and health outcomes among these two groups. The aim of the current study is to identify differences in the age-sex-race-poverty adjusted prevalence and odds of cognitive impairment, hearing impairment, vision impairment, limitations in activities of daily living (ADLs), and ambulation limitations among three groups of older American adults: high school dropouts, GED recipients, and high school graduates with no post-secondary education. The present study uses secondary analysis of the 2017 American Community Survey, a nationally representative survey of community-dwelling and institutionalized older adults aged 65 years and older, of whom 20,489 were GED recipients, 154,892 had a high school diploma and 49,912 had finished grade 8 but had not completed high school. Our findings indicate that there is a gradient in health outcomes among Americans aged 65-84, with the highest prevalence and odds of cognitive impairment, hearing impairment, vision impairment, ADL limitations, and ambulation limitations occurring among high school dropouts, followed by GED recipients, and the lowest prevalence among high school graduates. These findings suggest that although GED recipients have better health outcomes than high school dropouts, there is still a significant disparity in health status between GED recipients and high school graduates.

COHORT DIFFERENCES IN EARLY-LIFE SOCIOECONOMIC STATUS AND LATE-LIFE COGNITIVE IMPAIRMENT IN MEXICO

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Socioeconomic characteristics over the life course are associated with late-life cognitive impairment. However, evidence is lacking from countries like Mexico where population aging is occurring in the context of rapidly changing socioeconomic conditions. We used the Mexican Health and Aging Study to investigate differences between participants aged 60-76 in 2001 (n=5085) and 2018 (n=5947) in childhood (home with indoor toilet, parents’ education) and midlife (education, longest held occupation) socioeconomic characteristics and late life cognitive impairment. Cognitive impairment was defined as a low score on >2 out of five assessments. Most participants in the 2018 cohort lived in a home with an indoor toilet as a child (58.1%) and 36.9% had parents who both completed at least some education compared to 41.9% and 28.7% of participants in the 2001 cohort, respectively. Men and women in 2018 had on average 2.34 and 1.83 more years of education than men and women in 2001, respectively. The percentage of women with no main job and men who worked in agriculture were lower in 2018 than 2001 (women: 27.0% vs. 34.6%; men: 23.3% vs. 30.4%). The 2018 cohort had lower odds for cognitive impairment when adjusting for age, sex, marital status, and living in a rural/urban community (OR=0.67 95% CI=0.56-0.81). This difference was reduced after adjusting for childhood socioeconomic measures (OR=0.76 95% CI=0.67-0.86) and was no longer statistically significant after adding midlife socioeconomic measures (OR=0.98 95% CI=0.86-1.12). These findings suggest that improved early-life socioeconomic conditions in Mexico contribute to birth-cohort differences in late-life cognitive impairment.

SESSION 4240 (PAPER)

COVID-19 AND MENTAL HEALTH AND WELL-BEING OF OLDER ADULTS

AN ACTION PLAN FOR ORGANIZATIONS SERVING OLDER ADULTS AND THEIR CAREGIVERS DURING PUBLIC HEALTH EMERGENCIES

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During public health emergencies, it is critical to maintain the continuity of services and resources essential to health and safety. Public health emergencies can disproportionately affect older adults and their caregivers. Organizations, including community-based, faith-based, rural, and tribal organizations, can play a vital role during a public health emergency response given their familiarity with the community’s unique needs and resources. With support from the CDC Foundation and technical assistance from the Centers for Disease Control and Prevention, NORC at the University of Chicago conducted a study to identify public health interventions to meet the needs of older adults and their caregivers during public health emergencies. Methods included an extensive search of peer-reviewed and grey literature in Spanish and English to identify interventions on six topics: deconditioning; deferral of medical care; elder abuse and neglect; management of chronic conditions; social isolation; and caregiving. NORC identified 300 public health interventions to support older adults and their caregivers during public health emergencies with a focus on underserved populations, including programs to support racial and ethnic minority populations, people with disabilities, and rural and tribal communities. NORC developed Search. Find. Help., a virtual resource library, and an Action Plan to support organizations in using these interventions. Search. Find. Help., which houses the Action Plan, has had 34,000 unique users. This session focuses on how organizations that serve older adults and caregivers can use the Action Plan’s four phases to select, adapt, implement, and evaluate public health interventions before or during a public health emergency.

OLDER ADULT PERSPECTIVES ON AGEISM DURING COVID-19: A QUALITATIVE STUDY

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Since the COVID-19 pandemic began, there has been a reported surge of ageism toward older adults. Research demonstrates that events perpetuating negative attitudes towards older adults can increase ageism and associated negative outcomes. The purpose of this phenomenological qualitative study was to explore how older adults navigated experiences of ageism and their social relationships during the COVID-19 pandemic. Semi-structured interviews with adults ages 60 and older were conducted between February and April of 2021.
over Zoom. Data were coded using an iterative, inductive approach and thematic analysis was performed to draw themes from the data. A total of 24 participants ages 61-80 (mean = 70.6) were interviewed. Most participants identified as white (n = 19) female (n = 14), retired (n = 21) and had at least a bachelor’s degree (n = 22). Findings showed that participants experienced ongoing ageism but did not report ageist experiences associated specifically with COVID-19. Ageist experiences, unrelated to COVID-19, as shared by participants included assumptions about older adults’ (in)ability to use technology, ageism in professional settings, and feelings that ageism is an inevitable part of growing older. Future research should examine the impact of intersectionality on this topic within more diverse populations and explore potential differences that may have occurred throughout different stages of the pandemic.

PANDEMIC CAREGIVING: A LONGITUDINAL ASSESSMENT OF THE TRAJECTORIES AND CORRELATES OF STRESS
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In public health emergencies, caregivers are a crucial but often overlooked human resource. The purpose of this longitudinal study was to assess the well-being of caregivers and non-caregivers over the first 18 months of the COVID-19 pandemic. We used three waves of data from the Survey of the Health of Wisconsin’s COVID-19 Community Impact Survey (Wave 1: May-June 2020; Wave 2: January-February 2021; Wave 3: June 2021; n=2,434 observations of 1,653 unique respondents). Caregivers were identified as those providing care for an adult with an illness or disability. Perceived stress (Global Stress Scale; mean=5.08, SD=4.81) was regressed on caregiver status and covariates in mixed models accounting for repeated measures. On average, caregivers had higher stress than non-caregivers (beta=2.10, p< 0.0001). Across the sample, stress increased between summer 2020 and winter 2021 (mean of 4.8 versus 5.8, p<.01), and lowered somewhat by summer 2021 (mean=5.0, p<0.05); this trajectory was similar on average for caregivers and non-caregivers. Respondents who transitioned into a caregiving role during the pandemic had the highest stress (beta=2.55, p< 0.01 compared to non-caregivers). Other factors associated with higher stress (p<.01) include marginalized racial/ethnic identity (beta=1.74), being employed (beta=1.47) or female (beta=0.66), or caregiver having more health conditions (beta=0.22 per condition). Public benefits use and higher self-efficacy were associated with lower stress (betas=-1.18 and -0.30, respectively, p<.01). The findings emphasize the adverse outcomes experienced by caregivers and non-caregivers over the course of the pandemic and highlight potential factors that can inform risk stratification and interventions to support well-being in future crises.

REOPENING UNDER COVID-19: THE IMPACT OF REOPENING SOCIETY ON OLDER ASIAN AMERICAN’S DEPRESSIVE SYMPTOMS
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Background:
The lockdown due to COVID-19 has influenced individuals’ lives in many aspects. Yet, the impact of reopening under an ongoing pandemic is understudied. This study aims to investigate the impact of reopening policy on older Asian Americans’ depressive symptoms and whether the impact varies by their sociodemographic characteristics. Method: We used interview data collected from 519 Chinese and Korean aged 60 and older in New York City between 5/23/2021 to 7/30/2021. Interrupted time series model was used to test whether there are significant level and slope changes in depressive symptoms (PHQ-9 scale) before and after the reopening on 7/1/2021 in NYC. We then ran the models in stratified sample by gender, education, income, self-reported health, and social connectedness through living arrangements, use of technology, and social interactions.

Results:
Older Asians’ depression increased immediately following the reopening (β=1.52, p< 0.05), and then slowly decreased then after (β=-0.12, p< 0.001). A decrease in depression following reopening was significantly associated with the male gender, good health, higher income, living alone, having received or provided social support, daily texting, and no engagement in the discussions related to COVID-19 in social media. Discussions: While reopening may have long-term benefits on mental health, older Asians were anxious about their safety at the beginning of reopening under an ongoing pandemic. Older adults with worse health, lower SES, and limited social connectedness struggled to adjust to “back-to-normal” life. We discussed research, policy, and practice implications to support these disadvantaged older adults after reopening.

THE COMBINED EFFECTS OF SOCIAL ISOLATION AND LONELINESS ON PSYCHOLOGICAL WELL-BEING DURING THE COVID-19 PANDEMIC
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Social isolation and loneliness are related but distinct constructs. A number of studies have examined these two constructs separately; however, the combined and interactive effects of social isolation and loneliness on health outcomes have rarely been studied. Using the most recent data of the Health and Retirement Study (HRS 2020) collected during the pandemic, this study aimed to explore the latent classes of social isolation and loneliness among adults aged 60 and older (N=3,486) and to examine the associated psychological well-being. Social isolation was measured by five indicators, including living alone, no membership in any organizations, and less than once a month contact with children, relatives, and friends. Loneliness was measured by the 3-item UCLA scale. Four classes were identified by the Latent Class Analysis (LCA): neither isolated nor lonely (class 1, 35%), living alone and lonely (class 2, 25%), no social participation and lonely (class 3, 18%), and highly isolated and lonely (class 4, 23%). The results of multivariate regression indicated that compared to respondents who were neither isolated nor lonely, those who were in the class of living alone and lonely and the class of highly isolated and lonely had more depressive symptoms, stress, anxiety, worry, loneliness during the pandemic. The latent class of no social participation and lonely was associated