The following study employs secondary data from the Money Follows the Person Rebalancing Demonstration (MFP) in Connecticut (CT) to assess relationships between rural and urban living on loneliness and reinstitutionalization among an older adult (65+) sample. MFP is a federal initiative to help states transition people from institutional settings to the community. Older adults (n=1,301) who transitioned from institutional care to the community between 2009 and 2015 were surveyed 6, 12 and 24 months after transition. Rurality was determined according to the CT State Office of Rural Health and US Census Bureau definitions: urban area (UA), urban cluster (UC) and rural, utilizing 2017 CT Population data. SPSS was used to conduct chi-square tests and one-way ANOVAs to examine relationships. Almost half of participants (48%) resided in UAs, another 43% lived in UCs and 8% lived in rural towns. A statistically significant relationship was found between rural and UC groups and loneliness, indicated by a three-item modified version of the R-UCLA loneliness scale. Rural residents reported lower rates of loneliness (3.84 out of 9) than did UC (4.61) or UA (4.64) residents. However, a significantly higher percentage of rural residents (44%) reported at least one instance of reinstitutionalization at 24 months compared to UC (36%) or UA (30%) residents. Multivariate analyses seek to clarify these contradictory results. The findings of this study have the potential to further inform the literature regarding loneliness and connections between reinstitutionalization among older adults living in rural and urban environments.

COASTAL RETIREMENT: IT’S ALL FUN AND GAMES UNTIL THE HURRICANE HITS
Anne P. Glass,1 Jenni Blair,1 and Judith Nichols1, 1. University of North Carolina Wilmington, Wilmington, North Carolina, United States

Many people dream of retiring to the beach. Twenty-four individuals who retired from out-of-state to a beach area in southern North Carolina had previously been interviewed regarding their retirement process and decision to move to this destination. Hurricane Florence brought major flooding and devastation to the area in September 2018. Shortly after, 10 participants agreed to complete a second interview and data collection about their hurricane-related experiences. This sample consisted of 8 women and 2 men, average age of 74.4 (range=68-88), and all were white. Nine evacuated, including one who went to a shelter. This project provided a unique opportunity to compare answers about stress levels and how they felt about their choice to move to the area, before and after the storm. Six and five rated their stress high/very high just prior to, and during Florence, respectively, but stress levels returned to low/very low for 90%. Two stated the storm caused them to rethink their decision to move; one now says she feels ambiguous about her move and would probably not choose it again. Stress caused by uncertainty was a thread across all interviews. Anxiety and concern were experienced, but no one reported fear. Neighbors played an important role pre-, during, and post-storm. No participants had significant damages, although one had a break-in; all expressed gratitude. They reported some lessons learned to apply the next time. These findings will be of interest to planners and others. They also demonstrate the resilience of older adults in dealing with natural disasters.

DOES A PERCEIVED CONNECTION TO A NEIGHBORHOOD REDUCE LONELINESS?
Kimberly J. Johnson,1 and Dolapo O. Adenijii,2 1. Indiana University-Purdue University Indianapolis, Indianapolis, Indiana, United States, 2. School of Social Work, Indiana Purdue University Indianapolis, Indianapolis, Indiana, United States

This study investigated whether perceived neighborhood quality was associated with chronic loneliness for adults 60 and older in the United States. Although loneliness can be episodic and overcome, chronic loneliness has been identified as a social determinant of health. Utilizing ecological systems theory we hypothesized that higher levels of neighborhood social cohesiveness would be associated with lower odds of chronic loneliness. We postulated that the networks available to people in the proximal area where they live could provide social opportunities for reducing loneliness. This idea was consistent with prior findings indicating the salience of neighborhoods for retirees, but inconsistent with research indicating the importance of a confidant in reducing loneliness. Data from the 2008 and 2012 Health and Retirement Study Psychosocial Surveys were used (n = 3,530). Loneliness was measured using the 3-item scale developed by Hughes and colleagues in 2004. Findings from unadjusted logistic regression indicated that loneliness was inversely related to neighborhood cohesion as measured by an index of the trustworthiness, friendliness and helpfulness of neighbors and cleanliness, occupancy, lack of graffiti, and sense of belonging in the area (OR = .73, p < .001). When demographic and health-related factors were entered into the model the odds of being lonely were significantly lower for those with higher ratings of social cohesion (OR = .83, p < .001). These findings were consistent with the idea that neighborhoods are an important social place for older persons and interventions at the neighborhood level may be more effective than individualized treatment plans.

COUPLES LIVING WITH ADVANCED CANCER: RAMIFICATIONS OF SOCIAL ISOLATION AND BENEFITS OF AN EMBEDDED SOCIAL NETWORK
Victoria H. Raveis,1 Sheindy Pretter,2 Monique Carrero-Tagle,1 Daniel G. Karus,1 and Avani Shah3, 1. New York University, New York, New York, United States, 2. Touro College, New York, New York, United States, 3. University of Alabama, School of Social Work, Tuscaloosa, Alabama, United States

Cancer remains a leading cause of death, especially among older adults. While spouses are commonly involved in the provision of emotional and practical assistance to their ill spouse, their caregiving is not without cost. Although knowledge of an impending death permits preparation for the loss, a long and protracted illness, or one marked by intense caregiving demands, can deplete the well spouse’s personal resources, increasing the risk of morbidity and bereavement outcomes. Well spouses (n=138), aged 50 and older (mean age 63.6), 41% male, providing 8+ hours of caregiving to a spouse with advanced cancer and a life expectancy of 6 months or less were followed over the terminal illness period. Caregiving spouses’ anticipatory grief, depression and anxiety were all significantly, inversely correlated with sufficiency of social support, specifically tangible, informational and emotional

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These model programs include: embedded mental health services on-site in community senior centers; Friendly Visiting to homebound seniors; and PROTECT intervention to treat elder abuse victims’ mental health needs. Research from these innovative, collaborative programs indicate that over 50% of senior center members screened positive for depression and anxiety (higher than the national average of 3-20%), social isolation, loneliness, and elder abuse. Of the 75% who engage in treatment, 37.3% and 41% showed a 3-month improvement of depression and anxiety, respectively. For seniors who have a friendly visitor, one-third also suffer from depression and/or anxiety. Three months after being visited by a friendly visitor, 42% and 53% see improvement in loneliness and social isolation, respectively. Among victims of elder mistreatment, 33% screened positive for depression or anxiety and 16% reported suicidal ideation. Clients receiving the PROTECT intervention had a greater decrease in depression, felt services were more useful, and reported greater improvement in the abuse. To find and build strength in age, it is essential that programs and policy be developed to support collaboration and provide the opportunities for building and utilizing networks across different domains of aging.

**SOCIAL ISOLATION AND LONELINESS: A LATENT CLASS APPROACH TO COSTING HEALTH SERVICE ENGAGEMENT IN AGING POPULATIONS**

Elaine Douglas,¹ and David Bell², ¹ University of Stirling, Stirling, Scotland, United Kingdom, ² University of Stirling, Stirling, United Kingdom

Social isolation and loneliness are associated with poorer health status and poorer health outcomes. Little is known the impact on health service usage, and its inherent cost, although it is considered to be higher. Latent class analysis (LCA) was used to determine profiles (population groups) of loneliness and social isolation in older people (aged 50+, n=1,057) using model-fit criteria. Loneliness was measured using the UCLA Loneliness Scale and social isolation used a measure of social networks and social contact. We then analysed the sociodemographic, perceived health, and health behaviour of these profiles using descriptive statistics and logistic regression. The survey data (HAGIS, 2016/17) were linked to retrospective administrative health data to investigate patterns of repeat prescription use (from 2009) and health service usage (from 2005) and their associated costs. Our results highlight the distinction and inter-relation between social isolation and loneliness (including associations with socio-demographic and health characteristics), and the variation in health service usage and costs between the population groups. LCA profiles may help focused targeting of these groups for health interventions. Further, the data-driven approach of LCA may overcome some of the limitations of indices of social isolation and loneliness. As such, this will extend the existing methodological approaches to quantitative analyses of social isolation and loneliness and demonstrate the benefits of using linked administrative health data. Significantly, this study incorporates the social and financial cost of social isolation and loneliness on health and its implications for health services.