onset of the U.S. COVID-19 pandemic (1/13/20 to 3/13/20, 03/14/20 to 5/13/20). Data from three sensors (bed sensors, depth sensors, and motion sensors) were analyzed for each resident using paired t-tests, which generated information on the resident’s pulse, respiration, sleep, gait, and motion in entering/exiting their front door, living rooms, bedrooms, and bathrooms. A 14.4% decrease was observed in front door motion in the two months post-onset of the pandemic, as well as a 2.4% increase in average nighttime respiration, and a 7.6% increase in nighttime bed restlessness. Over half of our sample (68%) had significant differences (p<0.05) in restlessness. These results highlight the potential impact of the COVID-19 pandemic and social distancing policies on older adults living in LTC. While it is not surprising that significant differences were found in the front door motion sensor, the bed sensor data can potentially shed light on how sleep was impacted during this time. As older adults experienced additional mental health concerns during this time, their normal sleep patterns could have been affected. Implications could help inform LTC staff, healthcare providers, and self-management of health approaches among older adults.

CROSS-NATIONAL ANALYSIS OF BEREAVEMENT FROM COVID-19 AND DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS IN EUROPE

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The COVID-19 pandemic has left older adults around the globe grieving the sudden death of relatives and friends. We examine if COVID-19 bereavement corresponds with older adults’ depressive symptoms in 27 countries, and test for variation by gender and country context. We analyzed the Survey of Health, Ageing and Retirement in Europe (SHARE) COVID-19 data collected from N=51,383 older adults (age 50-104) living in 27 countries between June-August 2020, of whom 1,363 reported the death of a relative or friend from COVID-19. We estimated pooled-multilevel logistic regression models to examine if COVID-19 bereavement was associated with depressive symptoms and worsening depressive symptoms for older men and women, and we tested whether the national COVID-19 mortality rate in their country had an additive, or multiplicative, influence. COVID-19 bereavement from the death of a relative or friend is associated with significantly higher odds of reporting depressive symptoms, and reporting that these symptoms have recently worsened since the outbreak of COVID-19. Net of personal loss, living in a country with the highest COVID-19 mortality rate corresponds further with women’s depressive symptoms; however, living in the midst of more COVID-19 deaths does not alter the implications of personal loss for depressive symptoms. COVID-19 deaths have lingering mental health implications for surviving older adults. Even as the collective toll of the crisis is apparent, bereaved older adults are in particular need of mental health support.

FINANCIAL HARSHNESS AND THE PAIN OF SOCIAL DISCONNECTION DURING THE COVID-19 PANDEMIC IN THE UNITED STATES

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Considerable scholarly attention has been directed at increasing social isolation and loneliness during the COVID-19 pandemic, and their adverse impact on later life psychological well-being. Notably absent is the focus on financial hardship in the context of overlapping unprecedented economic and public health crisis. It is unclear whether loneliness continues to differ across different levels of financial hardship even amidst immense uncertainty, social isolation, and anxiety induced by the pandemic. Based on our nationwide web-based survey of adults aged 50 years and older (n=1861), we used ordinal logistic regression to examine the influence of financial hardship on loneliness and assessed the role of socioeconomic status (SES), emotional support, and health status in contributing to such influence. We found significantly higher odds of greater loneliness (β = .28, p < .001) among individuals who reported experiencing greater financial hardship. Among two measures of SES, only household income contributed substantially to the influence of financial hardship on loneliness. We documented significantly lower emotional support and greater health disadvantage among individuals experiencing greater financial hardship. Consideration of emotional support and health status explained the remaining influence of financial hardship, due to their association with both financial hardship and loneliness. Despite a sense of shared vulnerability and social isolation across the general population, our findings suggest that SES inequalities in later life loneliness are maintained even in the midst of the pandemic.

REPRESENTING DUTCH OLDER ADULTS DURING COVID-19: WHAT CAN WE LEARN?

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From the very beginning of the COVID-19 pandemic older adults have been at the heart of public debate. Early articles argued that public representation of older persons displayed a resurgence of ageist stereotypes and beliefs in (inter)national media (e.g. Ayalon et al. 2020, Fraser et al 2020, Lichtenstein 2020, Sotomayer et al. 2020). Yet studies confirming this are absent up to now. In this paper, we present findings on the representation of Dutch older adults during the first six months of the COVID-19 crisis in The Netherlands. We analysed 1141 articles about older adults of the five largest newspapers using quantitative content analyses and discourse analysis to systematically explore patterns, sentiments and meaning in the articles. We
show that the majority of these articles were published in general news and that older adults were rarely (2%) cited in these articles. Most prominent adjectives were vulnerable and weak. Most prominent substantives were attention, long-term care facility and loneliness. The sentiment was largely negative. Additionally, we find three discursive frames predominate: ‘an older people’s disease’, ‘vulnerability’ and ‘solidarity’. This evidences that the Dutch reporting on older adults during COVID-19 reproduced a discourse of dependency highlighting and further emphasizing the sociopolitical context before COVID-19 while drawing out earlier ageist tendencies. On the basis of our findings and drawing on advisory experiences, we discuss implications for policy, education and practice and how we can reframe and differently address older adults specifically in terms of language and their more (un)conscious positioning in (public) debate.

Session 1365 (Symposium)

CREATING VIRTUAL COMMUNITY FOR OLDER ADULTS: DURING THE COVID-19 PANDEMIC AND BEYOND

Chair: Neil Dsouza Co-Chair: Alexis Travis Discussant: Erica Solway

Combining data on health and well-being from the University of Michigan National Poll on Healthy Aging (NPHA) with case studies and data from GetSetUp, a virtual online learning community, and the Michigan Department of Health and Human Services (MDHHS), this symposium will highlight how virtual community can be created and supported during the COVID-19 pandemic and beyond. Polling data on loneliness and physical environments demonstrate the need for opportunities for connection before and during the pandemic. Other polling data from the NPHA shows telehealth visits increased significantly as did the use of video chat technology. These findings suggest that comfort with technology may help support aging in place. GetSetUp helps to make this possible with customized learning to help older adults overcome hurdles to tech adoption and use. GetSetUp classes focus on supporting social connection and providing information on resources and services. Beyond the pandemic, these services will remain critical for many older adults, including those facing mobility limitations, those with limited community, and those looking to diversify their networks. The Senior Deputy Director of Aging and Adult Services Agency will highlight how Michigan combines data and technology to support Michigan’s aging network. The GetSetUp and MDHHS virtual community allowed for a statewide connection to health and aging services, including programs such as vaccine information sessions. The data and case studies described will highlight the need for connection during the COVID-19 pandemic and how a startup and State worked together to address this need.

LESSONS IN CUSTOMIZING VIRTUAL COMMUNITIES TO MEET THE NEEDS OF OLDER ADULTS

Neil Dsouza, GetSetUp, Midvale, Utah, United States

GetSetUp started as a technology learning platform for older adults. During Covid-19 we realized that many adults not only wanted to learn technology but were eager for lifelong learning opportunities. Our specially designed technology platform offered a safe, welcoming space that fosters growth, learning, and community for older adults over 60,000 Michiganders over 60 joined in just 4 months. Case studies show how older adults can benefit from technology to feel empowered, reduce social isolation, and improve wellbeing through a job or volunteer opportunities and new friendships. Reports highlight this ongoing need for those with limited community, mobility issues, or those looking to diversify their communities. A trusted virtual community helps connect the physical world digitally to assure older adults understand processes like vaccine enrollment procedures. Virtual communities will not replace physical communities but offer research opportunities, reach more remote communities, and allow for collaboration with state and aging networks.

LESSONS ON USING HEALTH RESEARCH & TECHNOLOGY TO BROADEN RESOURCES FOR OLDER ADULTS ACROSS THE STATE

Alexis Travis, Michigan Department of Health and Human Services, Lansing, Michigan, United States

The vision of the Michigan state unit on aging is for residents to live well and thrive as they age. The COVID-19 pandemic exacerbated the existing problem of older adult social isolation. Social engagement and community involvement are keys to healthy aging. Combining state resources with the GetSetUp virtual community allowed for statewide connections and extended resources, creating an almost around-the-clock virtual senior center. Through customized courses the state was able to offer vaccine navigation sign-up classes, among other classes, to help older adults interact with essential health and aging services. As Michigan continues to work to address health equity and social determinants of health beyond the pandemic, technology designed specifically for older adults is an important component of programmatic offerings. It also allows for a public-private partnership opportunity to support older adults as they age.

POLL FINDINGS ON SOCIAL CONNECTION AND TECHNOLOGY USE DURING THE COVID-19 PANDEMIC

Erica Solway, University of Michigan, Ann Arbor, Michigan, United States

The National Poll on Healthy Aging conducted an online survey of a nationally representative sample of adults age 50-80 (n=2,074) in June 2020 about experiences related to loneliness, their physical environments, and telehealth and technology use. 41% felt a lack of companionship, and 46% reported infrequent social contact. Feelings of loneliness were more likely among those who lived alone or who did not have access to features in their neighborhood and community which may offer opportunities for safe interactions. The poll also found that 26% of adults age 50-80 had a telehealth visit March through June 2020 and 64% overall reported being comfortable with video conferencing technology, with notable differences by demographic subgroup. These results highlight the need for new opportunities for older adults, especially those with the greatest social and economic need, to feel connected and to be confident using technology, both during and after the pandemic.