

community and models of care expand to serve the needs of the homebound, it is critical that we better understand the heterogeneity and transitions of the homebound population.

HOUSING CONTEXT AND SOCIAL NETWORKS AMONG LOWER INCOME OLDER ADULTS

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Housing context among lower income older adults plays an important role in shaping access to resources and ultimately well-being. We know very little about how housing influences access to social resources. This study examines the association between housing context (multi-unit vs. free-standing homes) and network structure among a U.S. nationally representative sample of independent living, lower income (<\$15,000 in past year) adults age 65+ from the National Health and Aging Trends Study (N=1,795). Regression analyses indicate the housing-networks link is moderated by marital/partner status and gender. Among those married/living with a partner, living in multi-unit buildings (compared to free-standing homes) is associated with larger networks (i.e., more people to talk with about important things). Among women, living in multi-unit buildings was associated with more friends and neighbors in one's network. Findings highlight variation in access to social resources across housing contexts. Findings should inform policy aimed at reducing social isolation.

SESSION 6225 (SYMPOSIUM)

SOCIAL EXCLUSION AND MATERIAL DISADVANTAGE: HOUSING, POVERTY, AND LIVING STANDARDS IMPACTS

Chair: Charles Waldegrave

Discussant: Chris Phillipson

SRPP 2020 Ollie Randall Symposium Award Winner. Many of the detrimental effects of material disadvantage on the lives of citizens have been well understood by public health and social scientists, and post-World War II social protection policies were designed to mitigate the negative impacts of them. As the numbers of older people increase proportionally to the rest of the population in most countries, less is known about the exclusionary impacts of material disadvantage and the roles housing, poverty and living standards play on the health, well-being and social connections of their lives. This symposium draws together research emanating out of four countries Norway, Poland, Ireland and New Zealand that are part of the European COST Action 15122 Reducing Old-Age Social Exclusion: Collaborations in Research and Policy (ROSEnet). The papers present contemporary results of specific health well-being and social impacts of material disadvantage in the four quite different countries and assesses them through the lens of social exclusion. As the growing international evidence during the last decade has highlighted the negative health and well-being impacts of loneliness and social disconnection (Holt-Lunstad et. al. 2015), the role of housing, poverty and living standards has in creating social exclusion is less well known. This research analyses the subjective and objective experiences of material disadvantage and quantifies their exclusionary impacts on well-being (e.g. quality of life, loneliness), health functioning (mental and physical) and their challenges to macro-structures (e.g. government policies, social protection).

CO-CREATED RESEARCH ASSESSING THE EXCLUSIONARY IMPACTS OF LOW LIVING STANDARDS ON OLDER PEOPLE

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The aim of this research is to identify the impacts of material resources such as income, assets, housing and living standards on quality of life, health status and social relations. Amartya Sen's capabilities approach has formed the conceptual basis of the theoretical framework. This paper will report on the results of co-created research with older Māori in New Zealand aged 50 years and older. Objective measures of income, wealth, housing and living standards are compared with a range of scales including overall wellbeing and subjective health status and co-created scales of indigenous loneliness. The results demonstrate significant relationships between material resources and quality of life, health status and other social relations indicators. They quantify the impact material resources have on key indicators of social relations and social exclusion which enables informed and targeted policy interventions for social inclusion.

MATERIAL CONDITIONS AND WELL-BEING IN OLD AGE: THE ROLE OF CONTEXTUAL FACTORS AT REGIONAL LEVEL

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In our Beethoven project "Age-well" we examine the role of regional contextual factors for the relationship between individual wellbeing and material conditions over time, using a unique combination of individual and regional level longitudinal data. The analyses consider a broad range of regional, community-level indicators for two countries, Germany and Poland, both characterised by rapid population ageing and significant regional variation in the standard of living. These variables, including local indicators of economic conditions and public services, are combined with detailed individual-level information on wellbeing from the Survey of Health, Ageing and Retirement in Europe (SHARE). This data match allows us to study the degree to which regional contexts affect the relationship between individual material conditions and wellbeing in later life. Local public services are shown to mediate the importance of individual level resources for wellbeing confirming an important channel through which public policy can improve welfare of older people.

EXCLUSION FROM SOCIAL RELATIONS AND LONELINESS: INDIVIDUAL AND COUNTRY-LEVEL CHANGES

Marja Aartsen,¹ Deborah Morgan,² Lena Dahlberg,³ Charles Waldegrave,⁴ Sarmité Mikulionienė,⁵ Gražina Rapolienė,⁵ and Giovanni Lamura,⁶ 1. *OsloMet Oslo Metropolitan University, Oslo, Norway*, 2. *Swansea University Wales, Swansea, Wales, United Kingdom*,

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Social isolation and loneliness have profound implications for quality of life and health and welfare budgets, but interventions to reduce loneliness are limited effective. The aim of this study is to examine the often-ignored impact of macro-level drivers of loneliness, in addition to micro-level drivers by adopting a cross-national perspective. We use longitudinal data from 2013 and 2015 from the Survey of Health, Aging, and Retirement in Europe (SHARE), combined with macro-level data from additional sources. Our study confirms that key micro-level drivers of loneliness are gender, health and partnership status, frequency of contact with children and changes therein. Macro level drivers are level of safety in the neighbourhood, and poverty and social deprivation of a society. In order to understand and reduce loneliness we require not just a focus on individual risk factors, behaviours and expectations, but also on macro-level factors that are associated with exclusion from social relations.

MATERIAL DISADVANTAGE AND POSITIVE SUBJECTIVE HEALTH OF OLDER HOMELESS AND OLDER IRISH TRAVELERS

Bridin Carroll,¹ and Kieran Walsh,² 1. *NUI Galway, Galway, Galway, Ireland*, 2. *Irish Centre for Social Gerontology, National University of Ireland Galway, Galway, Galway, Ireland*

Focusing on older Irish Travellers and older homeless people (OTOH) as two marginalised sub-sections of the older population, this paper investigates life-course and structural forms of material disadvantage, and its implications for positive health and accessing community care in older age. With growing interest in strengthening home care structures for older people, it is critical to interrogate the relevance of these structures for those who experience environmental uncertainty in later life, and possess significant trajectories of disadvantage. The analysis draws on 50 life-course interviews with OTOH aged between 50-72 years. The findings illustrate significant life-course experiences of material and multi-faceted forms of disadvantage, including stigma and discrimination, with implications across health and social lives. Housing deprivation was a multi-factorial player, causing certain physical illnesses, hindering some health treatments, and contributing to precarious conditions and sense of self worth. Findings are discussed in relation to flexible models of home care delivery.

SESSION 6230 (SYMPOSIUM)

SOCIAL ISOLATION AND LONELINESS IN OLDER ADULTS: A NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE REPORT

Chair: Colleen Galambos

Discussant: James Lubben

Social isolation and loneliness (SIL) are serious yet under-appreciated public health risks for many older adults (AARP, 2018a). Strong evidence suggests that, for older adults, social

isolation and loneliness are associated with an increased likelihood of early death, dementia, heart disease, and more (AARP, 2018b, Holt-Lunstad and Smith, 2016). While all ages may experience SIL, older adults are at increased risk because they are more likely to face predisposing factors such as living alone, the loss of family or friends, chronic illness, and sensory impairments. Health care providers may be in the best position to identify older individuals who are at highest risk for SIL – individuals for whom the health care system may be the only point of contact with their broader community. The National Academies of Sciences, Engineering, and Medicine (NASEM) developed a consensus study report on this issue. This symposium presents the study recommendations. Dr. Holt-Lunstad examines the recommendations to develop a more robust evidence base for effective assessment, prevention, and intervention strategies for social isolation and loneliness. Dr. Galambos examines the recommendations to translate current research into health care practices and to improve awareness of the health and medical impacts of SIL. Dr. Lustig examines the recommendations to strengthen ongoing education and training and to strengthen ties between the health care system and community-based resources. Dr. Demiris examines the role of technology across all of these recommendations. Loneliness and Social Isolation Interest Group Sponsored Symposium

SOCIAL ISOLATION AND LONELINESS: TRANSLATING CURRENT RESEARCH INTO HEALTH CARE PRACTICES AND IMPROVING AWARENESS

Colleen Galambos, *University of Wisconsin Milwaukee Helen Bader School of Social Welfare, Milwaukee, Wisconsin, United States*

This paper examines the evidence to support the need to translate current research into health care practices about social isolation and loneliness (SIL) among older adults. The health care system may be in the best position to identify those at highest risk—namely, older adults, whose only interactions are with members of the health care system. This paper reviews recommendations related to periodic assessments, including the use of validated tools to identify those at highest risk. Through this identification, clinicians and health care researchers may be able to use these findings to better target meaningful clinical and public health interventions. Additionally, a critical step toward preventing, mitigating, or eliminating negative health impacts will be to improve awareness about the problem and impact of SIL within the older adult population. This paper reviews recommendations for improving overall awareness by including SIL in national health strategies and public campaigns. Part of a symposium sponsored by Loneliness and Social Isolation Interest Group.

SOCIAL ISOLATION AND LONELINESS: DEVELOP A MORE ROBUST EVIDENCE BASE

Holt-Lunstad Julianne, *Brigham Young University, Provo, Utah, United States*

This paper reviews the evidence base for the health impacts of SIL on older adults, the risk factors, and the potential moderators and mediators of those relationships. Substantial evidence indicates that SIL are associated with physical, cognitive, and psychological morbidity; health-related behaviors; and health-related quality of life. Social isolation in particular is associated with a significantly