societies and families affect the religious styles and convictions of older adults.

**Session 9470 (Poster)**

**Technology, Social Support, and Connectedness**

**COMMUNITY COLLABORATIONS & TECHNOLOGY SUCCESSFULLY CONNECT ISOLATED OLDER ADULTS TO EDUCATION & ACTIVITIES**

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Providing programs, activities and education to older adults (OA) is a challenge under normal circumstances. The Arkansas Geriatric Education Collaborative (AGEC) is a HRSA Geriatric Workforce Enhancement Program with a mission to “provide high quality programs that support healthy aging in Arkansas.” Prior to the pandemic, AGEC educators provided face-to-face programs to OAs through senior centers, places of worship and other public venues. The pandemic changed all that. In-person programs were replaced with zoom presentations, social media events and pre-recorded programs placed on websites and patient-learn platforms for 24/7 viewing. Gaining viewership proved difficult and after collaborative research, it was determined the major barrier was a digital divide between access, usage and knowledge of digital platforms. To overcome this barrier, AGEC utilized TV, radio, libraries, digital infographics, newsletters and video tips addressing Wi-Fi and technology training. Videos, distributed via multiple routes, addressed basic topics such as “Creating and Utilizing Zoom and Facebook accounts” and “how to improve telehealth visits”. After establishment of a regular audience, AGEC engaged new and established partners and hosted a plethora of educational programs and activities further expanding the viewing audiences. In addition, with personalized emails and targeted marketing, AGEC engaged OA audiences in caregiving workshops, on-line caregiver support groups, telephone check-ins and exercise programs. Many OAs have found ways to bridge the digital divide and are engaged and active with educational and program activities and have used their new skills to connect with other OAs, grandkids, friends and even their spiritual communities.

**EFFECT OF THE SARS-COV-2 PANDEMIC ON TECHNOLOGY USE: IN-PERSON Versus VIDEO-CHAT COMMUNICATION**

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COVID-19 risk-reduction efforts have protected high-risk individuals (including older adults) but have significantly altered life; persons now face reduced socialization. Advancing technologies (e.g., video-chat) may be useful in alleviating consequences of risk-reduction efforts, including loneliness, by improving access to alternative connection/communication across the lifespan. The purpose of this study was to investigate the relationships between technology use and individuals as this may contribute to well-being among older adults during COVID-19 and future isolating events. Participants (N=652) aged 19+ completed a questionnaire via Amazon Mechanical Turk; demographic, socialization, and technology-use data were collected. Respondents (MAge=45.15±15.81) were generally male (50.1%) and white (77.3%). In-person communication and video-chat were analyzed descriptively and with binary regressions. Results of a Wilcoxon Signed-Ranks Test indicated that video-chat (mean rank=228.45) was reported at higher frequency of use versus in-person conversations (mean rank=202.48, Z=-4.8, p<.001). Additionally, being female positively predicted use of video chat (B=0.42, p<.05) while increasing age negatively predicted use (B=-0.01, p<.05). Regression results suggest that populations reporting higher video-chat communication (e.g., females, younger adults) may be motivated by maintaining social connectedness despite distancing and/or are committed to healthy behaviors, increasing aversion to in-person experiences. In contrast, it may be that persons reporting low video-chat use (e.g., males, older adults) may be less interested in distanced communication or may have lower technology comfort/access. Notably, sampling bias may influence results as data was collected online; future investigation is warranted. Ultimately, understanding interest in and barriers to using technology is vital to developing systems/services which support connection/communication when in-person contact is limited.

**INVESTIGATION OF COMMUNICATION TYPE AND INDIVIDUAL CHARACTERISTICS: A LONGITUDINAL HRS ANALYSIS**

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Older adults are at increased risk for loneliness/isolation, particularly with new COVID-19 recommendations; however, communication may help mitigate these negative perceptions. Reductions in loneliness/isolation may also significantly improve quality of life and well-being for vulnerable populations. Thus, the purpose of this study was to investigate the relationships between communication, individual characteristics, and time, to provide a clearer understanding of communication patterns in a longitudinal cohort. Participants (N=2351) with no missing data on any variables of interest (across time-points) were pulled from the Health and Retirement Study’s Consumption and Activity’s Mail Survey (waves collected: 2013, 2015, 2017). When last reported (2016/17), respondents were an average age of 70.14 (SD=9.9), were generally female (63.0%) and white (75.7%). Analyses included longitudinal investigation, normality tests, and regression. Assumptions were violated in ANOVA; results of a Kruskal-Wallis test revealed that there were no significant changes in the distribution of in-person or distanced communication across the three waves. Individual responses were then averaged and standardized across waves (per participant for each outcome variable). In-person communication regression results reveal that being female positively predicted in-person conversation volume (B=0.23, p<.001) as did increasing number of years in school (B=0.03, p<.001), while being non-white negatively
predicted in-person conversation (B=-0.301, p<.001). Distanced communication regression results reveal being female positively predicted volume of distanced communication (B=0.381, p<.001); however, being non-white and younger positively predicted increased volume of distanced communication (B=0.241, p<.001; B=0.005, p=.001, respectively). Given the varied communication patterns, future research should consider explanatory mechanisms in addition to investigating changes as a result of the ongoing pandemic.

SOCIAL MEDIA USE AND EMOTIONAL WELL-BEING: THE ROLE OF PHYSICAL ACTIVITY

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There are mixed findings as to whether social media use (SMU) is positively or negatively related to well-being (positive/negative affect), and this relationship varies by age. The current study seeks to further explore this relationship by examining physical activity (PA) as a potential mediator at both a within (intraintividual) and between-person (interindividual) level across adulthood. The data are from the Midlife in the United States Refresher eight-day daily diary study (N=782, ages 25-75) with self-reported frequency of SMU, PA, and well-being (positive/negative affect). Multilevel structural equation modeling simultaneously tested how the relationships between the variables differed at both the between- and within-person levels. Between-person results showed that across the week, those who reported less SMU reported engaging in more PA, and more PA was associated with more positive affect. PA significantly mediated the relationship between SMU and positive affect for midlife and older adults, but not for younger adults. Effects for negative affect were not significant. Within-person results indicated that days with more PA were associated with more positive affect; however, PA did not mediate the relationship between SMU and positive or negative affect. These findings suggest the benefits of engaging in PA on one’s positive emotional well-being at both the between- and within-person levels. However, for midlife and older adults, more SMU across the week may take away time from engaging in PA, which in turn lowers their positive affect. Implications of the effects of SMU on PA and well-being across adulthood are discussed.

TECHNOLOGY AND SOCIAL ISOLATION, LONELINESS, AND HEALTH INEQUITIES AMONG OLDER ADULTS

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Because of the COVID-19 pandemic, older adults have been advised to stay-at-home to reduce the risk of infection. Social distancing and quarantine measures increase their vulnerability to adverse health outcomes like depression and cardiovascular disease. Technology is an effective tool to promote social connectedness among older adults affected by the pandemic; however, its role in reducing loneliness and health inequities is not well understood. The goal of this project was to construct a model for how technologies may be deployed to mitigate the impact of a pandemic on social isolation, loneliness, and health inequities for older adults. PubMed, SCOPUS, and PsychINFO were searched for the following keywords: “social isolation,” “loneliness,” “social support,” “resilience,” “technology,” “pandemic,” and “health inequities.” Articles selected for full analysis attempted to understand or observe how technology ameliorates social isolation and/or loneliness among older adults. Research evidence indicates that using technology reduces loneliness directly and indirectly (by reducing social isolation) and can strengthen social support, which in turn promotes resilience among older adults. Video-based technologies encourage care-seeking behaviors in this population. There is insufficient evidence to determine technology’s relationship to health inequities experienced by older adults. The model we have proposed should help advance research on the relationship between technology and health inequities among older adults that may be aggravated by pandemic-like situations. We hypothesize that technology interventions for social support and functional competence should be sequenced in order to have the best effects on reducing health disparities.

THE ASSOCIATION BETWEEN SOCIAL SUPPORT AND ATTITUDE TOWARD TECHNOLOGY DIFFERS BY EDUCATIONAL LEVEL

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The present study aimed to examine the moderating effects of the educational context on the association between social support from family members and attitude toward using gerontechnology among Korean older adults. The sample was Korean older adults without dementia (N=310, Age: 65-89, M=70.18, SD=4.58). Data were collected by online recruiting in February 2021. The dependent variable was the attitude toward using gerontechnology, especially, an exoskeleton robot for exercise. Independent variables were four types of social support (emotional, instrumental, physical, and financial support) from family members. Moderating variable was the binary educational group (high school and below, or college and over). We analyzed four regression models including each interaction term between education and a type of social support using PROCESS macro and bootstrapping. Results showed educational context had a single significant moderating effect on the association between emotional support and attitude toward using gerontechnology. Specifically, emotional support had a significant effect on having a positive attitude toward using gerontechnology among older adults who graduated high school or were less educated. However, it was not significant among older adults who were highly educated. Moreover, other types of social support did not have significant main effects as well as interaction effects with education on the attitude toward using gerontechnology. Findings of the present study implied emotional support from family members, such as spouse, children, or siblings, was useful to enhance having a positive attitude toward using new technology, especially for older adults who did not experience college-level educational context.