adults’ social connectedness and loneliness (age 65+, N = 3,808). SPA was measured by eight items. Social connectedness was operationalized by network size, social contact, and social participation. The UCLA Loneliness Scale assessed loneliness. Linear regression results show that more positive SPA is correlated with increased social connectedness (b = 0.05 SE = 0.01 p = 0.0003) and decreased loneliness (b = -0.09 SE = 0.02 p < 0.0001) in four years, controlling for sociodemographic and health characteristics. Further, loneliness is a mediator between SPA and social connectedness. Findings suggest that older adults with negative SPA are at risk of both objective and subjective social isolation.

ASSOCIATIONS BETWEEN COMORBIDITY AND DEPRESSIVE SYMPTOMS DURING COVID-19: VARIATION BY SOCIAL ISOLATION?
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Adults with comorbidities are at high COVID-19 risk and may experience elevated depressive symptoms during the pandemic. We aimed to investigate the associations between comorbidity at pandemic onset and subsequent depressive symptoms and whether social isolation modified this association. Data were from monthly online questionnaires in the COVID-19 Coping Study of US adults aged ≥55 from April-May-September/October 2020 (n=4,383). Depressive symptoms were measured by the 8-item CES-D, and social isolation as “high” vs. “low” based on contact with family, friends, social organizations, and living alone. In multivariable mixed-effects models, comorbidity (≥2 vs. <2 chronic conditions) was associated with greater depressive symptoms at baseline (β=0.50; 95% CI: 0.36-0.64), this association varied negligibly by social isolation. Differences in depressive symptoms by comorbidity status at pandemic onset were consistent over the six-month follow-up. This study indicates that middle-aged and older US adults with comorbidities experienced persistently elevated depressive symptoms during the COVID-19 pandemic.

PHYSICAL ISOLATION AND MENTAL HEALTH AMONG OLDER U.S. ADULTS IN THE COVID-19 COPING STUDY
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The ongoing COVID-19 pandemic has set an urgent need to understand the impact of physical isolation on mental health. We aimed to investigate the relationships between physical isolation during the period when many US states had shelter-in-place orders (April-May 2020) and subsequent longitudinal trajectories of mental health in middle-aged and older adults (aged 55+, N=3,978) over a six-month follow-up (April to October 2020). We used population and attrition-weighted multivariable linear mixed-effects models. At baseline, 7 days/week of physical isolation (vs. 0 days/week) was associated with elevated depressive symptoms (β=0.82; 95% CI: 0.04-1.60), and all of 1-3, 4-6, and 7 days/week of physical isolation (vs. 0 days/week) were associated with elevated anxiety symptoms and loneliness. Physical isolation was not associated with changes in mental health symptoms over time. These findings highlight the need to prioritize opportunities for in-person connection for middle-aged and older adults when safe to do so.

PRE-PANDEMIC SOCIAL ISOLATION: PROTECTION OR VULNERABILITY IN THE TIME OF COVID?
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How do older adults at risk of social isolation before the pandemic fare during the COVID-19 outbreak? Using data from two waves (Round 9 [2019] and COVID-19 Supplement) of the National Health and Aging Trends Study (NHATS), we examined the relationship between pre-pandemic social isolation and psychological distress during the outbreak among community-living older adults (age 65+). Results show that the most socially integrated respondents had more PTSD (β=1.47, SE=.37, p<.001) and depression/anxiety (β=.34, SE=.11, p=.002) symptoms than the most isolated. Older adults who were not homebound had more PTSD (β=2.0, SE = .76, p=.01) and depression/anxiety (β=1.05, SE=.20, p<.001) than the completely homebound. With shelter-in-place and social distancing requirements, older adults who have been socially active and integrated may experience high-stress levels and may need extra support to adjust to the changes. Relatively, those who have been very isolated and homebound may experience fewer changes in their lives.

Session 1150 (Paper)

SOCIAL PARTICIPATION

EXPERIENCE DESIGN STUDIO FOR SOCIAL CONNECTION OF OLDER ADULTS
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Social isolation and loneliness are pressing health concerns in older adults, likely exacerbated by social distancing guidelines enacted during COVID-19. Creating effective interventions to address health issues is challenging. Design is an alternative approach to create innovative interventions and to test their preliminary potential. In the present case study, we describe the processes and outcomes of a four-week project in a graduate design studio. Students were asked to develop a prototype for an intervention using digital technologies to increase social connectedness among older adults. This was an interdisciplinary process guided by faculty with expertise in design (Mejia), healthcare redesign (Doebbeling), and gerontology (Der Ananian). In the first week, the faculty helped the students understand the design goals, the implications of social isolation and loneliness, and technology use in older adults. In the second week, students conducted user interviews. In the third week, students set the problem by defining a specific potential audience and context. They also prototyped two preliminary concepts using storyboards and received feedback from the faculty. In the last week, students presented refined prototypes with storyboards, user...
flows, and interface mockups. Student design ideas included an audio story-sharing app that facilitates conversations and new friendships, an assistance digital service for immigrant older adults that need support with language or cultural challenges, and an art and crafts subscription service with a sharing platform to connect older adults with similar interests. The students’ design projects provided innovative technological approaches for improving social connections and could be used in future R&D.

LATE WORKING LIFE PATTERNS IN SWEDEN
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Late working life patterns differ across different social groups and birth cohorts. The mechanisms of these participation differences and role of working life policies can be understood better by using additional working life indicators and historical perspective. This paper investigates how late working life patterns of different age, gender, education groups and birth cohorts are structured in Sweden using participation, employment type, employment break and exit trajectories of different groups. Using Swedish National Registry Data, employment trajectories of the age groups of 60-68 of the birth cohorts 1930, 1935, 1940, 1945 and 1950 are followed. Results show that for all birth cohorts, participation is higher for younger age groups, men and higher educated; leaving the working life before 61 is more common among primary educated; changing employment type in late working life is observed more among higher educated men and usage of sickness compensation is higher among primary educated and women. However, the peak age that individuals exit, and experience employment breaks differs over the years. In addition, although higher educated individuals have lower shares in usage of unemployment and sickness compensation for all birth cohorts, the structure of benefits usage of the other education and gender groups change over the years. Overall, results give insights into how changes in working life policies affect working life patterns of different groups over the years.

POLITICAL CONTEXT AND POLITICAL PARTICIPATION ACROSS THE LIFESPAN IN AFRICA
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Gerontologists have long documented how age is associated with political participation. However, few studies have considered how macrocontextual factors shape participation across the life span. Moreover, very few studies have dealt with political engagement and aging in emerging democracies, including those in Africa. This study addresses those gaps, integrating the most recent three waves of Afrobarometer survey data (2011–2018) with country-level data from the freedom house (i.e. freedom index). Findings reveal that, at the individual level, an age gap widens for engagement in protests and shrinks for electoral and non-electoral political participation. When the political context is considered, however, we find that political freedom softens the drop-off of protest behavior at later ages. For electoral and non-electoral political participation, we find that freer countries lessen the expected growth in engagement across the life span. The study implies that political oppression shapes the links between age and political behaviour, but the processes seem different depending on whether they are engaging in risky (where the age gap widens) or non-risky (where the age gap shrinks) political forms of engagement.

PROTECTIVE AND EXACERBATING COGNITION AND ATTRIBUTION FACTORS FROM THE COGNITIVE DISCREPANCY THEORY OF LONELINESS
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According to the cognitive discrepancy theory, although the discrepancy between actual and desired social resources may result in loneliness, Perlman and Peplau (1998) suggested that cognitive processing and attributional style also impact the interpretation of social information. Previous empirical research investigating predictors of loneliness have not assessed a wide range of cognition and attribution factors, so this study filled this gap by examining how protective (optimism, sense of mastery, and purpose in life) and exacerbating (depression, control constraints, negative self-perceptions of aging (SPA), and experiences of age-based discrimination) factors influence and moderate the experience of loneliness cross-sectionally and longitudinally using a sample of 3,345 Americans aged 50 years and older from the 2008 and 2012 waves of the Health and Retirement Study. Optimism (βs = .15, .13), mastery (βs = .08, .07), purpose in life (βs = .19, .18), depression (βs = .22, .14), control constraints (βs = .18, .17), negative SPA (βs = .13, .14), and experiences of ageism (βs = .07, .06) were significantly related to loneliness cross-sectionally and longitudinally, respectively. Optimism buffered the negative impact of poor functional social resources (e.g., low social support) on loneliness cross-sectionally while control constraints, negative SPA, and experiencing ageism exacerbated the relationship between low functional social resources and loneliness cross-sectionally. None of the protective or exacerbating factors modulated the relationship between functional social resources and loneliness longitudinally. These findings have important implications for the development of interventions that target loneliness. Targeting maladaptive cognitions may be particularly effective in reducing loneliness.

THE ROLE OF COMMUNITY SUPPORT AND SOCIAL NETWORKS AMONG MARGINALIZED GROUPS IN LATER LIFE
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As the aging population in the United States continues to grow, so does the need for advancement and critical research to better understand later life experiences. The presence of cumulative disadvantages among racial minorities can often lead to later life health disparities. The goal of this study is to assess the role that social networks and community support play in later life health for marginalized communities. Data from the National Health and Aging Trends Study were analyzed using general linear regression techniques. This allowed for better understanding into the relationships between community support, social networks, race/ethnicity and self-reported health. The final sample included 3,857