PARTICIPATORY RESEARCH WITH OLDER WORKERS IN A PANDEMIC: INNOVATIONS AND LESSONS LEARNED

Cal Halvorsen, Kelsey Werner, and Elizabeth McColloch, *Boston College, Chestnut Hill, Massachusetts, United States*

In the spring of 2020, and as the implications of the COVID-19 pandemic became increasingly dire, in-person studies halted throughout the world. This included our planned study to examine the role of the Senior Community Service Employment Program (SCSEP)—the sole federal workforce training program for low-income older adults—in influencing participant financial, physical, and mental well-being. While our original plans were to hold a series of in-person workshops with SCSEP participants and case managers using a form of participatory research called community-based system dynamics (CBSD), we paused the launch of our study to determine the safest path forward. This presentation will describe how we responded as well as innovations and implications for future research with harder to reach populations. First, we met with the Massachusetts state SCSEP director to assess the feasibility of moving our sessions online with this particular population. After determining that virtual and telephone sessions would both be needed to increase accessibility, we identified virtual whiteboard software rigorous enough to utilize CBSD-specific activities, user-friendly enough for populations less familiar with virtual environments, and with security features that would be approved by our university, as well as discussed what types of activities to conduct on the telephone for such a visual research method. Our CBSD study was one of the first to utilize virtual and telephone formats in the history of this method, and our results indicate that it is possible—and sometimes beneficial—to move in-person participatory methods to these environments to increase inclusion and efficiency.

THE IMPACT OF THE CARING CALLERS PROGRAM ON SENIOR COMPANION VOLUNTEERS AND CLIENTS DURING THE COVID-19 PANDEMIC

Kathy Lee,[1] Noelle Fields,[2] Gretchen Feinhals,[3] and Melanie Calhoun,[3] *1. University of Texas at Arlington, Coppell, Texas, United States, 2. University of Texas at Arlington, Arlington, Texas, United States, 3. The Senior Source, Dallas, Texas, United States*

Purpose of the Study: The purpose of this study was to examine the impact of the Caring Callers Program on older adults and volunteers. Our research team piloted this telephone reassurance program during the COVID-19 pandemic. In the Caring Callers Program, socially isolated older adults were paired with older adult volunteers from the Senior Companion Program (20 pairs). Methods: In the Caring Callers Program, Senior Companion volunteers provided the clients with emotional support through a weekly phone call over the 12 weeks period (May through July 2020). Prior to the intervention implementation, the volunteers received a two-hour group-based training through a teleconference platform. Program outcomes were measured through quantitative and qualitative approaches. Results: The clients (mean age=73.5) showed significantly increased overall self-rated health at post-test, compared to pre-test and they discussed social and emotional benefits. The clients were very satisfied with the program and indicated that the program met their expectations. Our individual, in-depth interviews with the volunteers (mean age=73.2) also revealed that the volunteers were able to develop their skills that are helpful for their Senior Companion volunteer activities and experience mutual benefits by spending their time more purposefully. Overall, our participants shared that they wanted to continue participating in the Caring Callers Program. Discussion: We learned the importance of training not only for the volunteers but also for the clients, prior information on their pair, making sure of the volunteer-client fit, and benefits of using telephone particularly in this group of vulnerable older adults.

Session 2480 (Paper)

Social Determinants of Health II

BIRTH COHORT DIFFERENCES IN MULTIMORBIDITY BURDEN AMONG AGING U.S. ADULTS

Nicholas Bishop,[1] Steven Haas,[2] and Ana Quiñones,[3] *1. Texas State University San Marcos, San Marcos, Texas, United States, 2. Penn State, University Park, Pennsylvania, United States, 3. Oregon Health & Science University, Portland, Oregon, United States*

Multimorbidity is the co-occurrence of two or more chronic health conditions and affects more than half of the US population aged 65 and older. Recent trends suggest increased risk of poor self-reported health, physical disability, cognitive impairment, and mortality among later born birth cohorts, yet we are unaware of work examining cohort trends in multimorbidity among aging US adults. Observations were drawn from the Health and Retirement Study (2000–2018) and included adults aged 51 and older across 7 birth cohorts (1923 and earlier, 1924–1930, 1931–1941, 1942–1947, 1948–1953, 1954–1959, and 1960–1965). Multimorbidity was measured as a count of 9 chronic conditions including heart disease, hypertension, stroke, diabetes, arthritis, lung disease, cancer (excluding skin cancer), depression, and cognitive impairment. General linear models adjusting for repeated measures and covariates including age, sex, race/ethnicity, and education were used to identify whether trends in multimorbidity varied across birth cohort. 31,923 adults contributed 153,940 total observations, grand mean age was 68.0 (SD=10.09), and mean multimorbidity was 2.19 (SD=1.49). In analyses adjusted for age and other covariates, adults born 1948–1953 reported .34 more chronic conditions (SE=.03, p<.001), adults born 1954–1959 reported .42 more chronic conditions (SE=.03, p<.001), and adults born 1960–1965 reported .55 more chronic conditions (SE=.03, p<.001), than those born 1931–1941, respectively. Our preliminary results confirm increasing multimorbidity among later birth cohorts of older Americans and should help guide policy to manage impending health declines among older Americans.

PERSONAL NETWORK BRIDGING POTENTIAL AMONG RURAL AND OLDER POPULATIONS

Adam Roth, Siyun Peng, and Brea Perry, *Indiana University, Bloomington, Indiana, United States*

Personal social networks play a fundamental role in the daily lives of older adults. Although many studies examine how life course factors and personal preferences shape network formation, fewer consider how the places in which older adults live present opportunities and obstacles to cultivate social relationships. In the present study, we explore how geographic context is associated with the ability to interact with non-overlapping social groups within one's personal network (i.e., network bridging). This unique network formation offers older adults access to diverse social stimuli, non-redundant information, and social autonomy. By analyzing data from the Person-to-Person Health Interview Survey (N=709), we found that a minority of respondents reported the ability to bridge social groups within their networks. Respondents residing in rural and semi-rural counties engaged in fewer non-overlapping social groups compared to those residing in urban counties. These findings suggest that the communities in which older adults live condition opportunities for accessing unique social resources. Identifying the link between geographic residence and personal network structure has important implications for how individuals navigate the uncertainty and elevated support needs of later life. Additional research adopting a social network perspective is needed to provide insight into geographic health disparities occurring among the older population.

RACE DIFFERENCES IN TRAJECTORIES OF HOPELESSNESS AMONG U.S. OLDER ADULTS: DO SOCIAL CONDITIONS MATTER?

Uchechi Mitchell,[1] Elena Graetz,[2] and Jing Wang,[3]
1. University of Illinois Chicago, School of Public Health, Chicago, Illinois, United States, 2. University of Illinois Chicago, College of Liberal Arts and Science, University of Illinois, Chicago, Illinois, United States, 3. University of Illinois, Chicago, University of Illinois Chicago, Illinois, United States

Despite being a risk factor for cardiovascular disease, suicidal ideation, and mortality among U.S. older adults, research on hopelessness and how it changes over time are lacking. Although hopelessness generally increases with age, levels of hopelessness may be influenced by race/ethnicity and social or economic factors. This study uses longitudinal data from 8,359 individuals from the Health and Retirement Study to examine race differences in trajectories of hopelessness from 2006 to 2018. We used linear mixed models to estimate trajectories of hopelessness for blacks, whites and Hispanics age 51 and older. The model was fit with a natural spline cubic function to model changes in time trends of hopelessness and the interaction between time and race. Models controlled for demographic characteristics, socioeconomic status, health status, and psychosocial factors that influence hopelessness. We found that older Hispanics have the highest levels of hopelessness, followed by non-Hispanic blacks and non-Hispanic whites. Trajectories of hopelessness were non-linear and differed by race. For older whites, hopelessness increased from 2006-2010 and then decreased until 2018. For older blacks, it decreased the entire time period but did so at a decreasing rate; and, for older Hispanics, hopelessness decreased from 2006-2012 and then increased thereafter. Our study shows that hopelessness generally decreased over time among older adults between 2006 and 2018 in race-specific ways, despite generally increasing with age. These findings suggest that race, age and period effects differentially influence trajectories of hopelessness. Factors contributing to these differences may be related to concurrent social and economic conditions.

TEMPORAL TRENDS IN THE PREVALENCE OF DEMENTIA IN SOUTH KOREA

Jung Hyun Kim,[1] and Anja Leist,[2] *1. University of Luxembourg, University of Luxembourg, Diekirch, Luxembourg, 2. University of Luxembourg, Esch-sur-Alzette, Diekirch, Luxembourg*

Background. Secular decreases in the prevalence of cognitive impairment and dementia have been observed in several Western countries, however, few systematic investigations of temporal trends in dementia have been conducted in South Korea. Method. Data came from N=8,006 individuals (N=2,110 assessed twice) aged 65 years and older participating in the Korean Longitudinal Study of Aging 2008 and 2018. Dementia was indicated by a score ≤ 17 on the Korean Mini-Mental State Examination (K-MMSE). Dementia was regressed on the year of survey, adjusting for multiple demographic and socio-economic confounders, and, in additional models, also chronic diseases and lifestyle factors related to health, social, and religious activities. Results. Across waves, the share of individuals with low socio-economic status decreased. The prevalence of chronic diseases, including diabetes, heart diseases, stroke, and psychiatric diseases, increased over time. Alcohol consumption increased, whereas smoking rates, religious affiliation, and participation in religious activities decreased. Controlling for all covariates and compared to 2008, we observe decreases in dementia prevalence in 2018 by 52% (2018: OR 0.48, CI 0.42, 0.56). Women's MMSE scores were more than two times as likely as men's to indicate dementia (OR 2.59, CI 2.15, 3.14). Discussion. Decreases in dementia prevalence in Korea are partly attributable to improved socio-economic conditions and can be observed despite the increased prevalence of chronic conditions. However, secular trends were not fully explained by these and lifestyle factors. We discuss further individual-level and contextual-level mechanisms that may have contributed to these findings.

THE INTERACTION OF LIFE COURSE SOCIOECONOMIC STATUS AND LEISURE ACTIVITIES ON COGNITIVE PERFORMANCE IN OLD AGE

Rongjun Sun,[1] and Zhenmei Zhang,[2] *1. Cleveland State University, Cleveland, Ohio, United States, 2. Michigan State University, Department of Sociology, Michigan, United States*

While the separate effects of socioeconomic status and engaging in leisure activities on cognition have been well documented, their interaction effect has rarely been examined. After examining life course socioeconomic status (SES) on cognitive impairment in old age, this paper is focused on exploring the interaction effects between life course SES and leisure activities. We use data from the Chinese Longitudinal Healthy Longevity Survey, which covers five waves of interviews of adults aged 65 or older between 2002 and 2014. Cognitive impairment is measured by the Chinese version