Objectives: Research on the impact of COVID-19 among older adults has primarily focused on virus outcomes, but it is also possible the pandemic’s hardships have eroded the adaptive capacity of older adults. It is also likely these impacts vary by race and ethnicity. We examine changes in psychological resilience (PR) among older adults pre and post-pandemic to determine whether financial and social hardships have altered this resource for White, Black, and Hispanic older adults.

Method: Using the COVID module recently released by the HRS (n=735), we examined changes in PR between 2016 and 2020 related to specific COVID experiences. We tested interactions to determine whether the effects of these experiences were conditioned by race and ethnicity. Results: Consistent with previous literature, resilience was relatively stable during this time on average. Financial hardship due to COVID-19 diminished resilience, but this effect was concentrated primarily among White Americans. PR was unchanged related to financial hardship among Black Americans.

Discussion: The results suggest that PR is a relatively stable resource in later life, even during a pandemic. However, this resource may be impacted in the face of specific and especially new challenges in later life. Policies and interventions related to job loss and financial hardship during the pandemic should be tested as supporting the capacity for older adults to adapt to current as well as future challenges.

Session 1360 (Paper)

COVID-19 Pandemic I

CHANGES IN HEALTH AND WELL-BEING IN COVID-19 CLINICALLY VULNERABLE OLDER ENGLISH PEOPLE DURING THE PANDEMIC
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People with specific health profiles and diseases (such as diabetes, lung and heart conditions) have been classified as ‘clinically vulnerable’ (CV) to Covid-19, i.e. at higher risk of severe illness and mortality from Covid-19, and were targeted for shielding. However, there is as yet little evidence on how the pandemic and shielding impacted the health and social well-being of CV older people. Using data from Wave 9 (2018/19) and the first Covid-19 sub-study (June/July 2020) of the English Longitudinal Study of Ageing, we investigated changes in health and well-being during the pandemic by clinical vulnerability. We also explored the interactions between CV and age-group (50s, 60s, 70s, 80+), and between CV and shielding. Results suggest that CV older people (~39% of the sample) were more likely to report worse health and social well-being outcomes during the pandemic compared to non-CV participants, even considering pre-pandemic levels of health and well-being. However, changes in health were not uniform across age groups, with those in their 50s and 60s more likely to report greater deterioration in mental health than those in their 70s and over 80. Moreover, older adults who were shielding and were CV reported the most substantial rises in anxiety, depression, receipt of formal care as well as decreases in well-being and physical activity. While policies focusing on shielding CV older people reduce rates of hospitalisation and death from Covid-19, policymakers should address the wider needs of this group if their long-term health and social well-being are not to be compromised.

COMPARISON OF EMBEDDED SENSOR DATA FOR LONG-TERM CARE RESIDENTS BEFORE AND AFTER ONSET OF THE COVID-19 PANDEMIC
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Older adults have experienced greater isolation and mental health concerns during the COVID-19 pandemic. In long-term care (LTC) settings, residents have been particularly impacted due to strict lockdown policies. Little is known about how these policies have impacted older adults. This study leveraged existing research with embedded sensors installed in LTC settings, and analyzed sensor data of residents (N=30) two months pre/post the onset of the U.S. COVID-19 pandemic (1/13/20 to 3/30/20, 03/14/20 to 5/13/20). Data from three sensors (bed sensors, depth sensors, and motion sensors) were analyzed for each resident using paired t-tests, which generated information on the resident’s pulse, respiration, sleep, gait, and motion in entering/exiting their front door, living rooms, bedrooms, and bathrooms. A 14.4% decrease was observed in front door motion in the two months post-onset of the pandemic, as well as a 2.4% increase in average nighttime respiration, and a 7.6% increase in nighttime bed restlessness. Over half of our sample (68%) had significant differences (p<0.05) in restlessness. These results highlight the potential impact of the COVID-19 pandemic and social distancing policies on older adults living in LTC. While it is not surprising that significant differences were found in the front door motion sensor, the bed sensor data can potentially shed light on how sleep was impacted during this time. As older adults experienced additional mental health concerns during this time, their normal sleep patterns could have been affected. Implications could help inform LTC staff, healthcare providers, and self-management of health approaches among older adults.

CROSS-NATIONAL ANALYSIS OF BEREAVEMENT FROM COVID-19 AND DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS IN EUROPE
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The COVID-19 pandemic has left older adults around the globe grieving the sudden death of relatives and friends. We examine if COVID-19 bereavement corresponds with older adults’ depressive symptoms in 27 countries, and test for variation by gender and country context. We analyzed the Survey of Health, Ageing and Retirement in Europe (SHARE) COVID-19 data collected from N=51,383 older adults (age 50–104) living in 27 countries between June-August 2020, of whom 1,363 reported the death of a relative or friend from COVID-19. We estimated pooled-multilevel logistic regression models to examine if COVID-19 bereavement...
was associated with depressive symptoms and worsening depressive symptoms for older men and women, and we tested whether the national COVID-19 mortality rate in their country had an additive, or multiplicative, influence. COVID-19 bereavement from the death of a relative or friend is associated with significantly higher odds of reporting depressive symptoms, and reporting that these symptoms have recently worsened since the outbreak of COVID-19. Net of personal loss, living in a country with the highest COVID-19 mortality rate corresponds further with women’s depressive symptoms; however, living in the midst of more COVID-19 deaths does not alter the implications of personal loss for depressive symptoms. COVID-19 deaths have lingering mental health implications for surviving older adults. Even as the collective toll of the crisis is apparent, bereaved older adults are in particular need of mental health support.

FINANCIAL HARDSHIP AND THE PAIN OF SOCIAL DISCONNECTION DURING THE COVID-19 PANDEMIC IN THE UNITED STATES

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Considerable scholarly attention has been directed at increasing social isolation and loneliness during the COVID-19 pandemic, and their adverse impact on later life psychological well-being. Notably absent is the focus on financial hardship in the context of overlapping unprecedented economic and public health crisis. It is unclear whether loneliness continues to differ across different levels of financial hardship even amidst immense uncertainty, social isolation, and anxiety induced by the pandemic. Based on our nationwide web-based survey of adults aged 50 years and older (n=1861), we used ordinal logistic regression to examine the influence of financial hardship on loneliness and assessed the role of socioeconomic status (SES), emotional support, and health status in contributing to such influence. We found significantly higher odds of greater loneliness (β = .28, p < .001) among individuals who reported experiencing greater financial hardship. Among two measures of SES, only household income contributed substantially to the influence of financial hardship on loneliness. We documented significantly lower emotional support and greater health disadvantage among individuals experiencing greater financial hardship. Consideration of emotional support and health status explained the remaining influence of financial hardship, due to their association with both financial hardship and loneliness. Despite a sense of shared vulnerability and social isolation across the general population, our findings suggest that SES inequalities in later life loneliness are maintained even in the midst of the pandemic.

REPRESENTING DUTCH OLDER ADULTS DURING COVID-19: WHAT CAN WE LEARN?

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From the very beginning of the COVID-19 pandemic older adults have been at the heart of public debate. Early articles argued that public representation of older persons displayed a resurgence of ageist stereotypes and beliefs in (inter)national media (e.g., Ayalon et al. 2020, Fraser et al. 2020, Lichtenstein 2020, Sotomayer et al. 2020). Yet studies confirming this are absent up to now. In this paper, we present findings on the representation of Dutch older adults during the first six months of the COVID-19 crisis in The Netherlands. We analysed 1141 articles about older adults of the five largest newspapers using qualitative content analyses and discourse analysis to systematically explore patterns, sentiments and meaning in the articles. We show that the majority of these articles were published in general news and that older adults were rarely (2%) cited in these articles. Most prominent adjectives were vulnerable and weak. Most prominent substantives were attention, long-term care facility and loneliness. The sentiment was largely negative. Additionally, we find three discursive frames predominate: ‘an older people’s disease’, ‘vulnerability’ and ‘solidarity’. This evidences that the Dutch reporting on older adults during COVID-19 reproduced a discourse of dependency highlighting and further emphasizing the sociopolitical context before COVID-19 while drawing out earlier ageist tendencies. On the basis of our findings and drawing on advisory experiences, we discuss implications for policy, education and practice and how we can reframe and differently address older adults specifically in terms of language and their more (un)conscious positioning in (public) debate.

Session 1365 (Symposium)

CREATING VIRTUAL COMMUNITY FOR OLDER ADULTS: DURING THE COVID-19 PANDEMIC AND BEYOND

Chair: Lawrence Kosick
Co-Chair: Jennifer Hunt
Discussant: Erica Solway

Combining data on health and well-being from the University of Michigan National Poll on Healthy Aging (NPHA) with case studies and data from GetSetUp, a virtual online learning community, and the Michigan Department of Health and Human Services (MDHHS), this symposium will highlight how virtual community can be created and supported during the COVID-19 pandemic and beyond. Polling data on loneliness and physical environments demonstrate the need for opportunities for connection before and during the pandemic. Other polling data from the NPHA shows telehealth visits increased significantly as did the use of video chat technology. These findings suggest that comfort with technology may help support aging in place. GetSetUp helps to make this possible with customized learning to help older adults overcome hurdles to tech adoption and use. GetSetUp classes focus on supporting social connection and providing information on resources and services. Beyond the pandemic, these services will remain critical for many older adults, including those facing mobility limitations, those with limited community, and those looking to diversify their networks. The Senior Deputy Director of Aging and Adult