

dead, 20% had active SI without a plan, 6.7% had active SI with some intent to act, and 6.7% had active SI with a specific plan and intent. Findings from this project will help guide safety assessment recommendations and inform interventions targeting older adult suicide risk.

LONELINESS, SOCIAL ISOLATION AND ALL-CAUSE MORTALITY IN OLDER ADULTS

Timothy Barnes,¹ Rifky Tkatch,² Manik Ahuja,¹ Laurie Albright,³ James Schaeffer,¹ and Charlotte Yeh,⁴
 1. *UnitedHealth Group, Minnetonka, Minnesota, United States*, 2. *UnitedHealth Group, Oak Park, Michigan, United States*, 3. *UnitedHealth Group, Minneapolis, Minnesota, United States*, 4. *AARP Services, Inc., Washington, District of Columbia, United States*

As distinct constructs, loneliness and social isolation have both been associated with mortality in older adults. Many studies have examined each construct separately; however, few have examined their impact together, especially within the U.S. Using data from a large sample of U.S. adults age 65+ (N=7,982), the effect of loneliness and social isolation on all-cause mortality was examined considering their separate and joint effects. Measures were based on the UCLA-3 Loneliness Scale and the Social Network Index (SNI). Loneliness was categorized as: Severe, moderate, or no loneliness. Social isolation (defined by the SNI) was categorized as: Limited, medium, or diverse social networks (SN). Cox proportional hazards regression models were performed. Among participants, there were 328 deaths after data collection (4.1%). In separate, adjusted models, loneliness (severe, HR=1.86, 95% CI: 1.43-2.41 and moderate, HR=1.51, 95% CI: 1.16-1.98) and social isolation (limited SN, HR=2.37, 95% CI: 1.72-3.27 and moderate SN, HR=1.55, 95% CI: 1.12-2.14) were both associated with mortality. Modeled together, loneliness (severe, HR=1.55, 95% CI: 1.18-2.04 and moderate, HR=1.40, 95% CI: 1.07-1.83) and social isolation (limited SN, HR=2.08, 95% CI: 1.49-2.89 and moderate SN, HR=1.46, 95% CI: 1.05-2.02) both remained significantly associated with all-cause mortality with limited SN as the stronger indicator. Results demonstrate that both loneliness and social isolation contribute to greater risk of mortality among older adults. Furthermore, individuals with limited SN are at greatest risk. As the COVID-19 pandemic continues, loneliness and social isolation should be targeted safely in efforts to reduce mortality risk among older adults.

LOW FRIEND CONNECTION LEADS TO LOW FUNCTIONAL CAPACITY OF OLDER ADULTS: FINDINGS FROM A 2-YEAR LONGITUDINAL STUDY

Mai Takase,¹ Kyo Takahashi,¹ Ryogo Ogino,² Tomoki Tanaka,³ Jun Goto,⁴ and Katsuya Iijima,³
 1. *The University of Tokyo, Bunkyo-ku, Tokyo, Tokyo, Japan*, 2. *Saga University, Saga, Saga, Japan*, 3. *The University of Tokyo, Bunkyo-ku, Tokyo, Japan*, 4. *Tokai University, Hiratsuka, Kanagawa, Japan*

Maintaining personal connections in geriatric years is important to sustain the functional capacity of older adults. In this study, we define the term functional capacity as the ability to perform tasks and activities necessary for one's independent life. Meanwhile, the type of personal connection and its effect on functional capacity remain unclear.

We classified personal connections into connections with family or friends and examined their association with the functional capacity of independently living Japanese older adults. A two-year longitudinal study (2016 and 2018) was conducted using data from the Kashiwa Cohort Study. The amount of personal connections was determined using the Lubben Social Network Scale. The Japan Science and Technology Agency Index of Competence was used to assess participants' functional capacity. The change in functional capacity was analyzed by binomial logistic regression analysis (N=638, reference: group with high family and friend connection). The results showed a decline in the functional capacity of the group with low friend and family connections (odds ratio (OR): 0.48, 95%CI: 0.29-0.82). This trend was also seen for the group with a high family connection but low friend connection (OR: 0.43, 95%CI: 0.24-0.78). Meanwhile, there was no significant difference between the reference group and the group with low family but high friend connection (OR: 0.85, 95%CI: 0.47-1.56). The results imply the importance of having a friend for sustainable functional capacity in old age. Interventions that facilitate friend-to-friend interactions or promote new friendships among older adults can be considered as support strategies.

NEED TO BELONG AND SOCIAL TIES IN LATE LIFE

Zexi Zhou, Yijung Kim, Shiyang Zhang, and Karen Fingerma,
The University of Texas at Austin, Austin, Texas, United States

According to socioemotional selectivity theory, older adults are more selective and tend to shrink their social network to their closest ties. However, a heightened need to belong, which is characterized by a stronger desire for acceptance and motivation to affiliation, may alter this common pattern. We know little about how the need to belong shapes social network structure, especially in late life. This study investigated the associations between the need to belong, size of social network, and engagement with social ties among older adults. Participants (N = 314) aged over 65 years from the Daily Experiences and Well-being Study completed a baseline interview regarding their close ties (i.e., social convoy members), and weak ties, as well as a self-report measure of need to belong. They completed ecological momentary assessment (EMA) surveys reporting their social encounters every 3 hours over 5 to 6 days. Need to belong was unrelated to the number of close ties. In contrast, participants with a higher need to belong reported more less close (but still important) ties and weak ties than those with a lower need to belong, but spent a similar amount of time (i.e., proportion of EMA involving social encounters) with either their close ties or weak ties. These results suggest that the need to belong may motivate older adults to go beyond their closest ties to weaker ties, and highlight the discrepancies between the sense of being connected to social partners and the actual engagement with them in this process.

NURSING STUDENTS VISITING PEOPLE WITH DEMENTIA ONLINE DURING COVID-19: A QUALITATIVE STUDY

Michelle Kimzey,¹ Jodi Patterson,² and Beth Mastel-Smith,³
 1. *Harris College of Nursing & Health Sciences (Texas Christian University), Fort Worth, Texas, United States*,