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Research has illustrated potential health benefits from moderate drinking, but also health risks from excessive drinking. Few studies have contrasted drinking effects on health across different periods of the lifespan, and how such contrasts may vary across sociodemographic subpopulations. In this study, we investigated underrepresented racial and ethnic group status as a moderator of drinking effects on health across the lifespan. Analyses used data from two waves of a large U.S.-representative sample. We estimated a series of 3\*3 between-persons ANOVAs testing effects of Wave-1 drinking group (abstainer, moderate drinkers, and excessive drinkers), age (young adulthood, midlife, and older adulthood), and drinking-group-by-age interactions in White versus underrepresented status. The outcome variable was Wave-2 hypertension (controlling for Wave-1 hypertension). In the older-adult White group, results reflected the familiar “j-shaped” curve of alcohol effects on health. Specifically, abstainers experienced higher hypertension than moderate drinkers (with marginal significance:  $p=.054$ ), and excessive drinkers experienced higher hypertension than moderate drinkers ( $p=.002$ ). In contrast, among underrepresented older adults, hypertension levels did not vary significantly by drinking group. Graphical results clarified that the lack of drinking effects among underrepresented older adults reflected that they had similarly elevated hypertension across all three drinking groups, whereas the White older adults only had comparably elevated hypertension in the excessive-drinker group. These findings suggest that the positive health effects of moderate drinking apply primarily to White older adults. Our poster will discuss potential explanations for the apparent lack of health benefits of safe-drinking practices among underrepresented older adults.

#### LONELINESS AND ISOLATION AS BARRIERS TO MENTAL HEALTH SERVICES IN A RURAL COMMUNITY

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As America grapples with COVID-19, issues regarding mental health have been of rising concern, particularly among those who are isolated. According to the May 2021 American Perspectives Survey, “Americans report having fewer close friendships than they once did, talking to their friends less often, and relying less on their friends for personal support<sup>1</sup>.” Additionally, 49% have three or fewer close friends in 2021, compared to 27% in 1990. 17% have no friends in their core social network. Loneliness has been associated with physical and mental health risks. We sought

to explore whether loneliness was also a barrier to seeking mental health services. 90 surveys were collected from rural New York. Respondents were aged 51 to 90, Caucasian (96.6%), and female (73.3% vs, 26.7%). Overall, 34.8% said they lived alone. 29.2% would seek mental health services for feelings of loneliness, while 75.4% would do so if isolated from family. Those who felt detached or isolated from others were significantly less likely to seek help from a counselor ( $r = -0.25$ ) or MD ( $r = -0.37$ ). Isolation also negatively related to measures on the resiliency scale (

**Purpose:** - 0.22, Perseverance: - 0.33, being ok alone: - 0.32), and positively related to depression ( $r = .65$ ). Those scoring higher on the “okay with being alone” scale had an increased likelihood of seeking counseling ( $r = 0.22$ ). Thus, isolation and loneliness are complex topics. Intervention ought to be based on perceptions of being alone. Further research is needed.

#### LONELINESS, SOCIAL SUPPORT, AND PSYCHOLOGICAL WELLBEING AMONG OLDER ADULTS

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Social support in old age has been linked to psychological wellbeing outcomes, such as depressive symptoms. However, insufficient attention has been paid to implications of social support for different domains of psychological wellbeing. In this study, we explored these associations among 797 older adults (mean age = 78.61 years) living in a retirement community in Florida from the ECRC study. Our findings show that measures of social support and connectedness have varying influences on psychological wellbeing. Loneliness was associated with lower life satisfaction ( $b=-1.12$ ,  $p<0.001$ ) and higher depressive symptoms ( $b=3.52$ ,  $p<0.001$ ). Higher self-rated social support was associated with higher life satisfaction ( $b=1.66$ ,  $p<0.001$ ) but did not predict depressive symptoms. Depressive symptoms, however, were significantly higher ( $b=-1.45$ ) among individuals who reported that they don't have anyone who they can turn to if they feel lonely and want to talk. Feeling lonely also predicted lower positive affects among these older adults ( $b=-0.65$ ,  $p<0.001$ ). Similarly, loneliness also predicted higher negative affects ( $b=1.28$ ,  $p<0.001$ ). Negative affects were also significantly higher among women ( $b=-1.15$ ,  $p<0.001$ ) but lower among those who were living alone ( $b=-1.06$ ,  $p<0.001$ ). Overall, our findings underscore the importance of social support and connectedness for psychological wellbeing in later life. This finding is consistent with prior research demonstrating significance of social support in later life for the overall psychological wellbeing of the older adults.

#### LONGITUDINAL ASSOCIATIONS OF PHYSICAL TOUCH WITH LONELINESS AMONG OLDER ADULTS

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Older adults in the US face heightened risks for social disconnection, and the COVID-19 pandemic has further exacerbated this crisis. Physical touch is a key dimension of social connection that uniquely predicts physical and mental health benefits. However, most studies have been limited by cross-sectional designs, and no prior work has examined the long-term effects of physical touch on loneliness. To investigate the prospective association between physical touch and loneliness among older adults, this study utilized data from 1626 older adults (Mean age = 68, range = 57-85) who participated in Waves 1 and 2 of the National Social Life, Health, and Aging Project (NSHAP). Participants reported on their loneliness and physical contact with family and friends, as well as with pets, at both waves. Results revealed that more frequent physical contact with family and friends predicted larger decreases in loneliness over the subsequent five years ( $p < .0001$ ), controlling for age, race, gender, health conditions, marital status, frequency of social interaction, and baseline levels of loneliness. Physical contact with pets had no unique effect ( $p = .136$ ). To further assess directionality, models tested whether lonelier people experienced decreased touch over time, and the effects were null ( $p > .250$ ). Taken together, this longitudinal study is the first to identify the unique contribution of human physical touch to prospective changes in loneliness, beyond the well-established effects of covariates, including social interaction frequency. Touch represents a compelling mechanism by which social isolation may lead to loneliness, which in turn raises risks for poor health and premature mortality.

#### MEASURING MINDFULNESS: ASSESSING THE UTILITY OF THE FFMQ IN THE OLDER VETERANS WITH DEMENTIA AND THEIR CAREGIVERS

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Mindfulness is increasingly popular as a low cost, convenient, and accessible way to address mental health and chronic health conditions. Despite its popularity, best practices in measuring mindfulness in clinical settings and intervention research are still being defined. The Five Facet Mindfulness Questionnaire (FFMQ-15) measures mindfulness traits; however, its use has been limited in older adults, those with dementia, and caregivers. Method: Caregivers (N=82) and veterans with dementia (N=62) enrolled in a randomized pilot intervention study completed the 15-item FFMQ at baseline, 6-month, and 12-month assessments. Veterans were mostly male (98%), White/Caucasian (65%), and living with a partner/spouse (79%). Caregivers (M=65 years old) were mostly female (89%) and White/Caucasian (66%). FFMQ response options were simplified to a 3-point Likert-scale for individuals with dementia (0=rarely true to 2=often true).

**Results:** Internal consistency statistics (Cronbach's alphas) at the scale-level were acceptable among caregivers at baseline and 6-months (.71-.75) but questionably reliable at

12-months (.59, N=46). For individuals with dementia, the simplified version of the FFMQ (with 3 response options) achieved questionable reliability at baseline (.57, N=56) and 6-months (.67, N=32), but improved to acceptable at 12-month assessments (.75, N=15), after significant attrition.

**Conclusion:** Researchers should apply caution when using the FFMQ total score with caregivers and those with cognitive impairments. Though simplified response options eased administration, utility of the tool may be limited in those who are more impaired. Before mindfulness measures can be used meaningfully, reliability of available tools like the FFMQ-15 need to be examined in more diverse samples.

#### MEASURING UTILITY OF VASS ELDER MISTREATMENT SCREENER WITHIN COMMUNITY DWELLING U.S. CHINESE OLDER ADULTS

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Elder mistreatment (EM) is often underreported, making potential screening a valuable tool. There is limited literature on the screening utility, especially for minority populations. This abstract aims to study sensitivity and specificity of a commonly used 10-point EM screener compared to a detailed EM questionnaire among Chinese older adults. This study used data from a representative sample of 3,157 community-dwelling U.S. Chinese older adults 60+. Chi-squared test was conducted between VASS 10-questionnaire screener and EM measured by 56 items on psychological, physical and sexual mistreatment, caregiver neglect and financial exploitation subtypes. Sensitivity and specificity was calculated using the Bayes Theorem. In this sample, average age was 72 and 59% female. 637 (20.30%) reported any EM while 475 (15.14%) older adults screened positive for EM. Of participants reporting any EM, 365 (57.30%) did not screen positive for EM. The screener had a sensitivity of 42.70% and specificity of 91.88% for all EM subtypes. Gaps between reported EM and negative EM screener is smaller in psychological (sensitivity 72.85%, specificity 91.07%) and physical (sensitivity 63.64%, specificity 86.66%) EM subtypes, but much larger in financial exploitation (sensitivity 34.60%, specificity 86.85%) and neglect (sensitivity 14.11%, specificity 84.75%). The VASS screener demonstrates poor sensitivity but acceptable specificity rate for any EM. The screener showed better sensitivity and specificity for physical and psychological mistreatment, but performed worse for more common forms of mistreatment like financial exploitation and neglect. Modifying this screener may improve sensitivity and specificity in identifying EM.

#### MULTIFACETED SLEEP HEALTH SCORE IS ASSOCIATED WITH FRAILTY IN A NATIONAL SAMPLE OF OLDER ADULTS IN TAIWAN: SEX MATTERS

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