

## MONTANI SEMPER LIBERI: AGE AND DEPRESSION AMONG VETERANS IN APPALACHIA

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Depression is higher in rural areas and military veterans (Kimron et al., 2019; Bedard-Gilligan et al., 2018). West Virginia, the only state contained entirely within Appalachia, has a higher percentage of military service among its citizenry than other states. Thus, the purpose of the current study was to examine the association between veteran status and depression among adults in WV. Using 2018 WV data from the CDC's Behavioral Risk Factor Surveillance System, we examined depression as a function of veteran status and age, among 612 younger adults, 1813 middle-aged adults, and 2445 older adults (N = 4,870; 12.4% veterans). Our ANOVA revealed a significant overall effect,  $F(5, 4864) = 14.64, p < .001$ , a main effect for veteran status (18.8% of veterans and 26% of non-veterans reported depression), and an age effect emerged, with more younger (28.6%) and middle-aged adults (30.5%) reporting depression than did older adults (20.3%). No significant interaction between age and veteran status emerged,  $F(2, 4864) = 1.75, p = .175$ . Of note, 25% of the sample reported having depression. Given that place-based mental health disparities exist, this finding is not unexpected. But fewer older adults and fewer veterans reported depression. At least three possibilities warrant further investigation. Future studies should examine whether these age and veteran status differences in depression reflect differences in resilience, differences in reporting, and/or differences in selective survival.

## OLDER ADULTS PERFORMED WORSE ON COGNITIVE ASSESSMENT AT LONELIER MOMENTS: USING AMBULATORY ASSESSMENT APPROACH

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This study focused on investigating the short-term effect of loneliness on older adults' cognitive performances in daily life. Loneliness is suggested as a risk factor for cognitive health, but results in previous studies are inconsistent due to the lack of valid measures and limited research design. The attention-depletion hypothesis highlights that acute stress could immediately compromise cognitive ability by consuming attentional resources. Accordingly, this study examined whether loneliness, as one of the stressors related to one's social relationship, was immediately associated with worse daily cognitive performances in older adults. Using an ecological momentary assessment approach, 311 community-dwelling older adults (Mage=77.5 (range=70-90), 67% female, 45% white) reported their level of loneliness as well as performed cognitive assessment five times a day for 16 days. Multilevel modeling showed that on occasion when participants reported a higher level of loneliness than normal, they performed worse in the processing speed test ( $p < .01$ ) and the short-term memory binding test ( $p < .01$ ) during those moments, controlling for age, gender, education, ethnicity, IADL, and retest-practice effect. Moreover, those

momentary associations between loneliness and cognitive performances remained significant after controlling for the momentary level of feeling depressed. Unlike the concurrent effect, there was no lagged effect of loneliness on daily cognitive performances. These results suggest that transient but intense feelings of loneliness can function as acute stress and thus, compromise daily cognitive functioning short-term. Results will be discussed in terms of the potential benefit of momentary real-time interventions to lessen feelings of loneliness to maintain older adults' cognitive functioning.

## OLDER ADULTS' ACCEPTANCE OF TECHNOLOGY DURING THE PANDEMIC: THE COVID TECHNOLOGY ACCEPTANCE MODEL (TAM)

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During the pandemic, technology-mediated communication was one of the few ways to maintain social and community connections. We explored how the pandemic impacted older adults' use and appraisal of technology. In a random sample of 407 older adults (M age = 81.1 years; range 65-105 years) almost half (n = 161) reported they changed how they used technology to virtually connect with others during the pandemic, and 78 of these reported that this was new technology for them. We adapted the technology acceptance model (TAM) for the pandemic, the COVID-TAM, and describe how physical distancing led to new acceptance of technology due to an increased perception of usefulness of technology for maintaining community and social connections. The 71 older adults who denied using technology were asked about the reasons underlying their reluctance to use technology to access social networks and community events during the pandemic. Thematic analysis revealed factors consistent with a double-digital divide; lack of physical exposure to technology creates an additional psychological barrier to adoption of new technology. Of the technology-reluctant subgroup of older adults, few reported lack of perceived usefulness of technology during the pandemic. Instead, most reported lack of self-efficacy or fear of technology underlying their lack of technology use for social and community connections during the pandemic, which we incorporate into the COVID-TAM. Findings indicate that technology training can help mitigate this fear and increase social and community connections that are technology-mediated in circumstances where physical distancing is necessary.

## OUTCOMES AND TREATMENT COSTS OF SKILLED NURSING FACILITY PATIENTS WITH PRESSURE INJURIES AND MALNUTRITION

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Skilled nursing facilities (SNF) provide care for individuals requiring skilled care while transitioning to a more permanent residence post hospitalization. This analysis shows that diagnosed malnutrition and pressure injuries (PI) adversely impact SNF patients' health and recovery.