

Objectives: Research on the impact of COVID-19 among older adults has primarily focused on virus outcomes, but it is also possible the pandemic's hardships have eroded the adaptive capacity of older adults. It is also likely these impacts vary by race and ethnicity. We examine changes in psychological resilience (PR) among older adults pre and post-pandemic to determine whether financial and social hardships have altered this resource for White, Black, and Hispanic older adults. **Method:** Using the COVID module recently released by the HRS (n=735), we examined changes in PR between 2016 and 2020 related to specific COVID experiences. We tested interactions to determine whether the effects of these experiences were conditioned by race and ethnicity. **Results:** Consistent with previous literature, resilience was relatively stable during this time on average. Financial hardship due to COVID-19 diminished resilience, but this effect was concentrated primarily among White Americans. PR was unchanged related to financial hardship among Black Americans. **Discussion:** The results suggest that PR is a relatively stable resource in later life, even during a pandemic. However, this resource may be impacted in the face of specific and especially new challenges in later life. Policies and interventions related to job loss and financial hardship during the pandemic should be seen as supporting the capacity for older adults to adapt to current as well as future challenges.

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COVID-19 Pandemic I

CHANGES IN HEALTH AND WELL-BEING IN COVID-19 CLINICALLY VULNERABLE OLDER ENGLISH PEOPLE DURING THE PANDEMIC

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People with specific health profiles and diseases (such as diabetes, lung and heart conditions) have been classified as 'clinically vulnerable' (CV) to Covid-19, i.e. at higher risk of severe illness and mortality from Covid-19, and were targeted for shielding. However, there is as yet little evidence on how the pandemic and shielding impacted the health and social well-being of CV older people. Using data from Wave 9 (2018/19) and the first Covid-19 sub-study (June/July 2020) of the English Longitudinal Study of Ageing, we investigated changes in health and well-being during the pandemic by clinical vulnerability. We also explored the interactions between CV and age-group (50s, 60s, 70s, 80+), and between CV and shielding. Results suggest that CV older people (~39% of the sample) were more likely to report worse health and social well-being outcomes during the pandemic compared to non-CV participants, even considering pre-pandemic levels of health and well-being. However, changes in health were not uniform across age groups, with those in their 50s and 60s more likely to report greater deterioration in mental health than those in their 70s and over 80. Moreover, older adults who were shielding and were CV reported the most substantial rises in anxiety, depression, receipt of formal care as well as decreases in well-being and physical activity. While policies focussing on shielding CV older people reduce rates

of hospitalisation and death from Covid-19, policymakers should address the wider needs of this group if their long-term health and social well-being are not to be compromised.

COMPARISON OF EMBEDDED SENSOR DATA FOR LONG-TERM CARE RESIDENTS BEFORE AND AFTER ONSET OF THE COVID-19 PANDEMIC

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Older adults have experienced greater isolation and mental health concerns during the COVID-19 pandemic. In long-term care (LTC) settings, residents have been particularly impacted due to strict lockdown policies. Little is known about how these policies have impacted older adults. This study leveraged existing research with embedded sensors installed in LTC settings, and analyzed sensor data of residents (N=30) two months pre/post the onset of the U.S. COVID-19 pandemic (1/13/20 to 3/13/20, 03/14/20 to 5/13/20). Data from three sensors (bed sensors, depth sensors, and motion sensors) were analyzed for each resident using paired t-tests, which generated information on the resident's pulse, respiration, sleep, gait, and motion in entering/exiting their front door, living rooms, bedrooms, and bathrooms. A 14.4% decrease was observed in front door motion in the two months post-onset of the pandemic, as well as a 2.4% increase in average nighttime respiration, and a 7.6% increase in nighttime bed restlessness. Over half of our sample (68%) had significant differences ($p < 0.05$) in restlessness. These results highlight the potential impact of the COVID-19 pandemic and social distancing policies on older adults living in LTC. While it is not surprising that significant differences were found in the front door motion sensor, the bed sensor data can potentially shed light on how sleep was impacted during this time. As older adults experienced additional mental health concerns during this time, their normal sleep patterns could have been affected. Implications could help inform LTC staff, healthcare providers, and self-management of health approaches among older adults.

CROSS-NATIONAL ANALYSIS OF BEREAVEMENT FROM COVID-19 AND DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS IN EUROPE

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The COVID-19 pandemic has left older adults around the globe grieving the sudden death of relatives and friends. We examine if COVID-19 bereavement corresponds with older adults' depressive symptoms in 27 countries, and test for variation by gender and country context. We analyzed the Survey of Health, Ageing and Retirement in Europe (SHARE) COVID-19 data collected from N=51,383 older adults (age 50–104) living in 27 countries between June–August 2020, of whom 1,363 reported the death of a relative or friend from COVID-19. We estimated pooled-multilevel logistic regression models to examine if COVID-19 bereavement