Exposures to novelties are cognitively beneficial in later adulthood, but their impact on emotional well-being is still unknown. Novel situations may bring excitement as well as anxiety, and this may be different across ages. According to socioemotional selectivity theory, older adults prioritize familiar and positive experiences that likely contribute to better emotional well-being over novel and negative ones, suggesting that older adults may be motivated to avoid novel situations, especially if these experiences are associated with negative emotions. This study examined age differences in novelty experienced in daily life and the associated emotions. We utilized experience sampling data collected five times a day for one week from 375 participants (age range=18-94). Contrary to the hypothesis, older age exhibited a quadratic association with novel daily experiences such that situation novelty was lowest in middle adulthood. Results from multilevel models suggested that people with higher overall exposure to novel situations had higher overall levels of negative emotions, and that when in more novel situations the prototypical individual experienced more negative emotions in general. However, consistent with SST postulates, one of these associations were moderated by age; older adults experienced lower positive emotions during novel situations than younger individuals. In contrast, the association between situation novelty and negative emotions did not differ with age. Together, these findings suggest that older adults do often find themselves in novel situations but may experience them less positively than younger adults. Implications on learning-related programs and interventions designed to expose older adults to novelties will be discussed.

Compassionate love and loneliness: Later life mental health in the United States

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Loneliness is a serious public health problem that affects over 25% of older adults and is associated with an increased risk of depression, cognitive decline, and premature death. Previous research on social support mechanisms that contribute to loneliness has consistently illustrated the role of emotional support in reducing loneliness. However, the importance of compassionate love in reducing loneliness and, as a consequence, improving psychological well-being in later life has received little attention. Neurobiology indicates that the brain regions associated with loneliness and compassion overlap, suggesting that increasing compassion-related emotions may help alleviate loneliness. Using data from a nationwide web-based survey (n=1,861), we examined the influence of compassionate love on loneliness and assessed whether loneliness mediates the relationship between compassionate love and mental health outcomes. Even after controlling for emotional support, estimates from an ordinary least squares regression (OLS) model suggest that older adults who felt loved had significantly lower levels of loneliness (b=-0.84, p<0.001). Feeling of love also contributed to significantly fewer depressive symptoms (b=-2.03, p<0.001) and anxiety (b=-1.07, p<0.001). Loneliness completely mediated the effect of compassionate love on anxiety (b=-0.82, p<0.001) and significantly mediated its influence on depressive symptoms (b=-1.18, p<0.001). Our findings underscore the need to design interventions that increase compassionate love to reduce loneliness and improve psychological wellbeing among older adults.

DAILY STRESS, ANTICIPATORY ANXIETY, RUMINATION, AND NEGATIVE AFFECT IN LATE LIFE

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Chronic and daily stress are risk factors to older adults' health and well-being. However, most studies of stress have focused on the reactivity and recovery process following the onset of stress. Relatively little research has investigated the worries that precede stress (e.g., anticipatory anxiety) and how such worries may contribute to older adults’ subsequent emotional experiences and rumination, especially in daily settings. This study investigated the joint associations of daily stress and anticipatory anxiety on rumination and negative affect in older adults’ everyday life. We leveraged the ecological momentary assessment (EMA) data over 5 to 6 days from the Daily Experiences and Well-being Study (N = 267, Mage = 73.72). Anticipatory anxiety was moderately correlated with stresses experienced that day, r = .23, p < .001. We found significant joint associations between daily stress and anticipatory anxiety with rumination and negative affect. Higher daily anticipatory anxiety (M+1SD) combined with higher stress generated the highest rumination and negative affect, whereas lower daily anticipatory anxiety (M-1SD) paired with lower stress generated the lowest rumination and negative affect. Higher daily anticipatory anxiety paired with lower stress, or lower anticipatory anxiety paired with higher stress, led to a moderate level of rumination and negative affect. These results suggest that anticipatory anxiety toward potential stress has distinct negative effects on older adults’ daily experiences, and these effects may contribute to stressors and to heightened rumination. The findings highlight the role that proactive emotional expectations may play in older adults’ everyday life.

GENERATIVITY AND OLDER ADULTS’ COVID-19 ADJUSTMENT AND MENTAL HEALTH

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Generativity, the capacity to be productive, caring, and concerned with the well-being of the next generation, has been linked to positive mental health outcomes and posttraumatic growth (Bellizzi, 2004). Generativity may be particularly important nowadays as older adults adjust to the pandemic and its aftermath. For example, after months of social distancing, the availability of vaccines
has enabled many older adults to begin resuming social activities. Considering the meaning-making function of generativity, generativity may be associated with more positive outcomes, including better mental health and views on quality of life and family relationships during this post-pandemic adjustment period. The current study used a community sample of 136 older adults (M age = 67.77, range 50-91; 69.3% females; 93% White) to explore whether generativity predicted older adults’ anxiety and depressive symptoms, and attitudes about how the pandemic affected their quality of life and family relationships. Using hierarchical linear regressions controlling for age and gender, we found that generativity was negatively linked to anxiety and depressive symptoms. Furthermore, those with greater generativity were more likely to report that their family relationships improved because of the pandemic. In contrast, generativity was not associated with positive growth in the personal domain or with perceptions that the pandemic had harmed either personal or family domains. Our findings are consistent with Erikson’s theory on the important role that generativity plays in shaping well-being and psychological health in older adults, and our findings suggest these effects may be especially pronounced during this post-pandemic adjustment period.

THE ASSOCIATION OF INCREASING RESILIENCE WITH POSITIVE HEALTH OUTCOMES AND QUALITY OF LIFE AMONG OLDER ADULTS
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Background: Resilience has been recognized as a concept central to successful aging. Higher resilience has been associated with positive mental health while a direct impact on physical health outcomes has been less consistent. Objective: To investigate three levels of resilience (low, medium, and high), identify characteristics associated with medium and high resilience and measure the impact of increasing resilience on selected health outcomes: quality-of-life (QOL), and healthcare utilization and expenditures.

Methods: The study sample was identified from adults age ≥65, covered by an AARP® Medicare Supplement Insurance Plan from UnitedHealthcare, who had completed a health survey during May-June 2019 (N=3,573). Resilience was categorized to three levels: low, medium, and high. Other positive resources, including purpose-in-life, locus of control, social connections, and optimism, were dichotomized as high/low and counted with equal weighting as a continuous variable. Quality of life was measured from the health survey; social and lifestyle questionnaire and health questionnaire. Sample size was reduced to 136 for analysis. Participants were dichotomized into high and low resilience groups using a median split and the resulting high and low resilience groups were compared with respect to positive mental health and selected health outcomes.

Results: Among weighted survey respondents, the prevalence of low, medium, and high resilience levels were 27%, 29%, and 43%, respectively. The strongest predictors of medium and high resilience included increasing number of other positive resources, lower stress, and no depression. Individuals with medium and high resilience had significantly higher QOL, lower healthcare utilization and reduced healthcare expenditures.

Conclusions: Interventions promoting the maintenance and/or increase of resilience should include a focus on other positive resources and stress/depression management. Resilience strategies integrated into healthy aging programming could be associated with improved health outcomes.

POSITIVE AND NEGATIVE RELATIONSHIPS, OUTLOOK, AND DEPRESSION PREDICT LONELINESS IN OLDER ADULTS DURING COVID-19
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The COVID-19 pandemic has changed the way many older adults live and function in the United States. Because of the isolation from stay-at-home mandates and higher risk of death from infection, many older adults are experiencing depressive symptoms, anxiety, and increased loneliness (National Council on Aging [NCOA], 2021; Center for Disease Control [CDC], 2021). One factor might be whether one has a spouse, children, or friends and if those relationships are positive or negative (Vanderhorst & McLaren, 2005). Besides the quality and nature of the relationship, another factor might be the amount of virtual contact while in isolation during COVID-19 (Regis College Online, 2020). In this study, we examined the relationships between outlook (optimism, pessimism, hopelessness), depression, loneliness, and social relationships in older adults during the COVID-19 pandemic in a sample of 808 adults 60 years of age or older. The data was gathered from self-reported questionnaires from the psychological and lifestyle questionnaire and health questionnaire from the Health and Retirement Study (HRS, 2020). We found that loneliness scores were significantly predicted by self-reported measures of positive and negative relationships, along with optimism, pessimism, hopelessness, depressive symptom scores, and COVID-19 life changes (Adjusted R² = .447, F(12, 795) = 55.26, p < .001). COVID-19 has changed the way many older adults live and function. Finding ways to increase the level of communication older adults are able to have with their close relationships is crucial to combating this epidemic of loneliness.

SESSION 6180 (POSTER)
MINORITY AND DIVERSITY POPULATIONS
HEALTHCARE DISPARITY IN THE ASSESSMENT OF DEMENTIA IN THE PRIMARY CARE SETTING
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