

Session 9455 (Poster)

Social Support, Social Connectedness, and Loneliness I

CUMULATIVE EFFECT OF LONELINESS AND SOCIAL ISOLATION ON HEALTH OUTCOMES AMONG OLDER ADULTS

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Loneliness and social isolation are described similarly yet are distinct constructs. Numerous studies examine each construct separately; however, less research has been dedicated to exploring their impacts together. Using survey and claims data among adults age 65+ (N=6,994), the cumulative effects of loneliness and social isolation on late-life health outcomes were examined using Chi-square and multivariate regression models. Loneliness and social isolation were measured using the UCLA-3 Loneliness Scale and the Social Network Index. Participants were grouped into four categories of loneliness and social isolation based on overlap, including: lonely only (L), socially isolated only (SI), both lonely and socially isolated (LSI), or neither (N). Outcomes included quality of life and healthcare utilization and costs. Among participants, 9.8% were considered L, 20.6% SI, 9.1% LSI, and 60.5% N. Respondents were primarily female (55.0%) and 70-74 years of age (27.1%). Those considered LSI were more likely to be older, female, less healthy, depressed, with lower quality of life and greater healthcare utilization patterns. Participants who were L or LSI had higher rates of emergency room visits compared to the N group; LSI had the highest medical costs. Results demonstrate the cumulative effects of loneliness and social isolation among older adults. Findings not only fill a gap in research exploring the impacts of these constructs later in life, but also confirm the need for approaches targeting older adults who are both lonely and socially isolated. As the COVID-19 pandemic continues, this priority will continue to be urgent for older adults.

EVALUATION OF A WEB-BASED WELLNESS PROGRAM TO REDUCE LONELINESS AMONG OLDER ADULTS

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Background: Loneliness has been associated with adverse health outcomes, including increased mortality risk. Interventions aimed at addressing maladaptive social cognition have documented efficacy in reducing loneliness among

older adults. Purpose: The purpose of this study was to determine the feasibility and efficacy of a web-based wellness program in reducing loneliness and improving psychosocial health among older adults with an AARP® Medicare Supplement plan insured by UnitedHealthcare Insurance Company. Methods: Eligible individuals were 65 years and older, who self-identified as lonely on a prior survey, and indicated that they had access to the internet through a computer or smartphone. Participants completed up to eight online modules comprised of a short lesson on an aspect of maladaptive social cognition, followed by a comprehension quiz, selection of a short-term goal, and a phone or text chat with a program coach. Four surveys were administered to assess the effects of program participation: (1) prior to the start of the program, (2) after completion of four online modules, (3) after completion of all eight modules, and (4) 30-60 days later. Results: Attrition was high. Overall, 220 (42%) program participants completed both T1/T2 surveys, 193 also completed a T3 survey, and 177 also completed a T4 survey. Post-survey data indicated that loneliness and perceived stress decreased while mental wellbeing, resilience, and perception of aging improved. Conclusion: Digital interventions aimed at addressing maladaptive social cognition offer potential to reach lonely older adults and support psychosocial wellbeing through reduced loneliness.

EXPLORING SOCIAL SUPPORT SYSTEMS AND EXPERIENCES OF OLDER WOMEN IN TEDE COMMUNITY, OYO STATE, NIGERIA.

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Rural communities in Nigeria are rapidly aging due to the massive movement of young adults to the cities, especially after marriage and/or in search of employment. This has adversely affected the social supports for older persons. The current study explored the experiences of older adults living in rural communities in Southwestern Nigeria. The study adopted an exploratory qualitative research design, in-depth interview techniques were adopted, and results were analyzed using thematic analysis. For this pilot study, conducted in Tede community in Oyo state in Nigeria, 10 older women, aged 70+ years were purposively selected for the study. The fact that all participants were women was due to the fact that older persons found in the community were mostly women. Consonant with previous research, this pilot study found that there was limited formal and informal support systems for older women in the community. The study additionally revealed that older women expressed feelings of abandonment by adult children, having insufficient funds, as well as inability to access health care. Consequently, these women resorted to alternative means to fend for themselves. For instance, despite having functional limitations, older women in the community would engage in physically demanding tasks such as going into the bushes to cut and gather firewood to sell, as well as engaging in other forms of petty trading, while others resorted to begging for alms for sustenance. This pilot study highlights the experience of poverty among older women and the need for more structural interventions for older persons in Nigeria.