

SUBJECTIVE HEARING IMPAIRMENT AND LONELINESS IN COMMUNITY-DWELLING OLDER ADULTS

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Loneliness in older adults is most often attributed to marital and living status, social life factors, and physical health. Hearing impairment, however, is an understudied, potentially modifiable risk factor for loneliness. Older adults with hearing impairment experience difficulties with communication and social functioning, which also could contribute to loneliness. For this analysis, we used data from Wave 2 of the National Social Life, Health, and Aging Project. Participants (N=3,174) were a nationally representative sample of community dwelling older adults aged 62 - 91 years. Poisson regression models with robust variance were used to model the cross-sectional relationship between self-reported hearing impairment and loneliness. We found a dose-response relationship such that individuals reporting very good/good and fair/poor hearing had a 9% [95% CI: 0.93 - 1.28] and 26% [95% CI: 1.10-1.46], respectively, higher prevalence of loneliness compared to individuals reporting excellent hearing, adjusting for chronic conditions, functional and cognitive ability, and demographic factors. Results were robust to exclusion of participants who reported hearing aid use. These findings suggest that self-reported hearing impairment is a strong factor associated with loneliness in older adults. Given the negative implications of loneliness on multiple facets of mental and physical health, functional ability, and premature mortality, efforts to further explore hearing impairment as a causal and modifiable risk factor for loneliness should be undertaken.

SESSION 2430 (POSTER)

SOCIAL ISOLATION, LONELINESS AND SOCIAL NETWORKS

GENDER DIFFERENCES IN CARE USE IN THE NETHERLANDS: CHANGES BETWEEN 1995 AND 2016

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In recent decades, care policy in the Netherlands reduced budgets for residential care and formal home care, which increased the demand for informal care. Women use formal care more often than men, but we lack information on the

extent to which the gender gap in care use is explained by differences in individual characteristics and changes in care policy. Data from the Longitudinal Aging Study Amsterdam (LASA) were employed to explore the gender gap in the use of informal, formal and private home care, community services, and residential care in the years 1996-2016, analyzed using Generalized Estimating Equations (GEE). The data consisted of 9,497 observations, gathered from 3,369 respondents aged 65-85. Women used all types of formal care more than men. The gender differences persisted even when individual characteristics were taken into account; however, only in residential care the differences diminished after care preferences were included in the analysis. During the study years, the gender gap increased in formal home care and in non-use of care, as women increasingly used formal home care and the proportion of men without care expanded. The gender gap in informal care use reversed, with men using more informal care during the earlier years and women using more in the later years. The persistent and even increasing gender differences in care use deserve further exploration of the role of gender in current care culture. The growing gender gap in non-use of care raises concern for older men and their possible increase in unmet care needs.

THE EXTREME FACE OF SOCIAL ISOLATION: A COHORT STUDY OF UNBEFRIENDED INDIVIDUALS IN LONG-TERM CARE

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Even though social isolation is a significant predictor of poor health and mortality in older adults, very little is known about social isolation in long-term care (LTC) settings. The aim of this study was to describe the prevalence, demographic characteristics, health outcomes, and disease diagnoses of residents without family contact in Alberta LTC homes. Using data collected between April 2008 and March 2018, we conducted a retrospective cohort study using the Resident Assessment Instrument, Minimum Data Set, (RAI-MDS 2.0) data from 34 LTC facilities in Alberta. We identified individuals who had no contact with family or friends. Using descriptive statistics and binary logistic regression, we compared the characteristics, disease diagnoses, and functional status of individuals who had no contact with family and individuals who did have contact with family. We identified a cohort of 25,330 individuals, of whom 945 had no contact with family or friends. Different from residents who had family, the cohort with no contact was younger (81.47 years, SD=11.79), and had a longer length of stay (2.71 years, SD=3.63). For residents who had contact with family, residents with no contact had a greater number of mental health diagnoses, including depression (OR: 1.21, [95% CI: 1.06-1.39]), bipolar disorder (OR: 1.80, [95% CI: 1.22-2.68]), and schizophrenia (OR: 3.9, [95% CI: 2.96-5.14]). Interpretation: Residents without family contact had a number of unique care concerns, including mental health issues and poor health outcomes. These findings have implications for the training of staff and LTC services available to these vulnerable residents.