person-centered care. Quantifiable measures can provide a
gauge of change in practice. However, little is known about
how older people themselves perceive independence through
time, or whether measures used are commensurate with
what matters to older people. This study aimed to identify
whether and how older adults assimilate their perceptions of
independence in response to change through time. Two semi-
structured interviews were conducted longitudinally, one year
apart, to explore the views of 12 community-dwelling older
adults, aged 76-85 years. A constructionist approach using
dramaturgical and descriptive codes, facilitated the data
interpretation. Sixteen analytical questions guided explora-
tion of participants’ perceptions of independence through
time. Interview participants felt that common interpretations
of independence underestimated, and omitted, important
aspects of their experience through time. Some participants
questioned the value of instruments that were insensitive to
individual values and context. Changes in life trajectories re-
quired participants to adapt the form, or means of obtaining
independence. The impact of change on participants’ sense
of independence was value-dependent, informed by the func-
tion a participant ascribed to maintaining independence.
This study builds on the understanding of independence as a
complex and multifaceted construct. The findings challenge
the congruence of common interpretations of independence
with older people’s views, showing areas of commonality and
discrepancy. Exploration of independence in terms of
form and function provides important understanding about
how continuity of function takes precedence to form in
determining the maintenance of independence through time.

RE-EXAMINING PATIENT-CENTERED CARE
THROUGH DESIGN PROCESS
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Service design is the adoption of design process
to healthcare and other service sectors. This was a
transdisciplinary research project in which investigators
were faculty members from Graphic Design and Health
Administration. In addition, two student research assist-
ants were recruited from undergraduates Graphic Design and
Health Science majors. The objective of service design is to
involve consumers, designers, and businesspeople in an inte-
grative process, which can be applied to post-acute rehabili-
tation hospital settings focusing specifically on the experience
of those who are 65 and older. The aim of this pilot study
was to explore “designing with people rather than just for
them”, an approach to improve the patient experience. Our
first step involved on-site interviews. The patient narratives
raised challenges and positive aspects of their interactions
with the facility. On our initial site visit, we interviewed five
members of clinicians and administrative staff. During the
two follow-up visits, our student research assistants inter-
viewed seven patients. Based on our staff member interview
findings, we developed a revised set of questions for pa-
tients. The questionnaire was divided into three sections re-
lated to appointments: pre-arrival, during the visit, and after
their appointments. Interview results were summarized in a
visual data format and collaborative recommendations were
made during the final presentation such as interior layout,
wayfinding, online portal and their functionalities. Our find-
ings also confirmed that the interior signage created confu-
sion, promoting frequent questions to staff. These results will
engage stakeholders and contribute to a co-designing process
that will ultimately improve the patient journey.

SESSION 2690 (SYMPOSIUM)

TALKING ABOUT LONELINESS: QUALITATIVE
INSIGHTS FROM OLDER ADULTS: IMPLICATIONS
FOR RESEARCH, POLICY, AND SERVICES
Chair: Roger O’Sullivan Discussant: Gerry Leavey

The very personal and complex nature of loneliness is
too rarely articulated in research papers. Each presenter in
this interdisciplinary and international symposium pres-
ents insights into loneliness and/or social isolation that can
help bridge this gap. Victor (Social Gerontology) using open
ended responses from the 2018 BBC Loneliness Experiment,
presents how 1480 older people describe loneliness and
highlights the need to give more attention to existential
loneliness. O’Sullivan (Public Health) presents the results
of 18 life story interviews with older adults attending a
mental health service. The analysis identified three different
typologies of loneliness with specific recommendations for
training and services. Phone-based support programs are
increasingly being used as a solution for those experiencing
loneliness. However, less is known about what aspects are
most helpful. Perissinotto (Geriatrics and Palliative care)
presents results from 38 qualitative interviews with a focus
on barriers and facilitators to implementing a phone-based
support intervention, particularly for older adults experi-
cing loneliness. Cudjoe (Medicine) presents qualitative
data from older adults (English, Spanish and Mandarin
speaking), living in non-profit affordable housing in 22 dif-
f erent states. Drawing on experiences of their social con-
nections during the COVID-19 pandemic, the paper gives
voice to the implications of the loss of common facilities,
and opportunities to socialize with other residents, and
the increased role technology plays in staying connected.
Our discussant, Prof Leavey, a leader in the field of mental
health, will reflect on the major themes emerging from these
multidisciplinary perspectives, especially what they mean
for public health and services.

LONELINESS ACROSS THE LIFE COURSE; LIFE STORY
INTERVIEWS WITH MENTAL HEALTH SERVICES
USERS
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Dublin, Ireland

Introduction: The complexity of loneliness and its nega-
tive impact on our health and wellbeing is well established.
However, the qualitative experience of loneliness over the
life course is poorly understood. Method: This presentation, based on 18 life story interviews, with a sample of older adults, who were attending a mental health service and objectively defined as lonely, provides an insight into the personal experiences of loneliness as well as the situations and factors associated with loneliness across the life course.

Results: The analysis identified three distinct typologies of loneliness; those who experienced (1) chronic loneliness across their life (2) those whose loneliness became chronic after a transition e.g. bereavement (3) those whose loneliness remained situational/transitional.

Conclusions: The insights are important to inform both general loneliness services and policy as well as specialist mental health services and training. The presentation demonstrates the importance of a life course approach to addressing and understanding loneliness.

HOW DO LONELY OLDER PEOPLE TALK ABOUT LONELINESS? PRELIMINARY ANALYSIS OF THE BBC LONELINESS EXPERIMENT
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Three types of loneliness, social, emotional and existential, are identified in research, policy and practice. Do these categories reflect the language used by older adults to describe their experiences of loneliness? We use data from the 2018 BBC Loneliness Experiment and focus upon lonely adults aged 60 and older, living in the UK and with a maximum score of 9 on the UCLA loneliness scale. 1619 participants meet these criteria, 1480 provided a response to the question “What does loneliness mean to you?” Participants ages ranged from 60-94; 90% aged 60-74 and 38% male. Free text answers ranged from 1-189 words, included both subjective (feeling alone) or objective (being alone) words and described social (no one to talk to), emotional (lack of closeness) and existential (lack of purpose) loneliness. Lonely older adults ‘talk’ about the three different types of loneliness singly or in combinations when explaining what loneliness means to them. We conclude that: (a) existential loneliness merits more attention as it is less prominent in research compared with other types of loneliness and (b) lonely older adults describe different types of loneliness in the same answer.

EVALUATING A PHONE-BASED SUPPORT PROGRAM TO ADDRESS LONELINESS: LESSONS LEARNED FROM PARTICIPANTS AND STAFF
Carla Perissinotto, Ashwin Kotwal, Soe Han Tha, Katrina Hough, and Bri Matusovsky, University of California, San Francisco, San Francisco, California, United States

Introduction: Phone-based support programs are increasingly being used as a solution for those experiencing loneliness. However, less is known about what aspects of these support programs are most helpful to participants and even less known about the staff and volunteer who work in these programs.

Methods: Mixed methods structured surveys of participants (N=247 baseline, N=147 follow-up), and in-depth qualitative interviews of both participants (N=15, and staff=23).

Results: We present the results from the qualitative interviews with a focus on what barriers and facilitators are to implementing a phone-based support intervention, particularly for older adults experiencing loneliness. Preliminary, 77% of staff and volunteers felt more connected themselves through their role in the phone-support program. 100% of staff also believe the callers feel less lonely as a result of using the line, and 80% feel they create a meaningful relationship with callers. Themes included and overall sense of need for expansion of these services, while better understanding the optimal length and frequency of calls. Consistent with staff responses, amongst callers, 90% fell more socially connected because they use the telephone support line. Similarly, to staff and volunteers, participants felt their needs were met during calls, but wished the length of calls could be flexible. This demonstrates that the line is beneficial to both participants and staff. There is high satisfaction on the quality of the calls and the connections made, but emerging themes suggest a need to scale services to meet demand at all hours and allow for flexibility in length of calls.

GAINS AND LOSSES OF OLDER ADULTS LIVING IN SUBSIDIZED HOUSING DURING THE COVID-19 PANDEMIC
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Social isolation is prevalent among community dwelling older adults. Low income older adults living in subsidized housing may have increased risk for social isolation. To examine resident experiences and perspectives relating to their social connections during the COVID-19 pandemic, we conducted semi-structured interviews with 13 older adults (62+) who are English, Spanish, and Mandarin speaking recruited from a large non-profit affordable housing organization with communities in 22 states. Twelve housing communities were identified based on distributions of socio-demographic factors and prevalence of self-reported social isolation in the housing community’s annual survey of residents in order to maximize site diversity. We used qualitative thematic analysis methods to examined participants’ views about their social connections before and during the COVID-19 pandemic, as well as their personal and the housing community’s strategies to mitigate experiences of social isolation. Emerging themes include loss of common facilities and opportunities to socialize with other residents due to COVID-19 restrictions, and increased use of technology to stay connected.