

may have implications not only for the pandemic, but also for older adults who cannot leave their homes or experience barriers to typical social activities for any reason (e.g., being homebound, having functional impairments).

## Session 1140 (Paper)

### Social Isolation and Loneliness (SRPP Paper)

#### COVID-19 AND OLDER ADULTS: COPING WITH LONG-TERM PANDEMIC PRECAUTIONS

Kerstin Emerson, Deborah Kim, George Mois, and Jenay Beer, *University of Georgia, Athens, Georgia, United States*

Studies conducted at the beginning of Covid-19 precautions suggested that older adults were stressed, but hopeful. Less is known how coping has changed for older adults after experiencing months-long pandemic precautions. We explore differences in coping between the initial pandemic declaration in March 2020, and 9 months later, via an internet survey fielded in November 2020 ( $n = 781$ ). We present summary data, using chi-square tests for subgroup analyses. A majority of respondents (aged  $M = 66$  yrs, range 60-89) were women (64%) and White (94%). When asked to compare their feelings to the beginning of the pandemic, 44.8% were more frustrated, 38.7% were more stressed, and 32.7% were more anxious. However, 38.3% were more appreciative. Women were significantly more likely than men to report increases in feeling frustrated, angry, scared, stressed, sad, and hopeless. Introverts were significantly more likely than extroverts to report an increase in loneliness and stress. Since the first few weeks of the pandemic, respondents reported more communication through video calls (45.2%), texting (40.2%), and phone calls (28.8%). Additionally, 61.5% spent more time on computers/tablets, 47.2% spent more time watching TV, and 24.5% spent more time praying. Extroverts were significantly more likely than introverts to report an increase in time with TV, phones, and computers/tablets. Women were significantly more likely than men to report increased texting and praying. These data provide further understanding of the impact of long-term pandemic precautions on older adults and suggest particular subgroups of older adults may benefit from public health and mental health interventions.

#### INTEGRATING ASSESSMENT FOR SOCIAL DISCONNECTEDNESS INTO AGING SERVICES: CHARTING A PATH FORWARD

Alice Prendergast, and Kristi Fuller, *Georgia State University, Atlanta, Georgia, United States*

Social disconnectedness poses a serious threat to the health and well-being of older adults. Although research demonstrates that social disconnectedness was prevalent among older adults long before the COVID-19 pandemic, the crisis has brought significant attention to this issue, as well as resources to address it. The crisis also shed light on the current gap in evidence and guidance on how best to assess for and address social disconnectedness, especially in practice settings. Researchers from the Georgia Health Policy Center conducted a review of existing assessment tools and processes for social disconnectedness and formulated

recommendations for the Georgia Division of Aging Services (DAS) in November 2020. These recommendations involve the use of evidence-based assessments paired with person-centered counseling to address social disconnectedness among at-risk individuals. In this session, researchers from Georgia State University will define social disconnectedness, explain how it differs from related constructs, and discuss the necessity of a holistic approach to assessment; summarize the review and recommendations made to DAS; and present preliminary data from DAS's initial implementation of the assessment process.

#### THE GREAT MIGRATION AND THE URBAN-RURAL DIVIDE: LONELY LIFE EXPECTANCY IN CHINA

Xueqing Wang, and James Raymo, *Princeton University, Princeton University, New Jersey, United States*

After decades of below replacement fertility, China is now experiencing rapid population aging and the lives of the growing older population are being shaped by massive social and economic change. Of particular importance, is the large-scale migration of working-age adults from rural areas to large cities in search of job opportunities. The departure of migrants from their rural hometowns has resulted in a large population of left-behind older men and women. This distinctively Chinese demographic phenomenon has spurred scholarly interest in the emotional well-being of this older left-behind population, but careful demographic description of aging, migration, grandparenting, and loneliness has yet to be conducted. We bridge this gap by describing the average remaining life spent lonely by older men and women in China. We use Sullivan's method to calculate lonely life expectancy by urban/rural residence and by the migration status of adult children (as proxied by the presence or absence of coresiding children). We use data from the Harmonized version of the Chinese Health and Retirement Longitudinal Study and focus the analysis on adults aged 55-100. Preliminary results show that, at age 55, women on average spend 9% more of remaining life lonely than men and that rural men and women spend more of their remaining life lonely than their urban counterparts. We will extend these life table analyses by conducting multivariate analyses of the correlates of loneliness in urban and rural China to better understand the role of migration and grandparenting responsibilities.

#### THE LENGTH OF MEMBERSHIP AND LONELINESS OF OLDER ADULTS IN VILLAGE PROGRAMS

Qiuchang (Katy) Cao,<sup>1</sup> Christine Happel,<sup>2</sup> Katie White,<sup>3</sup> and Holly Dabelko-Schoeny,<sup>4</sup> 1. *The Ohio State University, Columbus, Ohio, United States*, 2. *Clintonville-Beechwood Community Resources Center, Clintonville-Beechwood Community Resources Center, Ohio, United States*, 3. *Ohio State University, Age-Friendly Columbus and Franklin County, Ohio, United States*, 4. *The Ohio State University, The Ohio State University, Ohio, United States*

Villages are consumer-driven programs supporting older adults to age in their own homes while staying socially connected through service referrals, coordination, and the organization of social activities. Although previous studies demonstrated an increase of perceived social support among Village members over time, few studies tested how Village membership influence older adults' loneliness. To address

this gap, a total of 112 members from four Village programs in a Midwest Metropolitan area completed a cross-sectional pilot survey on their social well-being between January and March 2020. The age of participants ranged from 51 to 92 years old ( $M=72.30$ ,  $SD=8.38$ ), over 74% of participants were female and over 88% of participants identified as White/Caucasian. The relationship between the 20-item UCLA loneliness scale and length of Village membership was roughly linear according to the Loess Curve. The scores of the UCLA scale range from 20-80 and higher scores indicate higher loneliness. The Cronbach's alpha of the UCLA loneliness scale was 0.86 in the sample, indicating good internal consistency. The average loneliness score of the sample was 38.45, resembling the average of community-living older adults. Regression results suggested that a one-year increase in village membership was associated with approximately two points reduction in loneliness, holding all else constant. Being female, a racial/ethnic minority, retired, a driver, and having higher frequencies of socializing with friends and neighbors were associated with lower levels of loneliness among Village members. This pilot study provides initial support for the social impact of Villages and informs future larger sample longitudinal studies.

## Session 1145 (Symposium)

### SOCIAL ISOLATION AND WELL-BEING AMONG MIDDLE-AGE AND OLDER ADULTS: BEFORE AND DURING THE COVID-19 OUTBREAK

Chair: Lydia Li

This symposium brings together five studies that examined the relationship between social isolation and well-being. Two used pre-COVID data from the Health and Retirement Study (HRS). One aimed to identify patterns of social isolation trajectory in a 9-year period, where social isolation was conceptualized as a multidimensional construct. It identified four distinct patterns, and the pattern had a gradient relationship with health outcomes. Another examined the association between self-perceptions of aging (SPA) and social well-being among older adults. It found that positive SPA predicted increased social connectedness and reduced loneliness in four years. Two other studies were based on a longitudinal survey (COVID-19 Coping Survey) that began in April 2020. One reports that adults 55+ with comorbidity at pandemic onset had persistently elevated depressive symptoms in a 6-month period, regardless of their social isolation level. Another paper suggests that physical isolation at pandemic onset was associated with elevated symptoms of depression, anxiety, and loneliness throughout the following six months. The fifth paper was based on two-wave data—2019 survey and 2020 COVID supplement—from the National Aging and Health Trend Study (NAHTS). It found that older adults who were very socially isolated and completely homebound before the pandemic experienced less psychological distress during the outbreak than those who were very socially integrated and not homebound. The five studies highlight the multiple dimensions of social isolation, their antecedents and development over time, and their role in shaping mental health in a pandemic context.

### SOCIAL ISOLATION PATTERNS AND HEALTH OUTCOMES IN MIDLIFE AND LATER LIFE

Meng Sha Luo, *Zhejiang University, Hangzhou, Zhejiang, China (People's Republic)*

Conceptualizing social isolation as a multidimensional construct encompassing social networks, social contacts, perceived support and loneliness, this research aims to: (1) identify patterns of social isolation trajectory among middle-aged and older adults in the U.S.; (2) investigate how different patterns of social isolation trajectory are related to adults' physical, mental, cognitive, and overall health. Latent class growth modeling was used to examine social isolation trajectory patterns over nine years in a national sample of 6,457 adults aged 51+. Four patterns of social isolation trajectory were identified: severely isolated, moderately isolated, subjectively integrated, and objectively integrated. The objectively integrated group reported the best physical, mental, cognitive, and overall health, whereas the severely isolated group reported the worst. The moderately isolated and subjectively integrated groups fell in between, with the latter displaying relatively better health outcomes. Findings support a close relationship between poor health and long-term social isolation.

### EFFECTS OF SELF-PERCEPTIONS OF AGING ON SOCIAL DISCONNECTEDNESS AND LONELINESS IN OLDER ADULTS

Rita Xiaochen Hu, *Social Work, Ann Arbor, Michigan, United States*

Research shows that self-perceptions of aging (SPA) predict physical, mental, cognitive, and emotional well-being in older adults. Few studies have examined SPA's effects on social well-being. Using data from the 2014–2018 Health and Retirement Study, we examined SPA's effects on older adults' social connectedness and loneliness (age 65+,  $N = 3,808$ ). SPA was measured by eight items. Social connectedness was operationalized by network size, social contact, and social participation. The UCLA Loneliness Scale assessed loneliness. Linear regression results show that more positive SPA is correlated with increased social connectedness ( $b = 0.05$   $SE = 0.01$   $p = 0.0003$ ) and decreased loneliness ( $b = -0.09$   $SE = 0.02$   $p < 0.0001$ ) in four years, controlling for sociodemographic and health characteristics. Further, loneliness is a mediator between SPA and social connectedness. Findings suggest that older adults with negative SPA are at risk of both objective and subjective social isolation.

### ASSOCIATIONS BETWEEN COMORBIDITY AND DEPRESSIVE SYMPTOMS DURING COVID-19: VARIATION BY SOCIAL ISOLATION?

Jianjia Cheng,<sup>1</sup> and Lindsay Kobayashi,<sup>2</sup> *1. School of Public Health, Ann Arbor, Michigan, United States, 2. University of Michigan, Ann Arbor, Michigan, United States*

Adults with comorbidities are at high COVID-19 risk and may experience elevated depressive symptoms during the pandemic. We aimed to investigate the associations between comorbidity at pandemic onset and subsequent depressive symptoms and whether social isolation modified