

Older Americans Act (OAA) family caregiver services connect family members caring for older adults with a diversity of community-based resources and supports. Social isolation and loneliness are known public health threats, and family caregivers may face greater vulnerability to loneliness given the often-intensive time demands of care provision. Policy stakeholders and aging services providers are increasingly focused on combating loneliness among older adults and family caregivers. To inform efforts to reduce loneliness, we conducted descriptive analyses to identify characteristics of the participants in the OAA National Family Caregiver Support Program associated with higher rates of loneliness, measured with the 3-item UCLA Loneliness Scale. Using data from the 2019 National Survey of Older Americans Act Participants, we examined how caregiver loneliness varied based on caregiver age, gender, income, race and ethnicity, living alone, rurality, and self-reported health, as well as care recipients' health status and difficulties with ADLs. Among our sample of 1,824 family caregivers, rates of loneliness were high overall (70%). Loneliness was significantly higher for caregivers with poor health (71.4%), incomes less than \$20,000 (75.3%), living alone (75.4%), aged 65 or older (73.2%), Hispanic caregivers (82.2%) and caregivers for care recipients with 3 or more ADLs (76.0%). Findings underscore the importance of increasing social engagement opportunities for family caregivers. Policies and programs focused on reducing caregiver loneliness should be accessible to all family caregivers but should prioritize outreach and engagement for groups at higher risk of loneliness.

IMPACT OF IN2L TABLETS ON LONELINESS AND WELL-BEING: FINDINGS OF AN INNOVATIVE INDUSTRY-AAA PROGRAM

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Area Agency on Aging (AAA) senior and adult day centers closed due to COVID-19, causing many older adults to lose an important source of connection and engagement, leading to social isolation. To combat negative consequences, iN2L and a Florida AAA partnered on an innovative program providing iN2L tablets to AAA-supported older adults to use at home. The tablets have a simple interface, content specifically designed for older adults (e.g., games; music; movies), and video call capability. Participants included 51 independent older adults (mean age 77) and 39 family caregivers (mean age 59) of people with dementia. Participants completed phone surveys with AAA case managers at baseline and 3 months, including UCLA Loneliness Scale (3 item) and questions about their tablet experiences. Findings show positive trends for loneliness and well-being in both groups. At 3 months, lonely participants decreased from baseline by 25% for independent older adults and 18% for family caregivers. Over 80% of independent older adults agreed the tablet engages them in meaningful activities, provides daily enjoyment, and helps with relaxation. For family caregivers, 79% agreed the tablet is another tool in their caregiver toolkit and about 70% agreed the tablet adds daily enjoyment, helps with relaxation, and provides engagement in meaningful

activities for their family member. Approximately 50% of caregivers felt happier, less stressed, and less irritable since using the tablets. This work has implications for the utility of technology in promoting engagement and connection, alleviating negative effects of social isolation, and the effectiveness of industry-AAA partnerships.

IMPACTS OF THE PANDEMIC ON OLDER ADULTS' SOCIAL ISOLATION

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The risk of COVID-19 exposure and likelihood of severe illness have been critical concerns among older adults during the pandemic. Meanwhile, social distancing has worsened social isolation, with severe impacts on connectedness among seniors. Effects of the pandemic may lead to an extended crisis, with impacts on health outcomes. Our primary purpose was to summarize emerging research describing impacts of the pandemic on social isolation and related health outcomes among older adults. A streamlined search was conducted to fit the scope of this review, with key terms determined to identify relevant publications. Common research databases and mainstream resources were utilized. We focused on research published or released since the start of 2020, primarily rapidly reviewed studies, to align with the timing of the pandemic. Early research suggests that the pandemic has worsened social isolation among older adults. Social isolation is now more urgent, as many seniors lost their usual connections due to social distancing. While these measures help to prevent virus exposure, this approach must be balanced with maintaining social connectedness. Thus, a "COVID-19 paradox" has emerged: safety protocols protect older adults but concurrently place them at risk of social isolation. Adapted approaches are urgently needed to safely address the consequences of a potential long-term social recession.

IN VIVO QUASI-ELASTIC LIGHT SCATTERING EYE SCANNER DETECTS MOLECULAR AGING IN HUMANS AND MICE

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The absence of clinical tools to evaluate individual variation in the pace of aging represents a major impediment to understanding aging and maximizing health throughout life. The lens is an ideal tissue for quantitative assessment of molecular aging in vivo. Long-lived proteins in lens fiber cells are expressed during fetal life, do not undergo turnover, accumulate molecular alterations throughout life, and are optically accessible in vivo. We used quasi-elastic light scattering (QLS) to measure age-dependent signals in lenses of both healthy human subjects and wild-type C57BL/6 mice. Age-dependent QLS signal changes detected in vivo in humans and mice recapitulated time-dependent changes in hydrodynamic radius, protein polydispersity, and supra-molecular order of human lens proteins during long-term incubation (~1 year) and in response to sustained oxidation

(~2.5 months) in vitro. Our findings demonstrate that QLS analysis of lens proteins provides a practical technique for noninvasive assessment of molecular aging in vivo.

INTERGENERATIONAL TUTORING: OLDER ADULTS SUPPORTING CHILDREN'S ACADEMIC NEEDS VIA VIDEO CONFERENCING

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COVID-19 resulted in societal disruptions across the lifespan. School (K-12) closures were among the most challenging impacts of the virus, leaving many parents with the burden of schooling their children at home. Another major impact of the virus was the social isolation and loneliness felt by many retired, older adults, who were sheltering at home. The disruptions of COVID-19 led our inter-professional team to develop the Intergenerational Tutoring program. Intergenerational Tutoring addresses a service delivery gap in schools because tutors expand schools' capacity to implement evidence-based instruction with students in need of individual support. At the same time, research shows that meaningful volunteering supports the well-being of older adults across physical, psychosocial and cognitive dimensions of health. The aim of the Intergenerational Tutoring program is to pair older adults with kindergarten children in high needs schools to implement early literacy interventions remotely via Zoom. Our poster will describe the Intergenerational Tutoring program including tutor training and tutoring implementation. We will summarize the initial findings from our pilot study conducted in spring and summer 2021 with tutors and children. Data will include (1) themes from tutor interviews regarding the personal meaningfulness of the program and the program's associated benefits and challenges; (2) implementation fidelity data; (3) impact of tutoring on children's early literacy skills; and (4) parent feedback. We will summarize lessons learned and next steps for the program.

INTERSECTIONS OF AGEISM AND GENDER STIGMA: EXPLORING LONG-TERM CARE EMPLOYEES' ATTITUDES TOWARDS AGING

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The purpose of this mixed methods, single case study was to explore long-term care (LTC) employees' attitudes towards age and gender. The intersection of Rosemary Garland-Thomson's theory of feminist disability (2001) and Hailee Gibbons' compulsory youthfulness theory (2016) provided the conceptual framework for this project. The sample consisted of 60 LTC direct care employees, all employed at the same organization,

who completed an on-line survey during the COVID-19 pandemic. The survey consisted of demographic questions and the Fraboni Scale of Ageism. Twenty-one of these employees participated in a 30-45 minute phone interview. Cultural artifacts were also collected. All data were collected during the COVID-19 pandemic. Although quantitative results showed no statistical significance, qualitative results suggest that employees do exhibit some ageist attitudes towards the residents for whom they care. Despite evidence that most employees felt a deep connection with residents, they detached themselves from the aging process. The theoretical framework lends hand in explaining how both ableism and ageism appeared to contribute to this detachment. Findings indicated employees' interactions and attitudes towards residents were influenced by themes compassionate ageism, ableism, and identity, which resulted in meta theme caregiver validation and reward. Employees received validation and altruistic reward from positive interactions with what they perceived to be "ideal" residents; those who fit the stereotype of a nursing home resident, such as older, pleasant, and dependent. The perceived "ideal" residents varied by gender. Generally, female residents were expected to be more independent and at times viewed negatively when requesting assistance.

INTERVENTIONS ADOPTING BODY-MIND-SPIRIT MODEL TO IMPROVE THE HOLISTIC HEALTH OF OLDER ADULTS: A SYSTEMATIC REVIEW

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This systematic review aims to summarize 5 key information from non-pharmaceutical intervention studies which adopt Body-Mind-Spirit (BMS) model for older adults: (1) definition of BMS, (2) types and formats of the interventions, (3) background and BMS training of the interventionists, (4) activities included in the interventions, and (5) effect of these interventions on the holistic health of older adults. We conducted a systematic search of 9 databases (ProQuest, Web of Science, PsycINFO, PubMed, Cochrane, Wanfang, AIRITI, CADAL, CNKI) for studies published in English or Chinese through May 31, 2021. Inclusion criteria were: (1) Must be empirical studies; (2) Participants must be aged 55 and above; and (3) Must adopt the BMS model or contain BMS in full-text. We found 15 studies (7 RCTs, 1 cluster randomized trial, 3 mixed-method studies, and 4 qualitative studies). Ten studies (66.67%) adopted Chan's BMS model. Thirteen studies (86.67%) adopted in-person group interventions. Only five studies (33.33%) provided BMS training to the interventionists. Six articles (40%) categorized the activities as body-, mind- or spirituality-related. Ten studies (66.67%) reported effectiveness in all 3 dimensions of BMS. Of the 7 RCTs, 5 were rated as medium-quality, and 2 were rated as low-quality according to the Cochrane's Risk of Bias tool. Most interventions based on the BMS model claimed to be effective in improving the holistic health of older adults. In order to improve the internal validity, future RCT studies should be more prudent about the randomization process and adhere to the BMS model when designing the interventions.