

Chelsea Manheim,¹ Nelly Solorzano,¹ Juli Barnard,² Tamar Wyte-Lake,³ and Leah Haverhals,¹ 1. *Denver Center of Innovation for Veteran Centered and Value Driven Care (COIN), Denver, Colorado, United States*, 2. *Department of Veterans Affairs, Aurora, Colorado, United States*, 3. *US Department of Veterans Affairs, U.S. Department of Veterans Affairs (VA), California, United States*

In December 2020 we began conducting phone interviews with Veterans, and their caregivers, receiving care through the United States (US) Department of Veterans Affairs (VA) Home Based Primary Care (HBPC) program. Our goal was to describe experiences of Veterans and caregivers managing changes in care delivery related to the COVID-19 pandemic and navigating increased social isolation due to social distancing. We interviewed 38 Veterans (average age 78) and caregivers (average age 62) across seven VA HBPC programs. Findings showed those living in their own homes found increased isolation more manageable than those living in assisted living facilities, which restricted visitors. Caregivers had a harder time managing isolation than Veterans, as Veterans were used to being primarily homebound. Veterans and caregivers relied on increased phone communication with their HBPC teams, with some began participating in virtual visits. Implications include insights into better supporting older, homebound adults and their caregivers during disasters.

COMPARING LONELINESS AMONG INDIVIDUALS IN LONG-TERM CARE SETTINGS AND THE COMMUNITY

Cassandra Hua, *Brown University, Providence, Rhode Island, United States*

We used the NHATS COVID-19 module to examine whether individuals in long-term care communities were lonelier than individuals in the community during the pandemic. Additionally, we examined whether individuals in long-term care communities with more restrictive policies concerning visitors and communal activities were more likely to experience loneliness than individuals in communities with less restrictive policies. Approximately 45% of individuals in long-term care communities (n=134) felt at least a moderate amount of loneliness during COVID-19 when compared to 34% of individuals in the community (n= 2,666) ($p < .05$). However, the association was no longer statistically significant after adjusting for age, race, and sex. Among individuals in long-term care communities with the most restrictive policies, 48% experienced loneliness compared to 44% individuals in less restrictive communities. However, this finding was not statistically significant. Discussion will focus on similarities and differences within these populations that could have led to these results.

Session 4575 (Symposium)

INNOVATIVE GERONTOLOGY IN HIGHER EDUCATION: TRANSFORMATIVE EFFECTS OF THE PANDEMIC

Chair: Pamela Saunders Co-Chair: Yoon Chung Kim
Discussant: Debra Dobbs