

and demographic characteristics and structural and environmental factors associated with those experiencing loneliness and/or social isolation in rural and urban areas both before and during the pandemic. The paper will conclude with key messages from a public health perspective.

LONELINESS AND SOCIAL CONNECTEDNESS AMONG RURAL OLDER ADULTS SINCE THE COVID-19 PANDEMIC ONSET

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Rural areas have a higher proportion of older adults aging in place. Rural areas also face structural barriers to supporting social connectedness among older adults, including transportation barriers, greater geographic distances, and access to technological connectivity. This research aims to discuss rural-specific risks of loneliness and social isolation among older adults, as well as rural/urban differences in loneliness and social isolation among older adults using the national COVID-19 Coping Study. Cross-sectional bivariate analyses highlight rural/urban differences in social activities during the pandemic. For example, rural older adults were more likely to use social media daily, compared with urban older adults (67% vs. 61%, $p < 0.05$), but were less likely to have phone or video calls with others daily (21% vs. 26%, $p < 0.001$). We will also share results of differences within rural older adults in loneliness, isolation, and social activities by socio-demographic characteristics in order to design targeted interventions to improve connectedness.

SOCIAL ISOLATION IN LONG-TERM CARE FACILITIES RELATED TO COVID-19: EFFECT ON RESIDENT ANXIETY AND CARE

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Loneliness is a common problem in long-term care. It has been associated with a higher risk of depression, aggressive behaviors, and anxiety and may be a risk factor for cognitive decline. Loneliness can exacerbate social isolation. The COVID-19 emergency brought on measures in Florida, beginning in March 2020, to separate nursing home (NH) and assisted living community (ALC) residents from each other and family members to limit virus spread. This study examines results of a survey with Florida NH (N=59) and ALC (N=117) administrators concerning effects of these measures. Scaled (1-5, lowest to highest) data indicate that resident anxiety was higher in NHs (M=3.40) than ALCs (M=3.17). Care disruptions related to limited resident-to-resident contact also were worse in NHs (M=3.74) than in ALCs (M=3.21), while care disruptions related to loss of family support were higher among ALCs (M=3.19) than in NHs (M=2.86). Implications of these findings will be discussed.

IMPACT OF SOCIAL ISOLATION DUE TO COVID-19 ON VA HOME-BASED PRIMARY CARE VETERANS AND CAREGIVERS

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In December 2020 we began conducting phone interviews with Veterans, and their caregivers, receiving care through the United States (US) Department of Veterans Affairs (VA) Home Based Primary Care (HBPC) program. Our goal was to describe experiences of Veterans and caregivers managing changes in care delivery related to the COVID-19 pandemic and navigating increased social isolation due to social distancing. We interviewed 38 Veterans (average age 78) and caregivers (average age 62) across seven VA HBPC programs. Findings showed those living in their own homes found increased isolation more manageable than those living in assisted living facilities, which restricted visitors. Caregivers had a harder time managing isolation than Veterans, as Veterans were used to being primarily homebound. Veterans and caregivers relied on increased phone communication with their HBPC teams, with some began participating in virtual visits. Implications include insights into better supporting older, homebound adults and their caregivers during disasters.

COMPARING LONELINESS AMONG INDIVIDUALS IN LONG-TERM CARE SETTINGS AND THE COMMUNITY

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We used the NHATS COVID-19 module to examine whether individuals in long-term care communities were lonelier than individuals in the community during the pandemic. Additionally, we examined whether individuals in long-term care communities with more restrictive policies concerning visitors and communal activities were more likely to experience loneliness than individuals in communities with less restrictive policies. Approximately 45% of individuals in long-term care communities (n=134) felt at least a moderate amount of loneliness during COVID-19 when compared to 34% of individuals in the community (n= 2,666) ($p < .05$). However, the association was no longer statistically significant after adjusting for age, race, and sex. Among individuals in long-term care communities with the most restrictive policies, 48% experienced loneliness compared to 44% individuals in less restrictive communities. However, this finding was not statistically significant. Discussion will focus on similarities and differences within these populations that could have led to these results.

Session 4575 (Symposium)

INNOVATIVE GERONTOLOGY IN HIGHER EDUCATION: TRANSFORMATIVE EFFECTS OF THE PANDEMIC

Chair: Pamela Saunders Co-Chair: Yoon Chung Kim
Discussant: Debra Dobbs